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Commentary



The Relationship Between Psychopathy and Homicide: Implications for Risk Assessment

Morgan Donaldson¹, Dean Fido^{1,2*}

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¹University of Derby, United Kingdom, England

²**ORCID:** 0000-0001-8454-3042

*Corresponding author: Dean Fido, d.fido@derby.ac.uk

Abstract. In the field of forensic psychology, psychopathy is largely recognised as a personality disorder that is characterised by a constellation of interpersonal, affective, and behavioural components, and one which is historically connected to uninhibited violent behaviour, including homicide. This commentary paper describes the models through which psychopathy is commonly discussed, before challenging this viewpoint by drawing upon literature which situates psychopathic personality traits (e.g., low empathy, callousness) as traits that occur – to some degree – within all members of society. In doing so, it explores some of the cognitive and biological underpinnings of psychopathy through case study research and discusses the broader challenges that psychopathy brings in terms of risk assessment, rehabilitation, and treatment strategies.

Keywords: Psychopathy, Personality Disorder, Psychopathic Personality Traits; Rehabilitation; Homicide.

Introduction

Psychopathy is a personality disorder characterised by a constellation of interpersonal, affective, and behavioural facets, including callousness, limited empathy, and a tendency toward antisocial and impulsive behaviour (Cleckley, 1941; Cooke & Michie, 2001; Hare, 2003). These traits are of particular concern due to their strong association with severe forms of violence (Leistico et al., 2008). Homicide, the unlawful killing of one person by another (World Health Organisation, 2020), remains a significant challenge for criminal justice systems, internationally, with an estimated 420,600 homicides occurring globally according to most recent/comprehensive data (UNODC, 2023).

Although individuals convicted of homicide make up a relatively small proportion of the overall prison population, estimated at around 1-3% (BJS, 2023; Ministry of Justice, 2022), psychopathic traits are disproportionately present among them, with 10-30% of those convicted of homicide meeting the criteria for psychopathy compared to roughly 1% in the general population (Fox & DeLisi, 2019; Neumann & Hare, 2008). As such, it is important to continue developing an understanding of the connection between psychopathy and homicide, and how such knowledge can inform risk assessment and management in forensic settings (Douglas et al., 2017). This commentary works towards this goal, and by doing so, critically evaluates conceptual models of psychopathy, outlines the influence of psychopathic traits on violence, acknowledges methodological limitations within said literature, explores how psychopathy is currently used in risk assessment frameworks, and considers broader ethical concerns and contemporary rehabilitative potential for this cohort.

Conceptualising Psychopathy

In clinical and forensic settings, psychopathy is assessed through the Psychopathy Checklist-Revised (PCL-R; Hare, 2003), which evaluates two core factors: interpersonal-affective traits and antisocial-lifestyle traits. These are measured across 20 items, each scored on a three-point scale (0, 1, 2) based on how accurately items describe the individual, as determined through a semi-structured interviews alongside a review of case files and available information (DeMatteo et al., 2020). The interpersonal-affective factor reflects emotional deficits, such as superficial charm and a lack of empathy, whereas the antisocial-lifestyle factor encompasses impulsivity, irresponsibility, and a tendency toward persistent criminal behaviour (Hare, 2020). Total scores range from 0 to 40, with a score of 30 or higher considered indicative of clinical psychopathy in North America, and a lower cut-off of 25 being applied in the United Kingdom and parts of Europe to reflect regional norms and differences in clinical practice (Coid et al., 2009).

While the PCL-R remains the most widely applied tool in forensic contexts, its categorical, threshold-based structure has been criticised for treating psychopathy as an ‘all-or-nothing’ construct. This binary approach is useful in risk assessments for clearly identifying high-risk individuals

(Garrett & Monahan, 2020), yet it risks oversimplifying the construct and obscuring meaningful variation in how psychopathic traits are expressed. This is particularly problematic given that the PCL-R is primarily validated for forensic and clinical populations, offering limited insight into psychopathic personality traits within the general population. Psychopathy is increasingly recognised as a dimensional construct, with traits such as impulsivity, callousness, and boldness expressed to varying degrees across individuals, regardless of criminal involvement (Coid et al., 2009; Haslam et al., 2020). Capturing these traits dimensionally allows researchers to investigate how subclinical psychopathic personality traits relate to aggression and interpersonal functioning (and physiological indices thereof, e.g., Fido et al., 2017; 2021) as well as broader societal outcomes; extending understanding beyond high-risk forensic groups. This perspective also helps clarify mechanisms linking psychopathic traits to violence and may support earlier and more resource-efficient identification and prevention efforts, such as the utility of using nature-based interventions to attenuate aggressive behaviour (Fido & Richardson, 2019; Fido et al., 2020).

Such limitations of the PCL-R have prompted the development of dimensional models. One such model, the Triarchic Model of Psychopathy (Patrick et al., 2009), conceptualises psychopathy across three core dimensions: boldness, meanness, and disinhibition. While boldness is not directly assessed in the PCL-R, it overlaps with interpersonal-affective traits such as superficial charm and grandiosity, whereas meanness and disinhibition more closely parallel antisocial lifestyle features (Lilienfeld et al., 2012; Patrick et al., 2009). In practice, self-report assessments such as the Triarchic Psychopathy Measure (TriPM; Patrick, 2010) have been developed to capture these dimensions, providing a more flexible and accessible means of assessing psychopathic traits in non-forensic populations (Blagov et al., 2016). However, in forensic contexts, critics argue that the Triarchic Model's structural validity is less robust than the PCL-R where clear diagnostic thresholds are required (Collison et al., 2021). This ongoing debate about the dimensional versus categorical nature of psychopathy has prompted further theoretical refinements, including alternative hierarchical frameworks.

Cooke and Michie (2001) proposed a three-factor hierarchical model of psychopathy that adopts a dimensional perspective, dividing the construct into interpersonal, affective, and behavioural domains. Unlike the PCL-R, which includes antisocial behaviour as a defining component, Cooke and Michie (2001) argue that antisocial tendencies should be considered an outcome of psychopathy rather than a core trait. This distinction suggests that psychopathy can exist independently of criminal behaviour and could apply to individuals outside of forensic populations as discussed in Wallace et al. (2022; 2025; 2026). A key strength of this model is that it promotes a more theoretically pure understanding of psychopathy, enabling application beyond forensic populations (Lilienfeld & Andrews, 1996). However, by minimising the role of antisocial behaviour, this

refinement may blur distinctions between psychopathy and other personality disorders, potentially reducing diagnostic clarity and consistency across populations (Cooke & Logan, 2015). As such, while dimensional models extend theoretical understanding, their practical value is best assessed in relation to violent offending and homicide risk.

Psychopathy and Pathways to Homicidal Violence

Particular facets of psychopathy may differentially facilitate antisocial and violent behaviours. Factor 1 traits (callousness, lack of empathy, and emotional detachment) may reduce the natural emotional barriers that typically inhibit lethal violence (Blair, 2007). For example, Ted Bundy, a notorious serial killer, reportedly scored 39/40 on the PCL-R, reflecting extreme levels of interpersonal and affective traits (Griffiths et al., 2023). Bundy's use of manipulation and calculated deceit to lure victims before committing premeditated murders exemplifies how high levels of factor 1 traits can facilitate instrumental violence (Levin & Wiest, 2018). In contrast, Factor 2 traits (impulsivity and poor behavioural control) may drive reactive homicides, arising from immediate conflict (Harris et al., 1994). For example, Aileen Wuornos was convicted of multiple homicides in the United States and has frequently been described in forensic case analyses as displaying pronounced impulsivity, emotional volatility, and poor behavioural regulation, which are all characteristics associated with elevated Factor 2 traits (Castle & Hensley, 2002; Holmes & Holmes, 2009). Wuornos' killings typically emerged from sudden, emotionally charged confrontations that she perceived as threatening, reflecting the reactive, conflict-driven nature of violence linked to Factor 2 features. This distinction suggests psychopathic traits may differentially underpin pathways to lethal violence, with emotional deficits contributing to cold, goal-directed killings and behavioural dysregulation fuelling impulsive, affective aggression (Reidy et al., 2011). While these theoretical associations are compelling, further empirical research is required to determine the extent to which psychopathic traits predict certain types of homicide and the likelihood of violent recidivism.

Multiple studies have demonstrated the disproportionate representation of psychopathy among individuals who commit extreme violence and homicide. For instance, Mokros et al. (2007) found individuals with high PCL-R scores to be significantly more likely to have committed serious violent offences, including homicide, than those with lower scores within a well-powered sample of forensic clients (N = 1,451). Similarly, Serin (1991) reported that individuals with elevated psychopathic traits were more prone to recurrent and severe violence, with homicide among the offences most strongly associated with elevated psychopathy scores. Verona et al. (2001) also noted that psychopathic traits, particularly affective deficits, and impulsivity, were prominent in individuals who had engaged in lethal or near-lethal violence, suggesting a pattern of dysregulated aggression that may escalate to homicide. Although

methodological differences exist between Mokros et al. (2007) and Serin (1991), including sample size, jurisdiction, and the psychometric maturity of the PCL-R at the time of assessment, the consistent overrepresentation of psychopathy in homicide populations across diverse jurisdictions and settings strengthens the argument for its continued use in forensic risk assessment frameworks.

Despite such valuable insights, several methodological limitations must be acknowledged. First, there is an over-reliance on prison or forensic psychiatric samples, as seen in Mokros et al. (2007) and Serin (1991). These populations often represent more extreme or clinically recognised cases of psychopathy, potentially inflating prevalence rates and limiting the generalisability of findings to broader populations who offend, as well as those who exhibit violence and aggression within the community (Skeem & Cooke, 2010).

Second, there is an over-reliance on retrospective file reviews or self-report measures, both of which may compromise data accuracy: file-based data are limited by the quality and completeness of recorded information, while self-reports are vulnerable to recall errors and social desirability bias, which can introduce researcher interpretation biases when coding psychopathic traits (Fryer & Dinsmore, 2020). The dominance of cross-sectional designs also limits the ability to draw causal links between psychopathic traits and homicidal behaviour (Edens et al., 2001).

Third, there is a tendency within this corpus of knowledge to draw conclusion from small and demographically narrow samples, which are often limited to males in Western contexts. This raises concerns about statistical power and the applicability of results across diverse gender, age, and cultural groups (Skeem & Cooke, 2010). For instance, though psychopathy has been found to predict violence and aggression in female forensic psychiatric patients (Gray & Snowden 2016), with those who murder scoring higher on both factors of the PCL-R (Carabellese et al., 2020), female psychopaths have been shown to favour affective violence (Smith et al., 2021).

Anomalies in real-world cases complicate the understanding of psychopathy's role in extreme violence, as not all high-risk offenders exhibit the prototypical psychopathic profile. For instance, Gary Ridgway, the Green River Killer, reportedly scored 22/40 on the PCL-R, below the standard clinical threshold, despite being responsible for one of the highest known number of victims in history (Atherley, 2010). This anomaly highlights limitations pertaining to relying exclusively on psychopathy assessments to predict extreme violence, illustrating that individuals with relatively low psychopathic traits can still engage in extensive homicidal behaviour. Certain PCL-R items, such as "Irresponsibility" and "Grandiosity," may be less relevant in some individuals, while others, such as "Impulsivity" or "Criminal versatility," might be underrepresented or differently expressed, leading to lower overall scores. These challenges necessitate cautious interpretation and highlight the need for more rigorous

longitudinal studies to enhance the predictive accuracy of psychopathy measures within forensic contexts (Skeem et al., 2002). Nonetheless, the consistent overrepresentation of psychopathy in homicide samples across multiple studies supports its continued relevance in forensic risk assessment.

Research has increasingly focused on how psychopathic traits influence homicide typology, particularly distinguishing instrumental from reactive violence. Instrumental homicides are typically planned, goal-oriented acts committed for external gain or strategic purposes, whereas reactive homicides are impulsive responses to perceived threats or provocations (Fontaine, 2008; Hanlon et al., 2013). Research consistently indicates that individuals with high PCL-R scores are more likely to commit instrumental homicides compared to their low-psychopathy counterparts (Cornell et al., 1996; Sohn et al., 2022). Woodworth and Porter (2002) found that 93.3% of homicides committed by individuals with high levels of psychopathy in forensic populations were instrumental, compared to 48.4% among those with low levels of psychopathy. This evidence supports the notion that Factor 1 traits, such as superficial charm, manipulativeness, and lack of empathy, facilitate calculated and unemotional killings. Conversely, Factor 2 traits, including impulsivity and poor behavioural control, are more often associated with reactive violence, although the distinction is not always clear-cut (Reddy, 2025). Moreover, research such as Cornell et al. (1996) reveals mixed findings, with many homicides containing both instrumental and reactive elements. For example, an offence may begin as a heated, emotional confrontation (reactive) but then evolve into purposeful violence aimed at eliminating a witness or gaining control (instrumental). Thus, there exists complexity in classifying homicides by motivation, which reinforces the importance of examining the interplay between psychopathy's core traits and the situational dynamics of violent behaviour.

While psychopathy plays a significant role in predicting extreme violence, it is rarely the sole explanatory factor. Other variables, such as substance use, neurodevelopmental conditions, or mental health complications, may elevate the risk of homicide, either independently or in interaction with psychopathic traits (Baskin-Sommers et al., 2015; Bennett & Holloway, 2009). Environmental and contextual factors, including childhood trauma and social disadvantage, have also been strongly linked to the development and expression of violent behaviour (Widom, 1989). These findings raise concerns about the overreliance on psychopathy as a central explanatory construct in forensic settings.

Tools like the PCL-R, while widely utilised, can overlook the dynamic, developmental, and situational factors that shape behaviour, resulting in risk profiles that are reductive or misleading. For example, an individual scoring high on Factor 2 traits may also present with undiagnosed ADHD, substance dependency, or trauma, all of which complicate clinical interpretation and challenge the assumption of stable, trait-based violence

(Pauli et al., 2019). Moreover, research often relies on cross sectional, retrospective or incarcerated samples, limiting generalisability. These limitations highlight that current evidence often reflects static, retrospective snapshots of behaviour rather than the dynamic developmental processes that contribute to violence. Without accounting for these interacting influences, risk assessments risk over-attributing behaviour to psychopathic traits alone. Therefore, a more integrative biopsychosocial model that considers psychopathy alongside developmental, situational, and environmental factors is needed to improve predictive accuracy. By incorporating broader influences, forensic practitioners can move beyond binary typologies and develop more accurate, context-sensitive approaches to risk assessment and intervention.

Implications for Risk Assessment and Management

Risk assessment plays a critical role in the criminal justice system, particularly in the management of individuals convicted of homicide. Risk assessments involve the systematic evaluation of an individual's likelihood of engaging in future violent or criminal behaviour, with direct implications for sentencing decisions, parole eligibility, institutional placement, and treatment management (Bureau of Justice Assistance, 2024; Douglas & Skeem, 2005). Within forensic psychology, risk assessments are important when dealing with individuals who possess traits linked to high-risk behaviours (Douglass & Kropp, 2002). Given its relationship with violent offending and recidivism, psychopathy is frequently incorporated into structured professional judgement and statistical risk tools (Cooke, 2017; Garrington & Boer, 2020). An early meta-analysis by Hemphill et al. (1998) found that individuals with high PCL-R scores were approximately three to five times more likely to violently reoffend compared to non-psychopathic offenders; reinforcing the utility of psychopathy as a robust predictor of violent recidivism. However, despite these strengths, the application of psychopathy in risk tools also raises concerns regarding fairness, diagnostic accuracy, and the ethical implications of labelling someone as inherently dangerous (Douglas et al., 2017). The following sections evaluate how psychopathy is utilised in risk evaluations and explore the practical and ethical issues that arise when applied to homicide cases.

Building on its established role in risk assessments, the PCL-R has become a widely recognised tool used by courts and parole boards to support decisions regarding sentencing, institutional placement, and parole eligibility (Forte 2014; Walsh & Walsh, 2006). Individuals who score highly on the PCL-R are perceived as inherently high-risk and less responsive to rehabilitation, which can result in extended custodial sentences or restricted access to parole (DeMatteo & Olver, 2022). This is relevant in homicide cases, where public safety concerns are fundamental and judicial authorities may rely on actuarial tools that appear to offer objective measures of dangerousness. However, Skeem et al. (2002) argue that the PCL-R may foster deterministic interpretations of psychopathy,

which can reinforce punitive approaches at the expense of rehabilitation. Further concerns relate to the disproportionate influence PCL-R scores may have on judicial discretion, as the label of ‘psychopath’ often carries moral connotations that shape perceptions of the offender as beyond reform or inherently violent (Larsen et al., 2020). These issues prompt critical reflection on whether the use of psychopathy assessments in the justice system promotes fair and balanced outcomes, or whether it risks reinforcing stigma and overly punitive responses.

The perception that individuals scoring high on psychopathy are inherently resistant to treatment carries substantial implications for rehabilitation and parole decisions. Psychopathy is often viewed as a fixed and biologically-rooted disorder, leading to the widespread assumption that rehabilitative efforts are largely ineffective (Salekin, 2019). This belief can result in the exclusion of high-risk individuals from rehabilitation programs or early release, effectively prioritising containment over intervention. Even when behavioural improvements are demonstrated during incarceration, elevated PCL-R scores may lead parole boards to regard such individuals as persistent threats to public safety (Hare, 2020). However, more recent research challenges this deterministic view. Studies have shown that certain therapeutic interventions, such as schema therapy or cognitive behavioural therapy (CBT), may reduce violent behaviour, even in individuals with elevated psychopathic traits (Bernstein et al., 2021; Reidy et al., 2013). These findings raise ethical concerns about denying rehabilitation opportunities based on presumptions of untreatability. Overreliance on psychopathy as an untreatable construct risks undermining individual rights and overlooking potential avenues for meaningful risk reduction.

Building on the growing evidence base for treatment interventions, recent developments in forensic psychology have shifted the focus from questioning whether psychopathy is treatable to exploring how it can be meaningfully managed through targeted interventions. Approaches such as CBT and schema-focused therapy (SFT) have shown promise in reducing violent behaviour among individuals with elevated psychopathic traits, particularly when programs are intensive, sustained, and designed to target emotional and cognitive deficiencies (Adshead & McGauley, 2020; Doyle et al., 2016). CBT is a structured, evidence-based approach that aims to alter maladaptive thought patterns and behaviours and has demonstrated success with high-risk offenders (Saxena & Sahai, 2024). Lipsey et al.’s (2007) meta-analysis detailed how well-implemented CBT programmes can reduced recidivism by up to 58% among high-risk populations, reinforcing its viability as an intervention for individuals traditionally perceived as treatment resistant. Similarly, Sousa et al.’s (2024) recent systematic review evaluated schema therapy outcomes among forensic populations and reported improvements in maladaptive schemas, cognitive distortions, and personality-related risk factors associated with violent offending. However, the authors cautioned that methodological limitations across the included studies, such as small sample sizes and inconsistent outcome measures,

limit the strength of these conclusions, underscoring the need for further high-quality research to confirm efficacy in forensic populations.

Acknowledging the limitations of relying solely on static risk assessment tools like the PCL-R, this commentary proposes a hybrid model that combines structured psychopathy assessment with rehabilitative intervention. Such an approach may offer a more effective and ethically sound framework for managing those who have committed homicide. This model would retain the utility of the PCL-R for identifying core risk factors while also integrating intensive, evidence-based therapies designed to promote behavioural change. By acknowledging that psychopathy exists along a spectrum and that high-risk individuals may still respond to treatment under the right conditions, this model enables more refined and responsive risk management. For a hybrid model to be effectively implemented, systematic changes are necessary. These include increased funding for specialist treatment programmes within prisons, a cultural shift among professionals to challenge the assumption that psychopathy is untreatable, and the development of integrated forensic units that combine structured risk assessment with tailored therapeutic interventions. Additionally, ethical safeguards must be established to ensure psychopathy assessments inform rather than dictate sentencing and parole decisions, thereby supporting a more balanced and humane approach to offender management. By adopting a hybrid model, the criminal justice system may be better equipped to distinguish between those who require long-term containment and those who may benefit from structured treatment pathways, ultimately enhancing both public safety and individual outcomes.

Taken together, this commentary has explored the complex relationship between psychopathy and homicide, with a particular focus on its implications for risk assessment in the criminal justice system. The literature consistently demonstrates that psychopathy is disproportionately presented among homicide offenders, with specific traits linked to both reactive and instrumental violence. The PCL-R remains the dominant tool for assessing psychopathy; however, its application has raised ethical concerns regarding determinism and its potential to hinder rehabilitation opportunities. Although psychopathy has historically been viewed as resistant to treatment, emerging evidence supports the effectiveness of targeted interventions, such as CBT and schema-focused therapy, in reducing violent behaviour in high-risk populations. This shift creates an opportunity for a more integrative approach. A hybrid model that combines structured psychopathy assessment with evidence-based rehabilitative strategies represents a more balanced and ethical approach. Future efforts should prioritise the development and implementation of these hybrid models, supported by adequate training, funding, and ethical oversight, to ensure that risk management frameworks are both effective and humane. In managing psychopathic homicide offenders, the justice system must move beyond purely risk-averse strategies and adopt approaches that safeguard the public while recognising the potential for behavioural change.

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Conflict of Interest

The authors declare no conflicts of interest.

Author's Contributions

MD drafted the original manuscript, which was then edited by DF.

Ethical Approval and Informed Consent

N/A

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