

## NORTHPOINTE ADULT COMPAS MALE TYPOLOGY DESCRIPTIONS

### Type 1:

- **Long term substance abuse and non-violent offences**
- **First arrests often in adolescence**
- **Relatively low propensity for antisocial behavior**

*Criminal History and Substance Abuse:* The central theme of this category is long term substance abuse and non-violent offences. Substance abuse, a juvenile drug history and use of alcohol/drugs at the current arrest are common. Criminality often begins in adolescence with first arrests around age 16 or 17. This type averages 3 to 4 prior arrests mostly for drug use or trafficking. This category is mostly non-violent with relatively low current violence, low weapon offences and low victim injuries – although in some cases the current charge is for assault. There is little evidence of domestic violence and sex offences.

*Social Resources:* The social context does not suggest total social exclusion. For example, some members have few social risk factors and some strengths e.g. low poverty, good educational-vocational resources, stable residence in good neighborhoods and are not isolated, bored or socially rejected. The profile appears in all ethnic groups, but especially young Anglos.

*Personal Factors:* Underlying this offence pattern are family criminality, family disorganization, out-of-home placements and some juvenile socialization problems. Anti-social personality and extreme criminal attitudes are mostly absent.

*Treatment Goals and Case Plan:* Drug treatment and relapse prevention appears to be the dominant approach for this type. Anger management may also be appropriate for those who have any violent offences.

### Type 2:

- **Lower risk/lower need**
- **“Situational” offender (fighting/domestic violence)**
- **Average personality and criminal attitude**

*Criminal History and Substance Abuse:* The profile offers no clear social or psychological criminogenic explanation for offending. It is assumed that an

accidental or situational event unexpectedly occurred to create the arrest situation. The official data largely validates this low risk profile. These offenders have fewer official arrests, convictions or violence than other types. The official data shows lower violence, lower weapons use, lower non-compliance, fewer probation episodes and almost no burglaries, robberies, The current offense appears to be mostly for DUI, substance abuse or an assault (fight/no weapons). It appears that many are first time offenders. However, some of them have been involved in a more serious assault and/or domestic violence.

*Social Resources:* This type has several economic and educational "strengths" suggesting a normal citizen who mostly avoids criminal associates and follows a low risk lifestyle. They were not raised in high crime families, avoid drugs, have stable addresses in safe areas and few financial problems. This category occurs in all ethnic or racial groups.

*Personal Factors:* Personality and criminal attitudes appear average – a variant of this type is found in Category 8.

*Treatment goals and case planning:* Any treatment plan should ensure that the strengths of these offenders are not undermined. Otherwise, minimal levels of treatment interventions are appropriate. Anger management may be appropriate for those who have an assault offence in a highly stressed situation.

### Type 3:

- **Late starting offenders with chronic alcohol problems**
- **Not highly socially marginalized**

*Criminal History and Substance Abuse:* The dominant pattern of this category consists of older (40+), mostly relatively well-educated offenders who function fairly well with stable jobs, finances and residences, but with recurrent alcohol problems and a history of DUI and/or domestic violence. They show the oldest age at first arrest (27) and are thus "late starters". The official data corroborates this pattern showing that these offenders have the highest score for current DUI arrest and using alcohol (but not drugs) at the current arrest. Otherwise, they have average criminal involvement, a relatively low history of non-compliance (few FTA or probation failures) and few violent offences. However, domestic violence occurs for some of these offenders. DUI and alcohol abuse are the major problems since the category falls well below other clusters arrest rates for: current violence, weapon arrests, assaults, juvenile felony arrests, fraud, property, burglary and robbery offences.

COMPAS risk scales assign this category to "low risk", although this is influenced by their older age (since age lowers risk scores in the risk equations).

*Social Resources:* A generally low risk lifestyle is reflected by: few criminal peers, educational-vocational and financial success, low crime families, stable and safe addresses and pro-social structured leisure.

*Personal Factors:* They mostly avoid high-risk situations and do not appear to hold anti-social attitudes or personalities. Thus, the explanation for their offending would appear to relate to alcohol proneness perhaps in a context of family stress, rather than social exclusion or environmental explanations.

*Treatment goals and Case Planning:* Alcohol and drug treatment as well as relapse prevention appear appropriate for this offender group. Additionally, for those who have domestic violence offences appropriate problems solving and anger management programs may be needed. Interventions should not undermine the vocational and economic strengths of most of these offenders.

#### Type 4:

- **Marginalized older repeat offenders**
- **Poor, uneducated, vocational failure**
- **High propensity for MH issues and antisocial behavior**

*Criminal History and Substance Abuse:* This type consists mostly of chronic repeat offenders with several arrests, probation terms and convictions. Their late onset is shown by a later age at first arrest (21), few juvenile felonies and relative absence of juvenile socialization problems. Their pattern of fraud and larceny (and occasionally drug trafficking) is consistent with instrumental crime for financial gain, perhaps coping with poverty and unemployment. They appear to avoid robbery. Finally, some of these offenders have prior domestic violence that coheres with their scores for prior weapons use and victim injury.

*Social Resources:* The central criminogenic problem of this type includes serious social isolation and economic marginalization with extreme educational and vocational failure, poverty, poor job skills, transience, poor social supports and social isolation. This older category (average age 37) emerges in all ethnic groups.

*Personal Factors:* There is little evidence of criminal personality. Mental health (MH) issues are linked to the social isolation and social adjustment problems that characterize this type. Thus, some MH offenders may fall in this socially isolated and

marginalized category. A mental health assessment may clarify MH issues within this category.

Treatment goals and case planning: Many of these offenders will require substantial vocational and educational help, as well as life skills, to help them maintain secure employment and stable housing. Many will require mental health assessment and treatment. Temporary housing and financial support may also be needed. Isolation and loneliness will continue to exacerbate problems unless they are addressed.

### Type 5:

- **Young marginalized offenders (often gang affiliated)**
- **High-risk lifestyles, educational and vocational failure**
- **Low substance abuse**

Criminal History and Substance Abuse: These young offenders (22-23 average age) have an early age at first arrest (around 16), and higher scores for juvenile felonies, weapons arrests, current violence, current property and sex offense charges than other types. However, they have a relatively low substance abuse score.

Social Resources: This pattern has multiple co-occurring risk factors that suggest several jointly occurring explanatory/causal processes underlying their criminal behavior. The first is extreme social marginalization - as demonstrated by educational and vocational failure, joblessness and poverty. The second consists of weak social control bonds as shown by their disconnect from both education and work, their boredom and their lack of constructive use of leisure. Third, their high-risk criminal opportunity lifestyle coheres with weak pro-social bonds, boredom and gang affiliation (for some) that all may contribute to a high-risk lifestyle. Fourth, social learning is suggested by the pattern of anti-social attitudes, gang membership (for some), early school failure and out-of-home placements, which push them toward other failing, rejected and weakly socialized peers. Finally, they reflect an anti-social personality that coheres with family disintegration, family crime, juvenile felonies and early onset. These themes reflect the poorly socialized and marginalized sociopathic type as described by Lykken 1995; Mealey 1995, and others.

Personal Factors: This type displays three anomalies when compared to other high risk offenders. First, their relatively low substance abuse is unexpected. Second their "average" scores for prior arrests and convictions is also unexpected. This may be a function of their youth i.e. they are at a relatively early stage of their criminal career.

Their "average" criminal history suggests many of these may only be medium risk. This may underestimate the true risk of these young un-socialized persons.

Treatment goals and Case Planning: This kind of offender may require a holistic wraparound program. Their economic marginalization requires educational and vocational, financial and residential services to build their resources to cope with everyday demands of living. Their boredom and aimlessness suggests a need for meaningful pro-social bonds and commitments. Cognitive interventions should focus on their anti-social attitudes and anti-social personality. Their gang affiliation and peer relationships indicates a need to upgrade their peer and community relations in a pro-social direction. They may require strong "limit-setting" and supervision given a high likelihood of recidivism.

### **Type 6:**

- **Socially isolated older offenders**
- **Long term substance abuse**

Criminal History and Substance Abuse: This mostly older offender (average age 35) is characterized by major criminogenic problems. They exhibit serious long-term substance abuse suggesting addiction proneness. Chronic criminal involvement is shown by multiple arrests, convictions and probations. Chronic substance abuse is confirmed by a varied pattern of alcohol and drug offences, use of hard drugs (heroin, cocaine) as a juvenile, being high/intoxicated at current arrest and (in many cases) current charges often for drunk driving and/or drug possession charges (but not dealing/trafficking). This category appears "difficult to treat" as shown by recurring non-compliance, repeat probation/parole revocations and FTA's. Aside from substance abuse they exhibit higher than average levels of current fraud, some prior domestic violence and burglary/larceny (but, not robbery). Criminal violence (except for domestic violence) is not indicated as shown by relatively low weapons possession, low arrests/convictions for weapons offenses and relatively low scores for assaultive felonies. The risk scales, not surprisingly, tend to classify these offenders as high risk for FTA, community failure and recidivism, but not for violence.

Social Resources: The extreme social marginalization of this type is shown by social isolation, poverty, unstable residence, poor social adjustment, boredom and a lack of pro-social leisure activities. This addicted older type emerges in all ethnic groups.

Personal Factors: their disposition for criminality is bolstered by high crime personality and antisocial attitudes.

## Type 7:

- **Serious versatile high risk criminals**
- **Most violent profile**

*Criminal History and Substance Abuse:* This type is the most serious and violent criminal profile. It appears to overlap with Hare's (1996) psychopath in many diagnostic features – and may warrant referral for a detailed test such as the Psychopathy Check List (PCL). This profile combines a chronic, violent and versatile criminal career with multiple co-occurring criminogenic risk factors. The official criminal history strongly matches the extreme criminogenic nature of this category. It has the most chronic and dangerous criminal career as shown by the highest scores for criminal involvement, juvenile onset, non-compliance and violent and versatile offending. These offenders have the highest scores for: arrests and convictions for robbery, burglary, weapon offences, assaults, injury to victims, violent felonies, fraud, drug possession and domestic violence arrests. Their career is habitual, dangerous and versatile. Not surprisingly COMPAS assigns these types to high risk for all main risk outcomes: violence, recidivism, FTA and community failure.

*Social Resources:* This type has a high instance of parent criminality and a versatile criminal offence record. Social marginalization is shown by educational and vocational failure, unstable residence, poverty, boredom and weak pro-social ties. These offenders have been surrounded by anti-social peers, an anti-social neighborhood, criminal parents and anti-social thinking, and their social learning reflects this. Poor socialization is suggested by high scores for family crime and disorganization, early juvenile onset, early failure in school and criminal attitudes.

*Personal Factors:* A strong personal disposition to crime is shown by this types anti-social personality, and antisocial attitudes/thinking. They are characterized by an early onset of crime.

## Type 8:

- **Very low risk “situational” offenders**
- **Some may be “faking good”**

*Criminal History and Substance Abuse:* Like Category 2, this profile reflects very low risk with no clear criminogenic risks and many pro-social strengths. It has virtually NO criminogenic risk factors – and no obvious explanation for engagement in criminal justice. Like Category 2, they may represent a variant of the well known category called "normal" situational-accidental offenders - who become embroiled in



the criminal justice system for situational or accidental reasons (Van Voorhis 1995, Lykken 1995, Widom 1978). The criminal history strongly confirms the low risk and non-violent status of this category. Most have only 1 or 2 prior arrests (suggesting many first time offenders), few felonies or weapons offences, and little history of probation or probation failure. Most of these offenders are assigned to the lowest risk category for all four major risks. However, current arrests may help clarify the "situational" nature of this category. Specifically, it has the lowest (mostly no) scores for: felony charges, assaultive felonies, weapons offences, victim injury, family violence, burglary/larceny, robbery and drug offenses. Typical current arrests are "alcohol related" (but not hard drugs), assault, drunk driving, non-felony "fraud" or minor property offences and some apparently have a "sex offense". Thus, it is prudent to check the details (if available) of such offences for persons who fall in this category.

*Social Resources:* most of this category apparently have good jobs and education, reside in safe areas with stable addresses, avoid anti-social persons and criminal opportunities, do not show poverty and have pro-social ties. Their attitudes and personality are not clearly anti-social. They report low drug use, few criminal peers, low family crime and positive use of leisure.

*Personal Factors:* An important caution is that a small percentage of these offenders were found to be "faking good" as shown by the Lie Test score. Thus, while most are truly low risk (as confirmed by low official histories) a small percentage may be lying. Thus, it is prudent to examine lie test score for members of this category.

# NORTHPOINTE COMPAS

## WOMEN TYPOLOGY DESCRIPTIONS

**Type 1: Single mothers with drug problems – some social/economic resources – well behaved**

- **Lower Risk/Lower Need**
- **Mainly single mothers with drug problems**
- **Relatively low non-compliance and almost no prison misconduct or violence**

Overview: This type (like type 5) appears psychologically normal as well as having more social and educational resources, less stressful relationships and more positive self-efficacy than other types. Repeat drug and related property offences appear to be their main issues.

Demographics and Incidence: About 20% of this sample falls in this type. Almost all are mothers and most (about 65%) are single mothers.

Criminal History and Substance Abuse: These are mostly repeat drug offenders (average 9+ arrests) with multiple prior probation failures. Their offences (like most women) are mostly non-violent drug and minor property offences. This category has many first timers in prison.

Social Resources: This type (like type 5) has less social deprivation than other women prisoners (better housing, jobs, finances, education, etc.)

Personal Factors: This type – except for their drug issues appears mostly normal, with few or no mental or psychological problems.

Relationship Issues: This type appears to have more supportive family and significant other relationships than other types, with less violence and no evidence of any history of abuse. Most have children, but report less parenting stresses than other mothers.



Treatment Goals: This profile suggests a primary focus on drug treatments and relapse prevention. While less social marginalization than most women prisoners, it may be prudent to assess economic issues given the very serious social marginalization of most women.

## **Type 2: Marginalized, older drug addicted and aimless.**

- **Poor marginalized older women**
- **Chronic drug issues and low self efficacy**

Overview: This is an older higher crime group with extreme drug problems and serious social marginalization, very low self-efficacy and aimlessness. There is no suggestion of sexual or physical abuse and no evidence of psychological/MH issues.

Demographics and Incidence: This Type has 11.7% of the sample with no marked ethnic/racial differences. They are mostly older (40) and single (61%) with no children under 18 years (74%). Few are single parents (15%).

Criminal History and Substance Abuse: Drug use and possession dominate the criminal history – although some have a violent felony arrest. Chronic non-compliance and relapse is also shown by multiple drug offences. Property and trafficking offences also suggest an economic motivation.

Social Resources: Socio-economic marginalization is more serious for this type than most prisoners (poverty, poor employment skills, and homelessness).

Personal and Psychological Factors: This type has very low self-efficacy and few life goals or beliefs. Anti-social personality and attitudes are about average. They apparently have less sexual and physical abuse as children/adults than most women offenders and no evidence of psychological/ MH problems.

Relationship Issues: Most of these impoverished women are single. Support from a significant other is low. They are not parenting.

Treatment Goals: Extreme social marginalization and poor social/human capital (education, job skills, etc) may be critical issues regarding motivation for crimes. Addiction and relapse prevention should be emphasized in their treatment. Their extreme social marginalization and poverty co-occurs with very low self-efficacy and aimlessness suggesting that a cognitive element should perhaps address their personal powerlessness.

### **Type 3: Marginalized, pessimistic, stressed and addicted single moms in conflicted relationships.**

- **Poor marginalized younger single moms in conflicted relationships**
- **Serious drug problems**
- **Extreme parenting stresses**

Overview: These are mostly single moms who are seriously marginalized and addicted with higher than average crime involvement – they are embroiled in dominating conflicted significant other relationship and have extreme parenting stresses.

Demographics and Incidence: This category, with 16.2% of the population is relatively young (Ave = 34) with no racial/ethnic biases. Most are single (61%) or divorced (17%) and all having children under the age of 18.

Criminal History and Substance Abuse: Their criminal history is above average (11.8 arrests) with frequent non-compliance. Their offences are primarily non-violent and drug dominated - with trafficking a little higher than average.

Social Resources: Their family of origin has high crime/drugs. They show extreme marginalization (poverty, unemployment, poor education, etc) and mostly have unstable housing in high crime areas. They are pessimistic about success when released.

Personal and Psychological Factors: Like most women who report relatively low sexual or physical abuse as children or adults these women have a relatively normal personality, few mental health problems, lower depression/anxiety and an average antisocial personality.

Relationship Issues: These single mothers report extreme parenting stress, fairly high social isolation and highly conflicted significant other relationships. They live in high crime

neighborhoods and may have antisocial associates given their relatively high rate of drug trafficking.

*Treatment Goals:* Social marginalization and low human capital should be major treatment goals e.g. support for housing, work and finances. Their drug involvement calls for a treatment program with a strong relapse prevention component. Cognitive intervention may also focus on their pessimism regarding positive outcomes. Improvements in parenting skills may be needed. These women appear to have few pro-social bonds and may require help in disengaging from their current antisocial network and affiliating with more positive cultural surroundings. Their involvement in dysfunctional/conflicted relationships might also require attention.

**Type 4: Abused single mothers in conflicted, exploitative dominating relationships who retaliate violently - high parenting stress and depression**

- **Lifelong victims**
- **Depressed women in abusive, dominating significant other relationships**
- **Single moms with parenting stress - Who may retaliate**
- **Chronic drug problems.**

*Core Overview:* Chronic sexual and physical abuse pervades both childhood and adulthood in this category. These women are both depressed and highly stressed. Some of their offences suggest angry retaliation against their abusive and dominant significant other, while others suggest they have been co-opted by their significant other into drug trafficking.

*Demographics and Incidence:* This relatively younger type (Ave. = 34) comprises 12% of the population with all ethnic groups represented. All have children under the age of 18; most have never married and thus are single moms.

*Criminal History and Substance Abuse:* Their offences, like most women's, are for non-violent drug and property crimes. Two atypical features may be noted: 1) higher than average violent and domestic violence offences, and 2) a higher rate of drug trafficking with likely involvement by the significant other.

*Social Resources:* While less marginalized than some other types, low social capital and deprivation cannot be ruled out – given the extreme poverty and low social capital of most women prisoners.

*Personal and Psychological Factors:* These lifelong victims of abuse give no clear evidence of psychosis, but do reflect feelings of mistreatment, depression/anxiety and a weak sense of self. The latter is suggested by their lifelong victimization, single mother status, stress and dependency within a domineering significant other relationship.

*Relationship Issues:* Sexual and physical abuse continues from childhood into their adult life in their current significant other relationships. Above average percentages of these significant other's have criminal records, are domineering and are involved in their offences.

*Treatment Goals:* First, drug and relapse prevention are treatment goals are indicated given their recurring drug offences. Second, the continuation of extreme sexual and physical abuse must be addressed i.e. likely post traumatic stress disorder, damaged sense of self, and the decision-processes underlying their choices of abusive significant other's. These, as well as their depression, may require cognitive interventions. Parenting skills training may also be considered. In the community, these women may require emergency intervention to secure a safe exit from their abusive relationship.

#### **Type 5: Partially protected and less marginalized – but with serious drug problems**

- **Lower Risk/Lower Need**
- **Older and less marginalized**
- **Serious drug problems.**

*Overview:* This low risk/low need type (like Type 1) appears psychologically normal with more social/educational resources, less stressful relationships and more positive self-efficacy than other types. Drug and related property offences are the main issues. This type largely replicates Type1, but differs in its almost total lack of parental involvement.

*Demographics and Incidence:* This type has 14% of women prisoners, an average age of 39 and no clear ethnic/racial imbalance. Most are unmarried or divorced, do not have children under the age of 18 and thus are not single moms.

*Criminal History and Substance Abuse:* They have a lower criminal history, less non-compliance and their charges are mostly non-violent drug and property offences. They show the least drug use and least violence yet they still average about 8 arrests, indicating that as with most prison female inmates they have multiple offences and relapses.

*Social Resources:* This is the least marginalized (withType1) and has better educational and vocational resources than most prisoners, are least likely to return to a disadvantaged area and have the highest job readiness at release.

*Personal and Psychological Factors:* Again, with Type 1 this type has far more psychological strengths than other types with the highest optimism/self efficacy, the lowest levels of mental health issues and the least depression. They show no tendency towards an antisocial personality.

*Relationship Issues:* These appear mostly benign and supportive. Most report almost no child abuse from their families of origin and these families appear currently supportive. Their significant other relationships are also less conflicted with no obvious violence or criminal dominance from a significant other.

*Treatment Goals:* The profile offers no clear treatment needs except for the history of recurring drug problems. Thus drug treatment and relapse prevention are key issues. However, care may be shown for potential social disadvantage since although this type does better than most female prisoners, they are being compared to “prison female inmates” and these are extremely impoverished and marginalized. Relapse triggers will need to be identified and addressed.

**TYPE 6: Abused, angry marginalized chronic offenders with anti-social personality and MH issues - Highly non-compliant - street women**

- **Angry chronic non-compliant offenders**
- **Anti-social personality and mental health issues**
- **Abused marginalized and pessimistic street women**

Overview: This high risk/need category is defined by damaging social deprivation and lifetime sexual and physical abuse. They have extreme anti-social personalities, mental health issues, anger and hostility. Their relationships are characterized by rejection and conflict. Most are mothers with high stress. Criminal behavior and institutional misconduct are both high.

Demographics and Incidence: With 9% of the population and an average age of 37 this type has no clear ethnic/racial tendencies. Most have children (62%), few are married and most are single or divorced. Most are single parents.

Criminal History and Substance Abuse: This type has the highest levels of criminal involvement, non-compliance, prison misconduct, fighting infractions and the highest rate for failing drug tests.

Social Resources: These women are poor and marginalized with serious educational/vocational failure, unstable/unsafe residence in disadvantaged areas and homelessness. They have on-going employment problems, are least job ready at release and most in need of temporary housing.

Personal and Psychological Factors: This type has mental health problems, depression, anxiety, anti-social personality, anger/hostility and the highest rate (with Type 7) of attempted suicide (64%).

Relationship Issues: Rejection and abuse have been constants for these women. Chronic sexual and physical abuse in childhood continues into adulthood with conflicted abusive significant other relationships. Their families have substantial crime/drug involvement and remain non-supportive. Many of their significant other relationships have criminal records and may lead them into trouble.

*Treatment Goals:* This complex type with multiple co-occurring problems will require a multi-modal wraparound treatment approach. Housing, finance and vocational support are all needed, in addition to drug treatment and relapse prevention. Suicide prevention and parenting skills may be required. In some instances their children may require a safer and less toxic environment. Anger management and cognitive interventions may be needed to focus on their habitual criminal thinking styles, in addition to addressing the reasons that they enter into extremely abusive significant other relationships. Their life-long trauma, and its ramifications for self-image and decision-making, may require exploration and resolution.

**Type 7: Serious mental health and self harm issues - Abused and marginalized - extreme parenting stress.**

- **Abused and marginalized with serious mental health issues**
- **Suicide risk and psychosis**
- **Extreme parenting stress.**

*Overview:* This high need/high risk type is very similar to Type 6. While sharing the extreme social deprivation, victimization/abuse, unsupportive families and abusive significant other relationships this type is differentiated by the most extreme mental health, psychotic and suicidal problems – as well as extreme pessimism, depression and social withdrawal/isolation.

*Demographics and Incidence:* This rare type (average age 35) accounts for only 3.4% of the population. Most have children under 18 (88%). Most are divorced or single, while 35% are married. The type has no clear ethnic/racial tendencies.

*Criminal History and Substance Abuse:* With only average overall criminal involvement this type has the highest violence history, highest prior convictions for weapons offences (34.6%) and well above average prison misconducts. Otherwise, their charges are typical for female offenders i.e. drug possession/use, property/larceny, and burglary.

*Social Resources:* This type has very low educational/vocational resources, extreme poverty, the highest unemployment (64%) and the highest for “ever” being homeless (65%).

*Personal and Psychological Factors:* This type sharply differs from all other types by its extreme mental health problems, the highest psychotic experiences and hallucinations, the highest attempted suicide (69%) and serious levels of depression, low self efficacy and extreme pessimism/powerlessness. They also report high parenting stress and parenting problems.



Relationship Issues: Lifetime physical and sexual abuse - as children and as adults – characterizes this type. Their family of origin has high criminal/drug involvement, the highest rates of no family visits (96%) and low current support. Their adult relationships are abusively violent. This type also shows extreme social isolation/withdrawal.

Treatment Goals: As with Type 6 a complex co-occurring pattern of needs appears to require extensive multi-modal wraparound services. Mental health issues are prominent for this type as well as needs for financial support, housing and vocational help. Parenting issues are serious and the children of such women may be in emotional danger suggesting a need for a supportive environment for these children. Drug and relapse prevention must also be introduced.

The emotional/psychological damage of their early family abuse appears to require healing perhaps through various psychological counseling to build optimism, address depression and powerlessness. Cognitive therapies may also be required to address the decision-making processes underlying their consistent entry into abusive relationships. Psychotropic medication noncompliance is often a major problem with this population, so a supportive mental health alliance should also reinforce the importance of consistent medication management.

#### **Type 8: Older addicts - abused as children and adults by antisocial dominant SO - Chaotic lives - Battered and Relationship pathways - Not parenting**

- **Lifelong abuse**
- **Older and Seriously addicted**
- **In antisocial abusive relationships**
- **Exhibits the Battered woman, Drug connected and Relationship pathways**
- **Apparently no serious mental health problems**

Overview: This older category exhibits extreme victimization in both childhood and in adult relationships. They have a higher than average criminal record with both drug and angry domestic violence offences. Drugs are a dominant issue. While psychological issues and social marginalization are about average their current and often antisocial significant other may be a factor in some offences. Their profile is strongly suggestive of the Battered woman, Relationship and Drug-Connected pathways to crime.

Demographics and Incidence: This older category (average age 40) has 11% of the population. Most do not have children under 18 and are single or divorced. The ethnic/racial breakdown matches the total sample.

*Criminal History and Substance Abuse:* This older type has about the highest arrest record (Average = 15 arrests) with above average for drug use and trafficking, for being drunk/high at their current offence and for non-compliance (e.g. fail drug tests). They are also above average for prior violent felonies - perhaps stemming from high domestic violence charges and anger suggesting retaliation against a significant other.

*Social Resources:* While this category was raised in a high crime family it has only average social deprivation e.g. a relatively high level (63%) are job ready. It may be important to assess what strengths may have allowed these badly abused women to transcend their likely location at the worst levels of social deficiency.

*Personal and Psychological Factors:* Surprisingly, this type is about average for psychological/mental health issues. They are not overly pessimistic or psychotic and have average self-efficacy and antisocial personality. Yet their parental families had well above average crime/drug issues and were extremely abusive.

*Relationship Issues:* This type reports serious sexual and physical abuse in childhood and as adults. Their parental family had a criminal record and was abusive. It appears that these women have antisocial peers – given their criminal significant other, long criminal record and multiple drug trafficking charges. These women are in a highly conflicted relationship with a significant other who has a criminal record and is raising the woman's risk of criminal involvement.

Their housing situation is typically unsafe. This profile contains features of the Battered woman, the Drug-connected woman engaged in drug offences with a significant other and relationships where she is involved with others in drug offences.

*Treatment Goals:* It is prudent to address the decision – process by which these women choose violent, abusive, anti-social significant other's. This may relate to post traumatic stress disorder and their abuse as children. Second, while their social educational and job resources appear average – some attention should be directed to examine the extent of any social deprivation. Drugs and relapse prevention are also critical treatment interventions for this type. These women might need emergency intervention if their abusive relationship escalates and a safe haven is needed.