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To cite this article: Malte Johnsson, Benny Andersson, Märta Wallinius, Björn Hofvander, Ola Ståhlberg, Henrik Anckarsäter, Eva Billstedt & Susanna Radovic (2014) Blame attribution and guilt feelings in violent offenders, *The Journal of Forensic Psychiatry & Psychology*, 25:2, 212-223, DOI: [10.1080/14789949.2014.903506](https://doi.org/10.1080/14789949.2014.903506)

To link to this article: <http://dx.doi.org/10.1080/14789949.2014.903506>



Published online: 07 Apr 2014.



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Blame attribution and guilt feelings in violent offenders

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(Received 18 October 2013; accepted 2 March 2014)

Offenders with high psychopathic traits and/or antisocial personality disorder (ASPD) are hypothesised to experience less guilt and less responsibility for their actions than offenders without these problems. These hypotheses were tested and partly substantiated. The study investigates blame attributions and guilt feeling using Gudjonsson Blame Attribution Inventory–Revised (GBAI-R) for 177 young male violent offenders. GBAI scores were compared to ASPD and psychopathy according to the Psychopathy Checklist–Revised. Results showed that individuals with ASPD and those with higher degrees of psychopathy tended to report significantly less guilt and higher degree of mental control than other subjects. Another finding was a weak relationship between ASPD, high scores on psychopathic traits and external attribution. We suggest these results might be explained by admitting poor mental control may be extra difficult for individuals belonging to either of these groups and that the external attribution items do not separate causal from moral responsibility.

Keywords: blame; responsibility; guilt; antisocial personality disorder; psychopathy

Introduction

Responsibility is a concept with many meanings. It is frequently used in the areas of moral philosophy and law, but also plays an important role in our daily lives. In a philosophical context the meaning of responsibility has been thoroughly discussed, for example in the context of formulating criteria for being a responsible agent, and discussions about how the concept of moral

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responsibility should be properly applied. In a legal context, the question of responsibility is of great significance. Most legal systems consider a person's *accountability* as a prerequisite for legal responsibility. In order to be considered responsible for a criminal act, a person must (a) know what she is doing, (b) know that it is wrong, and (c) be able to exert control over her actions. Attributions of responsibility also manifest themselves on a social level and play an important role as 'social tools' in regulating everyday relations between people. We make demands, criticise, forgive or feel compassion depending on how we allocate responsibility (Kozakai, 2008).

An important factor when it comes to taking and attributing responsibility in the social arena is our subjective experiences of being responsible. The subjective experience of responsibility is likely to be reflected in the way we regulate our actions according to legal, social and moral norms. Connected to, but not identical with, the experience of being responsible are the emotions; guilt and shame. These emotions signal personal transgressions of moral or social codes, and can also act as motivational factors for changing our behaviour (Haidt, 2007; Stuewig, Tangney, Heigel, Harty, & McCloskey, 2010; Tangney, Stuewig, & Hafez, 2011).

One of the characteristics of psychopathy as well as antisocial personality disorder (ASPD) consists in a failure to act 'responsibly', shown in a tendency to lie and manipulate other people, as well as in a general disregard for social norms (First, Spitzer, Gibbon, & Williams, 1997; Hare, 2003). Reduced capacities for guilt, shame, regret, empathy and impulse control, as well as a rich history of criminal acts are also descriptors of psychopathy (Hare & Neumann, 2009; Malatesti & McMillan, 2010; Ogloff, 2006).¹ It is hypothesised that the emotions underscoring our motivation to treat other human beings well and behave in accordance with social and moral norms play a less significant role for persons with ASPD and high levels of psychopathic traits. Given that the urge to avoid negative emotions such as guilt and shame motivate us to keep to the norms, a lowered ability to experience such emotions might lead to a higher propensity of norm-violating and antisocial behaviour.

A prominent example of not acting according to prevailing norms is criminal actions. An instrument which was designed to measure the way in which offenders attribute blame for their crimes is the Gudjonsson Blame Attribution Inventory-Revised (GBAI-R) (Gudjonsson & Singh, 1989). The GBAI-R is founded on the assumption that attribution is relevant to the way in which offenders attribute blame for criminal acts (Gudjonsson, 1984). To justify one's (bad) behaviour by blaming factors external to oneself could, in turn, be viewed as a way of disclaiming personal responsibility for one's actions. The same holds for attributing blame to personal shortcomings such as poor mental control or low mood. The GBAI-R consists of three independent factors, 'external attribution', 'mental element attribution' and 'guilt feeling attribution'. The external attribution factor intends to measure to what extent the offender attributes blame for his criminal acts to external factors such as

society at large or the victim. The second factor, mental element attribution, aims to measure to what extent the offender attributes blame to internal, mental factors. Characteristics of mental element attribution items are reduced capacity for volitional action control combined with experiences of mental ill health. The third factor, guilt feeling attribution, aims to measure the degree of guilt, shame and regret the offender experiences in connection to his or her crimes.

GBAI-R has been used to, e.g., investigate the relation between type of crime committed and attribution of blame (see e.g. Garlick, Marshall, & Thornton, 1996; Gudjonsson & Bownes, 1991, Gudjonsson & Singh, 1989; Wood & Newton, 2003), motivation for offending and personality (Gudjonsson, 1990; Gudjonsson, Pétursson, Sigurdardóttir, & Skúlason, 1991; Gudjonsson & Sigurdsson, 2004). Several studies have found a significant association between age of participants and reporting of guilt (Gudjonsson & Bownes, 1991; Gudjonsson & Petursson, 1991; Gudjonsson & Singh, 1989). Previous studies using GBAI-R have been conducted in forensic and imprisoned samples.

Previous studies of psychopathy, ASPD and GBAI-R are few, and the results are diverging. Dolan (1995) investigated GBAI-R factors with regard to DSM-III personality disorders in a population of recidivist offenders referred to an intensive probation programme and found no correlations for ASPD. Weizmann-Henelius, Sailas, Viemerö, and Eronen (2002) found an expected negative correlation for guilt feeling attribution and an unexpected negative correlation for ASPD and external attribution factor in a mixed female prison and forensic psychiatric violent offender population. They also found negative correlations for psychopathic traits (measured by PCL-R) and guilt feeling attribution and mental element attribution factors, but not for external attribution. Batson, Gudjonsson, and Gray (2010) found a positive correlation between external attribution and psychopathic traits (measured by PCL-SV), but no correlations for other GBAI-R factors in a forensic psychiatric inpatient sample. In conclusion, results from existing studies are conflicting and do not fully reflect predictions made from diagnostic criteria.

Aim

The aim of the present study is to identify correlations between blame attributions, guilt feelings and ASPD and persons with psychopathic traits, respectively, in young violent offenders. The sample is taken from a Swedish prison population of young violent offenders, and the instruments used are the Gudjonsson Blame Attribution Inventory–Revised (GBAI-R), the SCID-II and the Psychopathy Checklist–Revised (PCL-R) (First et al., 1997; Hare, 2003). Hypothetically, the participants in this study are expected to attribute responsibility and blame in a manner consistent with the prevalence of ASPD and the subjects' degree of psychopathic traits, i.e. blaming external factors and experience relatively low levels of guilt and shame.

Methods

Procedure

The present study consists of participants from the research project DAABS (the Development of Aggressive Antisocial Behavior Study), which started 1 February 2010 and closed 1 July 2012. Participants were consecutively recruited from nine correctional facilities in the western region of the Swedish Prison and Probation Services. All violent (including sexual) offenders between ages 18 and 25 (corresponding to a fifth of all offenders imprisoned in this region) were asked to participate in the study on the basis of informed consent. Participants with insufficient proficiency in Swedish, defined as in need of an interpreter to participate in the study, were excluded. Subjects agreeing to participate were assessed individually according to a structured assessment protocol, including self-rating questionnaires, semi-structured diagnostic instruments and neuropsychological assessments. All assessments were performed by two licensed psychologists with clinical experience and special training in the instruments used. All participants received €20 as economic compensation for their participation.

Sample

Our study group included 177 male participants ranging from 18 to 25 years with a mean age of 22.4 years ($SD = 1.9$). All participants were sentenced for violent offences and were at the time of the study serving their prison terms. About 85% of participants had previous convictions. The mean length of index sentences was 2.0 years ($SD = 1.6$), in the range from 2 months to 9 years.

Attrition

Of all 421 inmates invited to participate, 109 declined. Twenty-three could not participate due to language difficulties. Nineteen were transferred to another prison before study participation could take place. This leaves 270 consenting participants. Unfortunately, 90 participants were excluded in this study due to more than 4 invalid or missing GBAI-R items and 3 participants because they had not undergone the PCL-R assessment. In sum, results from 177 subjects were used for this study.

Instruments

Gudjonsson Blame Attribution Inventory–Revised (GBAI-R)

GBAI-R is a self-assessment questionnaire consisting of 42 statements, answered with ‘true’ or ‘false’ (Gudjonsson & Singh, 1989). GBAI-R was translated to Swedish with permission from the author. The statements concern the participants’ index crime. GBAI-R consists of three factors. The *external attribution factor* has 15 items, scored 0–15, with statements such as ‘I am

entirely to blame for my crime', 'Other people are to blame for my crimes' and 'I had very good reasons for committing the crimes I did'. The *mental element attribution* factor consists of 9 items, scored 0–9, with statements such as 'I must have been crazy to commit the crimes I did', 'At the time of the crimes I was fully aware of what I was doing' and 'What I did was beyond my control'. *Guilt feeling attribution* consists of 18 items, scored 0–18, and examples of items are: 'I will never forgive myself for the crimes I committed', 'I have no serious regrets about what I did' and 'I would very much like to make amends for what I did'.

Cronbach's alpha was found to be $\alpha = .68$ for 'external attribution', $\alpha = .83$ for 'mental element attribution' and $\alpha = .84$ for 'guilt feeling attribution'. Earlier studies have found the reliability of the factors to be evenly spread in the span of .67–.89. (Cima et al., 2007; Fox, De Koning, & Leicht, 2003; Weizmann-Henelius et al., 2002).

The Psychopathy Checklist-Revised (PCL-R)

The PCL-R is a 20-item instrument for assessing psychopathic traits, with a maximum score of 40. The clinician determines an individual's PCL-R rating on the basis of a semi-structured interview and a review of available file information. The PCL-R can be subdivided into four facets. Facet 1 represents interpersonal grandiosity and deceptive traits and Facet 2 affective deficits, while Facet 3 represents an impulsive and irresponsible lifestyle and Facet 4 antisocial behaviours (Hare, 2003). A subdivision instead into two factors is also possible for PCL-R, where Factor 1 represents interpersonal and affective aspects of psychopathy, and Factor 2 aims to capture antisocial behaviour and lifestyle. For this study, two clinicians did all the assessments; interrater reliability was not measured but both clinicians were trained by the same senior researcher and a follow-up meeting was held to assure adherence.

The Structured Clinical Interview for Axis II Disorders (SCID-II)

SCID-II is a semi-structured interview for diagnosing DSM-IV Axis II personality disorders (First et al., 1997). The instrument is designed to be administered by a clinician or trained mental health professional. The diagnosis from SCID-II used in this study is ASPD. Two clinicians with identical training in the instruments made the assessments for this study.

Statistical analysis

Statistics were calculated with SPSS Statistics 20. The data were found to be normally distributed and were analysed using parametric measures. Pearson's was used for correlations for GBAI-R and PCL-R measures, and Student's *t*-test was used in analysing group differences for GBAI-R and ASPD. In cases

of 4 or less missing or invalid GBAI-R items, answers were substituted based on a calculated factor mean for each individual. Results were interpreted using Cohen's (1988) recommendations for effect sizes.

Results

Mean values for GBAI-R and PCL-R

Mean values in the total group ($N=177$) was 5.7 ($SD=4.1$, range 0–18) for the guilt feeling attribution factor: 3.7 ($SD=2.8$, range 0–9) for the mental element attribution factor and 5.9 ($SD=2.9$, range 0–15) for external attribution. ASPD was found in 111 of the 177 participants. The mean value for the PCL-R total score was 17.0 ($SD=6.7$, range: 1–31).

Correlations for GBAI-R factors and PCL-R scores

The correlation for the guilt feeling attribution factor and the mental element attribution factor was found to be of large effect size ($r=.60$, $p<.01$), while a medium effect size ($r=-.40$, $p<.01$) was found for guilt feeling attribution and external attribution, and finally a small effect size ($r=-.21$, $p<.01$) for mental element attribution and external attribution (Cohen, 1988). For PCL-R measures, guilt feeling attribution correlated negatively with all facets except the Interpersonal facet. Mental element attribution correlated negatively with all PCL-R measures. No correlations were found for external attribution and PCL-R measures, except for the Affective facet and the total score. The correlations for the PCL-R Factor 1 and 2 and GBAI-R were similar to correlations for the PCL-R total score (Table 1).

Between-group differences for GBAI-R and ASPD

Violent offenders diagnosed with ASPD report significantly lower guilt feeling attribution than those without ASPD, as well as lower mental element attribution. No significant difference was found for external attributions between the ASPD group and the non-ASPD group (Table 2).

Table 1. Correlations for GBAI-R factors and PCL-R scores.

PCL-R/GBAI-R	Guilt feeling attribution	Mental element attribution	External attribution
Total score	-.44**	-.35**	.17*
Factor 1	-.29**	-.37**	.19*
Factor 2	-.41**	-.24**	.11
Interpersonal facet	-.02	-.16*	.01
Affective facet	-.39**	-.39**	.26*
Lifestyle facet	-.37**	-.20*	.11
Antisocial facet	-.39**	-.25*	.09

* $p<.05$.
 ** $p<.01$.

Discussion

GBAI-R and ASPD

For individuals with ASPD, significantly lower scores of guilt feeling attribution and mental element attribution were found compared to those without ASPD. No significant differences in external attributions of blame were found for offenders with ASPD. Prior to this study, two studies that we know of have studied GBAI-R scores and ASPD (Dolan, 1995; Weizmann-Henelius et al., 2002). In the Weizmann-Henelius et al. study, offenders with ASPD reported lower guilt feeling attributions than non-ASPD offenders. Dolan found no differences in any GBAI-R factor for offenders with and without ASPD. None of the studies found any differences in external attribution for persons with ASPD.

While the lower guilt feeling attribution for ASPD offenders was expected given the diagnostic criteria, the lower mental attribution scores are a bit more surprising. Antisocial personality disordered offenders in this study do not blame mental ill-health or poor mental control for their criminal actions to the same extent as the other subjects, but report similar external blame levels as offenders without ASPD. And as the ASPD diagnosis contains criteria for deceptive behaviour as well as rationalising antisocial acts, the absence of results for external attributions piques interest. Given the personality traits included in the diagnosis, a positive correlation between ASPD and external attribution would be expected – i.e. individuals with ASPD should be more likely to blame external factors for their behaviour.

Our sample showed overall lower guilt attribution scores compared to earlier studies (Gudjonsson & Bownes, 1991; Gudjonsson & Pétursson, 1991; Gudjonsson & Singh, 1989), a fact that might be due to the relatively low age of our sample as this has been found to be a factor in earlier studies (Gudjonsson & Bownes, 1991; Gudjonsson & Pétursson, 1991; Gudjonsson & Singh, 1989). Another possible factor that might explain this disparity is that the prevalence of ASPD in our sample likely is higher than in the samples from the studies mentioned above, given that the entire group consisted of violent offenders.

Table 2. Means and standard deviations for GBAI-R and ASPD.

GBAI-R	ASPD	<i>N</i>	<i>M</i>	<i>SD</i>	<i>d</i>	<i>Sig.</i>
Guilt feeling attribution	Yes	111	4.08	3.31	<i>-1.17</i>	<i>.00**</i>
	No	66	8.31	3.92		
Mental element attribution	Yes	111	2.98	2.81	<i>-.68</i>	<i>.00**</i>
	No	66	4.78	2.44		
External attribution	Yes	111	6.17	2.89	<i>.30</i>	<i>.05</i>
	No	66	5.32	2.79		

***p* < .001.

GBAI-R and PCL-R

PCL-R and GBAI-R results have been compared in two previous studies that we know of (Batson et al., 2010; Weizmann-Henelius et al., 2002). Weizmann-Henelius et al. found negative correlations for guilt feeling attribution and mental element attribution factors in relation to PCL-R, but no correlations for external attribution. Batson et al. found no significant correlations for either guilt feeling attribution or mental element attribution in comparison to PCL-SV, but a weak positive correlation for external attribution. The conflicting results from previous studies could at least partly be explained by differences in study group compositions (violent female offenders from both prison and forensic psychiatric populations vs. male offenders from a forensic psychiatric setting). In the present study group of male young adult violent offenders in prison, we found moderate to strong negative correlations for high scores on PCL-R and both guilt feeling attribution and mental element attribution factors, but only a negligible correlation for PCL-R and external attribution.

This suggests that subjects with high PCL-R scores were less likely to experience poor mental control, as well as experience a lesser amount of guilt and regret for their crimes. The low scores of guilt feeling attribution fit well with the description of psychopaths as callous and lacking in remorse and guilt. The external attribution relationship was much weaker than expected, since attributing blame on external factors may be interpreted as a reluctance to accept responsibility for one's own actions, which is considered a psychopathic trait. The lower mental element attribution scores found in persons with high psychopathic traits (and also for those with ASPD) may be understood from the viewpoint that disclaiming responsibility for one's actions with reference to poor mental control or mental problems would violate other aspects of psychopathy or ASPD, i.e. grandiosity and dominance. Admitting loss of control and mental illness can be viewed as a way of admitting weakness.

This study's PCL-R Factor 1 and 2 correlations to GBAI-R factors correspond very well to the results of Weizmann-Henelius et al. (2002), but differ significantly from Batson et al. (2010) in that they found a moderate positive correlation for Factor 1 and external attribution, but no significant correlations for guilt feeling attribution and any of the PCL-R factors. Among the PCL-R facets the Interpersonal facet stands out, showing by far the weakest correlation with the GBAI-R factors. The Interpersonal facet has previously been shown to lack predictive power (in contrast to other PCL-R facets) for violent recidivism, substance use disorders, ASPD or personality traits involving impulsive and aggressive antisocial behaviours (Wallinius, Nilsson, Hofvander, Anckarsäter, & Stålenheim, 2012). The lack of GBAI-R and Interpersonal facet relationships reflect these findings.

Moral and causal responsibility

Our hypothesis that antisocially disordered offenders and those with higher psychopathic traits would blame external factors more than others due to their personality characteristics was not strongly confirmed by the results. Our finding in combination with the conflicting results in previous research suggests that the connection between psychopathic traits/ASPD and ‘external attribution’ is either weak, non-existing or at least problematic. This could either be due to problems associated with the diagnostic criteria for ASPD and psychopathy, respectively, or to the validity of the external attribution factor in the GBAI-R (or all). In either case, the problems might be related to how externalisation of responsibility and blame is presented.

Looking closer at the GBAI-R, the way blame attributions are formulated in the questionnaire items does not properly distinguish between, on the one hand, *moral responsibility* and, on the other, *causal responsibility*. Suppose you throw away some old food you find in the staff refrigerator and it turns out that it was one of your colleagues’ microbiological experiments. Your intention was not to ruin her research, and therefore it could be argued that you were not *morally* responsible for the demise of her scientific career. You were, however, *causally* responsible for these unfortunate turn of events.

What might become problematic for individuals with high levels of psychopathic traits or with an ASPD diagnosis is that the ‘external attribution’ factor items in the GBAI-R mostly concern *blame*, (e.g. ‘I am entirely to blame for my crime(s)’, ‘I should not blame other people for my crimes’), thus evoking a *moral* interpretation of attributions of responsibility. It could be the case that these individuals are willing to admit *causal responsibility* for a criminal act, without considering the act to be *morally blameworthy*, rendering them unfit to validly answer GBAI-R external attribution factor items. This could explain the conflicting results and weak empirical support for the hypothesis that persons with ASPD or psychopathic traits would score high on the GBAI-R external attribution factor.

GBAI-R intercorrelations

For the whole group of offenders, we found a positive correlation between guilt feeling attribution scores and mental element attribution, and a negative correlation between guilt feeling attribution and external attribution. These correlations are a very robust finding throughout GBAI-R studies. (Cima et al., 2007; Dolan, 1995; Gudjonsson & Petursson, 1991; Gudjonsson & Singh, 1989; Shine, 1997; Tolfrey, Fox, & Jeffcote, 2011; Weizmann-Henelius et al., 2002). We found a weak negative correlation between mental element attribution and external attribution. Earlier studies have shown either no correlation for these two factors or small correlations, both positive and negative.

The negative correlation between external attribution and guilt feeling attribution may not be so surprising since blaming someone or something else could imply taking less responsibility for what happened, which, in turn, might induce less guilt and shame.

The positive correlation between mental element attribution and guilt feeling attribution means that blaming mental shortcomings such as depression, stress and poor mental control increases the tendency to feel guilt and shame for the criminal act. This is a consistent finding in previous research, but has never been commented on in depth. We find this result interesting since it may seem contra-intuitive given that a diminished capacity for mental control due to mental stressors would render a person *less* responsible for her actions, from moral and legal standpoints, which in turn would imply less need for the individual to feel guilt and shame.

One possible explanation is that the *subjective feeling* of responsibility remains unaltered even if the *actual* capacity for self-regulation is diminished from an objective point of view. This hypothesis is substantiated by the fact that of 177 respondents, 168 answered the statement 'I am responsible for my criminal acts' with 'true', while answers to other items varied widely.

Conclusions and implications for future research

Our study showed that persons with ASPD and those scoring high on psychopathic traits tend to (i) report significantly less guilt and (ii) report a higher degree of mental control than other offenders. While the first result was expected, the second may seem contra-intuitive. We suggest that the latter result could be explained by the fact that admitting mental health problems may be extra difficult for a person belonging to one (or both) of these groups.

Another finding was that we found weaker correlations than expected between ASPD, high scores on psychopathic traits and external attribution, given the clinical descriptions of the diagnoses. A possible explanation for this result is that the external attribution items are unfit to measure attributions of responsibility in these groups in so far as the individuals tend to not separating causal from moral responsibility. Criminal offenders in general, and mentally disordered offenders in particular, probably also differ from the general population with regard to what they consider to be right and wrong. This fact suggests that future investigations of blame in criminal populations should include qualitative measures about the individuals' moral values, and also the values' effects on blame attributions. Furthermore, this study was done with an imprisoned sample. A consequence of this is that the respondents' moral views are affected by prison culture. In this regard, blame attributions and guilt feelings might be partly dependent on the context.

Acknowledgements

No disclosure of interest has been declared by the authors. We are grateful to all participants who made this work possible. The authors would also like to thank Viveca Spång for the collection of all data and Stefan Axelsson and Monica Montell for coding of data.

Funding

This work was funded by grants from the Swedish Prison and Probations Services (project 2009-115, number 52-2009-012159), Region of Skåne, and the Lindhaga Foundation.

Note

1. The main difference between psychopathy and ASPD is that the construct of ASPD has a stronger focus on the history of criminal and antisocial acts (Hare & Neumann, 2009).

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