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Trauma, Psychopathic Traits, and Resilience in Female Post-Prison Reentry Outcomes

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ABSTRACT AND ARTICLE INFORMATION

A growing body of research has examined female psychopathy, yet gaps remain. Recent research has explored links between early trauma, psychopathic traits, and behavioral outcomes. Utilizing data collected as part of the evaluation of the Seattle Women's Reentry (SWR) Initiative, this study investigates the relationship between early trauma and psychopathic traits in female post-prison reentry outcomes. The role of psychopathic traits as a protective resilience factor that moderates early trauma for women leaving prison and reentering the community is explored. Background information, survey data, and Psychopathy Checklist-Revised (PCL-R) scores are analyzed in relation to recidivism three-years post release for 85 women released from the Washington Corrections Center for Women (WCCW) in Washington State. Results indicated that the majority of the women in the study have early trauma backgrounds, PCL-R scores predict recidivism while trauma did not, and PCL-R scores did not moderate the relationship between trauma and recidivism. Results also found that PCL-R scores were associated with higher levels of self-esteem. Findings are consistent with prior research showing a link between psychopathic traits and recidivism but do not offer support for psychopathic traits as a moderating resilience protective factor between trauma and recidivism.

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Psychopathic traits have long been linked to crime and to general and violent recidivism (Asscher et al., 2011; Bergstrom & Farrington, 2019; Colins et al., 2015; DeLisi, 2009; Edwards et al., 2023; Glenn & Raine, 2009; Hare, 1996; Helfgott, 2019; Hemphill et al., 1998; Kiehl & Hoffman, 2011; Laurell & Dåderman, 2005; Leistico et al., 2008; Olver & Wong, 2015; Patrick, 2019; Pechorro et al., 2014; Salekin et al., 1998; Sohn et al., 2020). The Psychopathy Checklist-Revised (PCL-R) is the most prominent and internationally used standardized and validated instrument to assess psychopathic traits. The PCL-R has most commonly been used with incarcerated male populations with approximately 15-25% of incarcerated adult males meeting the diagnostic criteria for psychopathy (Hare, 2003, 2006; Kiehl & Hoffman, 2011; Neumann et al., 2007; Wynn et al., 2012), however, it has been increasingly used with female incarcerated populations as well (Edwards et al., 2021, 2023; Salekin et al., 1997, 1998; Weizmann-Henelius et al., 2015).

The prevalence of psychopathic traits is higher in male offenders than female offenders (Grann, 2000; Helfgott, 2019; Jackson et al., 2002; Salekin et al., 1998; Warren et al., 2003). Psychopathy in women is associated with higher rates of childhood physical and sexual victimization, post-traumatic stress disorder (PTSD) symptoms, and traumatic events (Boduszek et al., 2019; Craparo et al., 2013; Farina et al., 2018; Graham et al., 2012; Krischer & Sevecke, 2008; Lang et al., 2002; Marshall & Cooke, 1999; Piquero et al., 2012; Smith et al., 2021). Incarcerated women are more likely to have experienced childhood sexual victimization than their male counterparts and the trauma they have endured, often perpetrated by a loved one, may culminate in a dissociation with their emotions (Belknap, 2007; Cunliffe et al., 2013; Gunnison et al., 2017; Odgers et al., 2005; Porter, 1996; Smith et al., 2021). Despite the growing body of knowledge regarding gender and psychopathy, research on female psychopathy has been limited and gaps remain (Pinheiro et al., 2022; Wynn et al., 2012;). Studies show that PCL-R scores are predictive of female aggression (Smith et al., 2021), recidivism for women (Eisenbarth et al., 2012; Verona & Vitale, 2018) and specific types of behaviors and crimes engaged in by women such as substance use and pimping (Edwards et al., 2021). Other studies have found mixed results (e.g., Pinheiro et al., 2022; Weizman-Henelius et al., 2015).

There has been growing attention in recent years to the view of psychopathic traits along a continuum (Patrick, 2019; van Bommel et al., 2018; Woodmass & O'Connor, 2018; Yildirim & Derksen, 2015) and the relationship between early trauma and psychopathic traits (Fournier, 2022; Fox et al., 2020; Ireland et al., 2020; Moreira et al., 2022). Most of this research has focused on the role of trauma in the development of psychopathic traits. Researchers have not explored how psychopathic traits may serve as a protective factor, or moderating variable, between early trauma and behavioral outcomes for female offenders. Some research findings suggest that psychopathic traits serve an evolutionarily adaptive function and are associated with increased performance in the workplace (Preston et al., 2022), decreased levels of perceived stress, depression, and suicidal ideation (Bronchain et al., 2021), and as a protective factor against PTSD symptoms (Anestis et al., 2017). Studies have shown that incarcerated girls and women have histories of trauma (Shepard et al., 2019). However, the pathways to crime for girls and women may be more complex (Jones et al., 2014) than previously thought involving pathways characterized by both early trauma and antisocial traits (Jones et al., 2014).

Research has not examined the role psychopathic traits may play as a protective factor to moderate the effects of trauma on reentry outcomes, including recidivism. Women tend to score lower than men on the PCL-R (Hare, 2003; Verona & Vitale, 2018), and it may be particularly important to examine the way psychopathic traits moderate trauma for women in their pathway to crime, desistance, and reentry. Psychopathic traits have been found to be associated with resilience and psychological hardiness mediating anxiety for incarcerated men in Norway (see Sandvik et al., 2015), and to increase resilience and coping with stress in youth correctional facilities in Poland (see Nowakowski & Wróbel, 2021). Researchers have not examined how psychopathic traits may operate as a resilience factor in the reentry process for women who have experienced trauma.

With thousands of formerly incarcerated persons entering society each day (see Gunnison & Helfgott, 2013) and androcentric bias in the field of criminology whereby the focus has centered on examining male offending rather than female offending (Belknap, 2007; Gunnison et al., 2017), it is crucial to understand how psychopathic traits could serve as a protective factor between trauma and recidivism outcomes for women in post-prison reentry. Given the scant literature on early trauma, psychopathy as a protective factor, and recidivism outcomes, this research investigation, utilizing primary data collection, examines women released from the Washington Corrections Center for Women (WCCW), their reports of early trauma, their PCL-R scores, and their recidivism outcomes. Given the complexities of the pathway to crime, desistance, and

reentry and the many factors that may change the path to success in the reentry process (Gunnison & Helfgott, 2013; Helfgott et al., 2019), examining the role psychopathic traits may serve as a protective resilience factor in the post-prison reentry process for women is an important avenue of exploration.

Literature Review

One of the more prominent feminist perspectives contends that the pathways to offending for women are distinct and different from male pathways into offending (Chesney-Lind & Pasko, 2004; Daly, 1992). Understanding the risk and protective factors for post-prison reentry for women who have experienced trauma has important implications for gender-responsive reentry success (Fleming et al., 2021; Helfgott & Gunnison, 2020; Miller, 2021; Wright et al., 2012). The examination of how psychopathic personality traits that have historically been found to be a risk factor for men may operate differently for women who have experienced trauma may shed light on the intricacies of desistance and reentry success for women returning the community upon release from prison.

The Intersection of Gender, Trauma, Psychopathic Traits, Resilience, and Reentry

Gender and Trauma

The extant literature is clear that prior physical and sexual abuse are catalysts for the onset and persistence of offending patterns for women (Belknap, 2007; Cauffman et al., 2015; Chesney-Lind & Pasko, 2004; DeHart, 2008; Gunnison & McCartan, 2005). Prior sexual abuse figures prominently within the life histories of female offenders, and they are consistently more likely to have experienced such abuse than male offenders. Research into offending has also revealed that women in prison have a higher level of sexual victimization than the general population (Blackburn et al., 2008; Siegel & Williams, 2003).

Researchers have found that incarcerated female juvenile and adult offenders have reported experiencing neglect in childhood, intimate partner violence, and verbal, physical, and sexual abuse (Belknap & Holsinger, 2006; Jones et al., 2018; Lynch et al., 2012; Severson et al., 2009; Tripodi & Pettus-Davis, 2013). The experiences of these traumas not only increase females' chances for engaging in delinquent and criminal behavior, but they will often result in females using drugs and alcohol as a coping mechanism (Bailey & McCloskey, 2005; Belknap, 2007; Boyd, 1993; Chen et al. 2004; Chesney-Lind & Pasko, 2004; Comack, 2005; Gilfus, 1992; Goodkind et al., 2006; Kilpatrick et al., 2000; Luster & Small, 1997; Miller & Downs, 1993; Saunders et al., 1999; Widom, 1995; Widom & Osborn, 2021). While drug and alcohol use may be a result of an attempt to cope with early trauma, researchers have not explored the possibility that psychopathic personality traits may serve as a protective factor for coping with trauma.

Gender and Psychopathy

In the early 1800s, scholars began writing about psychopathy, but it wasn't until the early 1900s that psychopathy began to be explored more in the United States (Millon et al., 1998; Rafter, 1997), and it was not until the 1940s that a clear list of psychopathic traits was published. Cleckley (1941) provided the first systematic account of psychopathy in *The Mask of Sanity,* identifying salient psychopathic traits based on interviews of mostly male patients at psychiatric institutions. Cleckley posited 21 characteristics of psychopaths including: superficial charm and "good" intelligence; absence of delusions and irrational thinking; untruthfulness and insensitivity; lack of remorse; unreliability; purposeless antisocial behavior; absence of neurosis; pathologically egocentric; failure to follow any life plan; and thrill seeking.

The PCL-R, developed by Robert Hare, has been used for five decades, "as an anchor and touchstone for conceptualizing psychopathy and as the gold standard for its measurement" (Smith et al., 2021, p. 257). Hare first developed the PCL-R in 1980 based a modified list of Cleckley's psychopathic traits and the DSM Antisocial Personality Disorder criteria (Crego & Widiger, 2014; Hare, 2003, 2006, 2019). The PCL-R was published in 1991 and the second edition was published in 2003 (Hare, 1996, 2003). The PCL-R is a 20-item instrument that taps into the salient features of psychopathy (1-Glibness/Superficial charm, 2-Grandiose Sense of Self-worth, 3-Need for Stimulation/Proneness to Boredom, 4-Pathological Lying, 5-Conning/Manipulative, 6-Lack of Remorse, 7-Shallow Affect, 8-Lack of Empathy, 9-Parasitic Lifestyle, 10-Poor Behavioral Controls, 11-Promiscuity, 12-Early Behavior Problems, 13-Lack of Realistic, Long-term Goals, 14-Impulsivity, 15-Irresponsibility, 16-Failure to Accept Responsibility for Own Actions, 17-Many Short-Term Marital Relationships, 18-Juvenile Delinquency, 19-Revocation of Conditional Release, 20-Criminal Versatility). The items are rated following a formal interview and institutional file review with 0=no features, 1=maybe some features, and 2=yes, presence of feature. PCL-R scores of 30 and above are indicative of primary psychopathy (Hare, 2003) while scores of 20-29 are indicative of secondary psychopathy, and 0-19 are indicative of non-

psychopathy (Helfgott, 2019; Smith et al., 2021). The construct of psychopathy as measured by the PCL-R is comprised of Factor 1 (Interpersonal/Affective) and Factor 2 (Social Deviance) and four facets – Interpersonal, Affective, Lifestyle, and Antisocial (Hare, 2003).

According to Wynn et al. (2002), "psychopaths constitute approximately 0.5%–1% of the population, while as many as 20%–25% of prison populations qualify for the diagnosis" (p. 259). Overwhelmingly, most of the research in the psychopathy literature has focused on the psychopathic traits of men (Pinheiro et al., 2022; Vitale et al., 2002; Wynn et al., 2012). However, the PCL-R has modest predictive validity for women (Rutherford et al., 1996; Verona & Vitale, 2018; Vitale & Newman, 2001).[1] Some researchers have suggested modification of the PCL-R for women (e.g., Helfgott, 2019; Smith et al., 2021). For example, Smith et al. (2021) suggest that female psychopaths do not display grandiosity, omnipotence, and contempt characterized by male psychopaths and recommend special consideration and modification of 12 of the PCL-R items and adaptation of the PCL-R interview guide for women.

There have been mixed results regarding the relationship between psychopathic traits and recidivism in studies involving women. Pinheiro et al. (2022) revealed that psychopathy was not a predictor for general offending for women which is at odds with the previous literature establishing a link between psychopathic traits and general and violent recidivism (e.g., Bergstrom & Farrington, 2019). Edwards et al. (2023) found that general, felony, and substance-related rearrest was associated with higher scores on PCL-R Factor 2 (i.e., impulsive and antisocial behaviors) in women.

When further examining the studies of the PCL-R as applied to gender, some differences have emerged. For instance, some researchers have found that psychopathic traits are higher in male populations regardless of whether the males were held in prisons or psychiatric facilities (Vitale et al., 2002; Wynn et al., 2002), ranging between 15% and 30% for male incarcerated populations (Salekin et al., 1998). Other researchers have found that the rate of the psychopathic traits to range between 9% and 23% for incarcerated and violent female offenders (Grann, 2000; Salekin et al., 1997; Tien et al., 1993; Warren et al., 2003). Apart from the gender differences regarding the predictive validity of the PCL-R, researchers have found differences in psychopathic traits between males and females in empathy, lying, and alcohol use (Forouzan & Cooke, 2005; Grann, 2000; Pinheiro et al., 2020; Strand & Belfrage, 2005).

Research has revealed a link between psychopathy and low fear and anxiety (Derefinko, 2015; Fowles, 2018; Fowles & Dindo, 2006; Frick et al., 1999; Sandvik et al., 2015; Schmitt, & Newman, 1999; Thomson et al., 2021; Visser et al., 2011). Research on the emotional experience of the psychopath (Kosson et al., 2016) suggests that psychopaths process emotion differently, do not experience true sadness or depression, experience only surface, but not deep anger, and that the predominant emotion psychopaths experience is contemptuous delight (Helfgott, 2019; Meloy, 1988, 2002). Given the association between psychopathy and low anxiety, fear, and the absence of depression, the question of whether psychopathic traits serve as a protective factor for anxiety is an important area of exploration.

Regarding psychopathy serving as a protective factor for stress or trauma, the research is scant (Eisenbarth et al., 2019; O'Leary et al., 2007; Salcido et al., 2019; Sandvik et al., 2015). However, there is a growing body of research that has begun to examine how psychopathic traits operate as a protective factor. For example, in a study of college students conducted by O'Leary et al. (2007), researchers examined the gender differences between psychopathic traits and cortisol response to stress and found that males, and not females in the sample, with psychopathic traits did not exhibit in increases in cortisol levels following a stress test. A study of incarcerated males in Norway, Sandvik et al. (2015) found that psychopathic traits appeared "to act as resiliency factors in relation to anxiety that might also act as a buffer against other adverse health effects of stress" (p. 13). In a study of police recruits, Falkenbach et al., (2018) found that recruits who endorsed affective and interpersonal psychopathic traits reported higher levels of stress immunity, fearless dominance, and cold-heartedness. The authors suggested that these adaptive traits may be beneficial for law enforcement personnel in emotionally challenging contexts to help them maintain composure and provide resilience to stress and fear that helps them to effectively manage tense or dangerous situations. These previous studies suggest the possibility that psychopathic traits could serve as a protective or resilience factor between trauma and recidivism outcomes during reentry.

Gender and Reentry

Successful reintegration into society following incarceration is an elusive goal for many releasing into the community (Gunnison & Helfgott, 2013; Petersilia, 2003). Formerly incarcerated persons face myriad challenges upon reentry, including, but not limited to: housing, employment, family reunification, mental health care, substance

abuse treatment, regaining custody of children, legal financial obligations, transportation, and access to basic necessities such as food, clothing, and hygiene products (Gunnison & Helfgott, 2013; Petersilia, 2003).

While males and females experience similar barriers in reentry, women face unique challenges during reentry. Prior physical and sexual abuse are catalysts for not only the onset of offending patterns but also the persistence in offending patterns for females (Belknap, 2007; Chesney-Lind & Pasko, 2004; Gunnison & McCartan, 2005). Thus, female offender reentry may be complicated by prior abuse histories that are still a significant issue for them during release. Conversely, it is possible that females with early abuse traumas, who also possess psychopathic traits, may have more successful reentry outcomes, such as reduced recidivism rates. While Pinheiro et al. (2022) failed to find a link between psychopathic traits and recidivism, the researchers failed to explore the role of trauma in their sample of female offenders. Perhaps those with early trauma histories who also possess psychopathic traits can block out or curb the negative emotions stemming from the abuse, and, in turn, are able to foster a successful reentry outcome. Salcido et al. (2019) suggest that examining psychopathic traits "during the reentry process, may have important implications for understanding how to improve treatment responsivity" (p. 90). Yet, researchers have yet to explore the relationship between trauma, psychopathic traits as a protective or resilience factor, and behavior outcomes for females.

Psychopathic Traits, Trauma, and Resilience

While psychopathic traits have been associated with antisocial behavior and general and violent recidivism, some researchers have found that psychopathic traits have an adaptive function (Bronchain et al., 2021; Falkenbach et al., 2017, 2018). For example, traits such as fearlessness, disinhibition, and narcissism are associated with heroic behaviors (Bronchain et al., 2020a, 2020b). Međedović et al. (2018) found that some psychopathic traits have an adaptive potential and are a protective factor that moderates emotional distress.

Prior research has found that resilience for women returning to the community following a period of incarceration is a quest for survival rather than the common definition of the ability to cope adaptively to return to a pre-trauma state that some formerly incarcerated women have never experienced. In their study of formerly incarcerated Black women, Williams et al. (2021) found that the women experienced traumas resulting from interlocking oppressions they experienced within the broader society and their families and that some women employed divergent resilience practices as a survival strategy that the authors termed *conscious traumatic repression.* In other words, the women used emotional distancing from their early trauma as a matter of survival.

The Williams et al. (2021) study did not explore the roots of the conscious traumatic repression. However, prior research indicating that psychopathic traits may play a role in moderating emotional distress and trauma operating as a protective resilience factor begs the question, what role do psychopathic traits play in moderating trauma for women released from prison in the reentry process? Although prior research suggests that psychopathic traits are more adaptive for males than females (Međedović et al., 2018), there is very little research examining how psychopathic traits may operate as a moderating resilience factor for women in reentry.

Self-esteem and self-efficacy also play a role in the reentry process. Self-esteem is important to consider in association with psychopathic traits. Maladaptive narcissism is an interpersonal component of psychopathic traits and grandiose sense of self-worth is one of 20 items on the PCL-R (Hare, 2003). Narcissism can be associated with both low and high self-esteem and the relationship between self-esteem and psychopathic traits differs across genders with psychopathic traits associated with high self-esteem in men and low self-esteem in women (Habersaat et al., 2018). Fearless dominance and boldness are features of psychopathy that are also associated with self-esteem (Miller et al., 2020) and entitlement that comes from this boldness and high self-esteem can be both exploitive and non-exploitive and non-exploitive entitlement is associated with higher self-esteem (Lessard et al., 2011). Furthermore, emotional distancing as a survival tool can be seen as a form of self-efficacy for women in the reentry process.

Purpose of Study

Although research has emerged on the relationship between psychopathy and anxiety with resilience, researchers have yet to explore the relationship between early trauma, psychopathic traits, and reentry outcomes for women post-prison. The current study adds to the existing literature by examining the relationship between early trauma, psychopathic traits, resilience, and recidivism in a sample of incarcerated women in Washington State. This research investigation fill a gap in the literature on whether and how psychopathic traits may operate as a protective resilience factor for women in the reentry process that may assist in improving treatment responsivity (see Salcido et al., 2019). Specifically, the current study sought to explore the relationship

between trauma, resilience, and reentry for women in their post-prison reentry examining the questions: Is psychopathy level a moderating variable in the relationship between trauma and reentry for women? To further explore the traits associated with recidivism, the study also examines the relationship between trauma (child physical and sexual abuse), psychopathic traits, self-esteem, self-efficacy, and recidivism for women in the reentry process to better understand how the additional factors of self-esteem and self-efficacy are associated with recidivism.

Method

Sample

Participants were 85 women released from WCCW to King, Skagit, Snohomish, and Whatcom Counties from January 1, 2017 – December 31, 2018. Subjects were part of a study evaluating the Seattle Women's Reentry (SWR) Initiative (Helfgott & Gunnison, 2020) comprised of a treatment group of 60 women released to King County, Washington and a comparison group of 25 women released to Skagit,

Table 1: Participant Demographics, Background Information, Risk Levels, and Assessment Scores

	Mean	Median	SD	Min-Max
Age	40	38	9.7	23-62
Race	White		40	(47.1%)
	Black		25	(29.4%)
	Asian/Pacific		20	(24%)
	Islander/N.			
	American			
	Indian/Hispanic**			
Years in Prison	10.3	9	7.1	2-28
Sentence Length *Months (Years)*	39 (3.23)	21 (1.27)	54.4 (4.5)	5-359 (<1-29)
Crime Type	Violent Crime		36	(42.4%)
	Property Crime		28	(32.9%)
	Other**		13	(15.3%)
LS/CMI Risk Level	Low/Medium*****		18	21.2%
	High		37	43.5%
	Very High		30	35.3%
LSCMI Score	25	27	7.8	5-37
PCL-R Score	18	19	6.1	3-29
WA DOC Risk	Low		25	(29%)
	Moderate		17	(20%)
	High****		43	(51%)

*Demographics, Background information, and Risk Levels, and Program Dosage are presented for experimental and comparison groups in aggregate because per WA DOC policy, cells with $n<10$ cannot be displayed. Results from t-tests and chi-square tests revealed no significant differences between the two groups on demographic, background, risk level, and program dosage variables.
**Categories collapsed because $n<10$ are not displayed per WA DOC policy to protect privacy.
*** Other crimes included drug offenses, arson, and sex crime.
****Categories collapsed because $n<10$ are not displayed per WA DOC policy to protect privacy. WA DOC has 10 risk categories -High Drug, High Non-Violent, High Property, High Violent, High Violent Property Drug, Low, and Moderate.
*****Low and medium categories are collapsed because the $n<10$ for participants scored on the LSCMI as low risk per WA DOC policy to protect the privacy of participants.

Snohomish, and Whatcom Counties.[2] Participants in the treatment group were required to have completed the 12-week pre-release Personal Reentry Education Planning (P.R.E.P.) program at WCCW as part of the SWR Initiative. The mean age of participants was 40 years with the youngest participant aged 23 years and the oldest aged 62 years at the onset of the study. The race/ethnicity of the participants was 47% White, 29% Black, and 24% Asian/Pacific Islander, North American Indian, or Hispanic. The mean number of years in prison was 10.3 with a minimum of 5 months and a maximum of 29 years. The participants were incarcerated for violent crimes (42%), property crimes (33%), and other types of crimes, such as drug offenses, arson, or sex crimes. Of the 85 participants, 43 (51%) were high risk, 17 (20%) were moderate risk, and 25 (29%) were low risk as assessed by the Washington State Department of Corrections (WA DOC) risk assessment instrument.[3]

Participant risk levels were assessed using the Level of Service-Case Management Inventory (LS/CMI) and PCL-R. The mean LS-CMI score was 25, and most participants (95.3%) were classified as medium-high risk (See Table 1). The mean PCL-R score was 18 and scores ranged from a rating of 3 through 29. Thus, none of the women had a PCL-R score of above 30 indicative of primary psychopathy (Hare, 2003). (See Table 1 for participant demographics).

Instrument and Variables

A self-report survey was utilized comprised of 16 questions that asked the participants to indicate what county they were releasing to, programs they completed in prison, and their level of agreement on items related to their self-perceptions of self-esteem, and self-efficacy. To assess self-esteem, the survey included the 10-item Rosenberg Self-Esteem Scale which uses a Likert scale for responses (1=strongly disagree, 2= disagree, 3=agree, 4=strongly agree) whereby lower scores also suggest low self-esteem (Rosenberg, 1965). The items were summed across the scale (after recoding reverse coding on five items) to create a self-efficacy score. To assess self-efficacy, the survey included the 17-item Sherer Self-Efficacy Scale, which also uses a Likert scale for responses (1=never, 2=seldom, 3=sometimes, 4=often) whereby low scores indicate low self-efficacy (Sherer et al., 1982). The items were summed across the scale (after recoding reverse coding on eight items) to create a self-efficacy score. The survey also incorporated gender-responsive questions that were not included on the other instruments used including questions about whether they have children, their relationship with their children, and prior physical and sexual trauma. Specifically, participants were asked if they had witnessed or experienced physical abuse in their household under the age of 18, the frequency of the abuse, and the relationship to the person who had perpetrated the abuse. Similar questions were included to assess experiences with sexual abuse.

To assess risk and psychopathy, the LS/CMI and the PCL-R were utilized. The LS/CMI is a 41-item instrument that assesses the risk and need factors for subjects and includes assessment of items including: criminal history, education/employment, family/marital, leisure/recreation, companions, alcohol/drug problems, procriminal attitude/orientation, and antisocial pattern (Andrews et al., 2019). The PCL-R is a 20-item instrument that measures the level of psychopathy in individuals based on the assessment of individual characteristics, criminal history, and marital relationships (Hare, 2003).

Recidivism is the outcome measure. Recidivism data (new offenses, revocations, and returns on existing offense sentences, not including confinement sanctions for community supervision violations) were collected from the WA DOC. For the purpose the current analysis, recidivism is measured as return to the WA DOC custody within three years post-release.

Procedure

The SWR Initiative and participation in the study were advertised in the prison via solicitation flyers targeting women releasing to King County, Washington for the treatment group and women releasing to Skagit, Snohomish, and Whatcom Counties for the comparison group. The research team (consisting of the Principal Investigator, Co-Investigator, and three research assistants) and program staff held several informational meetings where potential participants could learn about the study. During these meetings, the women could make the decision to participate or not. If they elected to participate, they were asked to complete consent forms and a preliminary self-report survey. All participants were privately interviewed in locations in WCCW.[4] The research team received formal training on both instruments prior to starting the assessment interviews. The interviews took place at WCCW and lasted from 2-6 hours. As the research team interviewed each participant, the team member typed detailed notes into a Word document and saved the notes in a secured Business Dropbox account. To aid in the scoring of these assessments, WCCW permitted researchers to review all official files on participants. Files provided by WCCW varied in detail but included information, such as criminal history, current offense(s) of conviction, mental health status, medical health status, and violations while in custody. Researchers were

assigned specific participants to score. Both instruments were scored for each participant by the initial interviewer who was the primary rater. To ensure inter-rater reliability, participants were randomly reassigned to other members of the research team as secondary raters to re-code scores on both assessment tools. When re-rating, the researchers reviewed all the interview notes thoroughly as well as institutional records to complete the assessments. Inter-rater reliability was assessed using the Kappa statistic. Based on the analysis, inter-rater reliability for the PCL-R *Kappa*=.061, $p<.05$ and LSCMI *Kappa*=.017, $p>.10$ suggests that inter-rater reliability constituted "slight agreement" (Landis & Koch, 1977). This could be due, in part, to the fact that primary evaluator conducted the interview and scored based on the interview and file information and the secondary interviewer scored using notes taken from the interview and file information. Primary rater scores were used in the analysis.

Data Analysis

Using IBM SPSS software (Version 26), a series of univariate and bivariate analyses were conducted. The analyses included descriptive analysis (i.e., frequency of items), *t*-tests (i.e., comparison of treatment and comparison groups on recidivism), and a hierarchical moderated regression analysis.

Results

Results from frequency analyses of pre-survey responses revealed that over half of the participants (51%/n=60) indicated that they had been physically abused under age 18, 63.5% (n=54) indicated they had witnessed physical abuse in their household, and 67% (n=57) indicated they had experienced unwanted sexual contact prior to age 18. Thus, early trauma experiences were a lived reality for most of the participants, and these traumas were explored in greater depth during interviews with the program participants. One participant reported that she experienced physical, sexual, and mental abuse, but that she did not want to share any additional details about her experiences. Other participants were more forthcoming with their abuse histories. For example, one participant described that she was molested by her uncle (age 6-9 years old), molested by her friend's father (age 13), and gang raped by 5 perpetrators (around 14 years of age). Another participant reported that she was physically abused by her mother and was "raped at age 13 by a high school kid." Additionally, another participant reported being "sexually abused by two uncles and one female cousin and one male cousin." She reported that the abuse occurred on and off between the ages of 3-12 and that her paternal uncle would "give her baths, stick finger inside me, and oral sex" while her "maternal uncle would touch inappropriately in front of other family members." She added that the "girl cousin made me do sexual favors under threat of burning house down" and that her "male cousin raped me." Finally, another participated reported, "My dad was killed when I was six, he was the best the thing that happened to me, he was stabbed to death. I know that he loved me, I loved him, I adored him. He was two weeks away from getting custody of me." She added that she was molested by her grandfather and uncles, and experienced mental abuse "by just about everybody…my grandmother would call me a slut all the time and talk about my 'junkie' mom." In order to examine the relationship between early trauma and psychopathy, t-test analyses were conducted. Upon completion of pairwise comparisons, results revealed that participants who reported experiencing early trauma had significantly higher PCL-R scores ($t(81)=-1.56$, $p<.01$).

The pre-survey results included self-esteem scale scores ranging from 19-40 and self-efficacy scale scores ranging from 35-67. While not directly tapping self-esteem, qualitative feedback from the PCL-R instrument interview questions did suggest that many participants may not possess high self-esteem. When asked if other people have ever told you that you have too high of an opinion of yourself, most responses were "No" and one participant stated, "No. That I have too low of an opinion of myself." When asked about how the participant might compare to most others in terms of intelligence, some responded that there were of "average intelligence," "I don't think I'm highly intelligent," or "I am not very smart." To further examine the role of psychopathic traits, the relationship between scores on the PCL-R and the Rosenberg Self-Esteem Scale and the Sherer Self Efficacy Scale were examined. A linear regression was conducted examining both PCL-R scores as a predictor of self-esteem and PCL-R scores as a predictor of self-efficacy. Results revealed that participants who scored higher on the PCL-R reported significantly higher self-esteem ($F(1)=4.81$, $p<.03$, $R^2 = .063$), but the PCL-R scores did not significantly predict self-efficacy scores.

Next, a hierarchical moderated regression analysis was conducted to examine the relationship between trauma and recidivism examining psychopathic traits as measured through PCL-R scores as a moderating variable between trauma and recidivism. The results show that trauma does not significantly predict recidivism. A hierarchical moderated multiple regression analysis to test interaction effects was conducted to investigate the moderating role of psychopathic traits in relationship

between subjects' self-reported early trauma and recidivism three years post-release. All variables were standardized to z scores prior to entry and calculation of the interaction. Results of the analysis demonstrated no moderating effect.

Results show that PCL-R scores predict recidivism but trauma, and the interaction variable PCL-R*Trauma, did not significantly predict recidivism. Table 2 shows the results of the moderated hierarchical regression. PCL-R score was predictive of recidivism (R^2=.07), F (2, 80) =3.07, p<.05. It should be noted that while PCL-R scores predict only 7% in the variance in the model, the relationship is significant and makes sense given the wide range of factors associated with recidivism.

In sum, the results reveal that most of the women in the study have early trauma backgrounds, that PCL-R scores predicted recidivism while trauma did not, and PCL-R scores did not moderate the relationship between trauma and recidivism. Results also found that PCL-R scores were associated with higher levels of self-esteem. Results are consistent with prior research showing a link between psychopathic traits and recidivism but do not offer support for psychopathic traits as a moderator between trauma and recidivism.

Table 2*:* Hierarchical Regression Model

Predictor Variables	*B*	B	t
Model 1			
PCL-R Rater 1	.014	.216	1.977*
Trauma	.130	.124	1.133
Model 2			
PCL-R Rater 1	.015	.223	1.947*
Trauma	.134	.128	1.145
INT	.08	.024	.208

Note: R^2 = 0.071 for Model 1, p<.10; $R^2\Delta$ = .001 for Model 2, p>.10; Total R^2 = 0.072, p >.10
*p<.10

Discussion

This was the first research investigation to explore the relationship between trauma, psychopathic traits, resilience, and recidivism in women reentering the community after a period of incarceration. Prior research had not examined the role of trauma and how female psychopathic traits may operate as a resilience factor moderating the effects of trauma on recidivism and increasing successful reentry for those transitioning into the community following the serving of a prison sentence. None of the women in our sample were assessed with a PCL-R score above 30 indicative of primary psychopathy. This finding is consistent with prior research showing a low prevalence of primary psychopathy among women (Verona & Vitale, 2018; Vitale et al., 2002; Wynn et al., 2002). The discussion of primary psychopathy and the conceptualization of psychopathy as a taxon is ongoing. However, the current state of the literature suggests that the structure of psychopathy is dimensional. Within non-psychopathic groups, psychopathic traits may distinguish individual differences while primary psychopaths form their own group (Hare et al., 2020). For women, it may make more sense to conceptualize psychopathy dimensionally and to explore how psychopathic traits manifest in women. The examination of psychopathic traits as a moderating protective resilience factor for women in reentry who have experienced trauma is one avenue of exploration to better understand how psychopathic traits operate in women.

Consistent with prior research on abuse being a pathway into criminal offending for females, most of the women interviewed as part of this research investigation who were incarcerated at WCCW had experienced physical, mental, or sexual abuse (Belknap, 2007; Chesney-Lind & Pasko, 2004; Gunnison et al., 2017). Thus, early trauma is indeed a lived reality for the women in our sample. Additionally, results of our analyses revealed that participants who scored higher on the PCL-R reported significantly higher self-esteem, but the PCL-R scores did not significantly predict self-efficacy scores. The finding that higher scores on the PCL-R are related to higher self-esteem is consistent with the existing literature (Cale & Lilienfeld, 2006; Falkenbach et al., 2013; Habersaat et al., 2018; Miller et al., 2020; Lessard et al., 2011). Finally, the findings revealed that PCL-R scores predict recidivism, which is consistent with previous research (e.g., Bergstrom & Farrington, 2019; Hare et al. 2020) but did not support Pinheiro et al.'s (2022) study that failed to find a link between psychopathic traits and recidivism.

The results showing that trauma was not predictive of recidivism are consistent with previously reported findings that women who recidivate have less sexual trauma and dysfunction than women who do not recidivate (Cimino et al., 2015). The relationship between trauma and recidivism is complex and the association between trauma and destructive and maladaptive behaviors complicates the picture even further. For example, many incarcerated women have co-occurring disorders including PTSD and substance use disorders (SUDs). Killian et al. (2018) found that women who have severe trauma and who report higher Defensive Avoidance (e.g., avoiding traumatic

thoughts and triggers) and Impaired Self-Reference (e.g., identity confusion) have more readiness for change to address substance use behaviors than do women with less trauma. Thus, women with severe trauma may experience posttraumatic growth that leads to positive change and an impasse in their life and identity resulting in, "increased personal strength, changed priorities, and a richer existential life" (Killian et al., 2018, p. 650). These findings help explain the current findings that trauma was not predictive of recidivism. Women who have experienced trauma and who do not have high psychopathic traits indicative of primary psychopathy may be more likely to take action to engage in treatment programs.

The results showing that psychopathic traits were not a moderator between trauma and recidivism support the results of Međedović et al. (2018) who found that psychopathic traits are less adaptive for females than males. The hypothesis examined in this study, -that psychopathic traits operate as a moderating resilience factor for women who have experienced trauma in the reentry process, was not supported. It is possible that this hypothesis may be supported for women who score above 30 on the PCL-R who would be considered primary psychopaths but not for women who have psychopathic traits who would be considered secondary psychopaths or non-psychopaths.

The women in this study had a mean PCL-R score of 19 ranging from 3 to 29. Thus, most of the women in the study were non-psychopaths and secondary psychopaths from the perspective of the categorical model of psychopathy (Hare et al., 2020; Helfgott, 2019; Newman et al., 2005). The finding that psychopathic traits did not operate as a moderating protective resilience factor for the women in the sample makes sense given research that shows that psychopathic traits act as a protective factor related to less maladaptive choice of coping styles and higher levels of psychological well-being for primary psychopaths but not for secondary psychopaths (Saltoğlu & Irak, 2020). The current findings that psychopathic traits do not moderate trauma but are associated with recidivism suggest that women with PCL-R scores associated with non-psychopathy (0-19) or secondary psychopathy (20-29) need additional supports in the reentry process and cannot draw on the adaptive resilience benefits of psychopathic personality traits that would be a protective factor for those scoring above 30 on the PCL-R, who are more likely to be men.

Limitations

One limitation of the study is the small sample size. The small sample of 85 women should be taken into consideration when contextualizing the findings. The smaller sample size coupled with only the inclusion of women from one state is non-representative. A larger sample is recommended for future studies. Another limitation of the study was the range of scores on the PCL-R in the sample with none of the participants scoring above 30 indicative of primary psychopathy. The relatively low scores on the PCL-R made it difficult to adequately assess the effects of psychopathy as a moderator variable. This is an ongoing challenge in psychopathy research because of the low prevalence of primary psychopathy, especially in female incarcerated populations. To obtain a large sample of women who score above 30 on the PCL-R would require a large-scale study, or a purposive study of populations known to have high-scoring female psychopaths. This issue has proven difficult for researchers in general and some have opted to use lower cut-off scores which is highly problematic and, "makes results meaningless for inferring anything about psychopathy" (Smith et al., 2021, p. 133).

Another limitation of this study is that the PCL-R may not be sensitive in assessing differences in cultural expressions of psychopathic traits (Wernke & Huss, 2008). Perhaps another assessment tool could be utilized to capture cultural differences when assessing psychopathic traits. Finally, the use of a PTSD scale in addition to surveys of traumatic experiences would be an important addition to the current research as would the use of a gender-responsive instrument, such as the Women's Risk Needs Assessment (WRNA)[5] which includes both a Trauma and PTSD scales in addition to or in lieu of the LS/CMI instrument.

Implications and Future Research

Understanding the relationship between trauma, psychopathic traits, and recidivism in incarcerated and formerly incarcerated women is important for the development of gender-informed, gender-specific, and gender-responsive theory and practice (Bloom et al., 2003). The findings contribute to growing body of research on the relationship between trauma and psychopathy, psychopathic traits in incarcerated and formerly incarcerated women, and how trauma, psychopathy, self-esteem, and self-efficacy operate as risk or protective factors to create resilience in the reentry process. Future research is needed to further examine the relationship between trauma and other participant characteristics (e.g., remorse, hope) that may impact reentry and recidivism. Additionally, more exploration into the role of psychopathy as a moderator variable between trauma and offending is needed examining the role of psychopathic traits from both dimensional and categorical models of psychopathy to determine how

psychopathic traits do or do not operate as a protective resilience factor for different groups who score 0-19 (non-psychopaths), 20-29 (secondary psychopaths), and 30+ (primary psychopaths) using the traditional and historically used cut-off scores. While Hare (2003) has noted that the "most important score is the Total Score" (p. 2), future research examining the relationship between PCL-R factor and facet scores, trauma, and reentry may shed light on how specific psychopathic traits are associated with trauma, reentry experience, and recidivism. Finally, future researchers should continue to explore the role of trauma and the lived realities of women reentering their communities after a period of incarceration utilizing both quantitative and qualitative methods to foster the implementation of gender-informed and gender-responsive support programming.

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Endnotes

[1] However, Weizmann-Henelius et al. (2015), in a study of 48 women who had been released from prisons or psychiatric hospitals and had been assessed by the PCL-R, found that the PCL-R was not predictive of violent offending for this population.

[2] Skagit, Snohomish, and Whatcom Counties were selected as comparison groups based on their proximity to Seattle and the limited post-prison reentry resources for women available in these counties. Skagit, Snohomish, and Whatcom Counties are located to the north of King County from the end of King County to the Canadian border. Pierce County, the largest and most comparable county to King County, was excluded as a potential comparison group because Pierce County has reentry resources provided through multiple agencies that overlap with services offered through SWR.

[3] WA DOC uses a risk assessment instrument normed on the WA State prison population. For the history of the WA State risk assessment, see Knoth and Hirsch (2020).

[4] Participants were interviewed in various open rooms within the prison depending on availability including staff offices, private hallways, and living areas.

[5] See: https://socialwork.utah.edu/research/ucjc/wrna/index.php