Does having an antisocial personality disorder lead people to commit criminal acts

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I have neither given nor received help on this work, nor am I aware of any infraction of the Honor Code.

# Antisocial Personality Disorder

# When first thinking of what an Antisocial Personality Disorder is, what comes to mind? People think it’s a person that is scary with no emotions. However antisocial personality disorder is defined as, a mental condition in which a person frequently shows no concern for what is right and what is wrong and overlooks the feelings of others (Black, 2015). The signs of this disorder are typically lack of empathy, manipulate, arrogance, and are impulsive. This disorder is found in males and females, but males tend to have this disorder more often.

In order to detect antisocial personality disorder the individual must be showing signs of performing wrongful acts, lying or misleading others, acting impulsively and showing a lack of remorse for people. The individual must be at least 18 years old to receive a diagnosis of this disorder and have had to qualify for a diagnosis of conduct disorder before the age of 15 (Krastins, Francis, Field & Carr, 2014). This disorder will not be given diagnosis if there are any symptoms of schizophrenia or bipolar disorder. The cause of antisocial personality disorder is truly unknown, but scientists think it is a combination of the individual’s genes that make them vulnerable, their brain anatomy and their environment they live in. In order to treat this disorder, it is typically done through therapy (Black, 2015). A therapist is mainly used to help the person manage their negative behaviors and impulsive they may be having. Therapy can not only help cope with the actual antisocial personality disorder, but also the disorders that come with this for example, attention-deficit disorder, borderline personality, impulse control disorders and substance abuse disorder (Black, 2015).

Besides therapy for the individual it is recommended that the family and friends of the individual receive treatment as well. With treatment people learn how to form positive relationships, and better understand the person with this disorder. Additionally, they learn to prioritize their own health and safety (Krastins, et al. 2014).

**Childhood Predictors**

Naturally, children with antisocial personality disorder first show signs at age eight and 80% of them show their first symptom of antisocial personality disorder by age 11 (Black, 2015). This disorder is shown early because it is not only shown from the biological format of their brain, but also how they are raised. For example, if a child has an abusive or alcoholic parent, they are more likely to have an antisocial personality disorder because of their environment.

A study in Australia was done with 411 individuals their ages ranging from 18-65. The individuals were asked to take a series of tests to look into their different personalities and developing lives (Krastins, Francis, Field & Carr, 2014).The tests were, Parental Bonding instrument which is a 25-questionnaire to measure parental care and overprotection for mothers and fathers separately during the first 16 years of their life (Krastins, Francis, Field & Carr, 2014). Structured Clinical Interview of the DSM Axis II/ Personality Questionnaire which is, a 119-question test that screens for passive aggressive and conduct disorders. The Childhood Trauma Questionnaire is a 35-question test designed to measure the memories for teasing the individual during their childhood. Lastly the Depression, Anxiety and Stress Scales, 21-question test designed to measure the three negative effects on depression, anxiety and stress and how the person copes with these (Krastins, Francis, Field & Carr, 2014). Overall this study, “investigated developmental and psychological predictors of self-reported APD symptoms in a general population sample (Krastins, Francis, Field & Carr, 2014, pg. 6). The study was trying to figure out if having signs of antisocial personality disorder could be a correlation to the individuals home life when they were a child. The results of this study showed that a significant predictive association between childhood maltreatment, poor parent bonding and levels of depression reported further symptoms of antisocial personality disorder in the individuals later adulthood. (Krastins, Francis, Field & Carr, 2014).

**Partner Violence**

One of the symptoms of antisocial personality disorder is abuse and violence. A study of 69 heterosexual couples currently entering treatment for substance abuse were tested to see if there was a correlation with antisocial personality disorder for either single or dual substance-abusing couples (Kelly & Braitman, 2018). Meaning that there were groups with just the male or female using and another group where both the male and female were using. This study was done by observing the couple in their treatment to see if one another showed violence, physical safety or victimizing the other. Of the 138 individuals 48 of them showed signs of an antisocial personality disorder. It is important to note that of the individuals that showed signs of an antisocial personality disorder the majority were men. From seeing that mainly males have this shows that, men with this disorder may have given lower relationship enjoyment among female partners, which could be the reason women had more violence toward their partners. In correlation this shows that if women are showing violence in their relationship that it stems off them being dissatisfied in their relationship, with verbal or physical abuse (Kelly & Braitman, 2018). The results of this study showed that if both people in the relationship were abusing drugs or alcohol than the chance of them having antisocial personality disorder were lower.

**Hospitalization or Prison**

When people commit criminal acts that have antisocial personality disorder where do they go? For many countries there are conflicting opinions regarding if they go to a treatment facility or prison area. The main concern for people is safety for the public once they go through treatment and are discharged back into the real world (Melamed, 2010). For most countries the options for hospitalization and incarceration are both available. Certain countries believe that the criminals should be hospitalized to get better then remain in prison for the remainder of their sentence (Melamed, 2010). Over the last few years there has been an increase in awareness of patients right and integration of mentally ill criminals into hospitalization versus prisons. In Europe criminals with schizophrenia or other psychotic disorders are handled by both the Justice departments and Health departments that way they have an equal chance in where they end up. Today for criminals there is a further focused approach on the crime they committed and their psychotic content. No criminal will be automatically accepted for a crime because of their psychiatric illness. Typically, the person will be hospitalized for a period of their sentence then be incarcerated for the rest and vice versa. This ensures that the person is being treated and also being punished for the crime they committed. The goal for any mentally ill criminal is to have them return back to the community. This goal can only be met by having them have an equal balance of patient preference, the treatment, and public safety. Overall the dilemma between punishment and treatment has no real solutions, but every option has advantages and disadvantages. Both can create a sense of peace in the community’s welfare, because in the end the goal of every criminal is to return back home.

**Personalities in Prison**

A question continually asked by everyone is are criminals born or made? For people that consider criminals are born they believe that it is in their genetics and is unavoidable. For people that conclude criminals are made because of the person’s environment from where they live and how they were raised (Sinha, 2016). A study of 37 convicted male criminals in an Indian jail were chosen to identify if different personality traits link criminals to their personality. The ultimate question asked is, are criminals born or made? The argument for born criminals is known as, nature versus nurture debate, this gives the questions of whether a criminal’s personality is due to their genetic factors or whether it is due to their environment, social aspects or any other external factors (Sinha, 2016). For this study two tests were performed, personal data sheet to collect sociodemographic variables and the 16-personality factor questionnaire, this measures the 16 dimensions of someone's personality. From this test the findings came back that these 37 criminals have a tendency to be “independent, careless, sentimental, suspicious, distrustful, thick skinned, demand attention, unconcerned, making decision by his/her own and possess below average intelligence as compared to normal or noncriminal” (Sinha, 2016, pg.15.6). Ultimately from this study the results support that criminal’s personality features do differ from non-criminals. Showing that criminals do in fact appear differently to the normal population of people in the world.

**Conclusion**

All of these studies focused on antisocial personality disorder for all genders. A better indicator of the symptoms of antisocial personality disorder is given in Childhood Predictors, Hospitalization or Prison, Partner Violence and Personalities in Prison. This disorder is shown more commonly in males than females. Every study has their drawbacks whether that is the accuracy of the participant or research bias. Essentially these studies gave a better awareness of what antisocial personality disorder is and how people can help their friends or family. This shows that when having an antisocial personality disorder, it leads you to commit more acts of crime versus an individual without this disorder.

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