

# Application and Impact of the Psychopathy Label to Juveniles

Preeti Chauhan, N. Dickon Reppucci, and Mandi L. Burnette

---

*With the development of new instruments that formally measure psychopathy in juveniles, questions regarding the negative associations with the psychopathy label have emerged. Using a vignette design, we examined whether the psychopathy label and several characteristic traits elicited punitive sanctions with regard to transfer to adult court, amenability to treatment, punishment, and dangerousness. Five groups were examined; undergraduate college students, law students, judges, clinicians, and developmental experts. We hypothesized that the traits and the label would result in negative associations, with the strongest effect resulting from the presence of both the psychopathy label and its associated traits. Results demonstrated: (1) undergraduate college students believed individuals were more dangerous when psychopathic traits were present; (2) clinicians were less likely to believe the youth was amenable to treatment if the label was present; (3) developmental experts focused on both the label and its corresponding traits in their decision making; and (4) no significant results emerged for either the law students or judges. The psychopathy label had some decision making impact on those familiar with the diagnosis but not with legal experts or undergraduate college students.*

---

Ardent debate surrounds the moral and ethical appropriateness of using the psychopathy label within juvenile justice settings (Skeem & Petrila, 2004). In 1899, the juvenile court was created in the United States based on four main tenets: 1) rehabilitation rather than punishment, 2) confidentiality to prevent stigma, 3) separation of youth from adults, and 4) individualized justice (Reppucci, 1999). Because the psychopathy label may have an unjustifiable negative influence on juveniles' rehabilitation plans, decisions regarding transfer to adult court, and sentence length, several researchers have raised ethical concerns about its use with juveniles in forensic settings (Edens, Skeem, Cruise, & Cauffman, 2001; Vincent & Hart, 2002). Forth and Mailloux (2000) caution that once applied, the psychopathy label may be permanent and associated with negative repercussions that extend into

adulthood. If so, this type of negative impact directly contradicts the professed goals of the juvenile justice system. The current study assessed the possible biases associated with the psychopathy label and its associated traits on juvenile justice decision-making.

## The Juvenile Psychopathy Debate

With the creation of the Psychopathy Checklist – Revised (PCL-R; Hare, 1991), researchers have shown considerable interest in understanding the psychopathic offender. Not only are these criminal offenders more prolific in their offending compared to their non-psychopathic counterparts (Hare, McPherson, & Forth, 1988), but they are also more likely to recidivate, both violently and generally (Salekin, Rogers, & Sewell, 1996). In addition, treatment studies suggest a host of negative outcomes

---

Preeti Chauhan and N. Dickon Reppucci are at the Department of Psychology, University of Virginia. Mandi L. Burnette is at the Stanford University School of Medicine, Palo Alto Health Care System Mental Illness Research and Education Clinical Center.

Portions of this research were presented at American Psychology Law Society Conference, Scottsdale, AZ, March, 2004; American Psychology Law Society Conference, La Jolla, CA, March, 2005, and American Psychological Association Conference, Washington, D.C., August, 2005.

The authors are pleased to acknowledge the special assistance provided on this project by Professors Richard Bonnie, John Monahan, and Anne Coughlin. Research was partially supported by American Psychology–Law Society Grants-In-Aid. We would also like to thank Joseph Allen, Vanessa LoBue, and Karen Siedlecki for comments on earlier drafts of this manuscript. Finally, we would like to thank the two anonymous reviewers for their insightful comments on this manuscript.

Address correspondence to Preeti Chauhan, Department of Psychology, University of Virginia, P.O. Box 400400, 101 Gilmer Hall, Charlottesville, Virginia 22904-4400 (Email: pc8k@virginia.edu).

for psychopathic offenders, including ineffectiveness and high drop out rates (Ogloff, Wong, & Greenwood, 1990; Richards, Casey, & Lucente, 2003).

The strong relationship between psychopathy and violence as well as the poor treatment prognosis associated with the disorder among adult offenders has spurred researchers and clinicians towards identifying the phenomenon among juveniles in an effort to minimize future harm and guide effective treatment (Lynam, 1996; Lynam & Gudonis, 2005). Indeed, the ability to identify these youth could be promising if the limited resources of the juvenile justice system were allocated in such a way as to assist in their rehabilitation or treatment. Further, it may shed light on appropriate interventions for these youth before their personalities become crystallized (Lynam & Gudonis, 2005).

While the potential gains (i.e., creating effective treatment and preventing future recidivism) for detecting early psychopathy may be considerable, application of the psychopathy label to adolescents in forensic settings may be problematic; especially given questions regarding the accuracy of this diagnosis in youth (Seagrave & Grisso, 2002). Research has begun to address the validity and stability of instruments used to assess psychopathy among adolescents (Edens et al., 2001). A recent study using the Antisocial Process Screening Device (APSD) found moderate evidence of stability over a four year period for psychopathic traits in children, with coefficients ranging from .80 to .88 (Frick, Kimonis, Dandreaux, & Farell, 2003). This study also found that youth scoring high on psychopathic traits were likely to be rated lower on these traits at follow-up assessments. Further, Salekin, Neumann, Leistico, DiCicco, and Duros (2004) examined the convergent and divergent validity of adolescent psychopathy. They found that adolescent psychopathy as measured by three different measures of psychopathy (APSD; Psychopathy Checklist-Youth Version (PCL:YV); and Self Report Psychopathy – II scale (SRP-II)) demonstrated moderate to strong evidence of convergent validity but not discriminant validity. Specifically, psychopathy scales were accompanied by high levels of psychiatric comorbidity and correlated more highly with conduct disorder than with other psychopathy scales. The authors argue that extending adult psychopathy to adolescents without giving consideration to

psychiatric co-morbidity could be misleading. Finally, while the PCL:YV has demonstrated some predictive power for prospective violence (over 14 months) among adolescent males (Corrado, Vincent, Hart, & Cohen 2004), this finding was attributed to the behavioral features of psychopathy, such as stimulation-seeking and impulsivity, rather than the more theoretically relevant affective and interpersonal features, i.e., lack of remorse and impression management. Such data are consistent with the argument made by Seagrave and Grisso (2002) that these instruments may tap into transient adolescent behaviors rather than a construct related to life-long criminality. Thus these normative traits of adolescence, including impulsivity, egocentrism, and irresponsibility, may contribute to high false positive rates on psychopathy measures.

In summary, while psychopathy may be a way to identify serious offenders at a young age, the label may unnecessarily stigmatize youth who may or may not continue to exhibit characteristics of psychopathy into adulthood. As a result of this debate, empirical evaluation of the stigma associated with the psychopathy label and its associated characteristics has become a pressing issue.

### **The Impact of the Label and its Traits**

The potential impact of the psychopathy diagnosis on judicial decision-making has led investigators to question whether the costs of the label (e.g., negative biases) are greater than the benefits (e.g., early identification of serious offenders). It has been presumed that the psychopathy label is tied to preconceived notions of lower amenability to treatment and increased likelihood of future dangerousness (Edens et al., 2001; Skeem & Petrila, 2004; Vincent & Hart, 2002). A small, but growing body of literature has begun to address these assertions and to evaluate the stigma associated with the psychopathy label and its associated traits on legal decision-making.

*Adult Literature.* Thus far, three studies by Edens and his colleagues have examined the impact of the psychopathy label and/or its associated traits on legal decision making for adults. All three used undergraduate samples and a vignette design. Edens, Desforges, Fernandez, and Palac (2004) examined differential reactions to the conditions of psycho-

pathy, psychosis, and no disorder as applied to adults. The participants rated the adults with psychopathic traits as more likely to be violent in the future than the no disorder condition. However, the psychopathy and the psychosis condition did not differ from each other, suggesting that the increased likelihood of predicted future dangerousness may be due to mental disorder in general, rather than to psychopathy specifically.

Edens, Colwell, Desforges, and Fernandez (2005) replicated a labeling effect for psychopathy in the prediction of future dangerousness and extended this finding to capital punishment. Participants were significantly more likely to opt for the death penalty in the psychopathy condition as compared to the no disorder and the psychosis conditions, suggesting that for capital punishment decisions, there is a specific labeling/trait effect of psychopathy.

Lastly, Guy and Edens (2003) evaluated the impact of three risk assessment techniques—clinical opinion, actuarial assessment, and psychopathy ratings—and risk for future sexual violence (high or low) to examine decisions regarding the civil commitment of sexually violent predators. A significant gender difference emerged for civil commitment decisions, such that women who received the psychopathy manipulation (i.e., the label and its associated traits) were more likely to prefer civil commitment than men exposed to these ratings; however, no gender differences were found for clinical opinions or the actuarial assessment manipulations. These findings suggest that labeling effects may differ depending on the group being referenced.

*Juvenile Literature.* Four studies have been conducted with regard to the stigma associated with legal decision-making for juveniles. Edens, Guy, and Fernandez (2003) examined the impact of psychopathic traits such as lacking remorse, pathological lying, manipulating, failing to accept responsibility, and grandiosity, on undergraduates' attitudes towards the juvenile death penalty. Participants presented with a vignette of a youth with psychopathic traits were significantly more likely to support the death penalty than participants presented with a vignette of a youth without psychopathic traits. Of note, this study did not examine the impact of the psychopathy label, but rather included a manipulation of its associated traits.

Murrie, Cornell, and McCoy (2005) used a vignette design to examine the impact of three labels (conduct disorder, psychopathy, and no label) and two traits (psychopathic and antisocial) on the decision making of probation officers. Psychopathic traits, characterized by impression management, shallow affect, lack of empathy, and failure to accept responsibility, led probation officers to believe that the youth was more likely to commit a future crime and to be a criminal in adulthood. In comparison, antisocial traits, indicated by delinquent behaviors including a substantial history of antisocial behavior, engaging in several fights, theft, and substance abuse, resulted in probation officers being more likely to recommend secure residential placement, commitment to a juvenile correctional facility, transfer to adult court, and less likely to defer prosecution. Additionally, the probation officers believed that the youth with substantial antisocial history was more likely to commit future violent crimes and to become a criminal in adulthood. A labeling effect was found for conduct disorder, such that the youth with this diagnosis was rated as more likely to commit future crimes than a youth with no diagnosis. Surprisingly, no effect was found for the psychopathy label itself.

Murrie and his colleagues extended these vignette designs to juvenile justice judges (Murrie, Boccaccini, McCoy, & Cornell, in press) and clinicians (Rockett, Murrie, & Boccaccini, in press). Results with the judges demonstrated no negative impact of the psychopathy label, while psychopathic traits were influential and resulted in judges being less likely to defer prosecution and more likely to believe that the youth was at risk for future violence. Furthermore, when there was minimal antisocial history, psychopathic traits resulted in judges believing that the youth would become a criminal in adulthood. In contrast, for clinicians, the psychopathy diagnosis, as compared to a conduct disorder diagnosis, influenced future risk ratings when the youth demonstrated minimal antisocial behavior. For the youth who had a significant history of antisocial behavior, future risk ratings, regardless of diagnosis, was similar. Moreover, clinicians gave higher future risk ratings for youth with psychopathic traits as opposed to those with no psychopathic traits.

In sum, the studies done by Murrie and his colleagues (Murrie et al., 2005, in press; Rockett et al., in press) suggest that labels were less influential

than accompanying traits among their samples of probation officers and judges. The impact of labeling appeared to be related more generally to the presence of any label (i.e., either conduct disorder or psychopathy vs. no disorder) rather than to a specific label; however, clinicians were impacted by the psychopathy label, especially in the absence of antisocial history. These studies suggest a need for research that evaluates the opinions of legal and mental health professionals in order to delineate the possible effects of the psychopathy diagnosis with and without the presence of psychopathic traits.

### Current Study Aims

Theoretically, caution regarding the application and impact of the label appears to be a valid concern; however empirically, the impact of the label appears less powerful than previously hypothesized (Edens et al., 2001; Vincent & Hart, 2002). Since only a few studies have examined this issue, the current study sought to extend and replicate these findings by evaluating the relative impact of the traits and the label, using a 2 x 2 design. Since most published studies have examined undergraduate student populations, we sought to replicate their findings. However, we were also interested in the opinions of (a) law students, who might have general familiarity and interest in the legal system, (b) judges, who are responsible for determining the sentence and rehabilitation of juveniles in the justice system, (c) developmental experts, who have knowledge of child development, and (d) clinicians, who have knowledge of the psychopathy construct. Vignettes were used in which the presence or absence of the psychopathy label and/or selected psychopathic traits were manipulated.

We posited three hypotheses: 1) the psychopathy label would result in harsher decision making consequences (e.g., increased likelihood of transfer to adult court, lesser likelihood of treatment and rehabilitation, greater likelihood of future dangerousness, and more punitive sentencing) compared to the no label conditions; 2) psychopathic traits would result in the same more punitive sanctions; and 3) the presence of both the psychopathy label and its associated traits would have the most punitive impact on decision-making as compared to the no label, no traits condition.

## METHOD

### Participants

Participants were 401 undergraduate college students, 173 law students, 83 juvenile and general district court judges, 64 clinicians, and 58 developmental experts. Each participant was randomly assigned to a condition and either completed the study online or in a paper and pencil format, depending upon accessibility to the population. Specifically, law students and judges completed a paper and pencil version; while undergraduates, clinicians, and developmental experts completed the online version. Notably, previous research indicates that web-based studies are consistent with results obtained from more traditional methods of data collection (Gosling, Vazire, Srivastava, & John, 2004).

Undergraduate college students, recruited from a Psychology department participant pool, received course credit for completing an online version of the survey. The mean age was 18.75 years ( $SD = 2.75$ ). Seventy percent of the students were Caucasian, 10% African-American, 13% Asian, and 7% Other/Mixed. Law students were recruited from three law school courses and completed the study at the end of class. Two of the courses were Criminal Law ( $N = 125$ ) and the other was Social Science and the Law ( $N = 48$ ). The mean age of the law students was 24.52 years ( $SD = 3.69$ ). Eighty two percent of the law students were Caucasian, 5% African American, 8% Asian, and 5% Other/Mixed.

Every general district ( $N = 123$ ) and juvenile court ( $N = 110$ ) judge in Virginia was randomly assigned a vignette and sent a paper and pencil survey via regular mail. The response rate was 36%, with 83 judges responding from a pool of 233. The mean age for the judges was 55.08 years ( $SD = 6.27$ ). Ninety-one percent were Caucasian, 8% African-American, and 1% Other/Mixed. Approximately half of the responding judges ( $N = 40$ ) were general district court judges. Several general district judges failed to respond because they felt the survey was for juvenile court judges. Additionally, several more judges indicated that they left items blank because they did not think the vignette contained enough information to determine transfer to adult court and rehabilitation issues. The vignettes were purposely

succinct in an effort to balance time demands with survey content.

Clinicians and developmental experts were recruited via three methods. First, qualified experts from the Virginia forensic expert directory of psychiatrists, psychologists, and social workers were sent an e-mail with a randomly assigned vignette. Forensic experts had participated in workshops for conducting either adult, juvenile or sex offender evaluations. The response rate from this method was 25%, with 23 experts responding from a potential pool of 92. Second, an announcement was made on the Society of Clinical Child and Adolescent Psychology listserv asking for participants to conduct an online survey for a juvenile justice study. Six members responded from the approximately 2000 members. We were unable to calculate a response rate in this case as there is no way to determine how many members actually read the announcement. Finally, 1250 members of the Society for Research on Child Development were sent an e-mail with a link to an online survey. The response rate was 10%, with 129 psychologists filling out the survey.

Together, recruitment efforts resulted in a sample of 158. Seventy five percent ( $N = 119$ ) were psychologists and 15% ( $N = 23$ ) were graduate students in psychology. The remaining 10% were from other disciplines (social work, psychiatry, nursing, research psychologist/consultant). Identified areas of expertise were: 41% developmental, 34% child clinical, 5% adult clinical, 7% forensic and 13% indicated other branches within psychology (e.g., cognitive psychology, social psychology). Data were analyzed by the two main areas of expertise – developmental ( $N = 58$ ) and clinical ( $N = 64$ ); for the latter we combined child clinical, adult clinical, and forensic. Hence, 36 participants (10% from areas outside of psychology and 13% from other areas within psychology) were excluded. The mean age for developmental experts was 40.73 years ( $SD = 11.98$ ). Eighty six percent were Caucasian, 5% African-American, 2% Asian, and 7% Other/Mixed. The mean age for clinicians was similar ( $M = 40.30$ ;  $SD = 11.57$ ); 92% were Caucasian, 3% African American, 2% Asian, and 2% Other/Mixed.

## Materials

Vignettes were constructed to represent a 2 x 2 design with the following conditions: (a) psychopathic traits/no label, (b) psychopathic traits/psychopathy label, (c) no traits/psychopathy label, and (d) no traits/no label. Each vignette described a 15-year old offender, Michael, accused of committing a serious violent crime and provided a brief psychosocial background, a summary of prior charges, and part of a diagnostic report written by a forensic evaluator (see Appendix A for the complete vignette<sup>1</sup>). The psychopathic traits were chosen from the PCL:YV items and included the following: lack of remorse, callous/lacking empathy, pathological lying, manipulation for personal gain, and impression management (Forth, Kosson, & Hare, 2003). These traits overlap with those used in other studies (Edens et al., 2003; Murrie et al., 2005, in press; Rockett et al., in press) and represent the theoretically relevant affective and interpersonal features rather than the behavioral features of psychopathy, which have overlap with the diagnostic features of conduct disorder.

All participants were asked to rate 16 questions regarding the following issues: transfer to adult court, amenability to treatment, likelihood of recidivism, appropriate length of sentence, future dangerousness, and chronicity of the diagnosis. Fifteen of these questions were rated on a 6-point Likert scale ranging from (1) *strongly agree* to (6) *strongly disagree*. Participants were also asked to rate the most appropriate sentence for Michael from the following options: less than one year; one to two years; two to three years; three to four years; four to five years; five to six years, and more than six years. Finally, each person was asked a series of demographic questions about themselves including ethnicity and age.

---

<sup>1</sup> Notably, our study utilized a stronger manipulation of the *psychopathy* label than previous research with professional samples (Murrie et al., 2005, in press; Rockett et al., 2007). Specifically, we stated that “Michael is a psychopath” whereas their studies described the juvenile as “meeting the criteria of psychopathy, a personality disorder.”

## RESULTS

## Data Analysis

Exploratory factor analysis, promax rotation, was used to attain empirically-driven subscales from the 15 survey items. Theoretically, we hypothesized a three factor solution would be appropriate, reflecting (1) amenability to treatment, (2) future dangerousness, and (3) transfer to adult court. Missing data points were not included in analyses and two questions (i.e., the juvenile justice system can rehabilitate Michael and Michael will probably stop committing criminal offenses as he gets older) were deleted due to cross-loading. A three-factor

structure ( $RMSR < .05$ ) emerged that was consistent with the proposed theoretical framework and captured the constructs of amenability to treatment, dangerousness/punishment, and transfer to adult court (see Table 1). The standardized coefficients for each item was .35 or greater and were correlated as follows: amenability to treatment with dangerousness/punishment ( $r = -.25, p < .0001$ ), amenability to treatment with transfer to adult court ( $r = -.46, p < .0001$ ), and dangerousness/punishment with transfer to adult court ( $r = .39, p < .0001$ ).

For further analyses, the factors were summed and questions were reverse-scored, if necessary, with higher scores indicating less favorable outcomes for Michael (i.e., less amenable to treatment, more

Table 1  
*Three Factor Structure Exploratory Factor Analysis*

	Factor 1 Amenability to Treatment	Factor 2 Dangerousness/ Punishment	Factor 3 Transfer to Adult Court
Michael will benefit from mental health treatment	<b>0.847</b>	0.140	0.074
Michael should receive mental health treatment	<b>0.662</b>	0.304	-0.106
Michael cannot be treated*	<b>-0.557</b>	0.129	0.014
Even with mental health treatment, Michael will continue to offend*	<b>-0.463</b>	0.247	-0.086
The best treatment for Michael would be community based treatment	<b>0.372</b>	-0.255	-0.119
Michael is a danger to the community*	0.039	<b>0.699</b>	0.041
Michael deserves to be punished for his crimes*	0.076	<b>0.667</b>	0.054
Michael should pay restitution to the community for his crimes*	0.167	<b>0.607</b>	-0.136
The only way to keep the community safe is to incarcerate Michael*	-0.192	<b>0.451</b>	0.211
It would be appropriate to place Michael in an adult correctional facility*	-0.050	-0.055	<b>0.868</b>
Michael should be charged as an adult and transferred to adult court*	0.000	0.117	<b>0.804</b>
Te juvenile court is appropriate for Michael's case	0.052	-0.028	<b>-0.707</b>
Michael could be rehabilitated in an adult correctional facility*	0.125	-0.029	<b>0.675</b>

*Note.* \*Indicates questions reversed scored for further analyses.

dangerous, and more likely to transfer to adult court). To assess assumptions of normality, all factors were examined for skewness; the amenability to treatment scale indicated skewness greater than .30. This scale was transformed, by taking the log, which resulted in a more normal distribution.

Reliability analyses were conducted to examine the internal consistency of the factors. The alpha scores were moderate to high; amenability to treatment ( $\alpha = .68$ ), dangerousness/punishment ( $\alpha = .63$ ), and transfer to adult court ( $\alpha = .82$ ), suggesting that the transfer to adult court factor is a more cohesive subscale than the amenability to treatment or dangerousness/punishment factors. This is not an unexpected finding since the latter two scales assess a wider array of issues.

To test labeling effects, planned comparisons contrasting the two vignettes with the label to the two vignettes without the label were conducted for all factors within each group. To examine the impact of the traits, planned comparisons using the two vignettes with the traits to the two without the traits were conducted for all factors within each group. We included incongruent vignettes (i.e., no traits/psychopathy label) to examine whether there was a *pure* labeling or trait effect. Finally, to examine the impact of the label with the traits, planned comparisons using the vignette with both was compared to the crime only condition (i.e., no traits/no label).

All three comparisons were conducted within one model using General Linear Models (GLMs) (see Table 2). As indicated by Tabachnick and Fidell (2001), the overall model does not have to be significant for these analyses; rather the individual significance levels can be examined for each a priori contrast. Nine comparisons were conducted for each group (3 for each factor); therefore, only significant comparisons are reported. Since all comparisons were a priori, we did not control for Type I errors. However, given the multiple comparisons, current results should be viewed tentatively as false positive results may be inflated. Table 2 illustrates all comparisons and significance levels. Non-parametric analyses, specifically Kruskal-Wallis tests, were conducted for the sentencing question to account for the interval nature of the dependent variable (see Table 3).

## Labeling and Trait Effects

Analyses were conducted for each group. Among the undergraduate students, there was a small trait effect for the punishment factor ( $d = .32$ ), suggesting that they were more likely to view Michael as dangerous and be punitive towards him if he had psychopathic traits rather than the label. These students were also more likely to give Michael a longer sentence if psychopathic traits were present alone or in conjunction with the label.

All models and planned comparisons were non-significant for the law students and judges suggesting no label or trait effects. A moderate effect was found among developmental experts; they viewed Michael as less amenable to treatment if he had the psychopathy label ( $d = .64$ ). However, a large effect ( $d = 1.04$ ) was found in the psychopathic traits/psychopathy label condition as compared to the no trait, no label condition on this same factor. Clinicians demonstrated a moderate labeling effect on the amenability to treatment factor ( $d = .56$ ), such that both label conditions resulted in views that Michael was less amenable to treatment.

## Post Hoc Analyses

Given the heterogeneity among judges, post hoc analyses were conducted to see if a divergent pattern emerged between juvenile justice judges and general district court judges. A large effect was found with the general district court judges in that they were significantly more likely to transfer Michael to adult court if he had the label,  $F(1, 32) = 6.50, d = .89, p < .05$ , and if he had both the label and the traits,  $F(1, 32) = 4.91, d = 1.07, p < .05$ .

## DISCUSSION

Although, the impact of the psychopathy label was markedly less stigmatizing than expected, there were some costs with the label and associated traits. Among undergraduates, developmental experts, and clinicians, the presence of the label and/or the traits was significantly associated with more punitive decision-making; while law students and judges were unresponsive to either manipulation. Given that research findings are tentative with regard to the

Table 2  
Overall Models and Planned Comparisons by Group for All Factors and the Two Individual Items

	Overall Model	Label vs. No Label	Traits vs. No Traits	Label & Traits vs. Other
<b>AMENABILITY TO TREATMENT</b>				
Undergraduates	(3, 400) $F = 1.36$	(1, 400) $F = 0.05$	(1, 400) $F = 3.01$	(1, 400) $F = 1.06$
Law Students	(3, 166) $F = 0.83$	(1, 166) $F = 2.39$	(1, 166) $F = 0.01$	(1, 166) $F = 1.43$
Judges	(3, 71) $F = 2.07$	(1, 71) $F = 0.23$	(1, 71) $F = 3.59$	(1, 71) $F = 0.99$
Developmental				
Experts	(3, 57) $F = 3.24^*$	(1, 57) $F = 5.83^*$	(1, 57) $F = 2.21$	(1, 57) $F = 8.90^*$
Clinicians	(3, 63) $F = 2.20$	(1, 63) $F = 4.68^*$	(1, 63) $F = 1.77$	(1, 63) $F = 0.38$
<b>PUNISHMENT /DANGEROUSNESS</b>				
Undergraduates	(3, 400) $F = 4.42^*$	(1, 400) $F = 1.47$	(1, 400) $F = 9.95^*$	(1, 400) $F = 1.76$
Law Students	(3, 169) $F = 0.21$	(1, 169) $F = 0.02$	(1, 169) $F = 0.52$	(1, 169) $F = 0.17$
Judges	(3, 79) $F = 0.19$	(1, 79) $F = 0.00$	(1, 79) $F = 0.12$	(1, 79) $F = 0.08$
Developmental				
Experts	(3, 57) $F = 2.02$	(1, 57) $F = 0.92$	(1, 57) $F = 2.03$	(1, 57) $F = 0.13$
Clinicians	(3, 63) $F = 0.87$	(1, 63) $F = 1.50$	(1, 63) $F = 0.64$	(1, 63) $F = 0.10$
<b>PUNISHMENT /DANGEROUSNESS</b>				
Undergraduates	(3, 400) $F = 4.42^*$	(1, 400) $F = 1.47$	(1, 400) $F = 9.95^*$	(1, 400) $F = 1.76$
Law Students	(3, 169) $F = 0.21$	(1, 169) $F = 0.02$	(1, 169) $F = 0.52$	(1, 169) $F = 0.17$
Judges	(3, 79) $F = 0.19$	(1, 79) $F = 0.00$	(1, 79) $F = 0.12$	(1, 79) $F = 0.08$
Developmental				
Experts	(3, 57) $F = 2.02$	(1, 57) $F = 0.92$	(1, 57) $F = 2.03$	(1, 57) $F = 0.13$
Clinicians	(3, 63) $F = 0.87$	(1, 63) $F = 1.50$	(1, 63) $F = 0.64$	(1, 63) $F = 0.10$

Note. \*  $p < .05$

Table 3  
Kruskal-Wallis Test for Length of Sentence by Group

	Label vs. No Label	Traits vs. No Traits	Label & Traits vs. Other
Undergraduates	0.63	10.74*	4.64*
Law Students	0.01	1.15	1.07
Judges	0.16	1.83	3.34
Developmental Experts	0.12	1.89	0.32
Clinicians	0.44	1.49	0.00

Note.  $p < .05$

stability of psychopathy and its defining traits (Frick et al., 2003), as well as its association to violence and treatment amenability in juveniles (Corrado et al., 2004; Odgers, Reppucci, & Moretti, 2005; Spain, Douglas, Poythress, & Epstein, 2004), the use of the label with regard to treatment considerations may be troublesome for youth in certain forensic settings.

*Undergraduates.* Although undergraduates were not responsive to manipulation of the label, we found small effect sizes for the manipulation of psychopathic traits with regard to future dangerousness. Our results are consistent with prior findings that psychopathic traits are associated with greater likelihood of capital punishment for juveniles (Edens et al., 2003) and future risk for adults (Edens et al., 2004, 2005). Perhaps lay people, represented by college students in this study, lack an understanding of what the psychopathy label means, but associate psychopathic traits (e.g., lack of empathy, lack of remorse, & manipulative) with negative future outcomes. If this is the case, the knowledge that the label alone is less powerful than a description of accompanying traits could prove useful in understanding the reactions of potential jurors to expert testimony. However, longitudinal data are tentative with regard to the stability of psychopathic traits, suggesting that an explanation of normative adolescent behaviors should be used when describing psychopathic traits among youth, since they may reflect transient symptoms of adolescence (Frick et al., 2003; Seagrave & Grisso, 2002)

*Legal Experts (Judges and Law Students).* There were no label or trait effects for law students or judges, two groups chosen specifically for their legal expertise. These findings are somewhat consistent with the Murrie et al. (in press) study which found no negative impact of the psychopathy label among their juvenile justice judges, but found negative trait effects (albeit with a small effect size). Specifically, psychopathic traits were associated with harsher decisions among judges (i.e., being less likely to defer prosecution and more likely to believe the youth posed a violence risk).

The current study may have been unable to detect significant differences among the judges for two reasons: lower statistical power and greater heterogeneity (both general district and juvenile court judges) within the sample. Post hoc analysis demonstrated a divergent pattern. Specifically, general

district court judges were significantly more likely to transfer Michael to adult court if he had the label, and if he had both the label and traits. These results suggest that judges without experience in the juvenile justice system may view youth identified as psychopathic more harshly, a finding with direct relevance to those youth transferred to the adult court system.

*Developmental Experts and Clinicians.* Developmental experts, a group familiar with developmental processes and change, were responsive to the manipulation of the traits and the label, with the largest effect resulting from the presence of both. That is, developmental experts were less likely to believe Michael was amenable to treatment if he had the psychopathy label but even more so if he had both the traits and the label. In comparison, moderate labeling effects were found for clinicians. Clinicians were less likely to believe Michael was amenable to treatment, if he had the psychopathy label. Rockett et al. (in press) also found a specific labeling effect for clinicians, although their findings pertained to future criminality rather than treatment amenability. Reasons for such inconsistency in outcomes are unknown, but both studies suggest a specific labeling effect for groups most familiar with the psychopathy construct.

Our study evaluated the opinions of mental health care providers, which may have important implications for the treatment of delinquent youth. Anecdotally, the psychopathy label and associated traits appear to be widely used (either in personal communications or in chart notes) among clinicians providing treatment to high risk youth; yet little is known about the potential impact of this label or descriptions of associated traits on treatment efficacy, rapport, or the therapeutic relationship. Our clinicians placed emphasis on the label to evaluate Michael's treatment success. This is consistent with most clinical training in that a strong emphasis is often placed on diagnostic labels in determining etiology and treatment modalities for certain disorders. This result is also consistent with the long held belief in the clinical literature that psychopaths are "untreatable" (Ogloff et al., 1990; Rice, Harris, & Cormier, 1992). As a result, the label may prohibit adolescents such as Michael from receiving treatment because they are considered recalcitrant.

We argue that clinicians may want to minimize use of this label within the context of treatment planning and other formal clinical records, given the

provisional nature of the diagnosis. To use the label for youth is in direct contrast to the position of the American Psychiatric Association (1994). DSM-IV criteria note that personality disorders should only be diagnosed in children or adolescents in rare instances in which the individual's particular maladaptive personality traits appear to be "pervasive, persistent, and unlikely to be limited to a particular developmental stage" (APA, 1994, p. 587). This definition is further limited for the diagnosis of Antisocial Personality Disorder (APD), the most analogous diagnosis<sup>2</sup> to psychopathy in the DSM-IV, which states that it should not be diagnosed for any person under the age of 18. Overall, this suggests an implicit assumption and caution that psychopathy should not be diagnosed in children or adolescents under the age of 18.

### Limitations and Future Research

Several methodological limitations may have had an impact on the results of this study. First, even though the vignette approach is the typical method used for research of this kind, it may not be a powerful enough manipulation to elicit the negative associations with this label. The vignette used was short and may not be particularly representative or complex enough for a real world case, especially for legal and mental health professionals who have expertise with such cases. For instance, watching a forensic psychologist testify in a court of law and state that Michael is a psychopath may be more powerful than a vignette in conjuring up the negative associations. Existing research suggests the use of different modalities for manipulations (i.e., videotape, recording, and transcript) do not impact ratings of social stigma for the schizophrenia label (Farina, Fischer, Boudreau, & Belt, 1996). However, no research has explicitly studied the impact of the psychopathy label in this manner. Clearly future studies should examine the impact of the psychopathy label in a more "in vivo" manner, rather than via written vignettes.

Second, undergraduates, law students, and judges may not have had a working definition of the term psychopathy. Anecdotally, several people, even in psychology, inappropriately use the term psychopathy and psychopathology interchangeably. In fact, there is a legal case in which the term psychosis had been transposed with the term psychopathy (*Wright v. Moore*, 2002). This confusion may help explain why the undergraduates yielded trait, but not label, effects (i.e., they have no definitional qualities for the label alone). Further, Murrie et al. (in press) found that most judges were only *somewhat familiar* with the psychopathy label. In practice, the construct of psychopathy may need to be more routinely defined as part of expert testimony, in order to distinguish it from general psychopathology.

Lastly, the undergraduates, law students, and judges in the current study were geographically limited as all came from one state. A larger, more geographically representative sample of judges might be particularly beneficial in deciphering the impact of the terms for this most important subgroup of professionals, who are central to the decision-making process, especially in terms of transfer to adult court. In fact, more studies are needed in order to evaluate nationally representative samples on this topic, since geographically-limited samples may have idiosyncratic opinions compared to the rest of the United States (e.g., Texas, Virginia).

Despite such shortcomings, our results are consistent with past studies, particularly with regard to the clinicians (Rockett et al., in press) and undergraduate college students (Edens et al., 2003). Even though, we used a stronger manipulation of the psychopathy label, we still found minimal negative biases associated with the label. Concerns as to the detrimental impact of the psychopathy label on juveniles in the justice system, while conceptually grounded, may not be universally justified. However, our findings with mental health professionals suggest that the label may be influential in some instances, and warrant caution and additional research. The possibility that the label may predispose treatment providers to believe that a particular youth is not treatable may translate into less time and resources for a youth who may be inaccurately labeled with psychopathy early in life.

---

<sup>2</sup> Previous research indicates that while almost all psychopaths have a diagnosable APD, all individuals with APD do not meet clinical criteria for psychopathy (Hare, Hart, & Harpur, 1991)

## REFERENCES

- American Psychiatric Association (1994). The diagnostic and statistical manual of mental disorders (4th edition –TR). Washington, DC: Author.
- Corrado, R. R., Vincent, G.M., Hart, S.D., & Cohen, I.M. (2004). Predictive validity of the Psychopathy Checklist: Youth Version for General and Violent Recidivism. *Behavioral Sciences & the Law*, 22, 5-22.
- Edens, J. F., Colwell, L. H., Desforges, D. M., & Fernandez, K. (2005). The impact of mental health evidence on support for capital punishment: Are defendants labeled psychopathic considered more deserving of death? *Behavioral Sciences and the Law*, 23, 603-625.
- Edens, J. F., Desforges, D. M., Fernandez, K., & Palac, C. A. (2004). Effects of psychopathy and violence risk testimony on mock juror perceptions of dangerousness in a capital murder trial. *Psychology, Crime, & the Law*, 10, 393-412.
- Edens, J. F., Guy, L. S., & Fernandez, K. (2003). Psychopathic traits predict attitudes toward a juvenile capital murderer. *Behavioral Sciences and the Law*, 21, 807-828.
- Edens, J. F., Skeem, J. L., Cruise, K. R., & Cauffman, E. (2001). Assessment of “juvenile psychopathy” and its association with violence: A critical review. *Behavioral Sciences & the Law*, 19, 53-80.
- Farina, A., Fischer, E. H., Boudreau, L.A., & Belt, W. E. (1996). Mode of target presentation in measures the stigma of mental disorder. *Journal of Applied Social Psychology*, 26, 2147-2156.
- Frick, P. J., Kimonis, E.R., Dandreaux, D.M. & Farel, J.M. (2003). The 4 year stability of psychopathic traits in non-referred youth. *Behavioral Sciences & the Law*, 21, 713-736.
- Forth, A. E., Kosson, D. S., & Hare, R. D. (2003). *Hare Psychopathy Checklist: Youth Version (PCL:YV). Technical Manual*. Toronto: Multi-health Systems Inc.
- Forth, A.E., & Mailloux, D.L.(2000). Psychopathy in youth: What do we know? In C.B. Gacono (Ed.), *The clinical and forensic assessment of psychopathy* (pp. 25-54). Mahwah, NJ: Erlbaum.
- Guy, L. J., & Edens, J. F. (2003). Juror decision making in a mock sexually violent predator trial: Gender differences in the impact of divergent types of expert testimony. *Behavioral Sciences and the Law*, 21, 215-237.
- Hare, R. D. (1991). *Manual for the Revised Psychopathy Checklist*. Toronto: Multi Health Systems Inc.
- Hare, R. D., Hart, S. D., & Harpur, T. J. (1991). Psychopathy and the DSM-IV Criteria for Antisocial Personality. *Journal of Abnormal Psychology*, 100, 391-398.
- Hare, R. D., McPherson, L.M., & Forth, A. E. (1988). Male psychopaths and their criminal careers. *Journal of Consulting and Clinical Psychology*, 56, 710-714.
- Gosling, S. D., Vazire, S., Srivastava, S., & John, O. P. (2004). Should we trust web-bases studies: A comparative analysis of six preconceptions about internet questionnaires. *American Psychologist*, 59, 93-104.
- Lynam, D. R. (1996). Early identification of chronic offenders: Who is the fledgling psychopath? *Psychological Bulletin*, 120, 209-234.
- Lynam, D. R., & Gudonis, L. (2005). The development of psychopathy. *Annual Review of Clinical Psychology*, 1, 381-407.
- Murrie, D. C., Cornell, D. G., & McCoy, W. K. (2005) Psychopathy, conduct disorder, and stigma: Does diagnostic labeling influence juvenile probation officer recommendations? *Law and Human Behavior*, 29, 323-342.
- Murrie, D. C., Boccaccini, M. T., McCoy, W. & Cornell, D.G. (in press). Diagnostic labeling in juvenile court: How do descriptions of Psychopathy and Conduct Disorder influence judges? *Journal of Clinical Child and Adolescent Psychology*.
- Ogders, C. O., Reppucci, N. D., & Moretti, M. M. (2005). Nipping psychopathy in the bud: An examination of the convergent, predictive, and theoretically utility of the PCL:YV among adolescent girls. *Behavioral Sciences and the Law*, 23, 743-763.
- Ogloff, J., Wong, S., & Greenwood, A. (1990). Treating criminal psychopaths in a therapeutic community program. *Behavioral Sciences & the Law*, 8, 181-190.
- Reppucci, N. D. (1999). Adolescent development and juvenile justice. *American Journal of Community Psychology*, 27, 307-326.
- Rice, M., Harris, G., & Cormier, C. (1992). An evaluation of maximum-security therapeutic community for psychopaths and other mentally disordered offenders. *Law and Human Behavior*, 16, 399-412.
- Richards, H. J., Casey, J. O., & Lucente, S. W. (2003). Psychopathy and treatment response in incarcerated female substance abusers. *Criminal Justice and Behavior*, 30, 251-276.
- Rockett, J. & Murrie, D. C. & Boccaccini, M. T. (in press). Diagnostic labeling in juvenile justice settings: Do psychopathy and conduct disorder findings influence clinicians? *Psychiatric Services*.
- Salekin, R. T., Neumann, C. S., Leistico, A. R., DiCicco, T. M. & Duros, R. L. (2004). Psychopathy and comorbidity in a young offender sample: Taking a closer look at psychopathy’s potential importance over disruptive disorders. *Journal of Abnormal Psychology*, 113, 416-427.
- Salekin, R. T., Rogers, R., & Sewell, K. W. (1996). A review and meta-analysis of the psychopathy checklist and the psychopathy checklist – revised: Predictive validity and dangerousness. *Clinical Psychology: Science and Practice*, 3, 203-215.
- Seagrave, D. & Grisso, T. (2002). Adolescent development and the measurement of juvenile psychopathy. *Law and Human Behavior*, 26, 219-239.
- Skeem, J. L., & Petrila, J. (2004). Introduction to the special issue on juvenile psychopathy. *Behavioral Sciences and the Law*, 22, 1-4.
- Spain, S. E., Douglas, K. S., Poythress, N. G., Epstein, M. (2004). The relationship between psychopathic features, violence, and treatment outcome: the comparison of three youth measures of psychopathic features. *Behavioral Sciences and the Law*, 22, 85-102.
- Tabachnick, B. G., & Fidell, L. S. (2001). *Using multivariate statistics* (4th ed). New York: Harper Collins.
- Vincent, G. M., & Hart, S. D. (2002). Psychopathy in childhood and adolescence: Implications for the assessment and

management of multi-problem youth. In R.R. Corrado, R. Roesch, S.D. Hart, & J.K. Gierowski (Eds.), *Multi-problem violent youth: A foundation for comparative research on*

*needs, interventions, and outcomes* (pp. 150–163). Amsterdam: IOS press.  
Wright v. Moore, 278 F.3d 1245 U.S. App. (2002).

## Appendix A

Please read the following information and complete the questions below. Thank you for taking part in our study.

Michael is a 15-year old adolescent who has been charged with armed robbery. Michael admits to robbing a gas station clerk of \$500 with his father's gun. Police arrested him later that evening based upon a clerk's description. Michael was also identified by the clerk in a police line-up. Michael's criminal history includes theft, carjacking, vandalism, and grand larceny.

The following is an excerpt from the report written by the forensic evaluator who saw Michael:

### Psychopathic Traits/ Psychopathic Label

"Michael has demonstrated behavioral problems since elementary school. His teachers and parents have said that Michael has consistently been a problem child. He does not have remorse for his crime and has little empathy for the clerk. In the interview he was dishonest and manipulative with the evaluator and described himself as "charming." In my opinion, Michael is a psychopath, who exhibits a troubling pattern of serious criminal offending."

### Psychopathic Traits/No Label

"Michael has demonstrated behavioral problems since elementary school. His teachers and parents have said that Michael has consistently been a problem child. He does not have remorse for his crime and has little empathy for the clerk. In the interview he was dishonest and manipulative with the evaluator and described himself as "charming." In my opinion, Michael exhibits a troubling pattern of serious criminal offending."

### No Traits/ Psychopathic Label

"Michael has demonstrated behavioral problems since elementary school. His teachers and parents have said that Michael has consistently been a problem child. He does have remorse for his crime and has empathy for the clerk. In the interview he was honest and forthcoming with the evaluator and described himself as "friendly." In my opinion, Michael is a psychopath, who exhibits a troubling pattern of serious criminal offending."

### No Traits/No Label

"Michael has demonstrated behavioral problems since elementary school. His teachers and parents have said that Michael has consistently been a problem child. He does have remorse for his crime and has empathy for the clerk. In the interview he was honest and forthcoming with the evaluator and described himself as "friendly." In my opinion, Michael exhibits a troubling pattern of serious criminal offending."