



Psychopathy among prisoners in England and Wales[☆]

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ABSTRACT

Most research into psychopathy among prisoners is based on selected samples. It remains unclear whether prevalences are lower among European populations. This study aimed to measure the prevalence of psychopathy, and the distribution and correlates of psychopathic traits in a representative national sample of prisoners. Psychopathy was measured using the revised Psychopathy Checklist (PCL-R) in a second stage, cross-sectional survey of prisoners in England and Wales in 1997 ($n = 496$). Poisson regression analysis was carried out to examine independent associations between correlates and PCL-R total and factor scores. The prevalence of categorically diagnosed psychopathy at a cut off of 30 was 7.7% (95%CI 5.2–10.9) in men and 1.9% (95%CI 0.2–6.9) in women. Psychopathic traits were less prevalent among women. They were correlated with younger age, repeated imprisonment, detention in higher security, disciplinary infractions, antisocial, narcissistic, histrionic, and schizoid personality disorders, and substance misuse, but not neurotic disorders or schizophrenia. The study concluded that psychopathy and psychopathic traits are prevalent among male prisoners in England and Wales but lower than in most previous studies using selected samples. However, most correlates with psychopathic traits were similar to other studies. Psychopathy identifies the extreme of a spectrum of social and behavioral problems among prisoners.

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1. Introduction

Psychopathy is a personality disorder associated with multiple social and behavioral problems (Cornell et al., 1996; Hill, Neumann, & Rogers, 2004) and has an exceptionally poor prognosis among the mental disorders (Andersen, Sestoft, Lillebaek, Mortensen, & Kramp, 1999; Hare, 2003). Although not currently included as a separate diagnostic category in the ICD or DSM classifications, interest in psychopathy has grown and its measurement has become increasingly important in risk assessment. It is a rare condition affecting less than 1% of the household population (Coid et al., 2009) but highly prevalent among prisoners and associated with homelessness and psychiatric hospitalization over the lifespan. However, there are remarkable differences in reported prevalence rates of psychopathy

among samples of prisoners in different countries within a range of 3% to 73%, (Assadi et al., 2006; Coid, 1998; Cooke, 1996; Hare, 2003; Moran, 1999; Ullrich, Paelecke, Kahle, & Marneros, 2003).

Psychopathy, measured using the Psychopathy Checklist – Revised (PCL-R; Hare, 2003), incorporates aspects of antisocial behavior as well as core personality traits. Studies of the factor structure of psychopathy indicate the importance of different subcomponents (Cooke & Michie, 2001). They are now incorporated into a “four-factor” model based on confirmatory factor analyses (Hare & Neumann, 2006; Neumann, Vitacco, Hare, & Wupperman, 2005; Vitacco, Neumann, & Jackson, 2005), although initially referred to as “two factor–four facet model” in the second edition of the PCL-R (Hare, 2003). This model allows for finer descriptive analysis of individuals encountered in clinical practice and facilitates empirical study of the subcomponents of psychopathy (see Fig. 1). The components of psychopathy comprise “deceitful interpersonal style”, “affective deficiency”, “impulsiveness” or “lifestyle” (depending on the assumption of three or four underlying factors) and the “antisocial” component. This differentiation of psychopathy now includes possibly differing etiological factors (Blonigen, Hicks, Krueger, Patrick, & Lacono, 2005; Viding, Blair,

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Factor 1 (Interpersonal)	Factor 2 (Affective)	Factor 3 (Lifestyle)	Factor 4 (Antisocial)
1. Glibness/superficial charm	6. Lack of remorse or guilt	3. Need for stimulation/ prone to boredom	10. Poor behavioral controls
2. Grandiose sense of self-worth	7. Shallow affect	9. Parasitic lifestyle	12. Early behavioral problems
4. Pathological lying	8. Callous/lack of empathy	13. Lack of realistic long-term goals	18. Juvenile delinquency
5. Cunning/manipulative	16. Failure to accept responsibility for own actions	14. Impulsivity	19. Revocation of conditional release
		15. Irresponsibility	20. Criminal versatility

(Items 11. Promiscuous sexual behavior, and 17. Many short-term marital relationships, omitted from model).

Fig. 1. Items in the 4-factor model of psychopathy (Hare, 2003).

Moffitt, & Plomin, 2005), with evidence of differing neuro-cognitive dysfunction associated with certain subcomponents (Blair, Mitchell, & Blair, 2005; Hare, 2003). However, research into psychopathy has almost exclusively focused on non-representative samples (including samples “of convenience”) using primarily North American male prisoners selected from high and medium secure institutions (Hare, 2003). Psychopathic individuals are likely to be concentrated in these locations due to serious criminal behavior and behavioral disorder whilst incarcerated (Coid, 1998) and the generalisability of findings from these studies is unclear. In contrast, a representative sample of Scottish prisoners (Cooke, 1994) combined with selected samples of English offenders (Hare, 2003, pp. 205–210; Hare, Clark, Grann, & Thornton, 2000) demonstrated lower PCL-R scores than North American samples. Based on Item Response Theory analyses (IRT), it was subsequently argued that, when making the diagnosis, the standard PCL-R cut score for psychopathy should be lowered for UK populations (Cooke & Michie, 1999; Cooke, Michie, Hart, & Clark, 2005). However, Bolt, Hare, and Neumann (2007), also using IRT analyses but with a different anchor item selection method, have proposed that the recommended PCL-R cut-off score of 30 reflects approximately the same level of psychopathy in the UK as in North America. According to their analyses, lower scores in one country do not necessarily mean lack of scalar equivalence, implying that the cut score for determining prevalence should be similar in the UK and North America.

Our aim was to determine whether certain correlates of psychopathy observed in non-representative samples are found equally in a more representative sample of an entire correctional jurisdiction. We therefore estimated the prevalence of psychopathy using a cut-off score of 30, examined the distribution of psychopathic traits, and elucidated the correlates of total and factor scores of psychopathy among a representative sample of the prisoner population in England and Wales, aged 16–64, assessed in 1997. We used the PCL-R to examine the relationship between measures of psychopathy and demography, verbal intelligence, DSM-IV Axis II personality disorder traits, ICD-10 clinical syndromes, offending behavior, and behavioral problems in the prison setting. We aimed to investigate the overall and gender specific prevalence of categorically diagnosed psychopathy in a representative sample of prisoners. Furthermore, we were interested in the differential associations of the factors of psychopathy with the above mentioned outcome variables. The conceptualization of psychopathy as three or four factor model is a recent development. Consequently, few studies have investigated whether the components demonstrate similar or different correlations, and which may be

highly relevant for future understanding of psychopathy. However, as the position regarding the cut-off in a European population, together with the ongoing debate as to whether a three- or four-factor solution best fit data on psychopathy remains unresolved, we adhered to the recommended manual cut-off of 30 and examined the four-factor model of psychopathy.

2. Method

2.1. Sample

The sample comprised 496 participants in the second of a two-stage survey of psychiatric morbidity among prisoners in England and Wales, aged 16–64 years, carried out by the Office for National Statistics in 1997 (Singleton, Meltzer, Gatward, Coid, & Deasy, 1998). All 131 penal establishments were included, then containing 61,944 prisoners, including 46,872 male sentenced, 12,302 male remand, and 2770 women prisoners. Different sampling fractions were applied to assure the requisite number of interviews for each group of prisoners. This included 1 in 34 male sentenced prisoners, 1 in 8 male remand prisoners, and 1 in 3 women prisoners, either remand or sentenced. In the last four weeks of the survey, the sampling fraction changed to 1 in 50 male sentenced, as a larger number of this group had been interviewed. Samples were taken from all prison locations in the first phase to avoid over- or under-sampling those with mental health problems in locations such as Health Care and to be representative of the entire national prison estate. The survey therefore included all prisons (115 male, 11 women, 5 mixed). This included a sample of 16.2% from Young Offender Institutions, 10.3% from open prisons or lowest security category D, 5.1% closed prisons, 7.4% category B, 25% category C, 31.6% local prisons including sentenced and remanded by local courts, and 5.9% from dispersal prisons, the highest on the security scale. Substitution of prisoners no longer available for interview, including those transferred or released, with new prisoners was performed for those on remand.

In the first stage, 3563 prisoners were selected, of whom 3142 (88%) completed full interviews. 37 failed to complete a full interview, 198 (6%) refused, and 53 (1%) could not take part, mainly due to language problems. Interviewers could not contact 118 (3%), and were advised not to interview 15.

In the second stage, 661 prisoners, a 1 in 5 random subsample, were then selected for clinical interview, of whom 505 (76%) were interviewed, 105 (16%) could no longer be contacted, and 50 (8%) refused.

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