

GENDER DIFFERENCES IN PSYCHOPATHY AND ASSOCIATED DSM DISORDERS

Zina Lee, Stephanie R. Penney, Marlene M. Moretti, & Stephen D. Hart

Simon Fraser University

INTRODUCTION

Psychopathy, a term derived from research on adult populations, refers to a personality disorder characterized by a superficial and egocentric interpersonal style, a deficit in affect, and an impulsive and irresponsible behavioral style (Hare, 1991, 2003). Although fewer studies have been conducted in adolescent samples, studies of adolescent males have produced similar findings to those observed in adult populations. In particular, psychopathy in adolescents has been found to be associated with delinquency (Forth, 1995; Myers et al., 1995), violence (Forth et al., 1990; Forth & Mailloux, 2000; Murrie, et al., 2004), and recidivism (Corrado et al., 2004; Grettton et al., 2001).

The developmental course of psychopathy is largely unknown. Some argue that conduct problems, hyperactivity, impulsivity, and attention problems are developmental precursors of psychopathy (Lynam, 1996, 1998) whereas others have examined the importance of callous-unemotional traits in children (Barry et al., 2000; Christian et al., 1997; Frick, 1995). Although research has examined the association between psychopathic traits and behavioral disorders, few studies have explicitly examined the association between psychopathy and diverse types of psychopathology in adolescents. In general, past studies have found that psychopathy is associated with conduct disorder (Brandt et al., 1997; Myers et al., 1995; Rogers et al., 1997; Salekin et al., 2004; Vitacco & Rogers, 2001), attention deficit hyperactivity disorder (Kosson et al., 2002), and externalizing problems (Lynam, 1997). The theoretical conceptualization of psychopathy suggests that psychopathy and anxiety should be inversely related; however, some studies have found no relationship between psychopathy and anxiety (Brandt et al., 1997; Lynam, 1997; Salekin et al., 2004) and others have found a positive relationship (Kosson et al., 2002). Prior studies have included samples largely composed of male adolescents and little is known about whether the disorders conceptually linked to psychopathy are similarly prevalent in males and females.

The current study extends previous research by examining both externalizing and internalizing co-morbid psychiatric disorders in youth classified as high versus low on psychopathy. We also add to the field by investigating the relationship between psychopathy and various DSM disorders in a sample of high-risk male and female adolescents.

METHOD

Participants. Participants were 99 juveniles between the ages of 12 and 18 years ($M = 15.39$, $SD = 1.49$) from custody centers (52%), provincial assessment centers (46%), and probation offices (2%). Most were Caucasian (65%), with the remainder of Aboriginal (26%) or Other (9%) ethnicity. The sample comprised approximately equal numbers of males (44%) and females (56%).

Measures & Procedure. The Diagnostic Interview for Children and Adolescents (DICA) was administered to assess for DSM internalizing and externalizing disorders. In the current study, we focused on the association between psychopathy and conduct disorder (CD), attention deficit hyperactivity disorder (ADHD), generalized anxiety disorder (GAD), and major depressive disorder (MDD).

The Psychopathy Checklist: Youth Version (PCL:YV; Forth, Kosson, & Hare, 2003) was administered to assess for psychopathic traits. The PCL:YV is a 20-item clinical rating scale whereby each item is rated on a 3-point scale (0 = *item does not apply*, 1 = *item applies in some respects*, 2 = *item definitely applies*). The items are summed to yield a total score that can range from 0 to 40, and represent the extent to which an adolescent matches the prototypical psychopath. Items are also summed to yield three factors scores which represent the interpersonal (Factor 1), affective (Factor 2), and behavioral (Factor 3) features of psychopathy. Although cut-offs have yet to be determined, in this study, a total score of 25 and above was taken to be indicative of psychopathy.

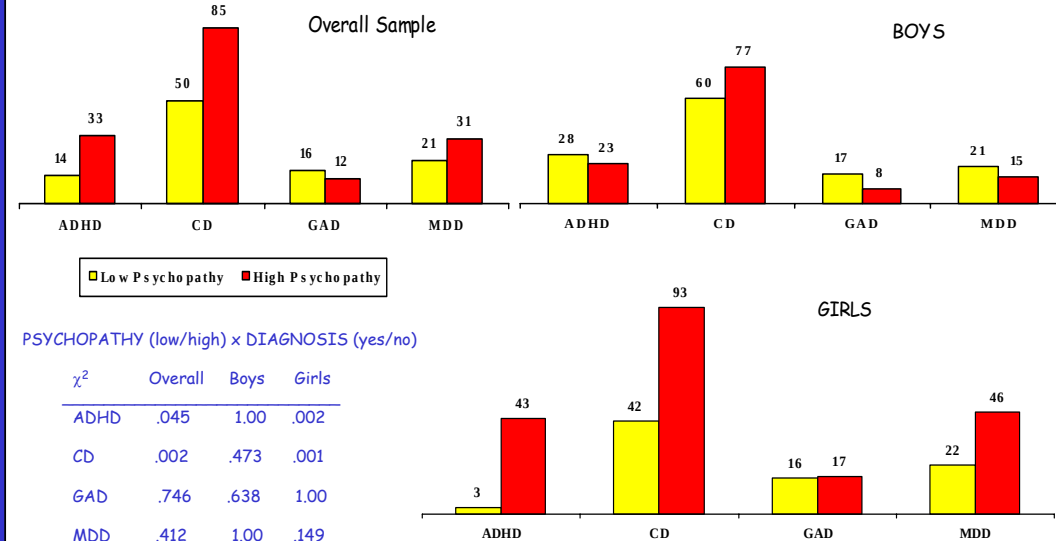
In this study, PCL:YV ratings were made by 1 of 3 trained raters on the basis of an interview and a review of file information. We conducted inter-rater reliability (ICC_2) on a subset ($n = 28$) of participants: .93 for Factor 1, .90 for Factor 2, .84 for Factor 3, and .96 for the Total score. In this sample, the mean PCL:YV Total score was 20.98 ($SD = 6.75$) and ranged from 4 to 36. We found a gender difference in PCL:YV Factor 2 and Total scores, whereby males scored higher than females, but no ethnicity differences. Using a cut-off of 25, 32% met the criteria for psychopathy. Although 39% of males compared to 27% of females met criteria for psychopathy, this difference was not significant.

ACKNOWLEDGEMENTS

Funding was provided by the CIHR Institute of Gender and Health (IGH) in partnership with the CIHR Institute of Human Development, Child and Youth Health (IHD/CYH) through a New Emerging Team Grant awarded to Dr. M.M. Moretti (CIHR #54020), the Human Early Learning Partnership (HELP) British Columbia, and a Social Sciences & Humanities Research Council of Canada Doctoral Fellowship awarded to the first author. Vancouver Data Collection Team: Rosalind Catchpole, Kim DaSilva, Jessie Klaver, Ingrid Obsuth, Maya Peled, & Andree Steiger.

CONTACT: Zina Lee (zlee@sfu.ca), Stephanie R. Penney (spenney@sfu.ca), or Dr. Marlene M. Moretti (moretti@sfu.ca)
GENDER & AGGRESSION PROJECT: <http://www.sfu.ca/gap/>

RESULTS



DISCUSSION

Our findings confirm the association between psychopathy, and ADHD and CD. In other words, a greater proportion of adolescents with psychopathic characteristics met criteria for ADHD and CD. These associations are similar to those found in previous studies (e.g., Salekin et al., 2004; Kosson et al., 2002). However, it is interesting to note that a substantial proportion of adolescents who met criteria for ADHD and CD did not meet criteria for psychopathy, which suggests these are overlapping but distinct constructs.

Interestingly, when we conducted analyses separately among males and females, the relationships found above for ADHD and CD emerged only for females. This may suggest that females with high levels of psychopathic characteristics manifest a higher degree of overall psychopathology than do their male counterparts. If psychopathy is viewed as a greater deviation from the typical female gender role, it is possible that psychopathy is a marker of greater pathology across many developmental domains in the lives of these girls. For example, these girls may show greater compromise across measures of psychological, cognitive, and behavioral functioning and greater exposure to risk and adversity in their lives.

To conclude, our finding that psychopathy is associated with ADHD and CD in high-risk females only is contrary to previous research which found associations in samples of males. Therefore, further research is required to understand gender differences and whether these are stable findings. Second, consistent with the theoretical conceptualization of psychopathy, the majority of psychopathic youth did not meet criteria for GAD or MDD. However, these findings should be approached with caution as the prevalence of anxiety and depression was low in this sample. Finally, our results suggest that in samples of high-risk youth, co-morbidity of psychopathy, ADHD, and CD may be likely and therefore, clinicians should be aware of how this may impact treatment. It may be that ADHD and CD are developmental precursors of psychopathy however, longitudinal research on the developmental sequencing of disorders is required to fully understand the nature of the relationship between childhood disorders, such as ADHD and CD, and psychopathy.