CJTV EPISODE DEVELOPMENT

PSYCHOSIS IS NOT PSYCHOPATHY

Why Two Radically Different Concepts Are Repeatedly Confused in Criminal Cases

Reality Testing • Personality Traits • Violence Base Rates • Legal Relevance

CJTV — Ideas. Institutions. Behavior.

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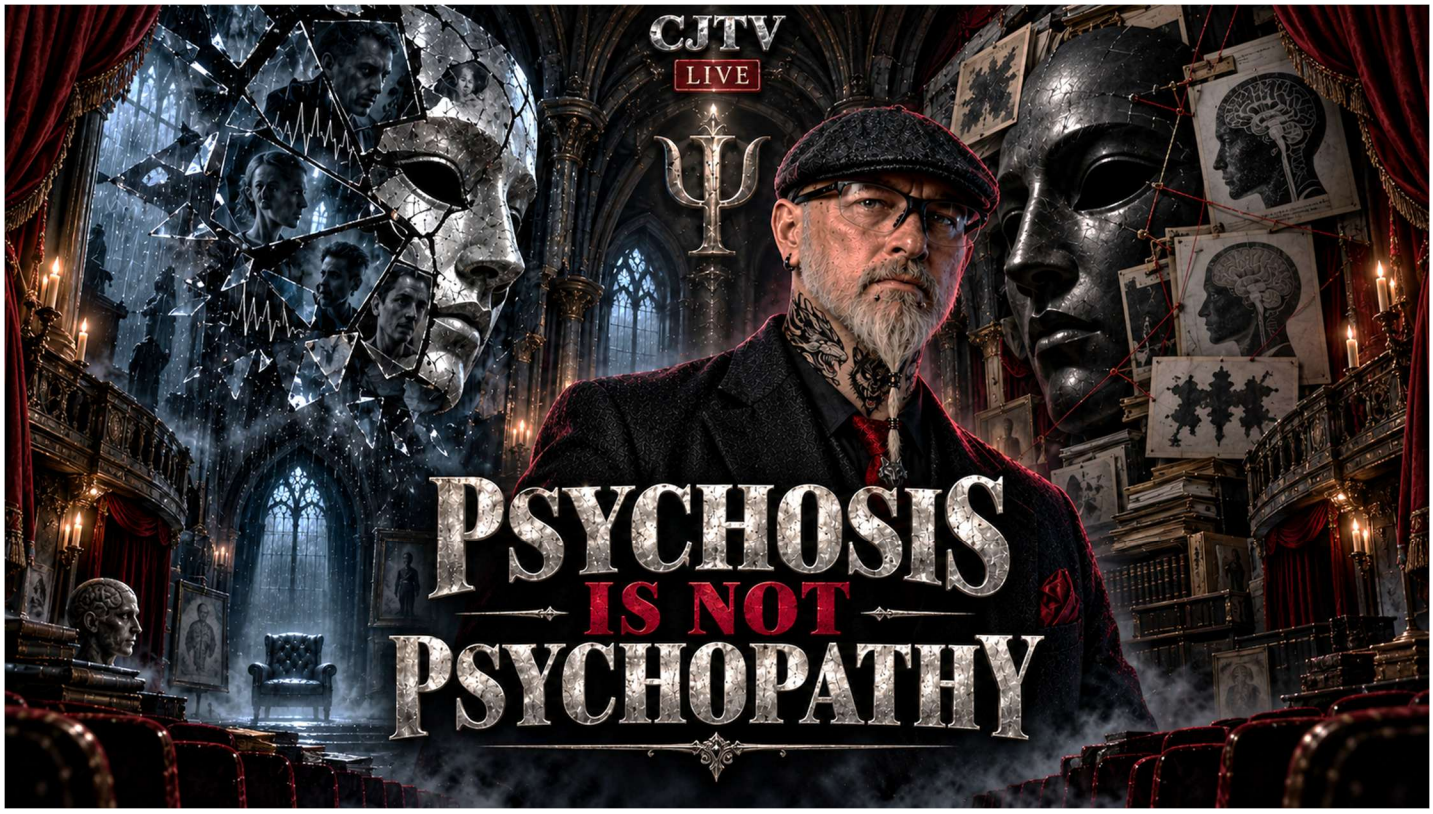

PSYCHOTIC OR PSYCHOPATH?
THE DIFFERENCE THAT CAN CHANGE A CRIMINAL CASE

PSYCHOSIS = REALITY TESTING
PSYCHOPATHY = PERSONALITY TRAITS

DIAGNOSIS ≠ VIOLENCE ≠ LEGAL INSANITY

PSYCHOSIS CONCERNS A PERSON'S CONNECTION WITH REALITY. PSYCHOPATHY CONCERNS A PATTERN OF PERSONALITY TRAITS. NEITHER TERM AUTOMATICALLY PROVES VIOLENCE, CRIMINAL RESPONSIBILITY, OR LEGAL INSANITY.

CENTRAL RESEARCH QUESTION

Why are two radically different concepts—psychosis and psychopathy—repeatedly confused in criminal cases, and what is lost clinically, scientifically, and legally when the terms are treated as interchangeable?

GOVERNING THESIS / RESEARCH POSITION

Psychosis concerns a person's ability to accurately interpret reality. Psychopathy concerns a pattern of personality traits involving interpersonal behavior, emotional responses, impulsivity, and antisocial conduct. Neither word automatically establishes violence, criminal responsibility, incompetence to stand trial, or legal insanity.

The similarity of the words, sensational crime coverage, fictional "psychopath" stereotypes, social-media speculation, and careless reporting have encouraged the public to treat them as interchangeable. Clinically and legally, they are not.

ESSENTIAL PRODUCTION BOUNDARY

This episode does not diagnose defendants, offenders, celebrities, politicians, or social-media personalities from videos, allegations, facial expressions, or reported behavior. A genuine forensic opinion requires records, interviews, corroborating information, appropriate instruments, and knowledge of the exact legal question.

WHAT YOU'LL LEARN TONIGHT

- Why psychosis is a symptom state involving reality testing rather than a synonym for criminality.
- How delusions, hallucinations, disorganized thinking, and impaired insight differ from psychopathic traits.
- Why psychopathy is a multidimensional personality construct rather than another word for psychosis.
- How interpersonal, affective, lifestyle, and antisocial psychopathy dimensions differ.
- Why the PCL-R is a structured forensic instrument—not a brain scan, biological verdict, or social-media checklist.
- Why most people with psychotic disorders do not commit serious violence.
- How base rates, absolute risk, and relative risk change the meaning of violence statistics.
- Why prior violence and substance misuse often provide more risk information than a diagnosis alone.
- Why psychopathic traits can be associated with offending without functioning as a violence detector.
- Why competence, mens rea, criminal responsibility, dangerousness, and diagnosis are separate questions.
- Why planning does not automatically disprove psychosis.
- Why emotional coldness does not prove psychopathy or legal intent.
- Why legal insanity is a jurisdiction-specific legal conclusion rather than a psychiatric diagnosis.
- Why forensic evaluators must reconstruct functioning at the legally relevant time.
- Why remote diagnosis from clips, manifestos, interviews, or social-media posts is methodologically unsound.

EVIDENCE STANDARDS / DEFINITIONS

Psychosis: A state involving significant disturbance in reality testing, which may include delusions, hallucinations, or disorganized thinking.

Psychopathy: A forensic personality construct involving interpersonal, emotional, lifestyle, and antisocial dimensions.

Reality testing: The ability to distinguish internal experiences from external events.

Base rate: How common an outcome is in a defined population before individual evidence is considered.

Competence to stand trial: The defendant's present ability to understand proceedings and rationally assist counsel.

Criminal responsibility: A legal evaluation of mental functioning at the time of an alleged offense.

Mens rea: The mental state the prosecution must establish for a particular offense.

Remote diagnosis: Assigning a diagnosis without an adequate personal evaluation and supporting information.

INTRODUCTION — TWO WORDS THAT SOUND ALIKE BUT MEAN DIFFERENT THINGS

In criminal cases, public discussion often moves quickly from behavior to diagnosis. A bizarre act becomes "psychotic." A calculated act becomes "psychopathic." A person who appears emotionally flat becomes a "psychopath," while a person who reports hearing voices is assumed to be legally insane.

Those shortcuts collapse several different questions into one. Clinical diagnosis asks what symptoms or traits are present. Violence-risk assessment asks about the probability of a defined future outcome. Competence asks about present courtroom abilities. Criminal responsibility asks about legally relevant mental functioning at the time of the alleged offense.

This episode separates those questions. The goal is not to minimize genuine risk or excuse criminal conduct. The goal is to use the correct concept for the correct question and to prevent dramatic labels from replacing evidence.

SIDE-BY-SIDE FOUNDATION: Psychosis Is Not Psychopathy

CJTV • Clinical and legal comparison

Comparison	Psychosis	Psychopathy
What is it?	Symptoms involving disrupted contact with reality.	A personality construct involving interpersonal, emotional, lifestyle, and antisocial traits.
Main issue	Reality testing.	Personality functioning and enduring behavior patterns.
Examples	Delusions, hallucinations, and disorganized thinking.	Manipulativeness, shallow affect, low remorse, impulsivity, and antisocial behavior.
One diagnosis?	No. Can occur in several psychiatric, medical, or substance-related conditions.	Not a stand-alone DSM-5-TR diagnosis; commonly assessed as a forensic personality construct.
Does it mean violence?	No. Psychosis alone does not establish dangerousness.	No. Psychopathic traits alone do not establish dangerousness.
Does it establish legal insanity?	No. Requires evaluation under the applicable legal standard.	No. The construct alone does not establish legal insanity.
Can both occur together?	Yes. Psychosis does not imply psychopathy.	Yes. Psychopathy does not imply psychosis.
Common public error	“Psychotic” means cruel or murderous.	“Psychopath” means hallucinating or detached from reality.
State or trait?	A clinical state that can be brief, recurring, or persistent.	Relatively enduring traits, although traits and behavior can change.
Are hallucinations required?	No. Other psychotic symptoms may be present.	No. Hallucinations are not a defining feature.
Are delusions associated with it?	Yes. Delusions are one (1) type of psychotic symptom.	Delusions are not a defining feature.
What happens to reality testing?	Can be impaired, with severity varying across symptoms and time.	Impaired reality testing is not a defining feature.
Does the person recognize a problem?	Insight varies; some symptoms may be recognized while others are accepted as real.	Awareness of behavior does not necessarily include concern about its effects.

Comparison	Psychosis	Psychopathy
Can the person plan an act?	Yes. Planning can coexist with psychosis.	Yes. Planning and impulsivity can both occur.
Does bizarre behavior prove it?	No. Bizarre behavior has multiple possible explanations.	No. Unusual behavior does not establish an enduring personality pattern.
Does emotional coldness prove it?	No. Limited emotional expression requires context.	No. Apparent coldness alone is insufficient.
Does outward emotion reveal internal experience?	Not reliably. Limited expression can coexist with substantial distress.	Not reliably. Emotional functioning requires broader assessment.
Same as schizophrenia?	No. Schizophrenia is one condition in which psychosis can occur.	No. These are different constructs.
Same as antisocial personality disorder?	No. Psychosis concerns a different clinical domain.	No. The constructs overlap but are not interchangeable.
What time frame matters?	Symptom onset, duration, changes, and functioning during the relevant period.	Developmental history and patterns across time, relationships, and settings.
What evidence supports assessment?	Interviews, symptom history, medical information, collateral records, and assessment of possible causes.	Interviews, developmental and behavioral history, collateral records, and validated assessment methods.
Can a video establish it?	No. A video may document behavior without establishing its cause.	No. A video cannot establish the required enduring pattern.
Can a brain scan establish it?	No. Imaging may help investigate certain medical causes.	No. Brain research does not provide an individual diagnostic test.
What does treatment address?	Underlying causes, symptoms, distress, functioning, and recurrence.	Specific behaviors, associated difficulties, risk factors, and functioning.
Does the label explain a crime?	No. Evidence must connect relevant symptoms to the particular act.	No. Evidence must connect relevant traits and circumstances to the act.
What should public discussion emphasize?	Verified symptoms, timing, functional effects, and uncertainty.	Supported findings, enduring patterns, context, and assessment limits.

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MAIN TOPIC 1
REALITY TESTING: WHAT PSYCHOSIS ACTUALLY MEANS

Main-Topic Overview

Reality testing means the ability to distinguish an internal experience—such as a thought, fear, or perception—from events occurring in the outside world. Psychosis can weaken this ability, but its form, cause, severity, and duration differ substantially among individuals (Fischer-Vieler et al., 2023; Youn et al., 2024).

Four Introductory Discussion Points

- **Psychosis is a symptom state, not a synonym for criminality.** A person may experience psychosis during schizophrenia, bipolar disorder, severe depression, substance intoxication or withdrawal, a neurological illness, or another medical condition. The underlying cause must be investigated rather than assumed (Whiting et al., 2022).
- **A delusion is a strongly held belief that remains fixed despite persuasive contrary evidence and is not ordinarily accepted within the person's culture.** A hallucination is a sensory experience—such as hearing a voice—without a matching external source. Neither symptom, by itself, tells us what a person will do (Fischer-Vieler et al., 2023).
- **Psychosis varies over time.** A person can be acutely unwell during one period and have substantially restored judgment and reality testing after treatment. A courtroom assessment must therefore identify the person's mental condition at the legally relevant time (Parmigiani et al., 2019, 2022).
- **Insight is not all-or-nothing.** Clinical insight means recognizing that one is experiencing symptoms or may need treatment. Some people recognize certain symptoms while remaining convinced by others; limited insight should not automatically be equated with violence or legal incapacity (Fischer-Vieler et al., 2023).

1.1 — Delusions

Explain: Delusions are conclusions, not simply unusual opinions. The evaluator considers how firmly the belief is held, how it developed, whether it is culturally shared, and whether contradictory evidence can change it.

Detail: Persecutory delusions involve the belief that another person or organization intends harm. They may increase fear or defensive behavior in some cases, but most people reporting such beliefs do not commit serious violence (Lin et al., 2024).

Application: A delusion must be connected to behavior before it becomes legally explanatory. It is not enough to discover that a defendant had a false belief; the question is whether that belief affected the conduct or a legally required mental capacity.

Livestream Emphasis: Investigators must avoid circular reasoning. "The act was strange, therefore the person was delusional" is not a clinical finding. Records, statements, symptom history, timing, and alternative explanations must be examined (Parmigiani et al., 2019).

1.2 — Hallucinations and commands

Explain: A hallucination is a perception without an external stimulus. Auditory hallucinations—hearing voices—are common in psychotic disorders, but hallucinations can also involve sight, touch, smell, or taste.

Detail: A command hallucination is a voice that instructs a person to do something. Hearing a command does not prove compliance; people may reject, ignore, negotiate with, or seek help because of the voice.

Application: Risk depends on context. Important questions include whether the person believed the voice was powerful, whether the command matched an existing delusion, whether substances were involved, and whether the person had previously obeyed similar commands.

Livestream Emphasis: The existence of a voice does not answer the legal question. Evaluators must determine what the defendant understood, intended, and could control under the law of the relevant jurisdiction.

1.3 — Disorganized thinking and behavior

Explain: Disorganized thinking means that ideas may become difficult to connect logically. It can appear in speech that repeatedly changes subjects, becomes hard to follow, or fails to answer the question asked.

Detail: Disorganized behavior may involve actions that appear poorly directed or difficult to explain. Odd behavior is not automatically psychosis; intoxication, neurological illness, developmental disability, panic, deliberate evasion, and other explanations must be considered.

Application: Confusion and psychosis are not identical. Delirium—a rapid disturbance in attention and awareness commonly caused by illness, medication, or intoxication—is a medical emergency and requires a different evaluation.

Livestream Emphasis: Recorded behavior provides only a partial view. A short cellphone video can show conduct, but it cannot establish the person's internal experience, diagnosis, medical condition, or legal capacity.

1.4 — Causes, course, and treatment

Explain: Psychosis has multiple possible causes. Assessment may require psychiatric history, toxicology, medication information, sleep history, neurological examination, and collateral information from people who observed the person.

Detail: Duration of untreated psychosis means the time between the emergence of significant psychotic symptoms and adequate treatment. Earlier contact with appropriate services can reduce distress and may help manage preventable risks (Youn et al., 2024).

Application: Treatment-related factors are often protective. A 2025 review found that treatment factors were associated with lower violence risk, while criminal history and substance misuse were stronger predictors of violence than psychosis labels alone (Lagerberg et al., 2025).

Livestream Emphasis: Recovery is possible. Some people experience one episode; others experience recurring or persistent symptoms. The public should not treat a past episode as a permanent statement about character or dangerousness.

Evidence / Interpretation / Unresolved Questions

EVIDENCE: Psychosis is defined by disturbances in reality testing, perception, belief, or thought—not by cruelty, manipulation, or criminal behavior.

INTERPRETATION: The word "psychotic" should describe relevant symptoms supported by clinical evidence. It should not be used as a dramatic adjective for behavior the public finds frightening.

UNRESOLVED QUESTIONS: Researchers continue to study why particular combinations of fear, persecutory beliefs, substance misuse, treatment disruption, trauma, and prior violence increase risk in some individuals but not others.

CJTV — Reality Testing: What Psychosis Actually Means

Area	What It Means	What Must Be Examined	What It Does Not Prove
Delusions	Fixed beliefs maintained despite persuasive contrary evidence	Strength of belief, cultural context, contradictory evidence, connection to behavior	A delusion does not automatically prove violence or legal incapacity
Hallucinations & Commands	Perceptions without an external source; commands may instruct behavior	Nature of the voice, perceived power, related delusions, substance use, previous compliance	Hearing a command does not prove the person will obey it
Disorganized Thinking & Behavior	Difficulty logically connecting thoughts or organizing behavior	Speech, behavior, medical causes, intoxication, neurological conditions, alternative explanations	Strange behavior does not automatically prove psychosis
Causes, Course & Treatment	Psychosis can arise from multiple psychiatric, medical, neurological, or substance-related causes	History, toxicology, medication, sleep, neurological assessment, collateral information	A past psychotic episode does not establish permanent dangerousness

PSYCHOSIS = A QUESTION ABOUT REALITY TESTING

NOT:
PSYCHOSIS = VIOLENCE
PSYCHOSIS = CRIMINALITY
PSYCHOSIS = LEGAL INSANITY

CJTV evidence rule:

SYMPTOM → CONTEXT → BEHAVIORAL CONNECTION → LEGALLY RELEVANT CAPACITY

MAIN TOPIC 2

PERSONALITY TRAITS: WHAT PSYCHOPATHY ACTUALLY MEANS

Main-Topic Overview

Psychopathy is a **multidimensional personality construct**, meaning that it contains several related but distinct groups of traits. These commonly include manipulative interpersonal behavior, shallow emotional responses, an irresponsible or impulsive lifestyle, and persistent antisocial behavior (De Brito et al., 2021).

Four Introductory Discussion Points

- **Psychopathy is not another word for psychosis.** A person with elevated psychopathic traits ordinarily understands external reality and does not need to be hallucinating, delusional, or disorganized (De Brito et al., 2021).
- **Psychopathy is not synonymous with antisocial personality disorder.** Antisocial personality disorder is an official clinical diagnosis emphasizing a persistent pattern of violating others' rights. Psychopathy overlaps with it but gives greater attention to interpersonal and emotional traits.
- **Psychopathic traits exist on a continuum.** A continuum means that traits vary by degree rather than separating everyone into two natural groups called "psychopaths" and "non-psychopaths" (Sanz-García et al., 2021).
- **Assessment cannot be completed from charisma, coldness, a crime allegation, or a television interview.** Valid assessment requires extensive history, corroborated records, a trained examiner, and careful attention to the purpose and limits of the instrument.

2.1 — The four commonly discussed dimensions

Explain: Interpersonal traits may include habitual deception, manipulativeness, exaggerated self-importance, and superficial charm. Superficial charm means a polished social presentation that lacks dependable depth.

Detail: Affective traits involve emotional functioning, including limited remorse, shallow emotional experience, or reduced concern for other people. Affective means related to emotion.

Application: Lifestyle traits may include impulsivity, irresponsibility, stimulation seeking, and a lack of stable long-term planning. Impulsivity means acting without adequately considering consequences.

Livestream Emphasis: Antisocial traits concern persistent rule-breaking, poor behavioral controls, and a history of conduct problems. The dimensions should be examined separately because they do not predict every outcome in the same direction (Hauser et al., 2021).

2.2 — Psychopathy, empathy, and moral knowledge

Explain: Empathy is not one single ability. Cognitive empathy means understanding another person's perspective; emotional empathy means sharing or responding emotionally to another person's experience.

Detail: A person may understand another person's fear without strongly sharing it. That distinction helps explain why the ability to read people should not automatically be treated as compassion.

Application: Reduced empathy does not mechanically cause violence. Human conduct also depends on motives, self-control, opportunity, learning, social consequences, relationships, substance use, and situational pressures.

Livestream Emphasis: Knowing a rule and being motivated to follow it are separate questions. Research suggests that different psychopathy dimensions can show different relationships with moral judgments and choices (Hauser et al., 2021).

2.3 — Assessment and the PCL-R

Explain: The Psychopathy Checklist–Revised, or PCL-R, is a structured forensic rating instrument. It uses an interview and extensive records to rate a defined group of traits and behaviors.

Detail: A score is not a brain scan or biological verdict. It is an examiner's structured conclusion based on specified evidence, measurement rules, and a particular comparison framework.

Application: Cutoff scores require context. A cutoff is a chosen score used for classification or decision-making. Thresholds and practices may differ by jurisdiction, population, and evaluation purpose.

Livestream Emphasis: The label can influence punishment. Research indicates that the term "psychopathy" may affect legal decision-making, which makes accurate explanation of the evidence and limitations essential (Berryessa, 2019).

2.4 — Development, trauma, and treatment

Explain: Psychopathy is not explained by one cause. Research supports contributions from biological development, temperament, learning, family environment, adversity, and interactions between personal and environmental factors (De Brito et al., 2021).

Detail: Childhood maltreatment is associated with psychopathic traits, but association is not destiny. A meta-analysis found links between maltreatment and several psychopathy dimensions, but trauma does not make a child or adult inevitably psychopathic (de Ruiter et al., 2022).

Application: Children should not casually be called psychopaths. Researchers may assess callous-unemotional traits—limited guilt, empathy, and emotional concern—but development remains changeable, and stigmatizing labels can cause harm.

Livestream Emphasis: "Untreatable" is an offender myth. Treatment research is difficult and outcomes vary, but elevated traits do not justify abandoning individualized risk management, behavioral intervention, or rehabilitation.

Evidence / Interpretation / Unresolved Questions

EVIDENCE: Psychopathy describes a structured pattern of traits and behavior, while psychosis describes impaired reality testing. Their defining clinical features do not overlap simply because both words begin with "psych."

INTERPRETATION: A calculated offense does not prove psychopathy, and a bizarre offense does not prove psychosis.

UNRESOLVED QUESTIONS: Measurement disagreements remain regarding thresholds, cultural fairness, gender differences, developmental pathways, treatment response, and how much individual psychopathy dimensions add to ordinary risk factors.

CJTV — Personality Traits: What Psychopathy Actually Means

Dimension	What It Describes	Examples	What It Does Not Prove
Interpersonal	How a person relates to and influences others	Manipulativeness, habitual deception, exaggerated self-importance, superficial charm	Charm or manipulation alone does not prove psychopathy
Affective	Emotional functioning and responses to other people	Limited remorse, shallow emotional experience, reduced concern for others	Low emotional expression does not automatically mean violence
Lifestyle	Patterns involving self-control, responsibility, and stimulation	Impulsivity, irresponsibility, stimulation seeking, unstable long-term planning	Impulsivity alone does not establish psychopathy
Antisocial	Persistent patterns of rule-breaking and behavioral problems	Poor behavioral controls, conduct problems, repeated antisocial behavior	Antisocial behavior alone does not establish the full psychopathy construct

PSYCHOPATHY IS MULTIDIMENSIONAL

INTERPERSONAL + AFFECTIVE + LIFESTYLE + ANTISOCIAL

But:

ONE TRAIT ≠ PSYCHOPATHY
A CRIME ≠ PSYCHOPATHY
LOW EMPATHY ≠ VIOLENCE
PSYCHOPATHY ≠ PSYCHOSIS
PSYCHOPATHY ≠ AUTOMATIC DANGEROUSNESS

CJTV Assessment Rule:

OBSERVED BEHAVIOR → DOCUMENTED HISTORY → MULTIPLE TRAIT DIMENSIONS → STRUCTURED ASSESSMENT → INTERPRETATION WITH LIMITATIONS

PCL-R: What It Is—and Isn't

PCL-R IS	PCL-R IS NOT
Structured forensic rating instrument	Brain scan
Based on interview and records	Internet personality test
Evaluates defined traits and behaviors	Automatic violence predictor
Requires trained assessment	Diagnosis from a video
Requires interpretation and context	Biological verdict
One source of forensic information	Proof of guilt or legal insanity

Livestream takeaway:

A PERSON CAN BE CALCULATING WITHOUT BEING A PSYCHOPATH. A PERSON CAN HAVE ELEVATED PSYCHOPATHIC TRAITS WITHOUT BEING VIOLENT. AND A PERSON WITH PSYCHOPATHIC TRAITS DOES NOT, BY DEFINITION, LOSE CONTACT WITH REALITY.

MAIN TOPIC 3
VIOLENCE BASE RATES: RISK IS NOT DESTINY

Main-Topic Overview

A **base rate** is how frequently an event occurs in a defined population before evidence about a particular person is considered. Base rates matter because dramatic but uncommon cases can make the public believe that violence is typical among people with psychosis or elevated psychopathic traits (Whiting et al., 2022).

Four Introductory Discussion Points

- **Most people with psychotic disorders never commit serious violence.** A 2024 review of first-episode psychosis estimated a pooled rate of approximately 13.4% for any measured violence and 2.7% for severe violence, although estimates depended on definitions, timing, and samples (Youn et al., 2024).
- **Relative risk and absolute risk are different.** Relative risk compares groups; absolute risk describes how many people actually experience the outcome. A large relative increase can still accompany a low absolute probability.
- **Diagnosis is not the strongest individual predictor.** Across longitudinal studies, prior criminal behavior and substance misuse showed stronger and more consistent associations with violence than symptom labels alone (Lagerberg et al., 2025).
- **People with severe mental disorders may also be victims.** A responsible presentation must discuss victimization, self-harm, housing insecurity, inadequate treatment, and exploitation—not portray the population only as a source of public danger.

3.1 — Reading violence statistics correctly

Explain: Define the outcome. Studies may combine threats, pushing, assault, robbery, arson, homicide, self-report, arrest, and conviction under the word “violence.” Different definitions produce different rates.

Detail: Define the observation period. A one-year rate cannot be directly compared with a lifetime or 35-year rate. Longer observation periods naturally capture more events.

Application: Separate association from causation. If psychosis and violence occur together, substances, trauma, poverty, victimization, criminal networks, or prior conduct may partly explain the relationship.

Livestream Emphasis: Do not convert group data into certainty about one person. An elevated group average cannot determine whether a particular defendant acted violently or will do so later.

3.2 — Psychosis-related risk factors

Explain: Prior violence is especially important. A documented history of violence ordinarily provides more direct risk information than the mere presence of a psychiatric diagnosis (Lagerberg et al., 2025).

Detail: Substance misuse can substantially increase risk. Substance misuse means alcohol or drug use that produces impairment, danger, or loss of control. It must be assessed separately from psychosis.

Application: Persecutory fear can matter in particular cases. A person who falsely believes an attack is imminent may behave defensively, but evaluators must establish the belief, emotional response, timing, and behavioral connection (Lin et al., 2024).

Livestream Emphasis: Treatment engagement can reduce modifiable risk. Modifiable means capable of being changed. Medication access, substance treatment, housing, family support, crisis response, and continuity of care may all matter.

3.3 — Psychopathy and violence

Explain: Psychopathic traits are associated with offending and recidivism in many forensic samples. Recidivism means committing a new offense after intervention, conviction, or release. Association does not mean every person with elevated traits is violent.

Detail: The behavioral dimensions often carry substantial predictive information. Prior antisocial conduct and an unstable lifestyle can be more directly connected to future offending than emotional coldness alone.

Application: Psychopathy is not a violence detector. Instruments have error rates, and prediction usually ranges from poor to moderate when tools are tested independently in new sentencing samples (Fazel et al., 2022).

Livestream Emphasis: Protective factors must be included. Protective factors are conditions associated with lower risk, such as stable housing, supervision, supportive relationships, treatment, sobriety, and realistic future plans.

3.4 — Media, true crime, and social-media distortion

Explain: Availability bias makes vivid cases feel common. Availability bias means estimating frequency by how easily examples come to mind. Repeated clips of rare crimes can overwhelm accurate base-rate reasoning.

Detail: Algorithms reward certainty and emotional intensity. Online creators may receive more attention for saying “obvious psychopath” or “psychotic killer” than for explaining diagnostic uncertainty.

Application: True-crime storytelling often creates offender mythology. It can turn an offender into an evil genius, supernatural predator, or incomprehensible “madman,” hiding ordinary factors such as coercion, substance use, prior violence, opportunity, and system failures.

Livestream Emphasis: Current-event rule for 2026: discuss verified behavior, evidence, and legal allegations. Do not turn viral footage, political rhetoric, manifestos, or secondhand reporting into a psychiatric examination.

Evidence / Interpretation / Unresolved Questions

EVIDENCE: Schizophrenia-spectrum disorders are associated with elevated group-level violence risk, but absolute risk remains limited and varies greatly. Substance misuse and prior criminal history materially change the estimate (Whiting et al., 2022; Lagerberg et al., 2025).

INTERPRETATION: It is possible to discuss genuine risk without stigmatizing an entire population. The accurate statement is neither "mental illness never matters" nor "psychosis makes people violent."

UNRESOLVED QUESTIONS: More research is needed on protective factors, victimization, culturally fair assessment, treatment access, changing drug markets, online radicalization, and interactions between symptoms and social conditions.

CJTV — Violence Base Rates: Risk Is Not Destiny

Risk Question	What the Evidence Can Tell Us	What It Cannot Tell Us
Base Rate	How frequently a defined outcome occurs within a particular population	Whether one particular person will become violent
Absolute Risk	The actual proportion of people who experience the outcome	That an entire diagnostic group is dangerous
Relative Risk	Whether one group has a higher or lower rate than another	The actual probability for a particular individual
Prior Violence	Provides important individual risk information and may be more informative than diagnosis alone	That future violence is inevitable
Substance Misuse	Can materially increase risk and should be evaluated separately	That psychosis itself caused the violent behavior
Persecutory Fear	May matter when beliefs, fear, timing, and behavior are demonstrably connected	That a persecutory delusion automatically produces violence
Treatment & Protective Factors	Treatment, sobriety, housing, supervision, relationships, and support may reduce modifiable risk	That risk is fixed or permanent
Psychopathy Measures	Can contribute information about traits and offending risk in appropriate forensic contexts	Function as a "violence detector" or guarantee recidivism

The Number That Makes the Point

Your cited 2024 review gives us one useful numerical comparison:

First-Episode Psychosis — Pooled Estimates

Violence is not one outcome

Pooled estimates reported in the cited 2024 review of first-episode psychosis. Estimates depend on definitions, timing, and samples.

0%4%8%12%16%Any measured violence Severe violence

Source identified in CJTV rundown: Youn et al. (2024). Group-level estimates must not be used to predict an individual.

That visual is powerful because 13.4% "any measured violence" is not the same outcome as 2.7% "severe violence." It gives you an immediate opportunity to explain why the definition of *violence* matters.

CJTV Risk Equation:

DIAGNOSIS ALONE ≠ INDIVIDUAL VIOLENCE PREDICTION

Instead:

BASE RATE + PRIOR BEHAVIOR + SUBSTANCE USE + CURRENT SYMPTOMS + CONTEXT + PROTECTIVE FACTORS → INDIVIDUALIZED RISK ASSESSMENT

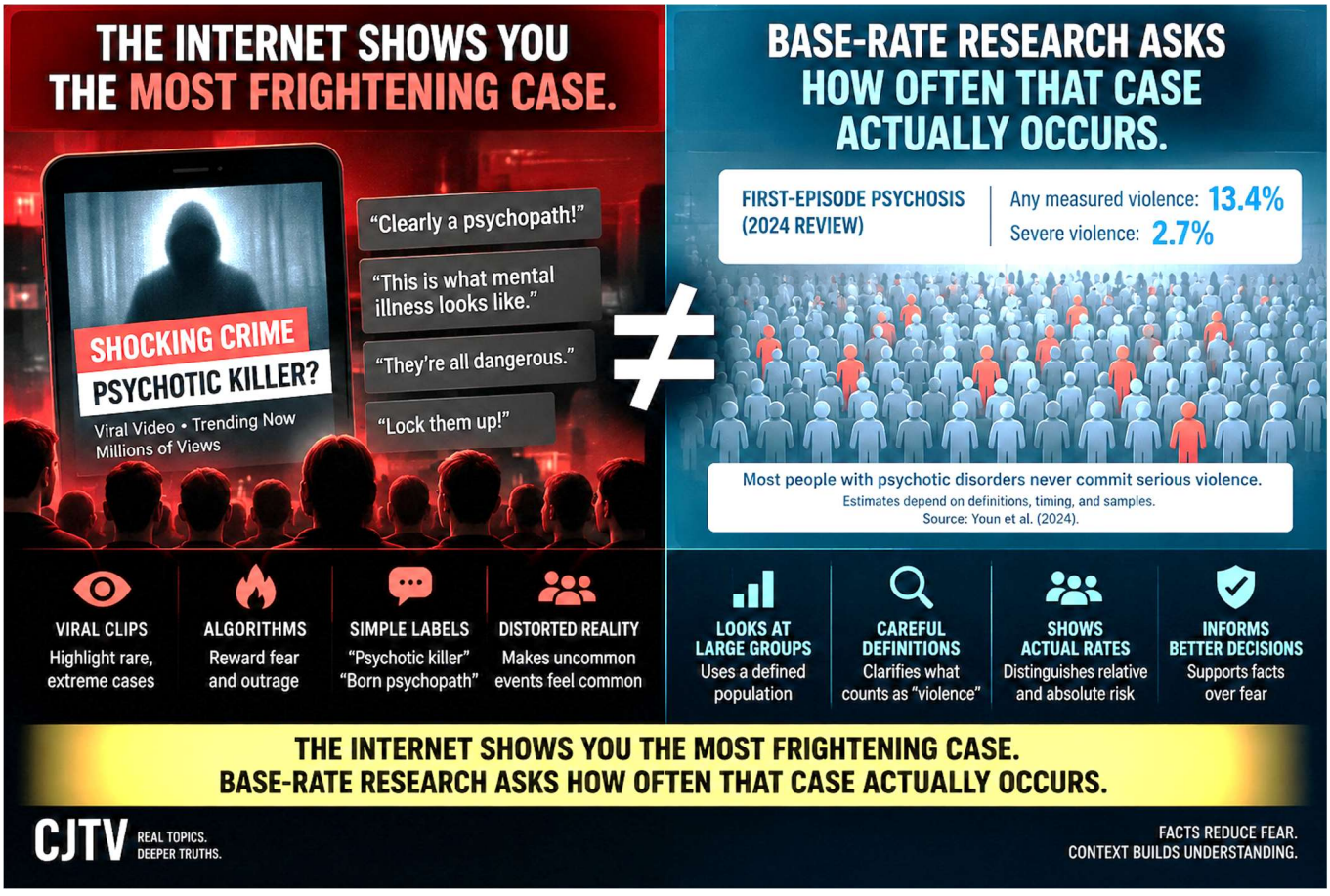
CJTV four major livestream warnings:

GROUP RISK ≠ INDIVIDUAL DESTINY

RELATIVE RISK ≠ ABSOLUTE RISK

ASSOCIATION ≠ CAUSATION

PSYCHOPATHY ≠ VIOLENCE DETECTOR



MAIN TOPIC 4
LEGAL RELEVANCE: DIAGNOSIS IS NOT THE VERDICT

Main-Topic Overview

The law asks functional questions: what could the defendant understand, appreciate, communicate, intend, or control at a specific time? A diagnosis supplies clinical evidence, but legal standards determine the ultimate issue (Parmigiani et al., 2019; Meyer et al., 2020).

Four Introductory Discussion Points

- **Competence to stand trial concerns the defendant's present abilities.** It generally asks whether the person can understand the proceedings and rationally assist counsel.
- **Criminal responsibility concerns the person's mental state when the alleged offense occurred.** In the United States, insanity standards vary by jurisdiction; no universal diagnostic shortcut resolves the question.
- **Mens rea means the legally required mental state for an offense.** Examples can include purpose, knowledge, recklessness, or negligence. Mental illness does not automatically eliminate mens rea.
- **Risk, competence, and responsibility are different questions.** A person can be dangerous but competent, psychotic but legally responsible, nonpsychotic but incompetent, or low-risk after having committed a serious offense.

4.1 — Competence to stand trial

Explain: Competence is about present courtroom functioning. The key issue is not simply whether the defendant has a disorder, but whether symptoms interfere with understanding and rational communication.

Detail: Psychosis can impair competence, but it does not always do so. A person may experience residual voices or unusual beliefs while still understanding the charges, courtroom roles, choices, and consequences.

Application: Psychopathy ordinarily does not imply incompetence. Manipulation, low remorse, hostility, or refusal to cooperate are not the same as being unable to understand or assist.

Livestream Emphasis: Uncooperative and incapable are different. A defendant who chooses not to cooperate may still possess the required abilities; forensic assessment must examine the reason for the behavior.

4.2 — Legal insanity and criminal responsibility

Explain: Legal insanity is a legal conclusion, not a psychiatric diagnosis. Depending on the jurisdiction, the question may involve understanding the nature of the act, appreciating wrongfulness, or another legally defined capacity.

Detail: Psychosis may be relevant when symptoms directly impair a required capacity. For example, a delusion could affect what the person believed was happening, but the court still needs evidence connecting the symptom to the act.

Application: Psychopathy rarely supplies the traditional basis for insanity. A person may understand physical reality and legal wrongfulness despite showing limited remorse or concern for others.

Livestream Emphasis: Structured methods can improve consistency but cannot replace legal judgment. Tools such as the DIASS organize evidence; they do not mechanically pronounce a defendant sane or insane (Parmigiani et al., 2022, 2023).

4.3 — Mens rea, motive, and diagnosis

Explain: Motive is why a person acted; mens rea is the mental state the law requires. Revenge may be a motive, while intent or knowledge may be an element of the charged offense.

Detail: A delusional motive does not automatically eliminate intent. A person might intentionally perform an act while misunderstanding the surrounding reality. Whether that affects liability depends on the offense and jurisdiction.

Application: Planning does not automatically disprove psychosis. A person can plan behavior inside a delusional understanding of reality. Likewise, lack of planning does not prove psychosis.

Livestream Emphasis: Emotional coldness does not prove legal intent. Apparent calmness after an event can have many explanations and must not substitute for evidence of the required mental state.

4.4 — Ethical forensic communication

Explain: The evaluator should state data, reasoning, and limitations. Conclusions should identify what records were reviewed, what information was missing, and how alternative explanations were considered.

Detail: Malingering must be assessed, not presumed. Malingering means intentionally producing or exaggerating symptoms for an external benefit. Inconsistency may raise a question, but it is not proof.

Application: Ultimate-issue language requires care. The ultimate issue is the final legal question reserved for the court under applicable law. Experts should explain functional evidence without pretending that clinical vocabulary overrides legal rules.

Livestream Emphasis: No remote diagnosis. Ethical commentary can teach what psychosis and psychopathy mean, identify questions a qualified examiner would ask, and correct misinformation without diagnosing the person being discussed.

CJTV — Legal Relevance: Diagnosis Is Not the Verdict

Legal Question	What It Actually Asks	Role of Mental-Health Evidence	What It Does Not Prove
Competence to Stand Trial	Can the defendant currently understand the proceedings and rationally assist counsel?	Psychosis or another condition may matter if symptoms interfere with present courtroom functioning.	Diagnosis ≠ incompetence. Being hostile, manipulative, uncooperative, or unusual does not establish inability.
Criminal Responsibility / Legal Insanity	Did a mental condition affect a legally required capacity at the time of the offense?	Psychosis may be relevant when symptoms can be connected to the defendant's legally relevant functioning.	Psychiatric diagnosis ≠ legal insanity. The applicable legal standard controls.
Mens Rea	Did the defendant possess the mental state required for the charged offense—such as purpose, knowledge, recklessness, or negligence?	Mental-health evidence may help explain what the defendant perceived, understood, intended, or believed.	Mental illness ≠ absence of mens rea. A delusional motive may coexist with intentional conduct.
Risk / Dangerousness	What is the probability of a defined future behavior or outcome?	Diagnosis can contribute to assessment alongside history, substance use, current symptoms, circumstances, and protective factors.	Risk ≠ competence ≠ criminal responsibility. These are different forensic questions.
Forensic Expert Opinion	What do the records, examination, collateral evidence, and structured methods support?	Experts explain clinical findings, functional abilities, reasoning, uncertainty, and limitations.	Expert opinion ≠ verdict. Clinical terminology does not override the court's legal standard.

The Time Question Is Critical

QUESTION	TIME FRAME
Competence	NOW — Can the defendant participate in the trial?
Criminal Responsibility	THEN — What was the defendant's legally relevant functioning during the offense?
Mens Rea	THEN — Was the required mental state present during the offense?
Risk	FUTURE — What is the probability of a specifically defined outcome?

CJTV Legal-Relevance Rule:

DIAGNOSIS → FUNCTIONAL EVIDENCE → RELEVANT TIME → LEGAL STANDARD → COURT/JURY DECISION

Not:

DIAGNOSIS → VERDICT

Bottom-of-Screen Takeaway

PSYCHOTIC ≠ INCOMPETENT

PSYCHOTIC ≠ LEGALLY INSANE

MENTAL ILLNESS ≠ NO MENS REA

PSYCHOPATHY ≠ CRIMINAL RESPONSIBILITY

DANGEROUSNESS ≠ GUILT

MAIN TOPIC 4 CLOSING LINE:

PSYCHIATRY DESCRIBES SYMPTOMS AND FUNCTIONING. FORENSIC SCIENCE TESTS THE EVIDENCE. THE LAW DECIDES WHAT THOSE FACTS LEGALLY MEAN.

Evidence / Interpretation / Unresolved Questions

EVIDENCE: Structured criminal-responsibility approaches emphasize reconstruction of the defendant's functioning at the time of the act rather than relying solely on a diagnostic label (Meyer et al., 2020; Parmigiani et al., 2019, 2022).

INTERPRETATION: The courtroom should never use:

Diagnosis → automatic legal conclusion

The defensible model is:

Verified symptoms and traits → functional effects → legally relevant time → jurisdiction's standard → fact-finder's decision

UNRESOLVED QUESTIONS: Jurisdictions differ in insanity standards, admissibility rules, expert testimony, assessment practices, and the role of risk instruments. The episode must identify the applicable jurisdiction before making a legal claim.

CJTV DISCUSSION FRAME

- Do not ask whether a person "looks psychotic" or "looks psychopathic." Ask what verified symptoms, traits, records, and behavior are actually documented.
- Do not move from diagnosis to violence. Ask what the base rate is, what individual risk factors are present, and what protective factors are present.
- Do not move from diagnosis to legal insanity. Ask what the jurisdiction requires and what functional capacity existed at the legally relevant time.
- Do not treat planning as proof of sanity or bizarre conduct as proof of psychosis. Both are pieces of evidence that require context.

CENTRAL UNCOMFORTABLE QUESTION

HOW MANY CRIMINAL-CASE ARGUMENTS SOUND CERTAIN ONLY BECAUSE THE PUBLIC IS USING THE WRONG PSYCHOLOGICAL WORD FOR THE WRONG LEGAL QUESTION?

EPISODE CONCLUSION

Psychosis and psychopathy can both be relevant in forensic settings, but they describe fundamentally different phenomena. Psychosis centers on reality testing. Psychopathy centers on enduring personality traits and behavioral patterns.

Neither concept is a verdict. Neither automatically establishes violence. Neither substitutes for a careful evaluation of symptoms, history, risk factors, legal standards, and the defendant's functioning at the relevant time.

The evidence-first rule is simple: describe what is known before naming what it means. Then separate the clinical question, the risk question, and the legal question.

DIAGNOSIS IS EVIDENCE

DIAGNOSIS IS NOT THE VERDICT

AUDIENCE QUESTIONS WITH POSSIBLE RESPONSES

Question 1: If someone hears voices, does that mean the person is legally insane?

Possible response: No. A hallucination is clinical evidence. Legal insanity depends on the jurisdiction's test and the person's legally relevant functioning at the time of the act.

Question 2: Can a person with psychosis plan an act?

Possible response: Yes. Planning does not automatically disprove psychosis. The question is how symptoms affected reality testing and legally relevant capacities.

Question 3: Does psychopathy mean a person is violent?

Possible response: No. Elevated psychopathic traits can be associated with offending in forensic samples, but the construct is not a violence detector.

Question 4: Is psychopathy the same as antisocial personality disorder?

Possible response: No. They overlap, but psychopathy gives greater attention to interpersonal and affective traits, while antisocial personality disorder is an official diagnosis emphasizing persistent rights violations.

Question 5: Can someone be both psychotic and psychopathic?

Possible response: Yes. The concepts are separate and can co-occur, but one does not imply the other.

Question 6: Does emotional coldness prove psychopathy?

Possible response: No. Apparent coldness is an observation with many possible explanations; valid assessment requires history, records, interview, and structured methods.

Question 7: What matters more for violence risk than a diagnosis alone?

Possible response: Research repeatedly points to factors such as prior violence, substance misuse, treatment disruption, and situational context.

Question 8: What is the difference between absolute and relative risk?

Possible response: Absolute risk tells how many people actually experience an outcome. Relative risk compares one group's rate with another group's rate.

Question 9: Why is remote diagnosis a problem?

Possible response: A clip or interview rarely supplies complete history, collateral records, medical information, testing, or the legally relevant time frame.

Question 10: Can a bizarre crime prove psychosis?

Possible response: No. Strange behavior can have many explanations. Psychosis requires evidence of impaired reality testing or related symptoms.

Question 11: Can a calculated crime prove psychopathy?

Possible response: No. Planning is behavior, not a diagnosis. Psychopathy requires a broader and enduring pattern of traits and conduct.

Question 12: What does competence to stand trial ask?

Possible response: It asks about present courtroom abilities—understanding proceedings and rationally assisting counsel—not simply whether a diagnosis exists.

Question 13: What does mens rea ask?

Possible response: It asks whether the prosecution proved the mental state required by the charged offense, such as intent, knowledge, recklessness, or negligence.

Question 14: Why should CJTV discuss base rates?

Possible response: Because rare dramatic cases can make a condition appear more dangerous than it is across the broader population.

Question 15: What is the safest public-language rule?

Possible response: Describe verified behavior and evidence first. Use clinical or legal labels only when the supporting basis and limits are clear.

Question 16: Is hearing voices the same as receiving commands?

Possible response: No. Hearing voices can involve commentary, conversation, or other experiences. Command hallucinations specifically involve perceived instructions; receiving an instruction does not establish that the person followed it.

Question 17: Does a person experiencing psychosis always recognize that something is wrong?

Possible response: No. Insight varies. A person may recognize some experiences as symptoms while accepting other experiences as real.

Question 18: Is psychosis always associated with schizophrenia?

Possible response: No. Psychosis can occur in different psychiatric conditions and in connection with substance use or medical conditions. Identifying the cause requires assessment.

Question 19: Does improvement with treatment mean the earlier symptoms were fabricated?

Possible response: No. Symptoms can change over time and improve with treatment. Later functioning does not, by itself, establish the person's earlier mental condition.

Question 20: Can someone show little emotion without lacking empathy or remorse?

Possible response: Yes. Outward emotional expression does not directly reveal internal experience. Limited expression requires context and should not automatically be interpreted as indifference.

Question 21: Does a psychopathy assessment score explain why a specific act occurred?

Possible response: No. A score summarizes assessed traits within an instrument's limits. Explaining a particular act requires evidence about the circumstances, motives, opportunities, and sequence of events.

Question 22: Why distinguish a temporary state from an enduring trait?

Possible response: A state concerns functioning during a particular period; a trait describes a relatively persistent tendency. Confusing the two can turn a brief observation into an unsupported conclusion about personality.

Question 23: What is collateral information, and why does it matter?

Possible response: Collateral information comes from sources beyond the person's account, such as records, witnesses, and video. It helps evaluators compare accounts, reconstruct timelines, and identify inconsistencies.

Question 24: Can an association between a condition and violence prove that the condition caused a particular offense?

Possible response: No. A group-level association does not establish causation in an individual case. The specific explanation requires evidence connecting relevant factors to the act.

Question 25: What should viewers ask when a commentator calls someone "psychotic" or "a psychopath"?

Possible response: Ask what evidence supports the label, who conducted the assessment, and what information was available. Then ask whether the commentator is describing symptoms, reporting an assessment, or offering speculation.

STUDY GUIDE APPENDIX

ACADEMIC TERMS

Absolute risk: The actual proportion of people in a defined group who experience an outcome.

Affective traits: Personality features concerning emotional depth, guilt, remorse, and concern for others.

Antisocial personality disorder: A recognized diagnosis involving a persistent pattern of disregarding and violating other people's rights.

Base rate: How common an outcome is before individual evidence is considered.

Clinical insight: A person's awareness of symptoms, illness, effects, and possible need for treatment.

Collateral information: Records or information obtained from sources other than the person being evaluated, such as relatives, medical records, police reports, or video.

Command hallucination: A perceived voice that instructs the person to perform an action.

Comorbidity: The presence of more than one disorder or clinically important condition.

Competence to stand trial: The legally required present ability to understand proceedings and rationally assist counsel.

Continuum: A range on which a trait can exist in different degrees.

Criminal responsibility: The legal evaluation of whether mental impairment affected responsibility at the time of an offense.

Delirium: A usually rapid disturbance in attention and awareness caused by a medical condition, substance, or medication.

Delusion: A fixed belief maintained despite strong contrary evidence and not ordinarily explained by the person's culture.

Diagnostic formulation: A clinician's organized explanation of symptoms, possible causes, risks, protective factors, and treatment needs.

Hallucination: A sensory experience occurring without a corresponding external source.

Legal insanity: A jurisdiction-specific legal finding concerning mental impairment and criminal responsibility.

Malingering: Intentional production or exaggeration of symptoms for an external benefit.

Mens rea: The mental state that the prosecution must establish for a particular crime.

Meta-analysis: A statistical method that combines results from multiple studies.

Modifiable risk factor: A condition associated with harm that may be changed through treatment or intervention.

PCL-R: The Psychopathy Checklist–Revised, a structured forensic instrument used by trained evaluators to assess psychopathic traits.

Protective factor: A circumstance associated with reduced likelihood of a harmful outcome.

Psychopathy: A forensic personality construct involving interpersonal, emotional, lifestyle, and antisocial dimensions.

Psychosis: A state involving significant disturbance in reality testing, which may include delusions, hallucinations, or disorganized thinking.

Reality testing: The ability to distinguish internal experiences from external events.

Recidivism: A new offense following conviction, intervention, or release.

Relative risk: A comparison of outcome rates between groups.

Risk factor: A characteristic statistically associated with an increased probability of an outcome; it is not a guarantee or necessarily a cause.

Structured professional judgment: A method that organizes established risk and protective factors while requiring professional interpretation.

GENERAL TERMS

Calculated behavior: Conduct involving planning or deliberate choices; it does not automatically prove psychopathy.

Cold behavior: An appearance of limited emotion; it is an observation, not a diagnosis.

Dangerousness: A broad and often misleading label that should be replaced with a specific risk question, outcome, time period, and context.

Empathy: Understanding or emotionally responding to another person's experience.

Mental disorder: A clinically significant disturbance in thinking, emotion, or behavior. The term alone says nothing certain about violence or legal responsibility.

Motive: The reason a person may have acted.

Offender mythology: Storytelling that turns an offender into a supernatural monster, genius, or diagnostic stereotype instead of examining evidence and ordinary risk factors.

Personality trait: A relatively consistent tendency in how a person thinks, feels, or behaves.

Remote diagnosis: Assigning a diagnosis without an adequate personal evaluation and supporting information.

Severe violence: Violence producing or presenting a substantial risk of serious injury; exact definitions vary across studies.

Stigma: Negative stereotyping or discrimination based on a characteristic such as mental illness.

Substance misuse: Alcohol or drug use that causes impairment, danger, or loss of control.

CJTV TERMS

PSYCHOSIS IS NOT PSYCHOPATHY

PSYCHOSIS: Difficulty accurately interpreting reality. It may involve delusions, hallucinations, or disorganized thinking.

PSYCHOPATHY: A pattern of interpersonal, emotional, lifestyle, and antisocial traits. It is not a loss of contact with reality.

PSYCHOSIS ≠ VIOLENCE

PSYCHOPATHY ≠ AUTOMATIC VIOLENCE

DIAGNOSIS ≠ DANGEROUSNESS

DIAGNOSIS ≠ LEGAL INSANITY

DELUSION: A strongly fixed belief maintained despite persuasive contrary evidence.

HALLUCINATION: A sensory experience without a matching external source.

REALITY TESTING: The ability to separate internal experiences from outside events.

BASE RATE: How often an event occurs in a defined population.

ABSOLUTE RISK: How many people actually experience the outcome.

RELATIVE RISK: How the rate in one group compares with another group.

COMPETENCE: The defendant's present ability to understand the case and rationally assist counsel.

CRIMINAL RESPONSIBILITY: A legal question about the defendant's mental functioning when the act occurred.

MENS REA: The mental state legally required for the charged offense.

MALINGERING: Intentionally producing or exaggerating symptoms for an external benefit.

NO REMOTE DIAGNOSIS: A video clip, crime allegation, interview, or social-media post is not a forensic examination.

BOTTOM LINE: Psychosis asks: "Was reality testing impaired?"

Psychopathy asks: "What enduring traits and behavioral patterns are present?"

The law asks: "What legally relevant abilities existed at the required time?"

PEER-REVIEWED SCHOLARLY REFERENCE BANK

Berryessa, C. M., & Wohlstetter, B. (2019). The psychopathic "label" and effects on punishment outcomes: A meta-analysis. *Law and Human Behavior, 43*(1), 9–25.
Open manuscript: Read the author-uploaded full text
DOI: https://doi.org/10.1037/lhb0000317

De Brito, S. A., Forth, A. E., Baskin-Sommers, A. R., Brazil, I. A., Kimonis, E. R., Pardini, D., Frick, P. J., Blair, R. J. R., & Viding, E. (2021). Psychopathy. *Nature Reviews Disease Primers, 7*, Article 49.
Open manuscript: Read the full-text manuscript
DOI: https://doi.org/10.1038/s41572-021-00282-1

de Ruiter, C., Burghart, M., De Silva, R., Griesbeck Garcia, S., Mian, U., Walshe, E., & Zouharova, V. (2022). A meta-analysis of childhood maltreatment in relation to psychopathic traits. *PLOS ONE, 17*(8), Article e0272704.
Open article: Read the full text
DOI: https://doi.org/10.1371/journal.pone.0272704

Fazel, S., Burghart, M., Fanshawe, T., Gil, S. D., Monahan, J., & Yu, R. (2022). The predictive performance of criminal risk assessment tools used at sentencing: A systematic review of validation studies. *Journal of Criminal Justice, 81*, Article 101902.
Open manuscript: Read the manuscript on PsyArXiv
DOI: https://doi.org/10.1016/j.jcrimjus.2022.101902

Fischer-Vieler, T., Ringen, P. A., Kvig, E., Bell, C., Hjell, G., Tesli, N., Rokicki, J., Melle, I., Andreassen, O. A., Friestad, C., & Haukvik, U. K. (2023). Associations between clinical insight and history of severe violence in patients with psychosis. *Schizophrenia Bulletin Open, 4*(1), Article sgad011.
Open article: Read the full text
DOI: https://doi.org/10.1093/schizbullopen/sgad011

Fovet, T., Geoffroy, P. A., Vaiva, G., Adins, C., Thomas, P., & Amad, A. (2022). Mental health and the criminal justice system in France: A narrative review. *Frontiers in Psychiatry, 13*, Article 893544.
Open article: Read the full text
DOI: https://doi.org/10.3389/fpsyt.2022.893544

Hauser, N. C., Neumann, C. S., Marshall, J., & Mokros, A. (2021). Rational, emotional, or both? Subcomponents of psychopathy predict opposing moral decisions. *Behavioral Sciences & the Law, 39*(5), 541–566.
Open article: Read the full text
DOI: https://doi.org/10.1002/bsl.2547

Horgoș, B.-M., Ungureanu, D., & Crișan, C.-A. (2024). Insight and violence: An overview of the possible link and treatment options in forensic psychiatric settings. *Psychiatry International, 5*(4), 975–998.
Open article: Read the full text
DOI: https://doi.org/10.3390/psychiatryint5040067

Lagerberg, T., Lambe, S., Paulino, A., Yu, R., & Fazel, S. (2025). Systematic review of risk factors for violence in psychosis: 10-year update. *The British Journal of Psychiatry, 226*(2), 100–107.
Open article: Read the full text
DOI: https://doi.org/10.1192/bjp.2024.120

Løvgren, P. J., Laake, P., Reitan, S. K., & Narud, K. (2022). Use of assessment instruments in forensic evaluations of criminal responsibility in Norway. *BMC Psychiatry, 22*, Article 235.
Open article: Read the full text
DOI: https://doi.org/10.1186/s12888-022-03831-4

Løvgren, P. J., Laake, P., Narud, K., Reitan, S. K., & Bjørkly, S. (2023). Are symptoms assessed differently for schizophrenia and other psychoses in legal insanity evaluations of violent crimes? *BMC Psychiatry, 23*, Article 487.
Open article: Read the full text
DOI: https://doi.org/10.1186/s12888-023-04992-6

Meyer, L. F., Leal, C. C. S., Omena, A. A. S., Mecler, K., & Valença, A. M. (2020). Criminal Responsibility Scale: Development and validation of a psychometric tool structured in clinical vignettes for criminal responsibility assessments in Brazil. *Frontiers in Psychiatry, 11*, Article 579243.
Open article: Read the full text
DOI: https://doi.org/10.3389/fpsyt.2020.579243

Miglin, R., Rodriguez, S., Bounoua, N., & Sadeh, N. (2022). A multidimensional examination of psychopathy traits and gray matter volume in adults. *Social Cognitive and Affective Neuroscience, 17*(7), 662–672.
Open article: Read the full text
DOI: https://doi.org/10.1093/scan/nsab131

Parmigiani, G., Mandarelli, G., Meynen, G., Carabellese, F., & Ferracuti, S. (2019). Translating clinical findings to the legal norm: The defendant's insanity assessment support scale (DIASS). *Translational Psychiatry, 9*, Article 278.
Open article: Read the full text
DOI: https://doi.org/10.1038/s41398-019-0628-x

Parmigiani, G., Mandarelli, G., Meynen, G., & Ferracuti, S. (2023). Structured instruments for insanity defense evaluations: Opportunities and limitations. *Behavioral Sciences & the Law, 41*(5), 432–444.
Open article: Read the full text
DOI: https://doi.org/10.1002/bsl.2618

Parmigiani, G., Mandarelli, G., Roma, P., & Ferracuti, S. (2022). Validation of a new instrument to guide and support insanity evaluations: The defendant's insanity assessment support scale (DIASS). *Translational Psychiatry, 12*, Article 115.
Open article: Read the full text
DOI: https://doi.org/10.1038/s41398-022-01871-8

Sanz-García, A., Gesteira, C., Sanz, J., & García-Vera, M. P. (2021). Prevalence of psychopathy in the general adult population: A systematic review and meta-analysis. *Frontiers in Psychology, 12*, Article 661044.
Open article: Read the full text
DOI: https://doi.org/10.3389/fpsyg.2021.661044

Whiting, D., Gulati, G., Geddes, J. R., & Fazel, S. (2022). Association of schizophrenia-spectrum disorders and violence perpetration in adults and adolescents from 15 countries: A systematic review and meta-analysis. *JAMA Psychiatry, 79*(2), 120–132.
Open article: Read the full text
DOI: https://doi.org/10.1001/jamapsychiatry.2021.3721

Youn, S., Guadagno, B. L., Byrne, L. K., Watson, A. E., Murrihy, S., & Cotton, S. M. (2024). Systematic review and meta-analysis: Rates of violence during first-episode psychosis. *Schizophrenia Bulletin, 50*(4), 757–770.
Open article: Read the full text
DOI: https://doi.org/10.1093/schbul/sbae010

Youn, S., Watson, A. E., Guadagno, B. L., Murrihy, S., Byrne, L. K., Cheng, N., & Cotton, S. M. (2025). Systematic review and meta-analysis: Risk factors of violence during first-episode psychosis. *Trauma, Violence, & Abuse*. Advance online publication.
Open article: Read the full text
DOI: https://doi.org/10.1177/15248380241309297

FINAL EVIDENCE / INTERPRETATION / UNRESOLVED QUESTIONS FACT-CHECK

EVIDENCE: Psychosis and psychopathy are distinct constructs. Psychosis concerns disturbances in reality testing; psychopathy concerns a multidimensional pattern of interpersonal, affective, lifestyle, and antisocial traits.

INTERPRETATION: Public language should not use “psychotic” to mean cruel or “psychopath” to mean detached from reality. A criminal act, emotional presentation, or viral clip cannot substitute for a forensic evaluation.

UNRESOLVED QUESTIONS: Individual violence risk, legal insanity, competence, and criminal responsibility require case-specific evidence. Jurisdictional law, complete records, symptom timing, substance use, prior behavior, protective factors, and assessment quality may materially change the conclusion.

FINAL CJTV STATEMENT

PSYCHOSIS ASKS WHETHER REALITY TESTING WAS IMPAIRED. PSYCHOPATHY ASKS WHAT ENDURING TRAITS AND BEHAVIORAL PATTERNS ARE PRESENT. THE LAW ASKS WHAT LEGALLY RELEVANT ABILITIES EXISTED AT THE REQUIRED TIME.