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CLUSTER B PERSONALITY PATHOLOGY IN INCARCERATED GIRLS: STRUCTURE, COMORBIDITY, AND AGGRESSION

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Several studies have linked Cluster B personality pathology to aggression in clinical and community samples. However, the structure of Cluster B traits, and association to aggression and psychopathology, has yet to be investigated among young female offenders. In order to better inform treatments for female aggression, we studied 121 incarcerated girls, aged 13 to 19 years, who completed a series of self-report inventories that measured *overt* and *relational* aggression, as well as symptoms of depression and anxiety. Personality was assessed through a structured interview. Factor analysis of Cluster B traits revealed a three factor solution, with each factor demonstrating a unique pattern of association to relational and overt aggression and psychopathology. The implications with regard to treatment of personality pathology and aggression in the juvenile justice setting are discussed.

Cluster B personality pathology (i.e., Antisocial, Borderline, Histrionic, and Narcissistic Personality Disorders), is characterized by a dramatic-erratic pattern of relating to others, with symptoms reflective of an underlying difficulty regulating emotional states and behavior (American Psychiatric Association, 2000). Many studies have demonstrated a link between Cluster B pathology and violence among youth (Crawford, Cohen, & Brook, 2001; Johnson, et al., 2000). Indeed, pathological traits appear to surface during adolescence and remain somewhat stable over time (Chanen et al., 2004; Johnson, Cohen, Smailes, et al., 2000), making the diag-

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nosis of Cluster B disorders of potential use within the juvenile justice setting.

At the same time, a literature has begun to emerge on the potential stigma and negative consequences associated with applying personality disorders to youth within forensic settings (Edens, Guy, & Fernandez, 2003). Some point out a high potential for false positives, and question the developmental appropriateness of specific disorders, given the malleability of personality in youth (Seagrave & Grisso, 2002). Together, these two lines of research suggest a need to further investigate personality pathology among forensic samples of youth, while being cautious not to make assumptions regarding the structure or stability of traditional DSM-IV diagnoses. Aggressive girls in particular represent an oft-neglected population with vast treatment needs, and therefore an ideal population in which to address these issues.

PERSONALITY PATHOLOGY AMONG AGGRESSIVE GIRLS

Many researchers have theorized that girls may exhibit a unique pattern of risk, citing differences in the quantitative and qualitative aspects of their aggressive actions, as well as the importance of relationships in girls' lives (Odgers, Moretti, & Reppucci, 2005). Yet, thus far, research on female aggression has largely been limited to examining the high rates of depression and anxiety disorders among girls (Cauffman, 2004; Cauffman, Feldman, Waterman, & Steiner, 1998; Teplin, Abram, McClelland, Dulcan, & Mericle, 2002). No studies of personality pathology or potential comorbidity between Axis I and Axis II disorders exist among incarcerated female delinquents. If indeed aggression in girls is based in the relational context, personality malfunction, defined by problematic patterns of relating to others, may hold the key to understanding girls' behavior.

Research by Crick and colleagues (Crick 1996; Crick & Grotpeter, 1995) has also led to a reconceptualization of how aggressive behavior is defined. *Overt* aggression, defined as physical acts of violence, such as hitting and kicking, is more prevalent among boys (Crick & Grotpeter, 1995; Odgers & Moretti, 2002). *Relational* aggression, defined as interpersonal acts of violence, such as spreading rumors and social isolation, remains poorly understood. Yet girls are more apt to exhibit relational aggression than overt aggression, and some hypothesize that overt aggression in girls may even be precipitated by acts of relational aggression (Odgers et al., 2005). While it may appear obvious that the existence of Cluster B pathology (e.g., being overly dramatic, hypersensitivity, narcissism, volatile mood states) would make one more likely to exhibit relational aggression, no studies to date have examined this association.

Existing studies do suggest a strong correlation between Cluster B personality pathology, particularly Cluster B PDs, and overt aggression in adolescent samples. Johnson, Cohen, Smailes et al. (2000) found that community youth with a greater number of Cluster B symptoms (i.e., Borderline,

Narcissistic, and Histrionic PDs) were at an increased risk for committing violence of a criminal nature, including arson, assault, and robbery. Westen, Shedler, Durrett, Glass, and Martens (2003) also documented robust relationships between Borderline ($r = .45$, $p < .001$), Narcissistic ($r = .48$, $p < .001$), and Histrionic ($r = .61$, $p < .001$) personality traits and aggression levels as measured on the Child Behavior Checklist (CBCL) among adolescents. However, the sample used 296 adolescents in treatment for personality pathology, was drawn from a varied pool of potential participants, and may not accurately reflect the types of youth whose violent behavior is criminal in nature.

Likewise, among nonforensic youth, research suggests a strong association between Cluster B disorders and Axis I disorders. For instance, among a clinical sample of youth, Westen et al. (2003) reported significant correlations between Borderline ($r = .38$, $p < .001$), Histrionic ($r = .17$, $p < .01$), and Narcissistic ($r = .18$, $p < .01$) PDs and previous psychiatric hospitalizations. Borderline and Histrionic PDs were also associated with increased scores on the CBCL internalizing and anxious/depressed scales ($r = .35$, $p < .001$ and $r = .21$, $p < .001$, respectively). Additionally, in their community sample, Johnson, Cohen, Skodol, Oldham, Kasen and Brook (1999) reported an increased risk of anxiety (odds ratio = 2.64, $p < .05$) and mood disorders (odds ratio = 5.42, $p < .05$) among youth with Cluster B disorders. No doubt, understanding the association between personality and other forms of psychopathology will be important to addressing the vast treatment needs of girls within the justice system.

IS CLUSTER B PATHOLOGY THE SAME IN AGGRESSIVE GIRLS?

Despite the potential usefulness of understanding Cluster B personality pathology among aggressive girls, there exist many ethical issues to consider when applying traditional DSM-IV diagnoses to this developing population. Empirical research on the reliability and validity of these diagnoses has centered on adult populations; specific symptoms may manifest differently or be of less utility in youth. Seagrave and Grisso (2002) warn of the danger of false positives, that is, erroneously diagnosing youth, when using adult criteria. While their arguments are made in reference to psychopathy, Cluster B symptoms are subject to the same ethical questions. Like symptoms of psychopathy, many Cluster B symptoms (impulsivity, emotional volatility, extreme mood states, being overly dramatic) may also be normal developmental behaviors. At any given time it may be difficult to distinguish between a transient symptom and a pathological character trait. This, combined with the nature of adolescence as a time of identity formation and exploration, make the application of Cluster B diagnoses in youth, like psychopathy, a dicey endeavor (Seagrave & Grisso, 2002). Further exploration of how personality pathology manifests in girls, as well as how it relates to various negative outcomes is of great clinical utility. However, future studies should not assume that traditional

DSM-IV diagnoses accurately represent the structure and course of personality pathology in youth.

AIMS

The present study examined the underlying structure of Cluster B pathology and its association with aggression and other forms of psychopathology (anxiety and depression) among a population of incarcerated girls. We sought to (a) explore how personality pathology manifests among a forensic sample of girls; (b) understand how personality pathology relates to both overt and relational forms of aggression; (c) examine patterns of comorbidity among this troubled population; and (d) provide clinicians with much needed information regarding treatment needs of young female offenders.

METHOD

PARTICIPANTS

Participants were 121 girls sentenced to a custodial disposition in the only girls correctional facility in Virginia. The girls ranged from 13 to 19 years of age, with a mean age of 16.2 years ($SD = 1.3$). Approximately 36.4% of the girls were white, 46.3% black, and the remaining 13.3% were represented by other minority groups (Asian, Native American, Hispanic or unidentified).

PROCEDURES

All girls at the facility were eligible for participation. For those who were under 18 years of age, parental consent was obtained by mail or on visiting days. All girls with active parental consent, or who were over the age of 18, were approached by a researcher and asked to participate. Ninety-three percent of eligible girls participated; refusals included girls for whom parental consent was denied.

Girls were taken to a private room within the facility and told that all information was confidential and protected by a Federal Certificate of Confidentiality. They were encouraged to ask questions and permitted to withdraw from the study at any time. The girls were compensated with small snacks and refreshments for their time.

MEASURES

Aggression. Relational ($\alpha = .86$) and *overt* ($\alpha = .79$) forms of aggression were assessed using Form-Function Aggression Measure (FFAM; Little, Jones, Henrick, & Hawley, 2003), a 25-item self-report measure which uses a 4-point scale (never, seldom, often, always). Questions included the frequency of relational (e.g., I am the type of person who spreads rumors)

and overt (e.g., I hit, kick, or bit others) aggression. More serious forms of overt aggression were measured using six items (α = .72) selected from the Self-Report of Offending (SRO; Huizinga, Esbensen & Weiher, 1991). This instrument asks whether or not the girl has ever engaged in a series of criminally aggressive acts (e.g., robbed someone, shot someone, stabbed someone); scores were summed to provide a total count. Finally, the aggression subscale (α = .87) of the Youth Self Report (YSR; Achenbach, 1991) was used to provide a second measure of overt aggression. Items on this scale included more normative types of aggression (e.g., threatening others).

Personality. Personality was measured through the Structured Interview for DSM-IV Personality (SIDP-IV; Pfohl, Blum, & Zimmerman, 1997). The SIDP-IV consists of a structured interview, organized by domains (interests and activities, close relationships, self-perception) to measure symptoms on each of the ten DSM-IV personality disorders (Antisocial, Avoidant, Borderline, Dependent, Histrionic, Narcissistic, Obsessive-Compulsive, Paranoid, Schizoid, and Schizotypal). Each item was scored on a 0 (not present) to 2 (strongly present) scale that was summed to provide a dimensional score. Inter-rater reliability was assessed using paired ratings of nine cases and ranged from .92 for Paranoid PD to .99 for Histrionic PD continuous scores. Due to a great deal of overlap between Antisocial Personality Disorder (APD) symptoms (e.g., irritability, involvement in physical fights) and measures of aggression (SRO, YSR, LAI overt), as well as a desire to focus on traits (e.g., grandiosity, volatile mood states) rather than behaviors (e.g., breaking social norms, consistent irresponsibility) in the measurement of personality pathology, APD was omitted from the current study.

Anxiety and Depression. Psychopathology was measured using the Youth Self Report (YSR; Achenbach, 1991), which consists of 112 items measured on a 3-point scale (never, sometimes, often). The instrument yields several subscales indicative of psychopathology, including *social withdrawal* (α = .63), *somatic complaints* (α = .76), and *anxiety* (α = .87). These subscales are part of the larger *internalizing* domain (α = .89), which can be thought of as a measure of internal psychological distress. Additionally, the YSR can be used as a measure of externalizing or "acting out" behavior in adolescents. The *delinquency* subscale (α = .76) and larger *externalizing* domain (α = .90) were also used in this study to represent this more behavioral form of pathology.

DATA ANALYSIS

Because traditional factor analysis (Pearson product-moment correlation matrix as input) is problematic with dichotomous variables and tends to underestimate the degree of association between items (Carroll, 1961), exploratory factor analysis was conducted on the Borderline, Narcissistic, and Histrionic symptoms from the SIDP-IV using MPlus, a program

equipped to deal with categorical data. The statistical model underlying Mplus utilizes polychoric correlations to take into account the ordered categorical nature of responses to rating scales. For a particular item y_i with c possible responses (0, 1 or 2 when $c = 3$), Mplus hypothesizes a latent continuous variable y_i^* with a threshold τ_{ic}, such that,

$$y = c, if \tau_{i,c} \leq y_i^* \leq \tau_{i,c+1}$$

The resulting promax rotation of the factor pattern was used for the subsequent regression analyses.

RESULTS

The two- and three-factor solutions were selected for further study following examination of the scree plot (see Figure 1). However, goodness of fit indices revealed that the two-factor solution, provided marginal fit ($\chi^2 = 78$, $df = 60$, $p = .06$, RMSEA = .05), while the three-factor solution provided a better fit to the data ($\chi^2 = 62$, $df = 57$, $p = .29$, *RMSEA* = .03). Factor loadings for this solution are displayed in Table 1. Factor 1 can be best described as a *dramatic* ($\alpha = .74$) personality style, and included strong loadings for entitlement, needing to be the center of attention, provocative sexual behavior, and grandiosity. Factor 2 depicts a *vulnerable* ($\alpha = .68$) personality style, characterized by efforts to avoid abandonment, suicidal behavior, emptiness, preoccupation with fantasies and identity disturbance. Factor 3 appears to capture an *erratic* personality style ($\alpha = .77$), and included symptoms such as unstable relationships, affective instability, intense anger, arrogance, and shallow emotions.

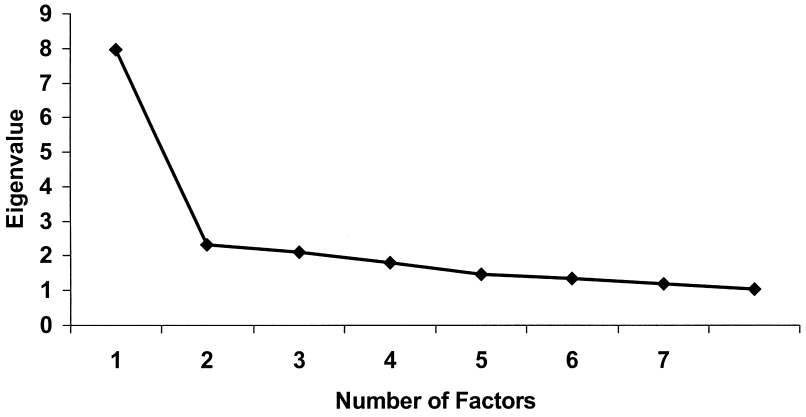

FIGURE 1. Scree plot.

TABLE 1. Three Factor, Promax-Rotated Solution of DSM-IV Cluster B Criteria (*N* = 121)

	Factor 1 *Dramatic*	Factor 2 *Vulnerable*	Factor 3 *Erratic*
Borderline Personality Symptoms			
1. Frantic efforts to avoid abandonment	0.12	**0.63**	0.12
2. Pattern of unstable and intense relationships	0.12	0.24	**0.53**
3. Identity disturbance	0.05	**0.64**	–0.02
4. Impulsivity	0.24	–0.09	–0.09
5. Recurrent suicidal behavior, gestures, threats	–0.18	**0.43**	**0.43**
6. Affective instability	–0.11	0.28	**0.75**
7. Chronic feelings of emptiness	–0.10	**1.18**	–0.31
8. Inappropriate, intense anger	0.16	–0.24	**0.93**
9. Transient, stress-related paranoid ideation or dissociative symptoms	–0.02	0.36	0.22
Histrionic Personality Symptoms			
1. Uncomfortable when not center of attention	**0.52**	–0.15	0.29
2. Inappropriately sexually seductive/provocative	**0.45**	0.18	–0.07
3. Rapidly shifting and shallow emotions	0.03	0.27	**0.52**
4. Uses physical appearance to get attention	**0.65**	0.26	–0.08
5. Impressionistic style of speech	–0.22	–0.11	**0.63**
6. Exaggerated expression of emotion/overly dramatic	**0.52**	0.06	0.12
7. Suggestible	–0.11	0.11	0.17
8. Considers relationships more intimate than they are	0.20	**0.46**	0.00
Narcissistic Personality Symptoms			
1. Grandiose sense of self-importance	**0.53**	–0.04	0.13
2. Preoccupied with fantasies of success, power, brilliance, beauty, or ideal love	0.20	**0.40**	0.06
3. Believes she is special and unique	0.36	0.22	0.08
4. Requires excessive admiration	**0.82**	0.04	–0.09
5. Has sense of entitlement	**0.72**	–0.18	0.14
6. Interpersonally exploitive	**0.43**	–0.17	**0.45**
7. Lacks empathy	0.19	0.01	0.16
8. Often envious of others or believes others are envious of her	0.19	0.33	0.16
9. Shows arrogant, haughty behaviors or attitudes	0.18	–0.27	**0.83**

Note. Factor loadings >.40 are in bold.

COMORBIDITY AND AGGRESSION

Table 2 displays the correlations between personality and aggression. As shown, all forms of personality pathology were related to externalizing problems on the YSR and overt aggression. However, more specific patterns of comorbidity were observed with respect to psychopathology. The dramatic factor demonstrated a slight significant association to anxiety symptoms on the YSR. In contrast, the vulnerable factor was linked to all forms of internalizing disorders, including withdrawal, somatic concerns, and anxiety. The erratic factor was linked to symptoms of social withdrawal and anxiety on the YSR. Finally, only the dramatic factor was significantly associated with relational aggression.

DISCUSSION

Present diagnostic categories may not accurately reflect the varied extent and structure of personality pathology as it exists in this developing popu-

TABLE 2. Standardized Regression Coefficients for Predicting Comorbidity and Aggression from Personality Pathology

	Dramatic Factor	Vulnerable Factor	Erratic Factor
YSR Internalizing Domain	.11	.42**	.22*
Withdrawal	–.14	.24**	.06
Somatic	–.03	.26**	.16
Anxiety	.22*	.49**	.27**
YSR Externalizing Domain	.36**	.33**	.47**
Delinquency	.29**	.33**	.40**
Overt Aggression			
YSR Aggression	.35**	.31**	.45**
Self-Report of Offending	.28**	.36**	.46**
FFAM-Overt Aggression	.27**	.18	.41**
Relational Aggression	.20*	.11	.18

Note. *$p < .05$, **$p < .01$, YSR = Youth Self Report, FFAM = Form-Function Aggression Measure.

lation. We were able to empirically derive three Cluster B personality factors in girls; while all were linked to *overt* aggression, each was representative of a different pattern of associations to relational aggression and psychopathology. Implications for the treatment and understanding of aggressive girls are discussed below.

IMPLICATIONS

Consistent with earlier research, Cluster B personality traits in our sample were strongly linked to overt or physically aggressive behavior (Johnson et al., 2000; Warren et al., 2002). Replication of this finding in girls is an important step in understanding this often neglected population. We advocate the use of this information to better inform treatment for girls' aggression. For instance, girls characterized best by a dramatic pattern of relating to others may benefit more from traditional social skills training, while those characterized by the vulnerable pattern may require more intensive treatment to address internal conflicts. Additionally, those exhibiting an erratic style may require treatment aimed at both increased emotional regulation and increased monitoring of self-harm behavior, as well as propensity toward manipulating others. The potential for intervention planning is great and warrants further research and consideration.

Furthermore, better knowledge of the personality traits that may accompany higher rates of relational aggression may be helpful not only in considering treatment design, but also in achieving harmony within cohabitation units. We observed an association between dramatic personality traits, such as a need to be the center of attention, entitlement, and an exploitive interpersonal style, and relational aggression. While causality cannot be assumed at present, treatment of these pathological traits may aid in reducing this relational aggression, or at the very least, help clinicians identify which girls are most likely to exhibit this troubling behavior. Furthermore, if research demonstrates a link between relational and overt

aggression in girls, this information could prove helpful in planning more comprehensive interventions for aggression that treat overt aggression before someone is physically injured.

Our results also suggest that among a disturbed population of girls, patterns of comorbidity may differ based on personality style. Our vulnerable factor, which was described by feelings of emptiness, identity confusion, and suicidal gestures, was also associated with every measure of Axis I psychopathology. Identifying subgroups of girls for more intensive treatment, such as girls exhibiting a high degree of vulnerable traits, may be a crucial step in effectively managing rehabilitation efforts and resource allocation. More resources may need to be directed at those girls demonstrating deficits in multiple areas of functioning; while more focused interventions may be effective with girls exhibiting a limited degree of pathology.

Arguably, these data suggest the possibility of deeper issues, beyond simple personality dysfunction, that may be responsible for comorbid symptom patterns. In fact many of the symptoms associated with the vulnerable factor are common to Borderline Personality Disorder, which has been linked in some studies to an increased incidence of childhood victimization (Wonderlich et al., 2001). This, in combination with the observation that high rates of victimization and trauma are often reported among incarcerated girls (Cauffman et al., 1998), suggests we should further examine the relationship between victimization and pathological personality traits.

SHORTCOMINGS AND FUTURE DIRECTIONS

By virtue of their incarcerated status, the adolescent females in our sample represent an extreme group of society. Therefore, findings cannot be generalized to normative or even other clinical populations at this time. Furthermore, the current study represents only a preliminary exploration of the larger context of personality, psychopathology, and aggression in girls; more research is needed in order to integrate fully the multitude of risk factors related to female aggression and to validate these findings among other samples of incarcerated female adolescents.

Overall, more studies of personality pathology in youth are needed in order to better understand how these traits develop over time. Personality pathology in youth should be considered as an emerging style of relating to others that is problematic, but at the same time amenable to change and applicable to intervention planning. Therefore, our implications are framed in terms of treatment recommendations, rather than risk assessment or diagnostic validity.

CONCLUSION

In summary, our findings suggest a need to reframe existing constructs in order to better our understanding of severely troubled aggressive girls.

While we are able to document an association between personality and violence in girls, we also found that traditional DSM-IV personality diagnoses may not adequately address the specific needs of girls in the justice system. In fact, our three-factor personality solution yielded more specific relationships to aggression and Axis I psychopathology and may be more conducive to treatment planning. We have attempted to conceptualize our findings within a framework that more accurately reflects the complexity of issues confronting this population by addressing both the need to be more flexible in the application of personality diagnoses and to consider comorbid disorders in the treatment planning process.

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