

Violence and Personality in Forensic Patients

Is There a Forensic Patient–Specific Personality Profile?

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Concerning the discussion about the connection of personality traits, personality disorders, and mental illness, this study focused on the personality profiles of male forensic patients, prison inmates, and young men without criminal reports. The main topic centered on group-specific personality profiles and identifying personality facets corresponding with mental illness. The authors therefore used the Rasch model–based Trier Integrated Personality Inventory. They individually tested 141 German forensic patients with different crime backgrounds, 122 prison inmates, and 111 soldiers of the German army. Within group differences they found that the individuals with mental retardation differ from patients with a personality disorder or psychosis. Patients with mental retardation displayed higher neurotic and/or paranoid personality accents and tended to be low organized and self-confident.

Keywords: *personality profiles; forensic patients; prison inmates*

Predicting future crimes of mentally ill patients, especially those with violent crimes, is one of the main tasks of clinical forensic work. Therefore, there was a specific focus on development and evaluation of risk assessment instruments during the last decade. It could be demonstrated that in most instruments (Psychopathy Checklist [PCL], Historical Clinical Risk [HCR-20],

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Actuarial Risk Assessment for Sexual Offenders [STATIC-99]) external variables are highly predictive (Stadtland et al., 2005). Having a closer look at these “statics,” it can be detected that (clinical) forensic patients and (nonclinical) prison populations share most of these predictive items such as socioeconomic status, violence history, and so on (Skeem, Miller, Mulvey, Tiemann, & Monahan, 2005). In addition, having a closer look at the role of mental disease as a risk predictor, it seems that psychiatric scales such as Delusional Beliefs and Psychotic Symptoms are relatively weak or inconsistent predictors for interpersonal violence (Applebaum, Robbins, & Monahan, 2000). “All of this is not to say that mental illness is not a modest powerful risk factor for violence, but that the most powerful predictors of violence are similar for those with and without mental illness” (Skeem et al., 2005, p. 454). It is interesting that the authors favored the idea of general personality traits—independent from psychiatric diagnosis—that predispose an individual toward situations or relationships that end up with criminal interactions. Caspi et al. (1997) demonstrated that high impulsivity and high negative emotional states prospectively predict involvement in risk behavior and increase the likelihood of engaging in criminal acts without considering their consequences (Cooke, Michie, Hart, & Clark, 2004). Lack of empathy and anxiety result in failure to inhibit violent thought and urges (Cooke et al., 2004). Cooper et al. (2003) stated that different risk-taking behaviors are associated with a similar set of personality characteristics, for example, impulsivity and sensation seeking, or low self-respect. In a study by Becker (2002), four personality dimensions (neuroticism, extraversion/openness, conscientiousness, agreeableness) of the Trier Integrated Personality Inventory (TIPI) discriminated different German criminal populations from the control groups. However, few studies analyzed the personality profiles in populations with mental illness (Cooper et al., 2003; Ferrell, Kung, White, & Valois, 2000). In our study, we analyzed the personality of forensic patients accommodated in a psychiatric hospital, prison inmates, and young men without severe criminal reports but liable to military service (who expose a general readiness for engaging in violent behavior).

We analyzed the personality of forensic patients accommodated in a psychiatric hospital, prison inmates, and young men without severe criminal reports but liable to military service (who expose a general readiness for engaging in violent behavior). The main aim was to examine the personality structure of these three groups. A characteristic personality profile for forensic patients was assumed, which can clearly be discriminated from that of mentally sane criminals and young men without severe criminal backgrounds. Personality traits are defined as relative endurance dispositions and can therefore be separated from transient states or moods. Trait-based concepts are prototypically leading the way in their conceptualization of individual differences

(McCrae & Costa, 1997). Personality traits (personality dimensions, for example, neuroticism, extraversion) are seen as “potentially useful for screening purposes, for example identifying individual differences in a clinically-relevant population that may be useful for treatment targeting in that population” (Shadel, Cervone, Niaura, & Abrams, 2004, p. 185). In personality inventories, the dimensions (traits) are determined through aggregation of a number of items. Some personality inventories also use personality facets. In this case, one personality dimension covers several intercorrelating personality qualities, which are named as personality facets or *primary facets* (Becker, 2004). These personality facets seem to be promising vehicles for exploring the specificity and differences of personality profiles of mentally ill forensic and mentally sane populations.

The next step was to analyze the difference of the personality profiles within the forensic patients looking at their different diagnoses. We discriminated three diagnosis groups: (a) personality disorder, (b) psychosis, and (c) mentally retarded. We wanted to get information about the specificity of the patients' personality profiles.

Method

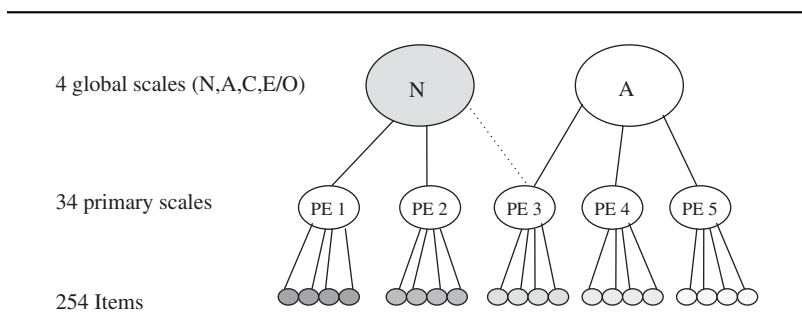
The TIPI 4 is a hierarchical model of the structure of personality traits based on the 4PX factor model of personality traits. One of the basics of this model is the association of a hierarchical connection between conduct (covered by single items), personality traits (summation of homogeneous items of one scale), and personality dimensions (a weighted summation of scales by factorial analysis) (Figure 1). Becker (2004) developed 4 global scales (the Big Four: Neuroticism, Extraversion/Openness, Agreeableness, and Conscientiousness) and 34 primary scales (facet scales).

1. Neuroticism reflects individual differences in the ability to cope with external and internal (mental) demands. Individuals with high scores on neuroticism are characterized by emotional lability or negative affectivity, a negative self-concept, and social avoidant behavior.

2. Agreeableness refers to the balance between egoism and consideration of other people's interests. Persons high on disagreeableness are characterized by callousness, manipulativeness, falseness, rejection, irresponsibility, unscrupulousness, narcissistic arrogance, stubbornness, violence, and conduct problems.

3. Conscientiousness is centered on self-control or the control of impulses. Individuals high on this factor are characterized by self-discipline and dutifulness.

Figure 1
The TIPI Structure



Source: Becker (2002).

Note: TIPI = Trier Integrated Personality Inventory. Scales: N = Neuroticism; A = Agreeableness; C = Conscientiousness; E/O = Extraversion/Openness.

4. Extraversion/Openness concerns the degree of openness about, and willingness to engage in, the social environment, especially if the environment offers new and exciting aspects. Individuals with high scores on this factor actively approach life with energy, enthusiasm, and optimism.

The 34 facet scales (Sensitivity for Rejection, Brooding, Dependency, Feelings of Injustice, Physical Complaints, Compliance, Poor Concentration, Affective Instability, Fear of Being Left, Suicidality, Unforgivingness, Verbal Aggression, Magic Thinking, Self-Consciousness, Self-Confidence, Sociability, Openness to New Experience, Joyance, Empathy, Alertness, Zest for Action, Hedonism, Risk Taking, Extravagance, Falseness, Self-Assertion, Unscrupulousness, Narcissistic Arrogance, Mistrust, Violence, Patience/Care, Planning, Norm-Orientedness, Work-Orientedness) are measured by independent items, which means that the according questionnaire contains 254 questions (6-point answers: "In 0 to 5 cases, I behave like described . . .").

Participants

We individually tested 374 men, of which 141 were German forensic patients (mean age 36.55 years) with different crime backgrounds (76 sexual offenders, 38 battery or murder, 20 others, 7 no information). The juridical criteria for forensic commitment in Germany are the presence of a mental disorder and if the offender should be considered as permanently dangerous. Crime

backgrounds were identified by file study (sentence, patient file) and face-to-face interviews (in a forensic hospital setting). Primary diagnosis was claimed by file study (International Classification of Diseases, ICD-10, as assessment instrument) and resulted in 51 patients with personality disorders, 34 with intellectual disabilities, 18 with psychosis (38 others). The education level was low: 33 patients did not graduate from high school. More than half of the patients have had a drug or alcohol problem in their history. We also tested 122 prison inmates (mean age 40.22 years; 8 sexual offenders, 1 battery or murder, 79 others). Criminal reports were taken by file study (sentence, inmate file) and face-to-face interviews (in a prison setting), $\chi^2_{(34)}$ of age was 113.10 ($p = .02$). They showed a low level of education, but within this sample, mental diseases did not occur.

We proposed that proper control group selection is important, as differences in sex and other sociodemographics are commonly known to influence personality scores (Becker, 2004; Goodwin & Gotlib, 2004). Therefore, we also tested 111 young men serving their military service in the German army (administrative decision FÜ S I3 1/482/03, mean age 22.66, 16 with criminal reports). This sample was significantly younger than the criminal samples ($p < .01$). The education level was not higher than a high school degree. A test for mental disorder could be dispensed with because presence of a mental disorder would exclude a young man from German military service.

Statistical Evaluation

The data collection (TIPI questionnaire) was done by using the paper-and-pencil version of the TIPI.

- Forensic patients completed the questionnaire in a specific room on ward with a psychologist being present.
- Within two forensic hospitals in a ward setting, conscript army soldiers were asked to visit a special room in the barrack one by one, too. A psychologist again was present.
- Prison inmates were asked to complete the questionnaire in presence of the ward psychologist. Instructions were given in accordance with the TIPI handbook. Transformation of raw data into t -values according to the Rasch model took place by using the TIPI analysis program (Becker, 2004).

We used discriminant analysis for testing the research questions. Discriminant functions were interpreted by the within-group correlations of the discriminant variables of the TIPI with standardized canonical discriminant functions (structure matrix). Correct group classification was

Table 1
Big Fours' Mean *t*-Values of 141 Forensic Patients,
122 Prison inmates, and 111 Army Soldiers

TIPI Personality Dimensions	Forensic	Army	Prison	χ^2	<i>df</i>	<i>p</i>
Neuroticism	62.63	51.43	55.31	155.44	120	.02
(Dis)agreeableness	60.45	58.85	49.04	187.00	102	< .001
Conscientiousness	52.70	49.70	52.63	102.33	104	.053
Extraversion/Openness	56.59	60.38	50.52	154.00	118	.05

Note: TIPI = Trier Integrated Personality Inventory.

tested with Cohen's Kappa. All statistic analysis was done by using SPSS (Version 12.0).

Results

Forensic Patients

The primary aim of this exploratory study was to test if there is a specific forensic patient personality profile. In the first step, we used chi-square analysis to test how the groups differ on the Big Four (Table 1) and the primary facets (Table 2). We found forensic patients less agreeable, $\chi^2_{(104)} = 187.00$, and with higher mean *t*-values for Neuroticism, $\chi^2_{(120)} = 155.44$, $p = .02$, and Conscientiousness, $\chi^2_{(104)} = 102.33$, $p = .05$. Army soldiers showed the highest scores within Extraversion, $\chi^2_{(118)} = 154.00$, $p = .05$.

Looking at the primary facets belonging to Neuroticism, the following facets differed ($p < .001$): feelings of injustice, $\chi^2_{(38)} = 77.10$; physical complaints, $\chi^2_{(46)} = 94.98$; poor concentration, $\chi^2_{(54)} = 119.38$; affective instability, $\chi^2_{(32)} = 79.64$; fear of being left, $\chi^2_{(42)} = 81.93$; suicidality, $\chi^2_{(24)} = 81.78$; verbal aggression, $\chi^2_{(66)} = 150.94$; and self-confidence, $\chi^2_{(74)} = 137.28$. Forensic patients showed the highest scores in all these facets except self-confidence. Within the primary facets belonging to Extraversion/Openness, the highest mean *t*-values were found mostly for the army soldiers: Group differences ($p < .001$) resulted within joyfulness, $\chi^2_{(74)} = 118.32$; hedonism, $\chi^2_{(70)} = 125.72$; and risk taking, $\chi^2_{(66)} = 112.94$. The four differing primary facets belonging to Disagreeableness were unscrupulousness, $\chi^2_{(40)} = 100.45$; narcissistic arrogance, $\chi^2_{(70)} = 141.91$; falseness, $\chi^2_{(52)} = 90.41$; and violence, $\chi^2_{(46)} = 112.47$. Within those scales, forensic patients showed the highest mean *t*-values. With

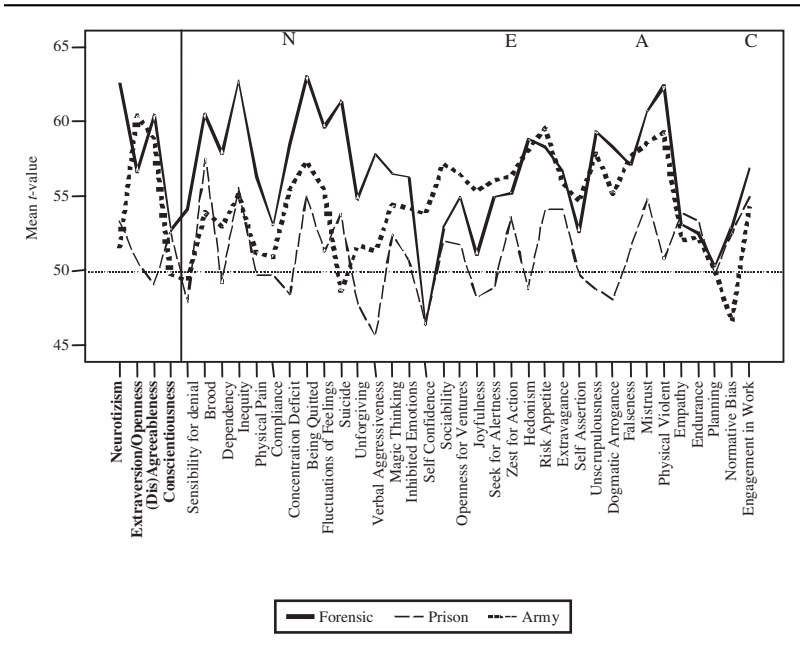
Table 2
Primary Facets' Mean *t*-Values of 141 Forensic Patients, 122 Prison Inmates, and 111 Army Soldiers

TIPI Primary Scales	Forensic	Army	Prison	χ^2	<i>df</i>	<i>p</i>
Sensitivity for Rejection	54.09	49.48	47.83	83.10	60	.026
Brooding	60.55	53.54	57.48	72.38	52	.032
Dependency	57.76	52.91	49.16	96.02	60	.002
Feelings of Injustice	62.70	55.05	55.56	77.10	38	<.001
Physical Complaints	56.24	51.16	49.67	94.98	46	<.001
Compliance	53.04	50.86	49.67	76.74	60	.071
Poor Concentration	58.44	55.42	48.39	119.38	54	<.001
Affective Instability	59.64	55.39	51.19	79.64	32	<.001
Fear of Being Left	63.01	57.28	55.08	81.93	42	<.001
Suicidality	61.34	48.60	53.81	81.78	24	<.001
Unforgivingness	54.76	51.61	47.75	104.31	68	.03
Verbal Aggression	57.81	51.29	45.52	150.94	66	<.001
Magic Thinking	56.45	54.39	52.38	53.33	42	.113
Self-Consciousness	56.28	54.16	50.75	100.14	74	.23
Self-Confidence	46.30	53.72	46.31	137.28	74	<.001
Sociability	52.86	57.13	51.91	81.29	64	.07
Openness to New Experience	54.92	56.45	51.74	87.28	62	.01
Joyfulness	51.04	55.25	48.16	118.32	74	.001
Alertness	54.92	56.02	48.79	94.89	64	.007
Zest for Action	55.11	56.36	53.62	79.06	86	.17
Hedonism	58.86	58.10	48.74	125.72	70	<.001
Risk Taking	58.26	59.56	54.07	112.94	66	<.001
Extravagance	56.68	55.87	54.10	81.28	60	.035
Self-Assertion	52.58	54.56	49.71	90.28	76	.126
Unscrupulousness	59.34	57.87	48.69	100.45	40	<.001
Narcissistic Arrogance	58.28	55.17	48.00	141.92	70	<.001
Falseness	57.06	57.56	51.33	90.41	52	.001
Mistrust	60.72	58.55	54.79	73.33	48	.011
Physical Violence	62.40	59.28	50.74	112.47	46	<.001
Empathy	53.03	52.02	53.82	59.983	64	.619
Patience/Care	52.51	52.22	53.34	55.01	54	.436
Planning	50.28	49.92	49.70	80.04	46	.001
Norm Orientation	52.80	46.55	52.45	64.36	46	.038
Work Orientation	56.89	54.28	54.93	86.07	76	.201

Note: TIPI = Trier Integrated Personality Inventory. Significant data are displayed in bold.

regard to Consciousness, only "planning" differed, $\chi^2_{(46)} = 80.04$. Again, the forensic patients showed the highest mean scores. Figure 2 shows that forensic patients' scale values are mostly higher than those of the prison group and the

Figure 2
Personality Profile of 141 Forensic Patients, 122 Prison Inmates,
and 111 Army Soldiers (mean *t*-values)



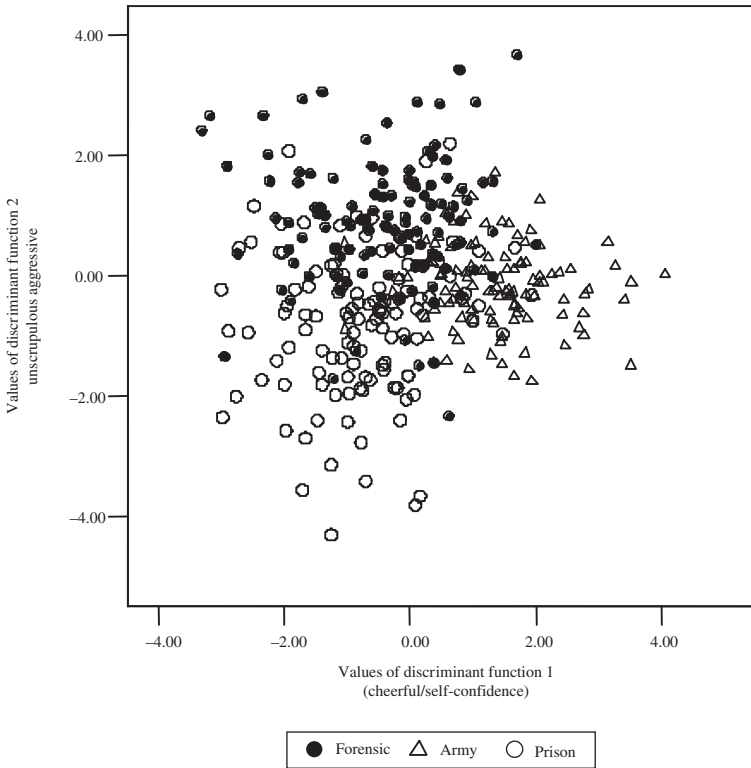
controls in nearly all scales of Neuroticism, Disagreeableness, and Conscientiousness. Army soldiers are highest in nearly all facets of Extraversion/Openness.

The discriminant analysis separates the three groups by the Big Four (Function 1 to 2: $\chi^2_{(8)} = 140.63$ and Function 2, $\chi^2_{(3)} = 51.94$, $p < .001$, 59.4% correct classifications, $\kappa = .39$) and also by the 34 primary scales (Function 1 to 2: $\chi^2_{(68)} = 356.88$ and Function 2: $\chi^2_{(33)} = 141.53$, $p < .001$, 75.3% correct classifications, $\kappa = .63$).

The first discriminant function of the analysis of 34 primary scales was defined through high self-confidence ($r = .38$), low norm-orientation ($r = -.28$), high joyfulness ($r = .27$), and low brooding ($r = -.24$). We titled this as “cheerful self-confidence.” The second one is defined through verbal ($r = .65$) and physical aggression ($r = .58$), unscrupulousness ($r = .58$), and narcissistic arrogance ($r = .57$). We described this as “unscrupulous aggressive.”

Resuming, we found forensic patients and prison inmates with low self-confidence and joyfulness (function of group centroid “forensics”:

Figure 3
Scatter Plot of All Participants ($N = 374$)—Discriminant Functions 1 and 2 for All 34 Primary Scales of the TIPI Discriminating Diagnostic Groups (forensic, army, prison)



Note: TIPI = Trier Integrated Personality Inventory.

Function 1 = $-.44$; prison inmates: Function 1 = $-.76$). What differed between these groups was that the forensic patients showed even more unscrupulous aggressive behavior (function of group centroid “forensics”: Function 2 = $.86$; prison inmates: Function 2 = $-.81$). The army soldiers with no severe criminal reports and who were mentally sane differed from the two criminal samples especially in their more optimistic view of life and open extravert personality (group centroid of Function 1 = 1.40), and they showed lower tendency for aggression (group centroid of Function 1 = $-.16$) than the forensic patients (Figure 3).

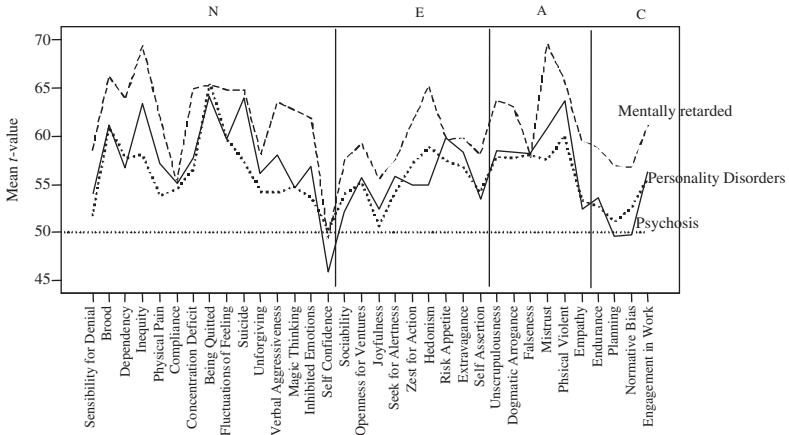
Using just the two criminal samples, discriminant analysis of 34 primary scales again reached significance, $\chi^2_{(34)} = 113.243$, $p \leq .001$; 79.46% correct classifications, $\kappa = .59$. The discriminant function of the analysis of 34 primary scales is defined through high verbal aggression ($r = .66$), unscrupulousness ($r = .64$), violence ($r = .62$), and narcissistic arrogance ($r = .59$).

Diagnosis

Are there diagnosis-specific personality profiles within forensic patients? The personality profile of three diagnosis groups ($n = 37$ psychosis, $n = 57$ personality disorder, and $n = 35$ mentally retarded; "others" were excluded) are shown in Figure 4. The psychotic group was described with all mental forms of conditions that affect the mind and prevent patients from being able to distinguish between the real world and the imaginary world (especially hallucinations, irrational thoughts, and fears). Personality disorders were defined by ICD-10 in topics F.40 and patients who were mentally disabled by ICD-10 in topics F.70 to F.79. Patients who were mentally retarded showed the highest scores in Neuroticism (mean t -values: mentally retarded, 70.94; psychosis, 60.00; personality disorder, 62.52). They emphasized brooding (mean t -value = 68.47), dependency (mean t -value = 64.33), and feelings of injustice (mean t -value = 70.17), and they were verbally aggressive (mean t -value = 63.97), hedonistic (mean t -value = 66.40), and mistrusting (mean t -value = 70.33). Psychotic patients and patients with personality disorders were fearful of being left (mean t -values: psychosis = 65.00, personality disorder = 63.74), but those with a personality disorder tend to be more physically violent (mean t -values: psychosis = 60.45; personality disorder = 64.15).

The discriminant analysis separated the three diagnosis groups merely with the Big Four (Function 1 to 2: $\chi^2_{(8)} = 22.81$, $p < .01$; Function 2 not significant, 41.86% correct classifications, $\kappa = .10$), as well as by 34 primary scales (Function 1 to 2: $\chi^2_{(68)} = 90.53$ $p < .05$; Function 2 not significant, 80.71% correct classifications, $\kappa = .69$), but discrimination remains only unidimensional. The first discriminant function built by the 34 primary scales was defined through feelings of injustice ($r = .40$), mistrust ($r = .40$), poor concentration ($r = .38$), and dependency ($r = .37$). We titled this as "neurotic/paranoid," the second (insignificant) one through low self-confidence ($r = -.29$), low norm-orientation ($r = -.24$), and high self-aggression (suicidality) ($r = .20$). We summarized this as "under-self-confident/disorganized." Patients who were mentally disabled displayed higher neurotic/paranoid behavior and tended to be low self-confident/organized (function of group centroid: Function 1 = 1.60, Function 2 = $-.217$). The patients who were psychotic and were under

Figure 4
Personality Profiles of 141 Forensic Patients, 57 With Personality Disorders, 35 Intellectually Disabled, 37 With Psychosis

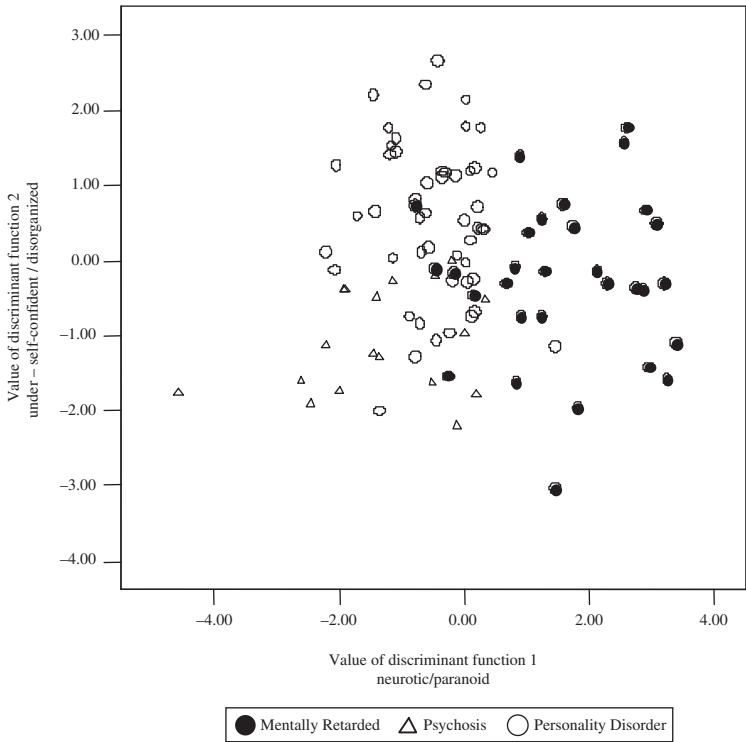


treatment showed low neurotic/paranoid accents and self-confident/organized (function of group centroid: Function 1 = -1.32; Function 2 = -1.08). The patients with personality disorders felt low neurotic/paranoid but tended to have low self-confidence (function of group centroid: Function 1 = -.49; Function 2 = .55) (Figure 5).

Using just psychotic patients and such with a personality disorder discriminant analysis did not reach significance, $\chi^2_{(34)} = 36.55, p = .35$.

At least we used chi-square analysis to specify the primary facets, in which the three groups differed (Table 3). Within the patients who were mentally retarded, we found the highest value within the primary facets “sensitivity to rejection” (mean values: mentally retarded, 58.59; psychosis, 51.72; personality disorders, 54.18; $\chi^2_{(54)} = 71.67, p \leq .05$), “poor concentration” (mean value: mentally retarded, 64.94; psychosis, 56.50; personality disorders, 55.14; $\chi^2_{(48)} = 66.83, p \leq .05$), “zest for action” (mean values: mentally retarded, 61.46; psychosis, 57.06; personality disorders, 54.98; $\chi^2_{(54)} = 72.76, p \leq .05$), and planning (mean values: mentally retarded, 56.84; psychosis, 51.06; personality disorders, 49.60; $\chi^2_{(38)} = 58.25, p \leq .05$).

Figure 5
Scatter Plot of Forensic Patients (*N* = 103)—Discriminant Functions 1 and 2 Discriminating Diagnostic Groups (mentally retarded, psychosis, personality disorder)



Conclusion

We summarized that a tightly characteristic personality profile for forensic patients did exist. Forensic patients described themselves as more aggressive and unscrupulous with a negative view on life and low self-confidence. The latter was shared with the prison inmates. The criminal groups both differed from the young soldiers, who were more optimistic/self-confident, and they

Table 3
Primary Facets Within Diagnostic Groups

TIPI Primary Scales	Mentally Retarded	Psychosis	Personality Disorder	χ^2	<i>df</i>	<i>p</i>
Sensitivity for Rejection	58.59	51.72	54.18	71.67	54	.05
Brooding	66.24	60.89	61.14	45.14	40	.27
Dependency	63.85	57.78	56.75	60.20	52	.20
Feelings of Injustice	69.44	58.06	63.39	40.20	34	.22
Physical Complaints	61.94	53.83	57.20	51.53	42	.15
Compliance	55.26	54.44	55.14	53.61	48	.27
Poor Concentration	64.94	56.50	57.70	66.83	48	.04
Affective Instability	64.79	59.56	59.77	29.06	26	.31
Fear of Being Left	65.30	65.44	64.14	15.46	30	.99
Suicidality	64.82	57.28	64.08	27.84	22	.18
Unforgivingness	58.06	54.22	56.12	53.34	54	.50
Verbal Aggression	63.52	54.06	58.02	62.17	54	.21
Magic Thinking	62.68	54.78	54.73	50.41	38	.09
Self-Consciousness	61.88	53.56	56.92	64.98	60	.31
Self-Confidence	49.29	50.28	45.92	54.33	54	.46
Sociability	57.64	53.94	52.16	48.61	50	.53
Openness to New Experience	59.21	55.17	55.78	39.23	46	.75
Joyfulness	55.58	50.61	52.31	73.19	62	.16
Alertness	57.62	54.28	55.84	61.80	52	.17
Zest for Action	61.46	57.06	54.98	72.76	54	.05
Hedonism	65.24	58.83	54.98	54.62	52	.38
Risk Taking	59.59	57.39	59.80	54.62	54	.27
Extravagance	59.77	56.83	58.31	50.66	56	.68
Self-Assertion	58.06	54.11	53.51	69.55	66	.36
Unscrupulousness	63.77	57.83	58.44	49.36	38	.10
Narcissistic Arrogance	63.00	57.78	58.38	60.85	56	.31
Falseness	57.82	58.06	58.29	54.77	46	.18
Mistrust	69.59	57.56	60.88	46.39	36	.12
Physical Violence	65.79	60.06	63.63	52.14	44	.19
Empathy	59.49	53.28	52.49	51.66	50	.41
Patience/Care	58.79	52.72	53.65	48.16	42	.24
Planning	56.84	51.06	49.60	58.25	38	.02
Norm Orientation	56.77	52.50	49.77	53.55	42	.11
Work Orientation	61.12	55.72	56.31	62.21	58	.33

Note: TIPI = Trier Integrated Personality Inventory. Significant data are displayed in bold.

did not show such accented values within the dimension of aggression (neither in the direction high aggressive nor low aggressive).

Having a closer look at the within-group differences, we identified a subset of participants with mental retardation, who displayed higher “neurotic/paranoid” behavior and tended to be low self-confident/organized, but the TIPI

was not able to differ just between psychotic patients and such with a personality disorder.

According to the model used (TIPI, Becker, 2004), these persons were highly sensitive to rejection and suffered from poor concentration. They accented zest for action and planned carefully. Therefore, we concluded that participants with mental retardation should be seen as a subgroup, which should be controlled in further studies. According to clinical evidence, we recommended placement in specialized units.

Discussion

The German penalty system is running double-tracked: Criminals can be sentenced to prison or to treatment in a forensic psychiatric hospital. Preconditions for forensic treatment are mental illness and severe crimes as well as future risk for the society. The main goal of this explorative study was to describe the personality of mentally ill predators compared to mentally sane ones and young men without severe criminal reports, but with general readiness for engaging in violent behavior. We used the psychological construct of personality with its four dimensions (Neuroticism, Openness/Extraversion, Consciousness, and Agreeableness).

Comparison of pre-defined groups typically suffers from various methodical problems. Sample size in forensic research is critical especially if a large number of variables are considered. In predefined groups, third variables such as educational status and social level may be confounded with group definition. What field research can do here is to give more importance to the selection of the control group. We tried to control the forensic patients and prison inmates with a sample from a similar educational level (exclusion of individuals with more than a medium educational level) and a general readiness for engaging in violent behavior. Nevertheless, the average age was less than that of the two criminal samples. But what we found was that the conscript army soldiers—compared to the complete norm sample of Becker (2004)—already had higher scores on Extraversion ($T = 60.38$) and (Dis)agreeableness ($T = 58.85$). So, if we had not used the specific group of army soldiers but the TIPI norm group, Extraversion and (Dis)agreeableness might have played an even stronger role in judging the two criminal samples, which would be misleading.

In principle, our study showed that the TIPI (Becker, 2004) has the potential to serve as a screening tool to differ between mentally ill forensic patients, mentally sane prison inmates, and populations without severe criminal reports. Furthermore, the TIPI is able to identify subgroups within the forensic patients.

Looking at the global facets, Neuroticism and (Dis)agreeableness are the main dimensions for forensic patient status. However, Eysenck and Eysenck (1992) and Zuckerman (1994) described Extraversion or the need for stimulation as predictive, and Miller and Lynam (2003) found antagonism and low conscientiousness as most important dimensions for describing individuals involved in antisocial behavior. Becker (2002) emphasized the role of (Dis)agreeableness for criminal status if the sample is characterized by individuals with a violent criminal background. In our study we could replicate these results. Within forensic populations, high neuroticism is often described and its connection to violence discussed (Skeem et al., 2005; Ille, Lahousen, Rous, Hofmann, & Kapfhammer, 2005). Within our study, neuroticism characterized the forensic sample too, but it should be suggested that it might have been a main effect of mentally handicapped ones.

For detailed statements, the primary scales of the TIPI are more useful. Levine and Jackson (2004) remarked that primary scales should be included because "the primary scales explain the criteria more comprehensively and consistently than the super factors" (p. 144). In our study, the use of all 38 scales always resulted in a higher rate of correct classification than using just the "Big Four."

Forensic patient status was characterized both by aggression and low self-confidence/joyfulness status. Both aggression and low self-confidence/joyfulness are well-documented predictors of persistent violent careers (Becker, 2002; Hanson & Morton-Bourgon, 2004; Shoal & Giancola, 2003; Sutherland & Shepherd, 2002). Low self-confidence in connection with high narcissistic arrogance, unscrupulousness, and falseness is often seen as a strong predictor for interpersonal violence (Baumeister, Smart, & Boden, 1999; Becker, 2002).

In our study, aggressive/unscrupulous behavior was an independent aspect of the forensic personality (discriminant Function 2) and helpful to differ between forensic patients and prison inmates. Forensic patients showed themselves more aggressive than prison inmates. This is an interesting result but may be a result of political seated trend in Germany to send highly dangerous criminals into a forensic hospital instead of prison by using the diagnosis of antisocial personality disorder.

On the other hand, it was low self-confidence, which appeared within forensic patients ($M = 46.30$) as well as prison inmates ($M = 46.31$) and differed with the soldiers ($M = 53.72$). Therapeutic intervention might be wise there.

Having a closer look at the forensic patients' within differences, we found that the identification of mental retardation is an important third variable within forensic studies, and it should be more understudied in general. Patients who are mentally retarded differ in personality structure. They accent other traits, and as a consequence, they need other treatment concepts.

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