A comparison of a self-report measure of psychopathy with the psychopathy checklist-revised in a UK sample of offenders

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Psychopathy is an extremely important construct in both forensic psychology and psychiatry. Recently, there have been attempts to produce self-report questionnaires of psychopathic traits. We examined the relationship between such a self-report measure of psychopathy \cite{Lilienfeld2005} and an assessment of psychopathy by a third party using the Psychopathy Checklist – Revised \cite{Hare2003}. A strong relationship \((r = .54)\) was found between the two measures of psychopathy in a sample of male offenders. However, the factors underpinning the PPI-R and the factors underpinning the PCL-R did not show any obvious correspondence. It is suggested that the PCL-R and the PPI-R measure different conceptualisations of psychopathy and that one cannot be used as a substitute for the other.

\textbf{Keywords:} psychopathy; offending behaviour; PCL-R

\section*{Introduction}

Psychopathy is an important clinical construct in the field of forensic psychiatry and psychology \cite{Hare2008, Monahan2006}. The most commonly used measure of the construct is the Psychopathy Checklist-Revised \cite{Hare2003}. The PCL-R has strong psychometric properties \cite{Hare2003}, and high scores on the PCL-R are associated with a range of outcomes such as greater future criminality \cite{Hart1988}, greater institutional violence \cite{Gray2003}, and lesser treatment engagement and response \cite{Hobson2000}.

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The PCL-R was developed for use in forensic samples. As such it has been criticised for its heavy reliance on criminal behaviours as the indicators of the concept of psychopathy (e.g. Skeem & Cooke, 2010; but see also Hare & Neumann, 2010). The PCL-R relies heavily on good collateral information for its completion and should not be rated only on an interview with the person (PCL-R Manual, p. 19; Hare, 2003). Therefore, it takes a long time to complete (many hours depending on the amount of collateral information) and can only be performed if this information is available. Extensive training is required prior to administration of the PCL-R. Hence, for many purposes, such as exploration of the concept of psychopathy in non-criminal populations, the PCL-R cannot be coded due to a lack of collateral information or the cost (in both time to complete an individual assessment and training time for the researchers) makes this prohibitive. There have been several attempts to produce a self-report questionnaire of psychopathy (for a review and a critique of the individual measures and of self-reporting of psychopathy in general, see Lilienfeld & Fowler, 2006). Perhaps the most established of these is the Psychopathy Personality Inventory (Lilienfeld & Andrews, 1996). The PPI has undergone a revision to the PPI-R (Lilienfeld & Widows, 2005). This revision sought to maintain the strengths of the PPI whilst enhancing its psychometric properties and clinical and research utility (see Lilienfeld & Widows, 2005). This was done by lowering the reading level required, rewording culturally specific items and reducing its length to 154 items (from 187 items).

A large volume of data has been accumulated on the PCL-R and there is strong evidence for two subfactors underpinning the global concept (Hare, 1991, 2003). Factor 1 is the Interpersonal and Affective factor and reflects callous and unemotional traits. Factor 2 is the Lifestyle and Antisocial factor and reflects the impulsive, reckless, and criminal behaviours of some individuals. More recently, these factors have been subdivided further into a four-facet model (Hare, 2003) comprising Facet 1 (Interpersonal), Facet 2 (Affective), Facet 3 (Lifestyle), and Facet 4 (Antisocial) – see also Cooke and Michie (2001) and Neumann, Hare, and Newman (2007). Like the PCL-R, the PPI has been found to have at least two underlying factors (Benning, Patrick, Hicks, Blonigen, & Krueger, 2003): Fearless Dominance (often termed PPI-I), and Impulsive Antisociality (often termed PPI-II). This latter factor has been re-labelled as Self-Centered Impulsivity by Lilienfeld and Widows (2005). However, Neumann, Malterer, and Newman (2008) failed to replicate this two-factor structure in an incarcerated sample. Lilienfeld and Widows (2005) describe the PPI-R factors as follows:

In general, high scores on Fearless Dominance reflect a tendency towards lack of anticipatory social and physical anxiety, low levels of tension and worry,
low harm avoidance and high levels of interpersonal dominance. In general, high scores on Impulsive Antisociality reflect a tendency toward self-centeredness, ruthless use of others, brazen flouting of traditional values, propensity to attribute blame to others for one’s mistakes and reckless impulsivity (p.22).

These brief descriptions of the two factors of the PPI-R appear to map reasonably well to the two factors identified within the PCL-R. The PPI-R also contains a subscale called the Coldheartedness scale that captures the absence of strong affective responses believed to be at the heart of psychopathy. However, Benning, Patrick, Hicks, Blonigen & Krueger (2003) found that this scale did not load on PPI-I or PPI-II, and it was therefore left as a stand alone scale.

Given that these two measures, the PCL-R and the PPI-R, both purport to measure the construct of psychopathy, it should be expected that they would be highly related to one another. Likewise, it would seem probable that the two major factors identified in the PPI would correspond closely to those of the PCL-R factors. Indeed, such an assumption has been made in recent research reports (Justus & Finn, 2007; Rilling, Glenn, Jairam, Pagnoni, Goldmsmith, Elfenbein et al., 2007). Surprisingly, there have been few studies of this important issue. Malterer, Lilienfeld, Neumann, and Newman (2010) recently explored this issue by correlating scores from the PPI with the PCL-R and the Psychopathy Checklist Screening Version (PCL:SV; Hart, Cox, & Hare, 1995), the latter of which is a shortened derivative of the PCL-R used for screening for psychopathy in both forensic and non-forensic settings. For the offender samples, they found modest correlations between the total scores on the two scales (.39–.42), whilst a more in-depth analysis of the subfactors of each scale did not reveal any simple relationship between them. The authors concluded that ‘the PPI and PCL, although overlapping in important aspects, exhibit notable differences’ (page 10). Given the potential benefits of a self-report measure of psychopathy, we thought it important to see if the results of Malterer et al. (2010) could be replicated in a different sample. However, whilst the major aim of the study was merely one of replication, we note some features that make our study unique:

- Our sample is drawn from offenders in the UK and is the first to examine these issues outside of North America.
- The existing research has used the PPI and not the most up-to-date version, the PPI-R, which we have used.
- Recent advances in the modelling of the factors underpinning psychopathy as defined by the PCL-R has suggested both three- and four-facet models (Cooke & Michie, 2001; Neumann et al., 2007). Hence, this study is the first to examine how these facets are related to the factors of the PPI-R.
Methods

Participants

Participants were 52 convicted, male offenders located at three different prisons. Twenty were located at HMP Long Lartin which is a high security prison, 25 of the participants were located at HMP Leyhill which is an open prison, and 7 of the participants were located at the Westgate Unit at HMP Frankland which is a specialist unit for offenders who meet the criteria for Dangerous and Severe Personality Disorder (DSPD). Of the total sample, 85% were serving life sentences and 15% were serving determinate sentences. The mean age of the sample was 38 years old (SD = 9.7, range 22–66 years). Most of the sample (77%) were of Caucasian origin, 18% were of Black Caribbean or Black African origin, and 5% were of Asian origin. Ethical approval for the study was provided by chartered forensic psychologists from both the Directorate of High Security Prisons and HMP Leyhill.

Measures

Psychopathy checklist – Revised

The PCL-R is a 20-item tool that has been designed to measure psychopathic traits via the assessment of file information, collateral reports and interviews with the offender. All participants’ PCL-R assessments in this study were completed either as part of a risk assessment, as most of them are life-sentenced prisoners, or to make a decision about whether an identified accredited offending behaviour programme would meet the offender’s needs.

PCL-R assessments were completed in line with HM Prison Service guidelines for the administration of the PCL-R. All PCL-R assessments were either completed and or supervised by psychologists who have successfully completed HM Prison Service PCL-R training and achieved inter-rater reliability through either the Darkstone or HM Prison Service certification process. As is recommended in the PCL-R manual (Hare, 2003), the vast majority of the assessments (54/57) were second scored and the consensus score of the two raters was used.² The PCL-R scores for the remaining three participants were obtained from a database, and it was unclear whether these had been subjected to a second rater or not.

The internal consistency of the total PCL-R score was acceptable (Cronbach’s $\alpha = .91$) and similar to those published in the PCL-R manual, second edition ($\alpha = .81–.89$). We also achieved acceptable internal consistency at the factor level (Factor 1: $\alpha = .85$; Factor 2: $\alpha = .86$) and at the facet level (Facet 1: $\alpha = .84$; Facet 2: $\alpha = .73$; Facet 3: $\alpha = .74$; Facet 4 $\alpha = .76$).
Psychopathic personality inventory – Revised

The PPI-R is a 154-item self-report measure of psychopathy (Lilienfeld & Widows, 2005). Each question is answered on a four-point scale of 1 (False), 2 (Mostly False), 3 (Mostly True) and 4 (True). Participants were presented with written instructions about the PPI-R and how it should be completed. The PPI-R produces a global psychopathy score and scores for the PPI-I (Fearless Dominance), PPI-II (Self-Centered Impulsivity), and the Coldheartedness factors. The PPI-R also contains three validity scales that are designed to measure response style: Virtuous Responding measures impression management, Deviant Responding is designed to measure responses that reflect ‘faking bad’, or deliberate attempts to sabotage the results, and Inconsistent Responding measures random or inconsistent responses, or reading difficulty. Three participants had scores over the accepted cut-off (45) on the Inconsistent Responding scale. Analyses with or without these participants produced highly similar results. In the present article, all the analyses that involve results from the PPI-R excluded these participants.

Previous work (Lilienfeld & Widows, 2005) has shown that the scales of the PPI-R have good internal consistency ($\alpha = .78-.92$) and test–retest reliability ($r = .82-.95$). Analyses of the present data showed high internal consistency for the global psychopathy score ($\alpha = .93$) and for each of the subscales (Fearless Dominance: $\alpha = .87$, Self-Centered Impulsivity: $\alpha = .95$, Coldheartedness: $\alpha = .85$).

Results

The descriptive statistics of the sample are shown in Table 1, and the correlations between the PCL-R measures and the PPI-R measures are shown in Table 2.

Table 1. Descriptive statistics for the PCL-R and the PPI-R.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mean</th>
<th>Standard deviation</th>
<th>Range</th>
<th>Skew</th>
<th>Kurtosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCL-R total</td>
<td>19.88</td>
<td>8.69</td>
<td>0–37</td>
<td>-.14</td>
<td>-.69</td>
</tr>
<tr>
<td>Factor 1</td>
<td>7.45</td>
<td>4.31</td>
<td>0–16</td>
<td>.32</td>
<td>-.68</td>
</tr>
<tr>
<td>Factor 2</td>
<td>10.18</td>
<td>4.93</td>
<td>0–18</td>
<td>-.33</td>
<td>-.74</td>
</tr>
<tr>
<td>Facet 1</td>
<td>2.98</td>
<td>2.44</td>
<td>0–8</td>
<td>.73</td>
<td>-.62</td>
</tr>
<tr>
<td>Facet 2</td>
<td>4.12</td>
<td>2.14</td>
<td>0–8</td>
<td>-.02</td>
<td>-.81</td>
</tr>
<tr>
<td>Facet 3</td>
<td>4.70</td>
<td>2.61</td>
<td>0–9</td>
<td>-.23</td>
<td>-1.05</td>
</tr>
<tr>
<td>Facet 4</td>
<td>6.20</td>
<td>2.93</td>
<td>0–10</td>
<td>-.75</td>
<td>-.44</td>
</tr>
<tr>
<td>PPI-R total</td>
<td>268.08</td>
<td>44.29</td>
<td>199–410</td>
<td>.61</td>
<td>.40</td>
</tr>
<tr>
<td>PPI-I</td>
<td>109.98</td>
<td>18.83</td>
<td>65–168</td>
<td>.39</td>
<td>1.08</td>
</tr>
<tr>
<td>PPI-II</td>
<td>12.17</td>
<td>33.00</td>
<td>78–218</td>
<td>.44</td>
<td>-.25</td>
</tr>
<tr>
<td>Coldheartedness</td>
<td>32.92</td>
<td>9.36</td>
<td>9–60</td>
<td>.45</td>
<td>.66</td>
</tr>
</tbody>
</table>
As expected, the total score of the PPI-R showed a significant correlation with the PCL-R total score \((r = .54)\). This is regarded as a large effect size (Cohen, 1988) and accounted for 29% of the variance between the variables. PPI-R total score was significantly associated with both Factor 1 and Factor 2 of the PCL-R (large effect size), and with all four facets of the PCL-R.

PPI-I (fearless dominance)

PPI-I was not significantly correlated with the total PCL-R score. Crucially, for the aims of this study, PPI-I had only a weak and non-significant correlation with Factor 1. At the facet level, the only facet to be related to PPI-I was Facet 4 (Antisocial), with a moderate effect size.

PPI-II (self-centered impulsivity)

PPI-II showed a strong correlation with the total PCL-R score. As expected, PPI-II was significantly correlated with Factor 2 of the PCL-R, with a moderate to strong effect. However, the correlation of PPI-II with Factor 1 of the PCL-R was also significant. Hence, it cannot be said that PPI-II is uniquely related to Factor 2. Due to the shared variance of Factors 1 and 2 of the PCL-R,\(^3\) the examination of zero-order correlations may be misleading. Therefore, we also performed partial correlations examining Factor 1 after removing the variance associated with Factor 2. The correlation between PPI-II and Factor 1 remained significant \((r = .40, p < .01)\). Examination at the facet level showed that PPI-II was significantly related to all four facets of the PCL-R, with approximately the same effect size (moderate) for all facets.

Coldheartedness

Coldheartedness was significantly correlated with the PCL-R total score, factor scores and facet scores. All effects sizes were moderate.

### Table 2. Correlations between PCL-R and PPI-R total scores and underlying factors.

<table>
<thead>
<tr>
<th>Measure</th>
<th>PCL-R</th>
<th>Factor 1</th>
<th>Factor 2</th>
<th>Facet 1</th>
<th>Facet 2</th>
<th>Facet 3</th>
<th>Facet 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPI total</td>
<td>.54**</td>
<td>.50**</td>
<td>.49**</td>
<td>.40**</td>
<td>.42**</td>
<td>.51**</td>
<td>.50**</td>
</tr>
<tr>
<td>PPI-I</td>
<td>.19</td>
<td>.19</td>
<td>.21</td>
<td>.05</td>
<td>-.04</td>
<td>.25</td>
<td>.35*</td>
</tr>
<tr>
<td>PPI-II</td>
<td>.51**</td>
<td>.48**</td>
<td>.44**</td>
<td>.40**</td>
<td>.48**</td>
<td>.46**</td>
<td>.39**</td>
</tr>
<tr>
<td>Coldheartedness</td>
<td>.42**</td>
<td>.43**</td>
<td>.46**</td>
<td>.46**</td>
<td>.48**</td>
<td>.42**</td>
<td>.31*</td>
</tr>
</tbody>
</table>

*\(p < .05, **p < .01\).
Discussion
The major aim of this article was to examine the relationship between the PCL-R and the PPI-R measures of psychopathic traits. Specifically, we hoped to provide a replication study to that of Malterer et al. (2010).

Total PPI score
Malterer et al. (2010) found moderate correlations between the PCL and the PPI in their two offender populations ($r = .39$ and .42). Our figure is a little higher than this ($r = .54$) but is in good agreement with previous studies in North American populations (Edens, Poythress, Lilienfeld, & Patrick, 2008b; Poythress, Edens, & Lilienfeld, 1998). Hence, at a global level, there is a strong correlation between the two measures, suggesting that they are tapping similar constructs. Given recent evidence that psychopathy, even when measured using PCL scales, is a dimensional construct (Edens, Marcus, Lilienfeld, & Poythress, 2006; Walters, Gray, Jackson, Sewell, Rogers, Taylo et al., 2007), there has been a move to use non-incarcerated people in the study of psychopathy (see, for example, Vanman, Mejia, Dawson, Schell, and Raine, 2003). Such people are far more readily available for research purposes and may have fewer problems, such as drug and alcohol use, that may confound studies of incarcerated offenders. The present results, and those outlined in this paragraph, would suggest that the use of the PPI-R as a global measure of psychopathy would be appropriate in such a community sample.

The other major use of the PCL-R is in clinical/forensic decision making. Here, we would advise against using only self-report measures of psychopathy, such as the PPI-R. Other researchers have urged caution in accepting self-report in prison populations (e.g. Bagby, Rogers, & Buis, 1994; Hare, Forth, & Hart, 1989). This problem may be more acute for those with high psychopathy scores (Lilienfeld & Fowler, 2006; Spidel, Hervé, Greaves, & Yuille, in press). It is apparent that such individuals are skilled at manipulating their projected image as evidenced by their ability to present themselves to decision makers in a manner that aids their conditional release (Porter, ten Brinke, & Wilson, 2009), gains more lenient sentences (Häkkänen-Nyholm & Hare, 2009) and gains permission to appeal against these more lenient sentences. There are also reported examples of individuals who are able to manipulate their profiles on self-report measures and even help others do the same (Hare, 1985).

PPI-I score
We were able to replicate Malterer et al.’s (2010) finding that PPI-I and PCL Factor 1 show only weak correlations. Indeed, we also found that PPI-I was
not significantly correlated to the total or factor scores of the PCL-R. However, we did find a moderate association with PPI-I to the antisocial aspects of the PCL (Facet 4).\textsuperscript{5} This lack of association between PPI-I and the well-established PCL measures of psychopathy may seem puzzling, and warrants further investigation, given the findings that PPI-I appears to have good construct validity (Cima & Raine, 2009; Edens, Poythress, Lilienfeld, Patrick, & Test, 2008a; Edens et al., 2008b). We shall return to the possible reasons for this lack of PCL and PPI-I associations later.

**PPI-II score**

We replicated Malterer et al.'s (2010) finding that PPI-II and PCL Factor 2 are correlated. However, we also found that PPI-II was also correlated with PCL Factor 1 at about the same level of association. Significant associations between Factor 1 and PPI-II are also notable in the data of Malterer et al. (2010). Thus, it does not appear to be the case that there is any unique association between PPI-II and Factor 2 of the PCL. At the facet level, the PPI-II was associated with all four facets with moderate effect sizes. Thus, whilst the PPI-II clearly appears to be measuring something that is related to the concept of psychopathy as defined by the PCL, it does not seem to tap any sub-dimension of the PCL better than any other sub-dimension.

**Coldheartedness**

Malterer et al. (2010) found only weak (but significant) associations with the Coldheartedness scale and all PCL scales. The present study also found significant correlations, but these have a moderate effect size. The Coldheartedness scale aims to measure an absence of feelings of guilt, empathy and loyalty, a lack of attachment to others, and a callousness to the feelings of others. As such, it would appear similar to the concepts underpinning Facet 2 (Affective) of the PCL. Facet 2 was significantly correlated with Coldheartedness, however, so were all three other facets.

**Why are the factors of the PPI-R and the PCL-R so poorly associated?**

The PCL-R and the PPI-R were developed in different populations, with the PCL-R being developed from work with offenders, whilst the PPI-R was developed in community samples. These two groups might therefore interpret the questions of the PPI-R in a quite different manner. For instance, an item such as ‘A lot of times, I repeat the same bad decisions’, might have quite different connotations for the two groups. For many judgements about ourselves we must norm ourselves to others. In may well be that offenders tend to judge themselves against other offenders, whilst college students might judge themselves against other college students.
Hence, even though an individual may think he has repeated the same bad decisions several times, he might think he has done so less than many of his fellow inmates, and hence rated himself quite low on this item. This may explain some puzzling findings in the literature. For instance, Malterer et al. (2010) show quite large differences between their non-clinical sample (undergraduates – Study 3) compared to their offender sample (Study 2) on the PCL:SV (means of 6.9 and 13.9, respectively). Given a standard deviation of around 5.0, this difference could be described as an effect size (Cohen’s $d$) of around 1.4 (very large). On the other hand, these two samples had scores of 380 and 387 on the PPI (with SDs of around 40), thus producing a very small effect size ($d = .15$). We also note that the present sample (which have high PCL-R scores overall) has a mean PPI-R score of 269, which is actually lower than the scores for the community sample of males age 30–39 (mean = 290; Lilienfeld & Widows, 2005). Hence, it seems unlikely that these two populations are actually interpreting these questions in a similar manner. If this speculation is correct, this might also go someway to explain why the two-factor solution to the PPI derived from a community sample by Benning et al. (2003) could not be replicated in an offender sample by Neumann et al. (2008).

Another possibility for the weak associations between the PPI and PCL factors may arise due to the two scales having somewhat differing conceptions of psychopathic traits. Again, the fact that the PCL and its derivatives were developed and tested on mainly forensic populations, whereas the PPI was developed and tested mainly on community samples, may underpin the differing conceptions. These two samples may well differ with respect to their psychopathic characteristics. For example, one might expect that the former might contain a relatively high sample of ‘unsuccessful psychopaths’, as the vast majority of this research examines those in secure settings. On the other hand, the ‘successful psychopath’ is more likely to appear in non-forensic settings. Hence, the conceptualisation of psychopathy derived from these different samples may well have differences. Patrick and colleagues (Patrick 2010; Patrick, Fowles, & Krueger, 2009) have developed a model of psychopathy that has three underlying components: boldness, meanness and disinhibition. It has been suggested (Patrick, 2010) that the PCL-R tends to measure a combination of factors such as ‘meanness’ (Factor 1) and externalising behaviour (Factor 2) that is consistent with some previous historical conceptions of psychopathy (e.g. McCord & McCord, 1964). In particular, Factor 1 of the PCL-R mainly taps the concept of meanness (with some elements of boldness), whilst Factor 2 mainly taps disinhibition (with some elements of meanness). As such the PCL-R does not seem cover the concept of boldness particularly well. Indeed, some researchers (e.g. Newman & Schmitt, 1998) have often subdivided groups that score highly on the PCL-R further on the basis of low vs. high anxiousness (a concept strongly related to boldness).
The PPI, however, appears to emphasise the concept of ‘boldness’ in the form of the Fearless Dominance scale (Patrick, 2010). Therefore, the present results showing little association between PCL-R Factor 1 and PPI-R Fearless Dominance are consistent with this notion that they are measuring different concepts. We note, however, that there was one significant association between the PPI-R Fearless Dominance and the PCL scales in the form of Facet 4 (Antisocial). It seems possible that the boldness could lead to the expression of antisocial behaviour that might be inhibited by someone not so bold.

A final possibility relates to the nature of psychopathy itself (Lilienfeld & Fowler, 2006). Several authors (e.g. Cleckley, 1988) have commented on their lack of insight into their personalities and, a related, inability to see themselves as others do. Cleckley (1988) further noted that psychopaths appear to suffer from a ‘semantic aphasia’. He notes that it must be difficult for a person who has never experienced a particular emotion to report on its presence or absence. As an analogy one can imagine asking a colour-blind patient to report on the redness of an apple. Whilst they may be able to copy or mimic the response of other people when they use the word ‘red’, this is clearly different to a person who can perceive this colour. Hence, if the psychopath is not able to feel some particular emotion (such as empathy for another who has been injured) he may well mistake whatever feelings he is having (such as excitement) due to the labelling he hears from others. He may well then report on his levels of emotion (quite honestly) but does not appreciate that he is not reporting on the same emotion as other people. In such a condition, it may well be the interpersonal, rather than behavioural, components of psychopathy that the psychopath is not able to self-report accurately. Hence, self-report measures may struggle to capture these components of psychopathy producing a different factor structure than those that supplement self-report with collateral information and third party information, such as the PCL-R.

Limitations
The findings from the present study are limited in several ways. First, our sample was relatively small. However, the aim of this study was to establish the magnitude of the relationships between the PPI-R and the PCL-R in a UK offender sample, rather than to detect the presence of small correlations (where statistical sensitivity is of importance). Of course, a larger sample would give us greater confidence in the effect sizes we report, and the ability to compare correlations in a statistically sensitive manner. Second, our sample consisted purely of male UK offenders, and may not generalise to other samples (e.g. female offenders). Likewise there have been, to date, no published data that have confirmed (or refuted) the factor structure of the
PPI-R that has emerged from work in N. America. Our current sample size was not large enough to perform such an analysis.

We also note the very low proportion of ethnic minorities in our sample. Given that PCL-R scores are often taken as part of a clinical routine in offenders and that the PPI-R is relatively easy to administer, it is hoped that these limitations can be overcome by future studies.

Conclusions
Our results appear to replicate those of Malterer et al. (2010) in most major respects and extend their findings to a UK population. It appears that at the level of global or total psychopathy score, there is a reasonable correspondence between the measures. This is impressive in that (1) the two measures do not share method variance (the PPI-R is a self-report questionnaire, whilst the PCL-R is a clinical checklist based on collateral review and interview) and (2) the possible worries about dissimulation in this particular population (see Introduction). Hence, there may be instances (such as research in community samples) where the PPI-R would be the easier instrument to use. However, at a factor level, we did not find that the factors of the PCL-R and PPI-R show equivalence. We suggest that this maybe due to the two instruments having either a different conceptualizations of psychopathic traits, or an inability of psychopaths to report on certain aspects of their emotions or interpersonal behaviours. With respect to the former idea, it has been suggested that the concept of boldness is not well represented in the PCL-R, but is in the PPI-R.

Several studies have used the factors of the PPI as synonymous to those of the PCL-R (e.g. Justus & Finn, 2007; Rilling et al., 2007). We suggest that this is inappropriate and that each instrument provides a different conceptual basis for the subdimensions of psychopathy.

Acknowledgement
We would like to thank an anonymous reviewer for suggesting possible reasons (e.g. semantic aphasia) for our results.

Notes
1. For short-hand, we will refer to these instruments as the PCL under the assumption that they are measuring the same concepts at both total and factor scores (Guy & Douglas, 2006).
2. Unfortunately, the individual scores from the two raters were not available to us to perform an analysis of inter-rater reliability.
3. In the present sample, the correlation between Factor 1 and Factor 2 was \( r = .49 \) \((p < .001)\).
4. Malterer et al. (2010) also present data from an undergraduate sample, but this is not considered here as we only had an offender sample.
Data on the associations between the facet scores of the PCL-R (and PCL:SV) and the PPI were kindly supplied to us by Malterer et al. (2010). The results do not seem to form a consistent pattern, either across the studies within Malterer et al. (2010) or with the present data. Namely, Malterer et al. (2010) did not find that Facet 4 was most associated with PPI-I. However, we note that they did not present this data in the original paper due to low levels of reliability. Clearly, our finding of an association between Facet 4 and PPI-I may be a Type 1 error, and further study is needed before this result should be accepted.

References


