

Forever a Psychopath? Psychopathy and the Criminal Career Trajectory

Julia Shaw

University of British Columbia–Okanagan

Stephen Porter

University of British Columbia–Okanagan

Introduction

Despite long-standing diagnostic controversies concerning the construct of psychopathy, it is widely considered to be a personality disorder (and likely will be deemed so in the DSM-V), emerging early in life and persisting across the life span.

This chapter aims to provide practitioners with the current state of knowledge surrounding psychopathy and criminal careers. We first provide a background on the temporal stability of psychopathy, after which we examine the trajectories of different types of offenders, including young offenders, violent offenders, and sex offenders. As such, practitioners can consider the relevant section of the chapter to aid in understanding and making prognostications about the particular client at hand.

Information Box

WARNING: Despite psychopathy being one of the most powerful predictors of violent and nonviolent criminal recidivism (see Douglas, Vincent, & Edens, 2006; Hare & Neumann, 2008, for reviews), psychopathic offenders are 2.5 times more likely than nonpsychopathic offenders to be successful in their applications for conditional release (Porter *et al.*, 2009). One interpretation

(continued)

of this is that the interpersonal skills of psychopaths allow them to successfully fool and manipulate legal decision makers with Academy Award–winning emotional performances (e.g., Porter & Woodworth, 2007; Seto & Barbaree, 1999). As such, during the parole review process, psychopathic offenders may give the impression that they can be successfully managed in the community even when recidivism rates suggest otherwise. In order to make informed decisions, it is vital for those working with offenders from a legal or clinical standpoint to be educated on both the nature of fabricated remorse and emotion (ten Brinke, MacDonald, Porter, & O'Connor, 2011) and the typical career trajectories of psychopaths.

Is Psychopathy Stable over Time?

Research on the developmental stability of psychopathy generally falls into two categories. The most heavily researched approach examines how psychopathy and associated behaviors change with age. In particular, this line of research focuses on understanding early manifestations of the disorder (e.g., Frick & Marsee, 2006; Salekin & Frick, 2005) and documenting whether or how psychopathic traits evolve with time. The second category examines the etiological factors that may contribute to psychopathy. This chapter will examine the former of these categories, and focus exclusively on the impact of time on psychopathy.

Most crime is perpetrated by men in their late adolescence and early adulthood, after which most offenders commit fewer crimes or may even stop offending (e.g., Federal Bureau of Investigation, 2009; Statistics Canada, 2009). However, given their callous personality features it might be expected that offenders with psychopathic traits would continue to commit crimes throughout adulthood. In an early study, Hare, McPherson, and Forth (1988) compared the conviction rates of offenders scoring high or low on the original PCL between the ages of 16 and 45. They found that offenders in the psychopathic range committed more crimes than their low-scoring counterparts between the ages of 16 and 40, after which the conviction rate of high scorers decreased substantially relative to low scorers (whose offending was less frequent but more constant). The decrease in crime by offenders in the psychopathic range was largely accounted for by nonviolent offenses, suggesting that their capacity for violence was a relatively static characteristic (also see Harris, Rice, & Cormier, 1991). Hare, Forth, and Strachan (1992) updated and expanded on the Hare *et al.* (1988) study, finding that high scorers engaged in more violent and nonviolent criminal behavior with the largest group differences found at younger ages. The largest study to examine the stability of psychopathy across adulthood

examined offenders age 16 to 70 (Harpur & Hare, 1994), finding that psychopathic traits were less prevalent in older cohorts; the antisocial and impulsive lifestyle features, in particular, decreased with age, while the affective/interpersonal features of psychopathy (e.g., lack of remorse) remained constant across the life span. Based on this research and anecdotal evidence, Hare (1996) argued that individuals with psychopathic features likely do not change fundamentally with age but may engage in different types of antisocial behaviors as they get older. While these results were groundbreaking, the cross-sectional nature of the designs precluded a conclusive statement about the persistence of psychopathic features within individuals over time. As individuals age, regardless of whether they are psychopathic, they are less likely to be incarcerated. This leads to an issue of both attrition and general lifestyle changes, and leads to concerns about the representative nature of the older samples used in the research.

More recently, longitudinal studies have examined the temporal stability of psychopathy. Most of the longitudinal research has focused on the stability of the construct from childhood and adolescence to adulthood. Lynam, Caspi, Moffitt, Loeber, and Stouthamer-Loeber (2007) examined the relation between psychopathy scores at age 13 and again in the same participants at 24; they found that scores remained moderately stable ($r = .31$) with age such that psychopathy scores in early adolescence were predictive of adult psychopathy. Additionally, Lynam, Miller, *et al.* (2009) conducted a study on 1500 adolescent boys (from 7 to 17). The authors found that psychopathy could be reliably assessed in children, was stable across various intervals, and predicted delinquency over time. Forsman, Lichtenstein, Andershed, and Larsson (2010) prospectively studied the relation between psychopathy and antisocial behavior among 2255 twins in a Swedish twin study from adolescence to adulthood. They found that psychopathic personality in mid-adolescence predicted antisocial behavior in adulthood. McMahon, Witkiewitz, and Kotler (2010) investigated the predictive validity of youth callous-unemotional (CU) traits measured in early adolescence (Grade 7) in a longitudinal sample ($N = 754$). CU traits measured in the seventh grade were highly predictive of five of six antisocial outcomes examined at 2 years post high school: general delinquency, juvenile arrests, adult arrests, and early adult antisocial personality disorder criterion count and diagnosis. Such findings may not be surprising if one considers that personality traits in general are persistent across the life span (e.g., Roberts & DelVecchio, 2000), including traits that are elements of psychopathy. For example, Carlson and Gjerde (2009) found that evidence for narcissism in preschool strongly predicted narcissistic traits at the age of 23. Overall, despite surprisingly few studies examining the reliability of PCL-R scores over long periods of adulthood in forensic samples, psychopathy appears to be a stable construct from childhood throughout adulthood.

While the previous studies examined spontaneous change and the construct validity of psychopathy, other studies have examined the ability to change psychopathic traits through treatment. Salekin, Worley, and Grimes (2010) summarized the

current stance on the treatment of psychopathy as being highly polarized, such that many researchers remain skeptical about supposed changes in a personality disorder such as psychopathy with time. They pointed toward three unique stances: attempting to treat psychopathy will (1) not work (e.g., Harris & Rice, 2006), (2) worsen the disorder (e.g., Harris & Rice, 2006), or (3) potentially remediate the disorder (e.g., Salekin, 2002; Skeem, Monahan, & Mulvey, 2002). These differing stances are presumably the result of contradictory findings in the literature on psychopathy, a literature that has been criticized for using retrospective designs, a lack of random assignment, short follow-up periods, and limited measures of change. More importantly, almost all of the studies on treatment for individuals with psychopathic traits have examined how well treatments designed for “normal” (nonpsychopathic) offenders apply to psychopaths, a notion that is flawed considering the unique characteristics and needs of psychopaths. Keeping these issues in mind, the present literature suggests that current methods of treatment for psychopathic adults, youth, and children show little or no efficacy (some even show detrimental effects; e.g., Richards, Casey, & Lucente, 2003; Van Stelle, Blumer, & Moberg, 2004).

It appears then, based on what we have reviewed, that psychopathy is a stable disorder for most individuals. Next we will consider the behaviors associated with psychopathy and common criminal career choices.

Criminal Trajectories

Individuals with psychopathic features likely do not change fundamentally with age but may engage in different types of antisocial behaviors over time (Hare, 1996). Additionally, psychopathic offenders are among the most violent, versatile, and prolific of offenders, committing more offenses and more types of offense than nonpsychopathic offenders (Kosson, Smith, & Newman, 1990).

Porter, Birt, and Boer (2001) examined the criminal release patterns of Canadian offenders as a function of psychopathy and age. Using the Psychopathy Checklist–Revised (PCL-R) diagnostic cut-off score of 30, the complete criminal career and community release profiles of 317 federal offenders were investigated. Results indicated that offenders scoring within the psychopathic range consistently committed more violent and nonviolent crimes than their counterparts for about three decades, spanning their late adolescence to their late 40s. Numbers of nonviolent criminal offenses committed by high PCL-R scorers declined considerably after age 30 relative to violent offenses, which declined and then rebounded in the late 30s before a major reduction was evidenced. Throughout adulthood, high PCL-R scorers failed during community release significantly faster than did low scorers. Importantly, from a risk management perspective, the release performance of low PCL-R scorers improved with age, whereas the opposite was seen for high scorers. Interestingly, this study showed that after the late 40s, psychopathic offenders seem to “fall off the radar”

in terms of showing a dramatic drop in convictions. It is unclear whether this results from a true reduction in offending, lengthier incarceration periods (lack of opportunity to offend), or even early death, perhaps as a result of their lifestyles. Psychopaths are significantly more likely than nonpsychopathic offenders to engage in other high-risk, thrill-seeking behaviors, such as extreme drug use (Rutherford, Alterman, Cacciola, & McKay, 1997) and coercive, precocious, and promiscuous sexual activity (Harris, Rice, Hilton, Lalumière, & Quinsey, 2007). A study by Swogger, Walsh, Lejuez, and Kosson (2010) found that psychopathy uniquely accounts for variance in self-reported irresponsibility and criminal risk taking beyond that associated with other disorders.

These high rates of criminal versatility and sensation seeking make psychopaths a unique population to deal with at a professional level. Any psychopath with whom you may deal is unlikely to fit a general mold, as most psychopaths have a varied history and have a more diverse set of risks and needs than normal offenders. This is relevant to keep in mind when you explore the following sections which examine psychopathy among various types of offender groups. It is important to remember that the versatility of most psychopaths may make reading all of the following sections important for understanding psychopathic individuals to which you will be exposed professionally.

Psychopathy in Children and Youth

Psychopathic traits can be found in children and youth (e.g., Frick, & Marsee, 2006), and these traits reliably predict adult psychopathy (e.g., Lynam, Charnigo, *et al.*, 2009). Even children as young as 3 years of age (Glenn, Raine, Venables, & Mednick, 2007) can exhibit classic characteristics of psychopathy which are predictive of adult psychopathy (Martens, 2000). Specifically, callous-unemotional (CU) traits (e.g., lack of guilt, lack of empathy, and callous use of others) are relatively stable across childhood and adolescence. Such features characterize a group of youth with a particularly severe, aggressive, and stable pattern of antisocial behavior (Frick & White, 2008). This means that childhood psychopathy “looks like” adult psychopathy. Even the antisocial and criminal behavior committed by young children and youth with psychopathic traits parallels that of adult psychopaths. For example, with a sample of 150 incarcerated adolescents who were charged with a sexual offense, Lawing, Frick, and Cruise (2010) found that offenders high on CU traits had a greater number of sexual offense victims, used more violence with their victims, and engaged in more sexual offense planning than those low on these traits, findings similar to the literature on adult sexual offenders (e.g., Porter *et al.*, 2000; Porter, Woodworth, Earle, Drugge, & Boer, 2003). Such patterns are especially important in light of the high base rates of psychopathy among young offender groups (e.g., 15–37%; Kosson, Cytorski, Steuerwald, Neumann, & Walker-Matthews, 2002; Murrie & Cornell, 2002). Even higher base rates occur in samples of primarily violent and

persistently antisocial groups of adolescent offenders (e.g., 59% in a Swedish sample of primarily violent incarcerated adolescents; Dåderman & Kristiansson, 2003).

How stable are CU and psychopathic traits over time? Lynam *et al.* (2007) examined the stability of psychopathy from ages 13 to 24 in over 200 young people and found that psychopathy was moderately stable ($r = .31$) from childhood into young adulthood. The stability of interpersonal callousness in particular has been reported to be even higher (e.g., Obradovic, Pardini, Long, & Loeber, 2007). Burke, Loeber, and Lahey (2007) found that CU traits assessed in clinic-referred boys ages 7 to 12 predicted adult measures of psychopathy at ages 18 to 19. Considering research that includes parental ratings of CU traits, their stability appears to be very high; in one study, the intraclass correlation of CU traits over a 4-year period was .71 (Frick, Kimonis, Dandreaux, & Farell, 2003). In a study of the reliability of CU traits in 506 inner-city boys assessed annually from 8 to 16, Obradovic *et al.* (2007) found a high level of stability over 9 years ($r = .50$) as measured by parental reports. On the other hand, despite such high levels of stability, the findings suggest that traits can be malleable in these younger samples. Frick *et al.* (2003) reported that were a few youths who decreased in their level of CU traits over the course of the 4-year study.

Community and practitioner requests for tools to aid in the discrimination of children and youth with conduct problems who will and will not persist in their antisocial behavior spawned the development of assessment tools deriving from the PCL-R. Instruments such as the Childhood Psychopathy Scale (CPS; Lynam 1997) and the Psychopathy Checklist – Youth Version (PCL-YV) help practitioners assess and screen for psychopathic traits in young people.

Whether children and adolescents should be given a label of psychopathy remains a hotly debated topic, with many arguing that the stigma associated with being deemed a psychopath is detrimental to potential rehabilitation efforts. However, the research on the stability of the construct appears to highlight the importance of early detection and intervention. Early detection would allow more appropriate correctional efforts and an increased knowledge regarding how to work with this population.

Case “Justin” (R. v. S. (J.T.), 2005 SKQB 416; CanLII)

Justin is 17 years old and has 21 previous convictions for a range of crimes. Justin reports being involved in antisocial behavior with negative peers from an early age (e.g., fighting, truancy, shoplifting, and fire setting). His first solitary crime was committed at the age of 11, when he broke into a church and tried to steal stereo equipment. At the time, he was too young for charges to be laid. Available documents indicate that Justin was first convicted for a criminal offense at the age of 12 for uttering threats. At the age of 14, Justin was convicted of pointing a firearm. Justin stated that he had become involved in conflict with other youths and he pulled a gun on them. Justin downplayed his

actions by stating that the gun was rusty and nonoperational. He then stated that he has performed relatively few property crimes and tended not to like committing B&Es in other people's homes, stating that he frequently "wanted to give the stuff back" (although he never did this). Most of his property crimes were committed when in the presence of other youth. Justin presents as a highly troubled youth who has maintained an antisocial lifestyle throughout much of his childhood and adolescence. He suffers from a history of neglect, physical abuse, lack of prosocial modeling, and exposure to a chronic antisocial lifestyle. The combination of these factors has contributed to Justin developing into a person who has experienced some mental health issues, and an extremely high score on the PCL-YV.

Recidivism Risk

Young individuals who have received a psychopathic designation are at an elevated risk for offending compared to their nonpsychopathic peers. The research examining the ability for juvenile psychopathy measures to predict recidivism has confirmed that, as for adults, psychopathy is the single most reliable predictor of recidivism (e.g., Catchpole & Gretton, 2003; Gretton, McBride, Hare, O'Shaughnessy, & Kumka, 2001; Toupin, Mercier, Dery, Cote, & Hodgins, 1995). In a study following 182 male adolescent offenders for an average of 14.5 months, Corrado, Vincent, Hart, and Cohen (2004) found that individuals who scored high on the PCL-YV reoffended earlier than did those receiving lower scores. This pattern was consistent for both violent and general offenses. For violent offenses, psychopathic youth were charged again (on average) after 14 months compared to 19 months for other young offenders. For general offenses, psychopathic youth were charged (on average) after 7 months compared to 12 months for nonpsychopathic youth. Additional research into this topic has found that instruments measuring psychopathy in childhood and adolescence can significantly predict rearrest for juveniles (Falkenbach, Poythress, & Heide, 2003). Finally, in a recent study by Salekin (2008), psychopathy was independently predictive of both general and violent recidivism from midadolescence to young adulthood. Cumulatively, the research demonstrates stability in the behavioral patterns associated with psychopathy across adolescence, which mirrors patterns found among adults.

Desistance

While treating psychopathic youth poses significant issues, some studies have indicated small or moderate reductions in recidivism relating to treatment. Base rates of recidivism are high for psychopathic youth, with frequently reported rates around

64% for nonviolent offending, and 41% for violent offending (e.g., Salekin, 2008). With a sample of 64 youths enrolled in a substance abuse treatment program, O'Neill, Lidz, and Heilbrun (2003) studied the impact of psychopathy on treatment cooperation and treatment outcome. Youth scoring high on the PCL-YV attended the program for fewer days and participated less when they did attend. While they did find some clinical improvement, psychopathic youth demonstrated significantly less improvement over the course of treatment than their peers. Spain, Douglas, Poythress, and Epstein (2004) also demonstrated that scores on psychopathy measures were related to the number of days to promotion, with psychopathic youth requiring more time to progress through treatment because of higher rates of aggression and institutional infractions. Caldwell, Skeem, Salekin, and Van Rybroek (2006) examined how well 141 juvenile offenders with high scores on the PCL-YV responded to treatment. Participants were assigned to either engage in an intensive treatment program at a correctional institution, or "treatment as usual" in a conventional correctional setting. Youth who participated in the intensive treatment were half as likely to reoffend violently after 2 years as those receiving normal treatment. Additionally, intensive treatment was independently associated with relatively slower and lower rates of serious recidivism. These studies show promising advancements in the treatment of psychopathic youth, and point toward the value of programs tailored to dealing with the unique issues faced by psychopathic young offenders.

Females

Is the construct of psychopathy applicable to delinquent girls? Most of the research on adolescent psychopathy has focused on males, partly due to the underrepresentation of females in the correctional system. The few studies that have incorporated females into samples of psychopathic offenders have demonstrated that the construct is applicable across genders (e.g., Cale & Lilienfeld, 2002; Miller, Watts, & Jones, 2011; Salekin, Rogers, Ustad, & Sewell, 1998; Weizmann-Henelius *et al.*, 2010). A study by Vaughn, Newhill, DeLisi, Beaver, and Howard (2008) examined the ability of psychopathic traits in female adolescents to predict recidivism and found that, similar to their male counterparts, psychopathic traits were predictive of violent behavior and theft. However, unlike males, psychopathy in females was unrelated to drug abuse. Additionally, specific traits such as carefree nonplanfulness and narcissism played a more pivotal role in psychopathy for females. It also appears that interpersonal and affective facets of psychopathy are more important regarding the outcomes of psychopathic adolescent females than males. In an examination of psychopathy and recidivism from adolescence to young adulthood, Salekin (2008) found that psychopathic female adolescents were less likely to reoffend than male adolescents. So, while it appears that there are some gender differences regarding the predictive value of psychopathy, it is valuable to view these within the larger context. The larger context suggests that there are broader gender differences in patterns and motivation pertaining to crime and recidivism in general (e.g., Odgers, Moretti, & Reppucci, 2005),

regardless of psychopathy designation. Overall, adolescent psychopathic females are at an elevated risk for antisocial behavior and recidivism compared to their female peers, but apparently are at a lower level of risk than adolescent psychopathic males.

Violent Offending

Much research has established that psychopaths commit an inordinate amount of violence in society (Monahan *et al.*, 2001; Porter & Woodworth, 2007; Salekin, Rogers, & Sewell, 1996). Relative to other offenders, psychopaths begin committing crimes at a younger age and go on to commit a wider variety of offenses. They commit more violent crimes, violate parole sooner, and perpetrate a higher degree of violence during their crimes (e.g., Walsh & Kosson, 2007). An early study found that psychopaths committed about twice as many violent crimes as nonpsychopathic offenders (Hare & McPherson, 1984), a finding that was replicated by Porter *et al.* in 2001. Overall, the research shows that psychopaths are significantly more likely to engage in the assault and physical abuse of others, along with increased rates of verbal and psychological abuse.

In lay terms, psychopaths seem to have little or no “conscience,” as evidenced by their propensity to engage in instrumental violence (e.g., Walsh, Swogger, & Kosson, *in press*; Woodworth & Porter, 2002). Many psychopaths have been shown to utilize a mixture of both instrumental and reactive violence. “Instrumental violence” refers to violence that is employed as a means to attain a secondary goal, and can be contrasted with “reactive violence,” which involves a response to provocation or a perceived threat. Many psychopaths plan aggressive actions to attain positive rewards (Pardini, Lochman, & Frick, 2003) and are more likely than other offenders to perpetrate serious instrumental violence such as armed robberies (e.g., Hervé, Mitchell, Cooper, Spidel, & Hare, 2004).

In particular, PCL-R factor 1 interpersonal-affective traits have been linked to instrumentality and severity of violence, and planning appears to be involved in most serious crimes perpetrated by psychopaths (Laurell, Belfrage, & Hellström, 2010; Walsh, Swogger, & Kosson, 2009). The emotion recognition and emotional experience deficits found among psychopaths may lead to deficits in their ability to empathize with others, resulting in an increased likelihood for perpetrating instrumental violence (Kirsch, & Becker, 2007). In a Canadian sample of 125 incarcerated homicide offenders, it was found that psychopaths were indeed more likely to have engaged in instrumental, predatory homicides (93.3%) than were nonpsychopathic offenders (48.4%) (Porter & Woodworth, 2007). Further, domestic homicide perpetrators with psychopathic traits are more likely to kill their spouse in an unemotional, premeditated, and gratuitously violent manner (Juodis, Starzomski, Porter, & Woodworth, *submitted*). In addition to this proactive, instrumental aggression, psychopaths sometimes show a violent temper and react explosively to seemingly minor provocation (Porter & Porter, 2007). Moreover, psychopaths who offend sexually are a particularly dangerous type of predator, in terms of both the

severe damage they inflict on their victims and the diversity of victims (e.g., Porter, ten Brinke, & Wilson, 2008; Porter, Demetrio, & ten Brinke, 2010). Psychopaths also are more likely to abuse substances (Walsh, Allen, & Kosson, 2007), exacerbating their violent tendencies.

In recent years, there has been a dramatic increase in the forensic application of measures derived from the psychopathy construct as predictors of violence (Viljoen, McLachlan, & Vincent, 2010). In most contexts, the PCL-R is considered with regard to the prediction of violence in the community (Walsh & Walsh, 2006), a practice that has received empirical backing. Attempts to use it to predict institutional violence (Walters & Heilbrun, 2010) and female violent offending have received less support. Psychopathy measures are related to a more violent and versatile criminal career as well as to violent recidivism (Pedersen, Kunz, Rasmussen, & Elsass, 2010).

**Case Little: Psychopathic Violent Offender (*R. v. Little*, 2007
ONCA 548; CanLII)**

Little has a score of 35/40 on the PCL-R and has a long history of violent criminal behavior. His criminal record, dating from 1985, consists of 25 entries, with many of these offenses involving the use or supply of alcohol and drugs. One particularly vivid series of events involves a girlfriend of his, Kim. In 1997 he forced entry into Kim's house where he threatened and detained her for 2 hours until she escaped. In March 1998, he physically, sexually, and verbally assaulted Kim after she refused to have sex with him. She sustained various injuries, including two finger fractures, extensive bruising, burns, and leg lacerations. When the police arrived, they observed Little curse at and kick Kim, and an officer sustained a hand injury when he tried to intervene. On the same day that he was convicted for the March 1998 attack, Little again assaulted Kim, punching and kicking her repeatedly while wearing steel-toed construction boots. Little went to prison, and by the time that he was released from custody, Kim was involved in a new relationship with James. Little would not accept this and persisted in attempts to resume a relationship with Kim. He repeatedly breached the conditions of his parole, and in 2001 he engaged in another series of violent acts involving Kim and James.

According to previous rehabilitation attempts, both his history and his psychiatric profile suggest that he is adept at masking his continued disinterest and lack of progress in rehabilitation. Psychologists have concluded that Little is at high risk of violent recidivism for at least a decade, because of his reckless disregard for others. They have virtually no confidence that psychological treatment would yield any substantial behavioral change. Little was designated a dangerous offender in 2007, and will be heavily monitored for the rest of his life.

Recidivism Risk

Psychopathic individuals who are prone to violence have a very high probability of recidivism, particularly violent recidivism. In a study of patients in a forensic psychiatric unit, 78% of individuals scoring high on the PCL-Screening Version were reconvicted, and 53% were reconvicted for a violent crime (Pedersen *et al.*, 2010). Additionally, patients scoring above the cutoff for psychopathy were four times more likely to reoffend than patients scoring below the cutoff. For exclusively violent recidivism, there was a sevenfold risk of reoffending for patients scoring above the cutoff compared to patients scoring below. While such high rates are often reported, the extent to which the relationship between psychopathy and violence is mediated by other factors is poorly understood. A prospective study by Walsh and Kosson (2007) found that for Caucasians, psychopathy predicted recidivism at lower levels of SES but was unrelated at higher levels of SES. For African Americans, however, the predictive power of psychopathy was relatively stable across SES. This kind of research on interactions that affect the predictive value of psychopathy for assessing violence risk is important to help us understand why some psychopaths recidivate, while others desist.

Desistance

About one in four psychopathic offenders are not reconvicted for a violent offense even after an 8-year follow-up (Serin & Amos, 1995). At present, however, the characteristics of nonrecidivating psychopathic offenders have been examined in only a few studies. One of these studies examined 123 offenders with PCL-R scores of 25 or greater who had completed at least 4 months in a violent offender treatment program (Burt, 2004). The study found that within 5 years of follow-up, 65 (53%) offenders received a reconviction for a violent offense, while 58 (47%) offenders had not. Psychopaths who desisted from violent reoffending had significantly lower PCL-R Factor 2 scores but higher Factor 1 scores, were older at release, and had better community support than violently recidivating psychopaths. No significant differences were found in PCL-R total scores. A valuable consideration regarding the efficacy of this treatment is that all participants, including those who eventually recidivated, made significant improvements in anger and violence management.

Of the few other studies examining the treatment of psychopathy, most have made similarly positive conclusions regarding reducing recidivism and violence for psychopathic offenders. Although often effects are smaller for psychopathic program participants than nonpsychopaths, partly due to higher dropout rates and being expelled, small to moderate positive effects (including reductions in recidivism) are typically observed for psychopaths who complete violence reduction and substance abuse treatment (Burke, 2004; Skeem, Polaschek, & Manchak, 2009). These positive treatment effects appear to be similar for psychopathic individuals and violent individuals with other personality disorders (Wong, Gordon, & Gu,

2007). Initial misinterpretations of poorly designed study findings (for a review, see D'Silva, Duggan, & McCarthy, 2004) and apparent tunnel vision with regard to the treatability of psychopaths seem to have led to a common notion that violent psychopathic offenders cannot benefit from treatment. Recent literature has shown promising results regarding the treatability of violent psychopathic offenders.

Female Offenders

Overall men exhibit higher mean levels of psychopathy, antisocial behavior, and criminality than women (Bolt, Hare, Vitale, & Newman, 2004; Krueger *et al.*, 1994; Moffitt, Caspi, Rutter, & Silva, 2001). However, the construct of psychopathy seems to apply similarly to females and males (Hicks, Vaidyanathan, & Patrick, 2010). Based on this similar applicability, it is reasonable to assume that levels of violence are similar for males and females. Unfortunately, the low numbers of psychopathic female inmates make factors associated with violence difficult to examine. Another factor that impacts the level at which females are convicted of violent offenses is the low rate at which female violence is reported to correctional services. Female violence is underreported, and attrition is common. Based on these limitations, very little is known about violent female psychopaths.

Sex Offending

The term "sexual psychopath" has been used in the literature and legislation in the United States to describe criminals whose sexually deviant behavior is directed at diverse victim profiles and who are primarily motivated by thrill seeking rather than paraphilias (e.g., Porter, Campbell, Woodworth, & Birt, 2002; Porter *et al.*, 2010). The notion of a sexual psychopath was formally established by Karpman in 1951. According to him,

Sexual psychopaths are victims of a disease which harms them as much as it does their victims. Their abnormal impulses are irresistible, being formed by deep-lying psychogenic emotional factors, and are neither cured not sensibly diminished by punishment. (p. 184)

Research from the last two decades agrees that there is a relationship between psychopathy and some forms of sexual violence. Accordingly, an overrepresentation is found among sexual homicide offenders with 58–96% meeting the criteria for psychopathy (Firestone, Bradford, Greenberg, Larose, & Curry, 1998; Meloy, 2000; Porter *et al.*, 2003; Stone, 1998). In a large study of 329 incarcerated male sex offenders and nonsexual offenders, Porter and colleagues (2000) examined the association between psychopathy and sex offending. They found that mixed rapist-molesters and rapists were more psychopathic than child molesters, and that all sex offender groups showed elevated Factor I (affective-interpersonal) scores. In their analysis,

64% of offenders who had victimized both children and adults were psychopathic, indicative of criminals whose thrill seeking is directed at diverse victims. Overall, most sexual offenders are not psychopathic (e.g., Porter *et al.*, 2000), and it is possible that many psychopathic individuals may commit few or no acts of sexual violence (Porter *et al.*, 2010).

The link between psychopathy and sexual offending may be due to an instrumental use of sex and convenience offending due to a lack of empathy with victims. Researchers have found elevated rates of sexual pleasure from violent offenses in psychopathic offenders (e.g., Kirsch & Becker, 2007; Porter & Woodworth, 2007), a characteristic also known as sadism. This may be evident in the elevated numbers of psychopathic homicidal sexual offenders and the common use of gratuitous violence (Langevin, 2003; Porter *et al.*, 2002, 2010). PCL-R scores have also been related to scores on personality tests examining sadistic traits (Holt, Meloy, & Strack, 1999). Overall, there appears to be elevated levels of sexual sadism in psychopathic populations, a characteristic which could interfere with treatment effectiveness and increase recidivism risk.

Desistance

While the treatment of sexual offending psychopaths is in its infancy, it has been demonstrated that positive improvements and reductions in recidivism can take place (e.g., Abracen, Looman & Langton, 2008). Extensive meta-analyses support the notion that sex offender treatment reduces recidivism in normal offenders (e.g., Hanson *et al.*, 2002; Lösel & Schmucker, 2005), but less research has investigated the efficacy of sex offender treatment for psychopathic offenders. The limited research on sexual psychopaths has however provided much support for the effectiveness of cognitive-behavioral therapy (CBT). CBT has been shown to decrease recidivism rates for normal sex offenders from 20–43% to 6.5–8.0%. Doren and Yates (2008) conducted a review on the effectiveness of sex offender treatment for psychopathic offenders. They found a very limited pool of studies dealing with the issue, but two meaningful consistencies were found. They found that sex offender treatment does not appear to reduce serious recidivism for psychopaths to the same degree that it does for nonpsychopaths. Additionally, there were larger individual differences between the treatment benefits for psychopaths than for nonpsychopaths. In other words, the research repeatedly demonstrated that some psychopaths show significant reductions in sexual recidivism (at the same rates as nonpsychopaths), while other psychopaths do not benefit from treatment as much (when these two groups are erroneously collapsed, the treatment seems ineffective). Two cited studies in particular (Barbaree, Langton, & Peacock, 2006; Langton, Barbaree, Harkins, & Peacock, 2006) reported similar sexual recidivism rates for psychopathic and nonpsychopathic offenders, which would be considered successful treatment. Unfortunately, research has evaluated only the extent to which psychopaths benefit from treatment relative to nonpsychopaths, rather than how well treated psychopaths fair compared to untreated psychopaths. Overall, whether treatment benefits psychopathic sex

offenders remains to be established. While the current literature is unable to assist us in reaching any conclusions on this matter, it is important to keep in mind that studies have shown significant improvements and that there is hope that we can successfully rehabilitate at least some sexual psychopaths.

Female Offenders

There is practically no research on female sexual offenders, and to our knowledge only one study has examined the role of psychopathy. It has been suggested that psychopathic female sex offenders come from more deprived backgrounds than other female offenders, and that they have often suffered extreme emotional, physical, and sexual abuse (e.g., Wijkman, Bijleveld, & Hendriks, 2010). Although psychopathy appears to be linked to male sexual offending (Quinsey, Lalumiere, Rice, & Harris, 1995), there is little support for psychopathy as a risk factor for female sex offending (Strickland, 2008).

Conclusion

This review of the literature highlights the importance of understanding the development of criminal careers. Each psychopath will come with his or her own set of risk factors, but knowledge of the most important factors for each group can help you make informed decisions for your clients.

Most importantly, this chapter aimed to provide you with an understanding that while psychopathy is a significant risk factor for criminal behavior, many psychopaths choose to desist from crime. Psychopathy itself is still presumed to be a personality characteristic originating at very young ages and remaining throughout the life span; however, the manifestation of the disorder is not necessarily criminal. Screening children and youth for psychopathic traits may help us intervene and address the unique needs of developing psychopaths.

We also sought to provide you with an understanding that psychopathy is not necessarily “untreatable,” and that in fact many studies have reported positive improvements for all kinds of psychopaths. Greatest improvements are generally reported for youth, but even adult violent and sex offenders can make significantly positive changes in their behavior. Just because a psychopath is an offender now does not mean that he or she will be an offender forever. In theory, everyone *can* change, including psychopaths.

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