A Wolf in Sheep's Clothing: Decoding the Language of a Psychopath

BY

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DEDICATION

It is so common to be traditional and dedicate a work of science to one's parents, spouses, children, friends, and mentors. As if one felt the need to give back for what has been taken. But a contribution to science, and I have desperately tried here to make a contribution to science, always includes a vast amount of taking from previous researchers, professors, and scholars. Then adding a little bit according to one's ability and then giving back not to one's scholars and colleagues but to the whole community and to other people as well, who might find the work interesting and resourceful, and bring it on. It is for those individuals that this work has been written and to them that it is dedicated so, here is my Forensic Psychology Master's Thesis to whoever finds it interesting and a viable contribution to uncovering the root causes of psychopathy.

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ABSTRACT OF THE THESIS

A Wolf in Sheep's Clothing:

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Prior research conducted by Hancock, Woodworth and Porter (2011) revealed psychopathic language was substantially more dis-fluent than that of their non-psychopathic counterparts. Using more words such as "because," "since," as and "so that," when recounting their violence. Psychopathy and individuals with traumatic brain injuries (TBI) demonstrate overlaps in their symptomatology. Utilizing qualitative content analysis research method this research took it one step further and looked at the history of three know serial sex offenders diagnosed with psychopathy, Richard Ramirez, Dennis Rader, and Westley Allan Dodd, whom all suffered from head trauma, to find the bridge between speech dis-fluencies and TBI interrelated them as a causal factor to psychopathy. The main results were that (a) speech disfluencies are caused by a neurological deficit and are not a means of deception tactics (b) there is a biological basis to psychopathy (c) there is a neurological basis to psychopathy (d) speech disfluencies are caused by TBI's and ASD (e) traumatic brain injuries are tied to psychopathy and (f) ASD is linked to psychopathy.

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Chapter 1

THE PROBLEM STATEMENT

All psychopaths have antisocial personality disorder but most people with antisocial personality disorder are not psychopaths, and most psychopaths are not killers (Hare, 1993). They are chameleons and may be successful in the business world by colluding and wielding their associates or clients for the purpose of embezzling money. There is a subset of psychopathic individuals who are compelled to prey on the innocent. Current research gives insight on detecting a psychopath by their body language, facial expressions, and their emotions. There is even research to advocate that a psychopath selects his or her victim based purely on the gait of their victim (a cue to the vulnerability of an individual) (Book, Costello, & Camilleri, 2013). There is even research to assist in identifying a psychopath by his or her contextual language. However, there is little research giving light to the root and/or underlying causes of psychopathy. This study focused on speech dis-fluencies in serial sex offenders who have suffered right lobe traumatic brain injuries and their link to psychopathy. The hope was to find the underlying and/or root cause of psychopathy to assist in early detection of psychopathy of serial sex offenders who have suffered from right lobe TBI (traumatic brain injury). Studies have found that psychopathic offenders are much as three or four times more likely to violently reoffend following release from custody than are non-psychopathic offenders (Hare, 1996).

This study utilized a content analysis approach with a holistic document analysis. This process included analyzing archival written data and life history of three serial sex offender murderers, Richard Ramirez, Dennis Rader (aka B.T.K. Killer), and Westley Allan Dodd, diagnosed with psychopathy (as indicated by the DSM-5) and who suffered a significant head injury; each was thoroughly reviewed and analyzed. The data was analyzed to identify specific relationships between serial sex offenders with psychopathy and speech

disfluencies. Participants were chosen based on the accessibility of information, their life history, their criminal offenses, and their PCL-R scores (Hare, 1991, 2003) to provide insight as to their brain health and the severity of their psychopathy. The data were collected in parallel, analyzed separately, and then merged.

Problem Statement

The research discusses and analyzes speech dis-fluencies in serial sex offenders and their link to psychopathy. Current research gives insight on detecting psychopathy by body language, emotions, and facial expressions. There is even research that assists in detecting a psychopath by their contextual language with the use of computer technology. It is said that psychopaths have their own secret dialect. Research suggests that psychopaths are cunning, intelligent, and use disfluencies to trick their listener when recounting their crimes. Current research suggests otherwise.

Purpose of the Study

The objective of this content analysis study (detailed views) is to better understand a research problem by analyzing historical archival data. In the study, writings and archival data were used to measure the relationship between speech disfluencies and psychopathy. This research attempted to add to the existing research with regards to detecting psychopaths by their written and verbal language. The hope was to assist in early detection of psychopathy of serial sex offenders.

Research Questions/Objectives

It was first hypothesized that deciphering the discernable linguistic written word patterns of a repeat offender diagnosed with psychopathy could be used to assist in early detection of an offender who utilized various sources of social media and dating sites (i.e., Facebook, Snapchat, Twitter, Tinder, Instagram, etc.) to lure their victims. It was then hypothesized that an individual's spoken word was different than their written word. It was further hypothesized that an individual's verbal dialogue was the same as their written dialogue

(i.e., individuals write just as they speak). Finally, it was hypothesized that an individual's dialogue was geared towards the individual victim they were attempting to entice.

Delimitations

Due to a lack of ample research in the area of speech disfluencies and TBI of criminal offenders with psychopathy, data that were used was from a miniscule sample, which may not be representative of the entire population. Inferences made were based on this small sample as well as similar populations.

Assumptions

The research material consisting of media, biographies, research articles, and writings were obtained from various research databases on the internet and book publications. It is assumed that the media and information accurately reflects true and correct reproductions of the original material.

Definition of Key Terms

Amygdala. A mass of gray matter resembling an almond-shaped is inside each cerebral hemisphere, involved with the experiencing of emotions. It is an intrinsic component of the limbic system and is based at the end of the hippocampus. It is responsible for the response and memory emotions, especially fear (Swensen, 2006).

DSM-5. This is the 2013 update to the American Psychiatric Association's classification and diagnostic tool for mental disorders. The DSM serves as a comprehensive authority for psychiatric diagnoses and treatment recommendations (The Diagnostic and Statistical Manual of Mental Disorders)

Felony. A criminal act that is charged and punishable by imprisonment for more than one year in prison; neither the charge nor the sentence can be reduced to a misdemeanor. Under California Penal Code 17(a) it is a crime that is punishable by death. Under California Penal Code 667.5(c), Rape is a violent felony.

Grand mal seizure. Also referred to as a generalized tonic-clonic seizure, features a loss of

consciousness and violent muscle contractions. They are caused by abnormal electrical activity throughout the brain and is often caused by epilepsy (Grand mal seizure, 2014).

Mass Murderer. An individual who takes the life of a sizeable number of people, typically at the same time, in a single location (Aguilar, 2017).

Misdemeanor. A less serious transgression than a felony which is punishable by a maximum of six months in county jail and a monetary sanction of no more than $1,000.000. Offenses of this nature include petty theft, drunk in public, disturbing the peace, loitering, etc. (California Penal Code Section 602).

Petit seizure. Or absence seizure is a very uncommon seizure that begins suddenly and occurs without any warning signs. Individuals who are experiencing an absence seizure appear to stare without moving. These types of seizures typically last less than 15 seconds and can occur many times a day. They may often be mistaken for daydreaming. While the individual may not remember what happened during the seizure, he or she typically returns to being alert once the seizure resolves (Absence Seizure, 2017).

PCLR. Often referred to as the Psychopathy Checklist-Revised. It is the most widely used measure for assessing psychopathy. It is not the only measure for psychopathy but it has become the standard measure (Hare, 1993).

Psychopathy/Anti-Social Personality Disorder (APD). Hare (1993) defined psychopath as a "social predator who will charm, manipulate, and ruthlessly plow their way through life, leaving a broad trail of broken hearts, shattered expectations, and empty wallets; completely lacking in conscience and empathy, they selfishly take what they want and do as they please, violating social norms and expectations without the slightest sense of guilt or regret" (Hare, 1993, p. xi).

Right brain expressions. Is the more artistic and creative side of the human brain and is in control of human emotions, imagination, intuition, holistic thoughts, and insight (Right-Brain Hemisphere, 2017).

Serial killer. An individual who takes the life of three or more people within a period of one month, with a cooling down time between murders. The killings must be separate events most often driven by a psychological thrill or pleasure (Serial Murder,2010)

Temporal lobe. Each of the paired lobes of the brain lying beneath the temples, including areas concerned with understanding speech and emotions (Kelly, 2015).

Temporal lobe epilepsy. Effects portions of the brain that controls emotions and memory. The temporal lobes are situated on either side of the head above the ears at the temples. Temporal lobe epilepsy can trigger both partial and generalized seizures. Features of the seizure include emotional or thought disturbances and hallucinations involving tastes, sounds, or smells. Medications are used to control the seizures (Holmes, Sirven, & Fisher, 2013).

Traumatic brain injury (TBI). Occurs when an external force impacts the brain causing injury. TBI can be classified based on mechanism (closed or penetrating head injury), severity, or other features (e.g. occurring in a precise location or over a widespread area). TBI may result in cognitive, emotional, physical, and behavioral symptoms, and the outcome can range from complete recovery to permanent disability or death. Causes of TBI's include falls, vehicle collisions, and violence. Trauma to the brain occurs as a consequence to sudden acceleration or slowing within the cranium or by an interlinking combination of both movement and sudden impact. In addition to the damage caused at the moment of the injury, a potpourri of occurrences in the minutes to days following the injury may result in secondary injury. These processes include alterations in cerebral blood flow and the pressure within the skull. Magnetic resonance imaging (MRIs) is a technique often used to diagnose TBI's (Lagerquist, 2012).

Chapter 2

REVIEW OF THE LITERATURE

Psychopaths are often described as individuals who are cunning, manipulative, and without conscience (Hare, 1999). Metaphorically speaking they are the iconic symbol of a wolf in sheep's clothing. However, even wolves can unconsciously betray themselves if they are not careful. The current standard for assessing psychopathy is time intensive for regular use outside of research, and a more efficient alternative is unavailable. Research on language processing has evidenced differences between psychopaths and non-psychopaths, which may suggest a new method to distinguish them. Psychological theory and previous research suggest that psychopaths have a language all their own consisting of distinct word use patterns in speech. However, this research falls short in finding the cause of such speech disfluencies.

According to researchers, approximately 1% of males age 18 and over in the general population are psychopaths (Hare, 1996). This equates to approximately 1,150,000 adult males who meet the criteria for psychopathy in the United States. Of these, approximately 6,720,000 adult males are in prison, jail, on parole or probation (Sabol, 2009), and 16% or 1.075,000 are psychopaths. Therefore, this translates into approximately 93% of adult male psychopaths in the United States who are in prison, jail, parole, or probation (Kiehl & Hoffman, 2011).

Psychopaths have distinct combinations of cognitive, social, and emotional characteristics that differentiate them from the general population (Hare, 2003, 2006). They posture a wholly selfish orientation and profound emotional deficit as evidenced from studies of psychophysiology, neurology, and behavior (Hare, 2003). Psychopaths seem to have little or no conscience or empathy (Hare, 2006; Porter & Porter, 2007). The psychopath's diminished capability for moral sensibility appears to have biological underpinnings;

neuroimaging research indicates potential structural functional abnormalities, including grey matter reductions in frontal and temporal areas (Oliveria-Souza et al., 2008), and abnormalities in the prefrontal cortex, corpus callosum, and hippocampus (e.g., Raine et al., 2004, 2003). Yet psychopaths present no apparent deficits in intellect (Patrick, 2006). In fact, psychopaths typically are skilled conversationalists and use language to lie to, charm, and ultimately use others for their own personal material gain, drugs, sex, or power. This characteristic trait allows them to be more successful than their counterparts in receiving early parole, despite their high rate of re-offense. As seen in the case of Jack Unterwerger, the serial murder turned journalist who tricked the public into thinking he had been rehabilitated, obtained an early release and a pardon, and continued his killing spree (Marlowe, 2007).

However, some studies have yielded mixed findings about the association between psychopathy and deception in a variety of contexts. Some studies have found little to no relationship between psychopathy and distortion measures, socially desirable responding and dissimulation on the one hand and symptom amplification or malingering on the other (e.g., Clark, 1997; Edens, Buffington, & Tomicic, 2000; Poythress, Edens, & Lilienfeld, 1998; Poythress, Edens, & Watkins, 2001). Hare et al. (1989) concluded that the performance of psychopaths on validity scales of commonly used self-report inventories generally falls within acceptable ranges and, therefore, does not suggest obviously deceptive response patterns. Furthermore, psychopathic offenders are not any more successful at deception and beating the polygraph than non-psychopathic offenders (Patrick & Iacono, 1989; Raskin & Hare, 1978).

In contrast, other studies have reported a positive association between psychopathy and deception. There is evidence that malingering is associated with psychopathy (Gacono, Meloy, Sheppard**,** Speth, & Roske, 1995; Kropp, 1992, as cited in Rogers & Cruise, 2000). Research also suggests that psychopathy is associated with deceptive presentation styles, such as denial manipulation (Rogers & Cruise, 2000), social desirability (Rogers

et al., 2002), and the use of deception in sexual and non-sexual association between psychopathy and deception-related criminal offenses (Molto, Poy, & Torrubia, 2000) and escape (Gacono, Meloy, Speth, & Roske, 1997). When analyzing the current research, it was unclear if psychopathic individuals were more successful at deception.

When psychopaths are deceptive, they engage in strategies that reduce or promote suspicion, providing clues for deception detection. During interviews, psychopaths are more intrusive than non-psychopaths (i.e., lean forward more and look at the interviewer longer) and the interviewer does not get the opportunity to speak as much when interacting with psychopathic adolescents (Rime, Bouvey, Leborgne, & Rouillon, 1978). Louth, Williamson, Alpert, Pouget, and Hare (1998) found that when discussing neutral, negative, and positive topics, psychopathic inmates spoke more quietly than non-psychopathic inmates. Klaver, Lee, and Hart (2007) found that psychopathic offenders spoke faster and engaged in more blinking and head movements when lying.

Very few studies examined the connection between psychopathy and speech. Williamson (1991) examined affective and neutral narratives among psychopathic and non-psychopathic offenders and found psychopathy to be associated with disordered communication and less coherent narratives. Brinkley, Bernstein, and Newman (1999a) found that narratives of psychopathic offenders were less coherent. Brinkley, Newman, Harpur, and Johnson (1999b) found that narratives of psychopaths were less cohesive. A more recent study has implemented the use of automated tools to detect word choices of psychopaths. In this study, conducted by Hancock, Woodworth, and Porter (2011), it was discovered that while individuals have conscious control over particular noun and verb usage, this is not the case for the majority of the words used, including functional words like “to” and “the” or the tense used for verbs. They are unconsciously produced (Hancock et al., 2011). These unconscious actions can reveal the psychological dynamics in a speaker’s mind, even though he or she is unaware of it (Hancock et al., 2011). Hancock and his colleagues examined the emotional content of the

participants' speech by looking at a number of factors, including how frequently they described their crimes using the past tense. The use of the past tense can be an indicator of psychological detachment, and it was found that psychopaths tended to use the past tense more than the present tense when compared with non-psychopaths. The research also unveiled that psychopaths tended to exhibit more dysfluencies in their language – the "uhs" and "ums" that interrupted speech. It was thought that the dysfluencies indicated that a speaker needed time to think about what they were going to say before they said it. However, this was not the case with psychopaths.

It was thought that the increased use of "uhs" and "ums" was a result of "putting on the mask of sanity" (Hancock, 2011). The exact reason for this was unclear, but Hancock and his colleagues speculated that the psychopaths were trying harder to make a positive impression, hence needing more time and mental effort to frame their story. Psychopaths view the world and others as objects that are theirs for the taking (Porter & Woodworth, 2007). Hancock's research further revealed that a psychopaths' language contained more subordinating conjunctions including "because" and "so that" in association with cause-and-effect statements, suggesting that psychopaths were more likely to view the crime as a logical outcome of a plan (i.e., it had to be done to achieve a certain goal).

The average individual tends to respond to higher level needs such as family, religion, or spirituality, and self-esteem. Psychopaths, on the other hand, tend to remain occupied with needs consisting of a more basic existence. Psychopaths used twice as many words related to basic physical needs and self-preservation, including eating, drinking, and monetary resources than the non-psychopathic control group. Moreover, the non-psychopathic control group spoke more about spirituality and religion, family, and what other people would think about when they just committed a murder.

The prior research has tested the linguistic word patterns of mass murders with psychopathy. However, Hancock's (2013) research falls short in finding the causal relationship between speech disfluencies and

psychopathy. This purpose of this current research is to investigate the potential link between speech disfluencies, head trauma, and psychopathy in serial sex offenders in an attempt to obtain a better grasp on the root cause of psychopathy

Serial Killer versus Mass Murderer

Jack the Ripper, Richard Ramirez, James Holmes, and Elliot Rodgers are all known psychopaths. However, there is something that separates them from each other. Some are serial killers while others are mass murderers. The paragraphs that follow will attempt to differentiate between a serial killer and a mass murderer.

Serial Killer

A serial killer is defined as a person who murders two or more individuals over a one-month period, with a cooling down time between killings. The murders committed by a serial killer are separate events, and are typically driven by a psychological thrill or pleasure. Most serial killers share similar characteristics. They are typically males ranging in the age from 25 to 40, or at least cunning and street smart, charming or charismatic, and have an acute interest in law enforcement (Aguilar, 2017).

The modus operandi of a serial killer can be broken down into four distinct categories: hedonistic, power/control, mission oriented, and visionary. The hedonistic serial killer hunts his victim for the purpose of seeking a thrill or rush from his kill. The gratification that the individual receives is usually for financial gain or lust or sexual pleasure. The motive driving the power/control serial killer is sex, power, and the satisfaction of having complete control over the victim. The driving force behind the mission-oriented serial killer is revenge with the intent of eliminating a certain individual or group of people. This killer believes he/she is doing society a favor. Hedonistic and power/control serial killers are thought to be organized killers; they are careful about selecting their victims, the method in which they carry out their murders, and how they dispose of the bodies. The visionary serial killer typically suffers from a form of psychosis coupled with delusions and/or

hallucinations. He/she feels compelled or commanded to kill by a driving force or an alternate being; usually a god or demon. Their killings are often disorganized in nature (i.e., there is no specific timing, method, victim type, etc.). The victims of visionary serial killers are not targeted; rather, they are randomly selected.

Serial killers may be unpleasant, nice, or even apparently model citizens, and might be described as hard-driving, Machiavellian aggressive, ambitious, morally pragmatic, or difficult. However, they are not psychopaths in the strict sense of the term and definition (Aguilar, 2017). These individuals usually employ a "mask of sanity" to hide their true psychopathic tendencies to appear normal and even charming. Psychopathy is thought of as a multi-dimensional continuum. The continuum of a serial murder contains the elements of fantasy, stalking, abduction, killing of the victim, disposal of the body, and a cooling off period between murders (this can be days, months, or even years).

Serial killers will often blindfold their victims. The blindfold can be in the form of a mask, cloth, or duct tape. There will often be an attack on the face. This will be in the form of slapping the victim or scarring the victims face (by burning or carving). This act depersonalizes the attack and is used as a mechanism to desecrate and/or control the victim. The perpetrator will often attack the eyes, resulting in blindness. If the victim lives through the attack it reduces the possibility of identifying the perpetrator. Other perpetrators will make an attack on the eyes for symbolic reasons; they are often thought to be the window to the soul. Richard Ramirez (aka the "Night Stalker") cut the eyelids off of one of his victims and then cut out her eyeballs and put them in a jewelery box because he wanted a piece of her soul. Another form of an attack on the face is through the mode of oral copulation or ejaculation on the face. This act objectifies the victim and makes the attack more impersonal. Serial killers whose modus operandi is to kill for hedonistic, thrill, or power control dispose of the bodies of their victims. Law enforcement only finds the bodies of the victims that the killer intends for them to find (Aguilar, 2017). It is thought of as a form of advertisement (their signature card) and boasting or bragging.

If the perpetrator uses weapons or chemicals on the victim, they are intended to be used as a form of torture; designed to terrorize, degrade, and/or touch the victim (Aguilar, 2017).

Serial killers may dismember their victims. This often is projected in the form of picquerism, the repeated stabbing and wounding of a victim for the purposes of maximizing sexual gratification. This signature is most characteristic of hedonistic, thrill, and power-control types of serial killers.

Serial killers will also take souvenirs and/or trophies from the crime scene. Souvenirs are distinctive from trophies. Souvenirs are typically belongings from a victim whether it be jewelery or a piece of clothing (usually underwear). Trophies are personal. Typically, a trophy is body part that has been severed from the victim; a leg, breast, or finger. Trophies often result in an experientially high and a visual reward that serves as an aphrodisiac (Aguilar, 2017).

The most notable serial killer, Ted Bundy, was a "charmer" serial killer. In order to trick his victims, he would fake injury to appear harmless. Bundy was classified as an organized serial killer; one who methodically planned out his murders and generally stalked victims for several weeks before committing the actual crime.

Mass Murderers

Mass murders are distinguishable from serial killers because they kill a large number of people at the same time in a single location. A mass murderer can also commit a spree murder. This is when a person commits murder in two or more locations, but the killings are linked by motive as a single event (Aguilar, 2017). The FBI defined mass murder as a single incident in which a perpetrator kills three or more people, excluding himself or herself. The victims may either be randomly selected or targeted for a specific reason or purpose that only makes sense to the perpetrator. Mass murderers are dissatisfied individuals who have poor social skills and few friends. The motives for mass murder are less obvious than those of a serial killer. A common motive for mass murder is revenge or retaliation. Other possible motives include a need for attention

or fame and grandiosity. Research reflects that most mass murderers are male, and a majority of them are not clinically psychotic. Mass murder tends to be conducted by paranoid individuals with acute social or behavioral disorders. Mass murderers can display psychopathic tendencies, such as being manipulative, cruel, and uncompassionate. Most mass murderers are social misfits or hermits who were emotionally pushed over the edge by some uncontrollable event. Mass murder sometimes occurs when the perpetrator, who is deeply vexed, experiences a psychotic break from reality and retaliates against his/her perceived harrasers in a blitz-like assault. James Holmes shot and killed twelve people and injured 58 others at a local movie theatre in Colorado. He was classified as a mass murderer.

Most mass murders end with the death of the perpetrators, either by law enforcement or self-infliction, frequently, but not always, at the scene of the crime. From a social-psychological paradigm, mass murder is an act of vengeance against civilization by a fatalistic and desperate individual who has no intention of going away peacefully or returning to kill another day.

A commonality between mass murders and serial killers is that they both often display the same characteristics of manipulation and lack of empathy. The only differentiation between the two is the number of murders and the timing. Mass murders take the lives of an entire group of people at one time within in single location, while serial killers commit their murders over a long period of time.

Psychopathy and Antisocial Personality Disorder (APD)

Carl Jung describes psychopathy as empty pockets or gaps in the soul (Maram, 2016). Others refer to psychopathy as “moral insanity.” Current researchers speculate that psychopathy is on a continuum and that there are varying degrees of psychopathy. However, this is still just a theory as there is not enough research to substantiate the theory.

Robert Hare, Ph.D. (1999) defined psychopathy as a syndrome - a cluster of related symptoms. Psychopaths are “remorseless predators who use charm, intimidation, and if necessary, impulsive and cold-blooded violence to attain their end” (Hare, 1996, p. 34). Psychopaths are agreeable, affable on first impression, alert, able to engage in conversation, possesses genuine interests, are charming, and even funny. For instance, Jeffrey Dahmer effectively used his charm and possessed a genuine interest in his victims to gain their trust for the purpose of luring in his victims. These are also some of the distinct personality characteristics of those with psychopathy as identified by Cleckley in his book entitled *The Mask of Sanity* (1941). Cleckley outlined 16 core characteristics of the psychopathic personality, including superficial charm, average or above average intelligence, lack of remorse, impaired judgment, egocentricity, lack of anxiety, impoverished affective functioning, and a tendency toward impersonal sexual relationships.

Hare (1980, 1991) introduced the classification of psychopathy. In 1980, Hare conducted research with incarcerated male psychopaths, making a significant contribution to the psychopathy literature. He expanded the research, developing the first empirically based psychopathy measurement tool, referred to as “the Hare,” and later amended and renamed it the Psychopathy Checklist (PCL) (Hickey, 2012).

The PCL-R checklist provides a gauge for measuring a constellation of traits, including , grandiose sense of self-worth , glibness/superficial charm, pathological lying, conning/manipulative, lack of remorse/guilt, shallow affect, callousness/lack of empathy, need for stimulation, parasitic lifestyle, poor behavior controls, early behavior problems, lack of realistic goals, impulsivity, irresponsibility, juvenile delinquency, promiscuous sexual behavior, many short term relationships, and criminal versatility.

The DSM-5, however, does not have a diagnosis for psychopathy. The term psychopathy is currently used in the assessment and conceptualization of offenders but has never formally appeared in the DSM as a diagnostic label (Filone, 2014). Rather, the DSM-5 provides Antisocial Personality Disorder (APD) with a

specifier with psychopathic features. Pursuant to the alternative DSM-5 model (pg. 761; 764-765) personality disorders are characterized by impairments in personality functioning and pathological personality traits. Typical features of antisocial personality disorder are a an egocentric, callous lack of concern for others, and a insolvent ability to conform to lawful and ethical behavior, accompanied by deceitfulness, irresponsibility, manipulative, and/or risk taking, characteristic difficulties are evident in identity, self-direction, empathy, and/or intimacy, along with specific maladaptive traits in the discipline of antagonism and disinhibition (American Psychiatric Association, 2013).

Diagnostic Criteria

Psychopaths have a moderate or greater impairment in personality functioning, manifested by characteristic difficulties divided into two categories, are also known as Factors 1 and Factors 2 of psychopathy. On an emotional and interpersonal level, these symptoms take the form of personality traits: egocentric and grandiose, glib and superficial, lack of remorse or guilt, lack of empathy, deceitful and manipulative, and shallow emotions. When looking at Factor 2, social deviance, one is measuring for impulsiveness, poor behavior controls, early behavior problems, need for excitement, lack of responsibility, early behavior problems, and adult antisocial behavior.

Specify it with psychopathic features. A distinct variant of psychopathy (or "primary" psychopathy) is characterized by a bold interpersonal style and a lack of anxiety or fear that may mask maladaptive behaviors. This psychopathic variant is characterized by low levels of anxiousness and withdrawal and high levels of attention seeking. Increased attention seeking and low withdrawal capture the social potency component of psychopathy, whereas low anxiousness captures the stress immunity component (American Psychiatric Association, 2013). In contrast, a secondary psychopathy is not inherent but is caused by "social disadvantages, low intelligence, neurotic anxiety, or other psychopathology" (Newman, MacCoon, Vaughn, & Sadeh, 2005,

p.319; Huss, 2013). The key distinction between primary and secondary psychopathy is the presence of anxiety.

Trait and personality functioning specifiers may be used in addition to psychopathic features, to document other personality features that may be present in antisocial personality disorder, but are not required for the diagnosis. For example, traits of Negative Affectivity are not diagnostic criteria for antisocial personality disorder (see Criteria B) but can be specified when appropriate. Furthermore, although moderate or greater impairment in personality functioning is required for the diagnosis of antisocial personality disorder (Criterion A), the level of personality functioning can also be specified (American Psychiatric Association, 2013).

When measuring for empathy, psychopaths score lower on the empathy scale (Baron-Cohen, 2011). Psychopaths tend to hide their true natures, hence, making self-report an extremely unreliable tool with psychopaths. Since psychopaths are masters of deception, researchers are moving towards more scientific measures involving physiology to test empathy in individuals with psychopathy. Using galvanic skin response (GSR), researchers can measure the autonomic response of how aroused an individual becomes when encountered with emotional material. GSR measures reveal that psychopaths have reduced autonomic responsiveness (they are less aroused) while looking at pictures of individuals in turmoil (Baron-Cohen, 2011), thereby implying a reduced affective empathy.

Psychopaths are unable to identify a fearful emotion or expression. A method used to measure emotional arousal of an individual is to employ event-related potentials (Baron-Cohen, 2011). Electrodes are placed on the scalp to quantify the electrical activity of the brain. Individuals with psychopathy do not show an increase in brain activity over the central and parietal regions of the brain in response to emotion-based words (Baron-Cohen, 2011).

Some researchers assert that the psychopathic mind is evil. Lawrence Kholberg (1958) developed the

test to measure morality. His test for morality reveals that psychopaths do not score low on the morality scale. This is partially because they say one thing in their everyday lives and will turn around and do another. Elliot Turiel (1983) also developed a test for measuring moral reasoning. Turiel's test involved identifying and measuring the severity of human moral transgressions and conventional transgressions within a depicted scenario, i.e., how bad an action was and whether it would still be wrong if there were no rule(s) banning it. While an individual who does not struggle with psychopathy can decipher between moral and conventional transgressions, and recognize that while the rules for the transgression can change, if the rule is modified to allow for a moral transgression it does not make the act any less harsh than before. Those with psychopathy have difficulty with deciphering between these kinds of distinctions, i.e., that something is still inherently wrong despite whether there is a law against it or not (Baron-Cohen, 2011). Hence, it can be concluded that in addition to showing low emotional reactions to others distress, psychopaths are also dulled in their moral development.

Joseph Newman (1985), at the University of Wisconsin-Madison, hypothesized that psychopaths have an underactive behavioral inhibition system (located in the septohippocampal brain network) (Baron-Cohen, 2011). In essence, psychopaths lack the skills to comprehend the consequences of their actions because damage to the behavioral inhibition system leads individuals to repeat behaviors that trigger punishment. Because of this damage, Newman argues that psychopaths do not learn to fear punishment. The primary feature of antisocial personality disorder is the permeative pattern of neglect for, and violation of, the rights of others that commences in childhood or early adolescence and carries on into adulthood; with central features of deceit and manipulation.

It is worth noting that non-pedophilic and pedophilic sexual offenders are distinct groups in terms of their personalities. Some studies have found that psychopathic traits are more typical among offenders who

sexually assaulted adults than among child molesters (Firestone, Bradford, Greenberg, & Serran, 2000). Non-pedophilic sexual offenders also often appear to have relatively strong narcissistic traits, while pedophiles appear to suffer more often from anxiety and depression with or without comorbid dependent personality characteristics (Chantry, & Craig, 1994).

The Biology of a Psychopath

Psychopathy is a unique construct; a developmental disorder identifiable in both childhood and adulthood. In order to fully explain psychopathy, it is important to understand the biological factors which contribute to the disorder. The neuro-cognitive impairments seen in children with psychopathic tendencies are seen in adults with psychopathic tendencies (Blair, Preschardt, Budhani, Mitchell, & Pine, 2006).

When compared to the diagnoses of conduct disorder and antisocial personality disorder, psychopathy identifies a homogeneous pathology. Psychopathy involves a pervasive pattern of emotion (reduced empathy and guilt) and behavior (frequency of criminal activity and violence) symptoms compared to anti-social personality disorder and conduct disorder (Frick, O'Brien, Wootton, & McBurnett, 1994). Emotional dysfunction is at the heart of psychopathy (Blair et al., 2006) and puts individuals at risk for learning antisocial behaviors; however, it does not mean that an individual will learn to be antisocial (Blair et al., 2006). Whether an individual does or does not do so will be determined by internal and external factors (e.g., the individual and social factors). Approximately 25% of individuals classified with antisocial-personality disorder and conduct disorder will show psychopathic tendencies (Hart & Hare, 1996).

A distinctive feature of the behavioral profile of children and adults with psychopathy is their excessive use of protective and planned aggression (instrumental aggression) (Cornell et al., 1996; Frick, Cornell, Barry, Bodin, & Dane, 2003). Instrumental aggression is resolute, and goal-directed aggression is used instrumentally to achieve a specified desired objective such as procuring the victim's possessions (Berkowitz, 1993). In

contrast, reactive aggression (i.e., affective, impulsive, defensive) aggression is triggered by a frustrating or threatening event and is associated with anger (Barratt, Standord, Dowdy, Liebman, & Kent, 1999; Berkowitz, 1993; Crick & Dodge, 1996). Heightened levels of reactive aggression are found in individuals with psychopathy (Blair, 2003c). Additionally, individuals with psychopathy show particularly elevated levels of instrumental aggression compared to individuals with other behavioral dyscontrol syndromes (Blair et al., 2006).

At the anatomical level, reactive aggression is interceded by a basic threat system that runs from medial amygdaloidal regions down to the dorsal half of the periaqueductal gray (e.g., Greg & Siegel, 2001; Panksepp, 1998). The system is regulated by orbital, medial, and the ventrolateral frontal cortex (Blair, 2004; Grafman, Schwab, Warden, Pridgen, & Brown, 1996) and that dysfunction occurs when 1) the basic threat system becomes elevated in response to genetic or traumatic factors, and or 2) the frontal systems regulating its activity becomes dysfunctional (Blair et al., 2006). Trauma leads to increased responsiveness of basic threat and therefore a greater risk for an individual to express an extreme reactive aggressive response to a mild threat rather than a more ecologically appropriate one (freezing or escaping behavior) (Blair et al., 2006). The increased risk for reactive aggression in psychopathy is related to dysfunction in the regulatory activity of ventrolateral prefrontal cortex (Blair et al., 2006).

The neurobiology of predatory aggression gives insight on human instrumental aggression (Gregg & Siegel, 2001). Human instrumental aggression is goal oriented and highly influenced by the individual's learning history. Because instrumental aggression is a goal-oriented motor response, it recruits the same neural regions as any other goal-directed activity (i.e., striatal and premotor cortical neurons) (Passingham & Toni, 2001). Pathology leads to heightened levels of proactive aggression and correlates to socialization; as a result of impairment in specific forms of emotional learning, the child does not learn to avoid antisocial behavior.

Genetic Basis for Psychopathy

The literature examining the genetic influences on aggression and antisocial behavior provides that heritability estimates for 44% to 72% of aggression in adults (Blair et al., 2006). Genetic variation is likely to play a role in determining the probability that an individual will learn an antisocial strategy for personal gain as opposed to a strategy sanctioned by societal norms. Many have expostulated that the emotional dysfunction shown by individuals with psychopathy makes them more likely to learn antisocial strategies to achieve their goals (Blair, 1995; Eysenck, 1964; Lykken, 1957; Trasler, 1973). Three studies provide insight that there may be a neurobiological contribution to emotional dysfunction behind the behavior and that its association with emotional dysfunction underlies the genetic contribution of antisocial behavior (Blair et al., 2006). Blonigen, Carlson, Kreuger, and Patrick (2003) collected data from 353 adult twin males using the self –report Psychopathic Personality Inventory (Lilienfeld & Andrews, 1996) and found moderate heritability for the affect based psychopathy (Blonigen et al., 2003). Blonigen, Hicks, Kreuger, Patrick and Iacono (2005) collected data from 626 pairs of 17-year-old male and female twins using the Mulidemensional Personality Questionnaire and found significant heritability for the two measures of psychopathic traits (fearless dominance and impulsive antisociality) (Blonigen et al., 2005). Viding, Blair, Moffitt, and Plomin (2005) examined approximately 3,500 child twin pairs within the Twins Early Development Study (TEDS); the callous and unemotional element of psychopathic tendencies was noted at age seven (Viding et al., 2005). Hence, genetic factors account for two-thirds of the difference between the callous-unemotional pro-bands and the population (Blair et al., 2006).

Sociological Basis for Psychopathy

It is believed that social factors, such as abuse, contribute to the cause of psychopathy. There is a vast amount of evidence that there is a strong correlation between physical and sexual abuse and an increased risk of aggression and impulsivity in humans (Dodge, Pettit, Bates, & Valente, 1995; Farrington & Loeber, 2000;

Widom, 1992). Moreover, exposure to violence in the home/neighborhood increases the risk for aggression (e.g., Miller, Wasserman, Neugebauer, Gorman-Smith, & Kamboukos, 1999; Schawb-Stone et al., 1999). In contrast, Blair and his colleagues (2006) believe that abuse is unlikely to lead to the affective flattening that is the core feature of psychopathy (though, see Carrey, Butter, Persinger, & Bailik, 1995).

Research suggests minor physical anomalies, like obstetric complications, have been linked to the development of conduct disorder, delinquency, and violence in adulthood, especially when other psychosocial risk factors are present (Brennan et al., 1997; Mednick & Kandel, 1998; Raine, 2002a). However, the literature has not considered whether birth complications are a risk factor for psychopathy or syndromes associated with heightened levels of reactive aggression (Blair et al., 2006). Based on current research, Blair and his colleagues (2006) concluded that it is improbable that birth complications are causally connected with an increased risk for the instrumental aggression seen in individuals with psychopathy (Blair et al., 2006).

Neurological Basis for Psychopathy

The human brain is segmented into three basic units: the forebrain, the mid-brain, and the hind-brain. Serving as the center of the nervous system, it is the most delicate and complicated organ in the human body. Most of the emotional controls are located in the forebrain. The development of psychopathy at the molecular level is still currently unknown; however, research suggests that it is a clear that psychopathy can develop in two main neural systems: the amygdala and orbital/ventrolateral frontal cortex (OFC) (Blair et al., 2006). Orbital and ventrolateral dysfunction is a risk factor specifically for reactive aggression; in healthy individuals, these regions are involved in influencing the neural systems that mediate the basic response the threat (i.e., reactive aggression). These regions are dysfunctional in psychopathy and individuals with this disorder are at heightened risk for inappropriate displays of reactive aggression.

The forebrain. The forebrain is the most fundamental part of the brain. It contains the newly evolved structures in our brain. The forebrain consists of the thalamus and the limbic system. The thalamus is the operator/switchboard of the brain. Any sensory information that is processed through the body (sight, hearing, touch, and taste) enters the thalamus first. The thalamus then sends the information to the right parts of the brain to get processed. The limbic system is the emotional control center of the human brain because it contains structures that help humans feel and identify the most raw emotions. Primary systems within the limbic system are: the hypothalamus, the hippocampus, and the amygdala. The hypothalamus is involved in controlling thirst, hunger, sexual arousal, body temperature, and the endocrine system. They hippocampus is involved in memory processing. While human memories are not stored in this area of the brain it does assist with putting the memories in the right compartment within the brain. The amygdala handles some memory processing functions, but it is crucial is to handling basic emotions like anger and jealousy.

Amygdala and prefrontal cortex. When studying the biological basis of psychopathy, the prefrontal cortex and the amygdala are two of the areas in the brain that have been of primary focus (LaBrode & Rebeca, 2007). The amygdala is a paired structure, with one located in each hemisphere of the brain. It is part of the limbic system that mediates emotion and memory. It plays a role in mediating various aspects of behavior and emotional learning, ranging from disgust to excitement, joy to sadness, and regret to satisfaction. Emotions can either be positive or negative and have a low or high intensity that portray emotional arousal. The amygdala also controls how one perceives and experiences fear.

The amygdala is implicated in aversive conditioning, instrumental learning, and responses to sad and fearful facial expressions (Blair, 2003), which are all processes that have been found to be impaired in people with psychopathy. Psychopathy is pronounced by amygdala dysfunction. This dysfunction disrupts the ability of individuals to be socialized and thus puts them at greater risk of learning antisocial behaviors, including

instrumental aggression, to achieve their goals (Blair et al., 2006). Reduced amygdala volume (Tihonen et al., 2000) and delayed response to words with neutral and negative associations (Kiehl et al., 2001) were also found in persons with increased levels of psychopathy (Blair, 2003; LaBrode, 2007). These findings have suggested that the amygdala impairment affects socialization (Blair, 2003), which involves aversive conditioning and instrumental learning. Psychopaths do not assimilate to avoid antisocial behavior because learning to avoid a behavior involves engaging in a certain behavior and then being punished by an aversive response (LaBrode, 2007).

The prefrontal cortex, located in the frontal lobe of the brain, controls thoughts in formulating plans and strategies. The prefrontal cortex is associated with the ability to plan, regulate, and control one's impulsive behaviors, helping see the future reprecussions of one's actions rather than seeking instant gratification, as well as the ability to regulate human behavior in accordance with long-term goals. The under part of the prefrontal cortex specializes in learning from experience and fine tuning decision making based on past experiences (Raine, 2011). A lack of frontal cortex function and/or damage to the prefrontal cortex impairs people's ability to make plans for the future and to recognize the personal significant of situations in which they are involved. Lesions of the prefrontal cortex disrupts people's plans for voluntary action. Those with prefrontal lesions will react to events but show deficits in initiating appropriate behaviors.

The prefrontal cortex's connectivity to other brain regions gives insights to the means by which it may regulate impulsive behavior. The prefrontal cortex has an inhibitory projection to the amygdala, a subcortical structure associated with violent conduct. The prefrontal cortex is also responsible for sending excitatory projections to areas of the cortex associated with movement and sensation, dictating how one moves or feels. There is an alternate pathway between the ventral tegmentum and the prefrontal cortex that uses dopamine, a neurotransmitter associated with pleasure and reward, which may mediate the prefrontal cortex's role in

anticipating rewards. Lower functioning in the frontal lobe results in poor social judgment, loss of self-control, and an inability to modify behavior appropriately. Those with good frontal functioning are able to learn from their mistakes and adjust their careless behaviors accordingly. The prefrontal cortex is a key area of the brain that is dysfunctional in murderers (Raine, 2011).

Distortions of the prefrontal cortex are linked to psychopathy. The medial orbitofrontal cortex (OFC) receives and sends projections to the amygdala and is involved in response reversal and instrumental learning, which are both functions that are diminished in psychopaths (Blair, 2003). Lesions of the OFC have been connected with acquired sociopathy, which is psychopathic behavior in previously non-psychopathic individuals, following the development of lesions of the OFC (Blair, 2003). Yang et al. (2005) conducted a study and found a 22.3% reduction in prefrontal gray matter using structural magnetic resonance imaging in unsuccessful psychopaths (those who have been caught) in comparison to control subjects. The evidence strongly suggests biological etiology for psychopathy (LaBrode, 2007).

At the cognitive level, the assertion is that psychopathy is marked by two main forms of impairment: impairment in altering stimulus-response associations as a function of change and dysfunction in the ability to form stimulus-reinforcement relations. Dysfunction in the ability to form stimulus-reinforcement associations is linked to the specific forms of fear and empathy deficits associated with psychopathy. It is thought that this dysfunction disrupts a child's ability to be socialized and therefore puts the child at risk for learning to use antisocial behavior to achieve his or her goals. Dysfunction in the ability to alter stimulus-response associations as a function of change is a risk factor for frustration and consequent reactive aggression (Blair et al., 2006). It may be conceptualized that there is a genetic and not a social cause for the manifestation of psychopathy (Blair et al., 2006).

The Intelligence of a Psychopath

Clinicians and laypersons often associate heightened intelligence with psychopathy. So much so that the association between psychopathy with intact or superior intellectual functioning has a long history of clinical myth (Watts et al., 2016), and is conflicting. Cleckley (1941) was the first to note "good intelligence" amongst his psychopathic patients; possessing superior general intelligence and being more clever than average, these traits facilitated their superficial, glib interpersonal style and ability to manipulate others (DeLisi, Vaughn, Beaver, & Wright, 2009). Other researchers suggested that certain psychopathic traits and behaviors (i.e., superficial charm, interpersonal manipulation) may require at least average intelligence (Salekin, Neumann, Leistico,& Zalot, 2004; Watts et al., 2016). Today, however, not all research support the notion that individuals with psychopathy exhibit heightened levels of intelligence. Some researchers have dubbed the "Hannibal Lecter myth" as a reference to the correlation between psychopathy and intelligence (DeLisi, Vaughn, Beaver, & Wright, 2010). This myth argues that the popular films characters marked psychopathic features and superior intelligence have fused the relationship between the two constructs in the eyes of the public (Watts et al., 2016). Empirical research has generated conflicting findings on the interrelationships between the different facets of psychopathy and types of intelligence and cognitive maturity (DeLisi et al., 2009; Mullin-Nelson et al., 2006; Salekin et al., 2002).

Social Intelligence (SI)

Thorndike (1920) made the distinction between perceiving and acting in social settings. He defined social intelligence as the "ability to understand and manage men and women, boys and girls, and to act wisely in human relations" (Thorndike, 1920, p. 228; Nagler, Reiter, Furtner, & Rauthmann, 2014). This concept included the potential for manipulating others by referring to "managing people" (Nagler et al., 2014). In applying the construct of social intelligence in this manner, psychopaths do not lack social intelligence.

Psychopaths view the world and others instrumentally, as theirs for the taking (Porter & Woodworth, 2007). Psychopaths focus on what Maslow (1943) referred to as basic or material needs, reflecting fundamental physiological needs such as sex, shelter, food, whereas higher level needs such as spirituality, self-esteem, and meaningful relationships are likely to be of minimal interest (Hancock et al., 2013). Mokros et al. (2008) authentcated the selfish, goal-driven, non-cooperative nature of psychopaths in their proclivity to exploit others while engaged in a Prisoner's Dilemma scenario (Hancock et al., 2013).

Emotional Intelligence (EI)

Salovey and Mayer (1990) first defined emotional intelligence as the ability to deal with emotions. Recent research has redefined emotional intelligence as emotional manipulation when applying it to individuals with psychopathy. Emotional manipulation is referred to the "management" of others and their emotions: emotional skills are intentionally used to achieve a desired outcome (i.e., to get someone to do something for them). Psychopaths exhibit a generalized lack in their ability to make sense of and experience emotion (Patrick, 2007). This deficit is mirrored in their difficulty in identifying emotional faces and identifying subtle emotional expressions (Hancock et al., 2013; Hastings, Tangney, & Stuewig, 2008; Wilson, Juodis, & Porter, 2011) and problems identifying emotional words and concepts (Hancock et al., 2013). Therefore, emotional skills are utilized in a strategic and manipulative way to influence others' emotions (Nagler et al., 2014). As previously stated in detail, psychopathy is characterized by an anti-social behavioral style, impulsive thrill seeking, cold, flat affect (one lacking feeling of guilt or remorse), and interpersonal manipulation (Hare, 2003; Williams, Nathanson, & Paulhus, 2003).

Various studies have researched the relationship between emotional intelligence and psychopathy; most of which have indicated a negative correlation. However, current research has found psychopathy to be both positively (Petrides et al., 2001; Veselka et al., 2012) and negatively related to emotional intelligence

(Copestake, Gray, & Snowden, 2013; Ermer, Kahn, Salovey, & Kiehl, 2012); hence it is conflicting. The hallmark of psychopathy is lack of empathy (Furnham et al., 2013; Nagler et al., 2014) and should require socio-emotional intelligence to get ahead, but their callous, exploitative tendencies obstruct flawless interpersonal navigation (Nagler et al., 2014). Nagler and associates (2014) found a positively moderate correlation between emotional control and emotional manipulation with individuals diagnosed with psychopathy. Moreover, there was a positive correlation between emotional sensitivity and emotional manipulation with a significant interaction effect when measuring emotional intelligence in individuals with psychopathy (Nagler et al., 2014). Nagler concluded that social and emotional skills were not always used to manipulate others. The utilization of emotional intelligence skills for the emotional manipulation of others was facilitated by those with psychopathy (Nagler et al., 2014).

Outside of the ability to identify emotional intelligence in psychopaths, research has also addressed the psychopath's ability to recognize and identify emotion in their victims. Numerous studies have shown that psychopathic individuals have difficulty recognizing negative emotional expressions in others, especially fear and sadness (Blair et al., 2004; Fairchild, van Goozen, Calder, Stollery, & Goodyer, 2009; Hasting, Tangney, & Stuewig, 2008; Porter, ten Brinke, Baker, & Wallace, 2011), Book, Quinsey, and Langford (2007) found no deficit in identifying emotional expressions for psychopaths. Psychopaths were more accurate than others in judging emotional intensity. Further, Woodsworth and Waschbush (2008) found that while children with higher levels of psychopathic features were less accurate in identifying sadness, they were more accurate in labeling fear than were other children (Porter et al., 2011).

Educational Intelligence (I.Q.)

O'Kane et al. (1996) reported a significant correlation between Total PCL-R scores and IQ and Factor 1 PCLR-R and IQ which encompassed the interpersonal and affective dimensions of the disorder (DeLisi et al.,

2009). O'Kane did not find a significant relationship between Factor 2 PCL-R scores and IQ which spanned the lifestyle and behavioral aspects of psychopathy (O'Kane et al., 1996; DeLisi et al., 2009). Based on data extrapolated from a sample of 122 youths housed in a juvenile detention facility, Salekin et al. (2004) used the Psychopathy Checklist-Youth Version (PCL-YV; Fourth et al., 2003), Kaufman's Brief Intelligence Test (K-Bit; Kaufman & Kaufman, 1990), and Sternberg's Triarchic Abilities Test (STAT-High School Level: Sternberg, Unpublished) to investigate the relationship between psychopathy and intelligence. They found that youths who scored high on the arrogant and deceitful interpersonal scale had greater verbal abilities and overall intelligence than other delinquents. Moreover, the combination of creative, practical, and analytical intelligence was higher in psychopathic delinquents (DeLisi, et al., 2009). The findings suggested that behavioral and interpersonal aspects of psychopathy were related to better intellectual functioning, which likely enhanced an arrogant/deceitful interpersonal style. Salekin et al. (2004) also found a negative association between affective traits and intelligence (DeLisi et al., 2009).

Loney et al. (1998) examined the interrelationship between intelligence and anti-social behavior. His research revealed that "psychopathic children had decreased verbal, performance, and full-scale IQs than a clinic control group, but higher IQs than non-psychopathic children with behavior problems" (DeLisi et al., 2009). Vitacco et al. (2005) found a "positive relationship between verbal IQ and the interpersonal facet of psychopathy but negative associations between verbal IQ and the affective and lifestyle dimensions" (DeLisi et al., 2009, pgs 169-177). In 2008, Vitacco reported significant relationships between psychopathy and intelligence which were contingent on the facet of the disorder (DeLisi et al., 2009, pgs. 169-177). Using the Psychopathy Checklist Screening Version (PCL: SV; Hart et al., 1995) and the Wechsler Abbreviated Scale of Intelligence (WASI; Wechsler 1999), Vitacco et al. (2008) discovered that the "interpersonal and antisocial

facets of psychopathy were positively correlated to intellectual functioning, but the affective and lifestyle facets were negatively associated with IQ" (DeLisi et al., 2009, pgs. 169-177).

Johannsson and Kerr (2005) studied 370 violent male prisoners and found that higher verbal intellect served as a protective factor for criminal which resulted in delayed onset of offending. Alternatively, among psychopathic males with high intelligence, the onset of offending was earlier. Beggs and Grace (2008) obtained a sample of 216 male child molesters and tested the correlation between overall IQ and psychopathy as measured by the PCL-R. The study showed significant findings. Recidivism rates for sexual, violent, and general offending also varied by psychopathy score and intelligence. Among non-psychopathic offenders with low intelligence: "4.3% of the offenders recidivated with a sexual offense, 2.1% for a violent offense, and 0% for other general offenses" (DeLisi et al., 2009, pgs. 169-177). Among psychopathic offenders with low intelligence, the recidivism rates were much higher. Non-psychopathic offenders with higher intelligence: "3.3% recidivated with a sexual offense, 3.3% for a violent offense, and 9.8% for other general offenses. Among psychopathic offenders with high intelligence" (DeLisi et al., 2009, pgs. 169-177) the recidivism rates were much higher. "There was also significant interaction between psychopathy and intelligence. Offenders with relatively low intelligence and high psychopathy scores were more than four times likely than other offenders to sexually recidivate" (DeLisi et al., 2009, pgs.169-177).

Written Language vs. Verbal Intelligence in Psychopathy

Language is the method of human expression used to convey thoughts and ideas to others. Words can reveal significant insights about psychological functioning (Gottschalk & Bechtel, 1994; Pennebaker, Mehl, & Niederhoffer, 2003) including depression (Pennebaker & Graybeal, 2001), personality (Oberlander & Gill, 2006), and even whether a person is lying (Hancock, Curry, Goorha, & Woodworth, 2008). Subtle patterns in word choices can reveal underlying cognitive and emotional processes, largely because of the autonomic and

non-conscious operation of language production that is coupled with basic psychological states and dynamics (Hancock, Woodworth, & Porter, 2013). Hare (2003) speculated that the speech patterns of psychopaths were more likely to reveal their difficulty in elaborating on the deeper meaning and context of emotional material (Lorenz & Newman, 2002; Williamson, Harpur, & Hare, 1991; Hancock et al., 2013).

Verbal Intelligence (VI)

Previous studies suggest that offenders have lowered verbal intelligence (Lynam et al., 1993; Nestor, Kimble, Berman, & Haycock, 2002; Snow & Thurber, 1997; Nijman et al., 2009). While this has been linked to childhood risk factors (i.e., abuse, neglect, deficient education) it may also be linked to neurobiological impairments that may be associated with psychopathy. Criminal conduct appears to be associated with adverse childhood experiences and lower full scale intelligence (Guay, Ouimet, & Proulx, 2005; Lynam, Moffitt, & Stouthamer-Loeber, 1993; Nijman, Merckelbach, & Cima, 2009). Cantor, Blanchard, Robichaud, and Christensen (2005) conducted a study which suggested that intellectual abilities of individuals with psychopathy may be impaired. The study revealed that sex offenders with psychopathy as a group had significantly lower full scale intelligence compared to normal subjects and offenders who have committed non-sexual crimes (Henk et al., (2009). Cantor and his colleagues (2005) found that "the younger the victim age cut off used to define the sample of offenders against children, the lower the samples mean IQ" (p. 556). In other words, the intellectual abilities of the perpetrator appeared to be connected with the age of the sexually assaulted victim (Cantor et al., 2004, 2005; Nijman et al., 2009). DeWolfe and Ryan (1984) reported that 87% of sex offenders had a higher performance intelligence than verbal intelligence scores compared to 33% in homicide offenders (Nijman et al., 2009). Individuals who exhibited sexually disruptive and offending behavior had low verbal intelligence.

Empirical evidence reveals that sexual offenders as a whole have a relatively low full scale intelligence score, which seems to be particularly true for pedophiles (Cantor et al., 2004, 2005; Nijman et al., 2009). After

Cantor studied 473 males with problematic sexual interests, results indicated no specific pattern of cognitive weakness but suggested that people with pedophilia possess a broad cognitive deficit (Cantor et al., 2004; Nijman et al., 2009).

Lower verbal intelligence in non-pedophilic sexual offenders might be due to a neuropsychological origin rather than an environmental origin. Baron-Cohen and Hammer (1997) referred to a strong dominance of the right hemisphere for non-linguistic functions as an extreme variant of the "male brain." Women scored higher on language tasks, tests of social judgment, and measures of empathy, whereas men scored higher in skills connected to a higher performance intelligence, such as mathematical reasoning and certain spatial and target directed motor skills (Baron-Cohen & Hammer, 1997; Nijman et al., 2009). It is suggested that psychopaths have "fewer left hemisphere resources for processing language" (Hare & Jutai, 1998, p.329). Psychophysiological testing conducted by Raine and colleagues also indicated that psychopaths had "reduced lateralization" for verbal material (Raine, O'Brien, Smiley, Scerbo, & Chan, 1990; Nijman et al., 2009). However, while some studies have pointed strongly to the weakly lateralized linguistic functions in psychopathic individuals, other authors have reported right frontal deficiencies in these individuals (Herpertz & Sass, 2000; Nijman et al., 2009). The literature suggests that psychopaths have relatively high performance intelligence over verbal intelligence scores (Hecht & Jurkovic, 1977; Nestor et al., 2002; Nijman et al., 2009).

Nijman and colleagues (2009) conducted a study analyzing the verbal intelligence of sex offenders with psychopathy and found that the mean full-scale intelligence of sexual offenders who offended against adults was and that of sexual offenders who targeted children was insignificant. In line with the findings of DeWolfe and Ryan (1984), sexual offenders as a group had a lower verbal intelligence compared to perpetrators of other types of crime (Nijman et al., 2009). Sexual offenders who victimized adults showed lower verbal intelligence scores and child molesters had higher performance intelligence (Nijman et al., 2009).

Sentence Completion

Louth et al. (1998) discovered less modification in speech amplitude in psychopaths than in non-psychopathic offenders, "using spontaneous speech as well as standardized sentences with emotional cue words. Overall, psychopaths were more soft spoken and did not deviate in voice emphasis between neutral and affective words" (Endres, 2004, p. 224). This seems to correspond with neurophysiological findings, which indicate that the brain waves of psychopaths do not show the same variation between word stimuli as in controls (Kiehl et al., 1999). Finally, texts produced by psychopaths are less cohesive and more poorly integrated than texts by non-psychopaths (Brinkley et al., 1999). These results show that psychopathy can be identified in verbal behavior even in extensive file information and criminal records are not available (Endres, 2004).

Language and deception

Research has revealed that psychopathic offenders are no more successful at passing a polygraph test than non-psychopathic offenders (Patrick & Iacono, 1989; Raskin & Hare, 1978). However, other studies have reported a positive correlation between deception and psychopathy. Cogburn (1993) discovered that psychopathic offenders were viewed as less honest when their levels of social and verbal skills were controlled. When these factors were not controlled, non-psychopaths and psychopaths were viewed equally. Klaver, Lee, and Hart (2007) discovered differences in non-verbal behavior between non-psychopathic and psychopathic offenders. More notably, when lying, psychopathic offenders spoke faster and engaged in more blinking and head movements. Very few studies have examined the speech patterns of psychopaths. However, of the research conducted, the findings suggested that there may be verbal cues used during deception. Brinkley, Newman, Harpur, and Johnson (1999a) found evidence that the narratives of psychopathic offenders were less cohesive (Lee et al., 2007). Williamson (1991) examined affective and neutral narratives among non-psychopathic and psychopathic offenders and found psychopathy to be associated with disordered

communication and less coherent narratives. Brinkley, Bernstein, and Newman (1999b) compared the narratives of non-psychopathic offenders and psychopathic offenders and found that the narratives of psychopathic offenders were less coherent.

Studies examining verbal and non-verbal behavior of psychopaths found that narratives produced by psychopaths that were less coherent had more difficulty to manipulate and deceive (Lee et al., 2007). However, it may be that body language and non-verbal presentation of psychopathic offenders served as a distraction to their verbal incoherence, facilitating manipulation and deception. In essence, when listeners are distracted from what the speaker is saying, they may be easier to manipulate (Lee et al., 2007).

Traumatic brain injury

Traumatic brain injury (TBI) is defined as brain damage resulting from direct trauma to the head, rapid acceleration-deceleration causing distortion of the brain, or from a penetrating object. The leading causes of TBI are falls, automobile accidents, and gunshot wounds (Benson, 2014). It is the most common cause of brain damage and the leading cause of disability and behavior modifications in adolescents and young adults. TBI accounts for 5% of all epilepsy cases. Individuals diagnosed with epilepsy stemming from various causes also have a higher incidence of minor and severe cerebral injuries, including cerebral hemorrhage and contusions, and the risk to related seizure frequency, type, and control. Twenty-four percent of epilepsy patients have reported having a head injury; 30% of individuals who substantiated past evidence of TBI were diagnosed with epilepsy (Thom,2014).

Implications of TBI with Regard to Speech Disfluencies, Aggression, Sexual Deviancy, and Fantasies

Implications on speech disfluencies.

Speech disfluencies are most often associated with traumatic brain injury (Jokel, De Nil, & Sharpe, 2007; Ludlow, Rosenberg, Salazar, Grafman, & Smutok, 1987; Yeoh, Lind, & Law, 2006), neurodegenerative

disease (Koller, 1983; Leder, 1996, Mowrer & Yonts, 2001), or other another neurological even that affects brain function (Byrne, Byrne, & Zibin, 1993; Movsessian, 2005; Perino, Famularo, & Tarroni, 2000; Tsao, Shad, & Faillace, 2004). Market, Montague, Buffalo, and Drummond (1990) reported on a survey in which they contacted more than 150 speech therapists in the United States. Of those, 100 had previously seen one or more patients with acquired speech disfluencies. Completed questionnaires were returned for 81 patients. Head trauma and ischemic lesions were the most frequent cause of speech disfluencies (75%) (Theys, Wieringen, & De Nil, 2008).

Right brain lesions are more likely to lead to social interaction problems, particularly in the use of language in context. These individuals may experience difficulty not only in communicating in an appropriate manner (Brady et al., 2006; Gardner, 1975; Joanette et al., 1990; Myers, 1999) but also in making use of the contextual information required for grasping the speaker's intention (Brownell et al., 1986; Champagne et al., 2004; Chantraine et al., 1998). Individuals with frontal lesions might also have communication problems (Channon & Crawford, 2000; Martin & McDonald, 2003; McDonald & Pearce, 1996; Pearce et al., 1998). Frontal lesions on the brain following a traumatic brain injury are common (Penn, 1999). Individuals who have sustained a traumatic brain injury often suffer substantially with social adaptation problems in their daily lives as well as difficulty with the social aspects of language (Biddle et al., 1996; Brooks, 1984; Brooks et al., 1986; Levin and Kraus, 1994; Martin & McDonald, 2003; Van Leer & Turkstra, 1999).

Prutting and Kirchner (1983) and Linscott, Knight, and Godfrey (1996) used pragmatic scales to point out the existence of various conversation disorders in individuals who suffered a traumatic brain injury, including difficulty choosing and changing topics, problems with turn-taking, and poor management of the paralinguistic aspects of discourse (fluency, intonation, loudness) (Mentis & Prutting, 1991; Milton et al., 1984; Penn & Clearly, 1988).

Implications on aggression, sexual deviancy and fantasies. Silver et al. (2005) concluded that aggressive behavior was linked to traumatic brain injuries. Aggression is a frequent morbid condition of traumatic brain injury. Such behaviors are explosive in nature and can be set off by minimal provocation and occur without warning. These explosive episodes range in severity from mere irritability to violent outbursts resulting in damage to property or physical assaults on others. Aggression following head trauma is often poorly directed, unrelated to any specific trigger, and can occur with minimal or no provocation (Eslinger, Grattan, & Geder, 1995; Wood, 1987, 2001). It is often attributed to a loss of behavioral self-control that reflects to or dysfunction of orbital and ventro-medial structures (Grafman et al., 1996). Aggression after head trauma is also associated with domestic violence (Rosenbaum, Hage, & Adelman, 1994) and is a factor implicated in relationship failure after head trauma (Wood, Liossi, & Wood, 2005).

Studies on criminals with a history of violence and on juveniles and adults who display antisocial and violent behavior (Moffitt, 1990) have reported an association between aggression and neuropsychological dysfunction. Stanford and his colleagues (Stanford, Greve, & Gerstel, 1997) matched 12 college students who reported a history of impulsive aggression with 12 non-aggressive student comparison participants and discovered differences in cognitive performance on two tests that involved frontal control functions. Aggressive students also exhibited deficits on tests of verbal ability, which resulted in impulsive aggression. A meta-analytical review conducted by Morgan and Lilienfeld (2000) supported a relationship between antisocial behavior and neuropsychological measures of executive function.

According to some, fantasy is the underpinning basis for serial murder (Ressler et al., 1988). A majority of the forensic literature concentrates on the paraphilic fantasy a trigger to commit rape-murder and serial sexual homicide (Prentky et al., 1989; Schlesinger, 2000). Preoccupation with sadistic or controlling sexual fantasies increases the risk of murderous behavior (Carlisle, 2000; Lewis, 1998; Meloy, 1997; Stein, 2004).

Ressler and Shachtman (1992) believe that sexual violence stems for an overreliance on sexual and aggressive fantasies developed in response to various threats. Such fantasies constitute a cognitive rehearsal for sexual murder, but "because repetition erodes the fantasies' masturbatory power over time, the individual begins to seek out opportunities to act upon them" (Stein, 2004, pg. 496). It is also suggested that autistic psychopathology may be an important factor in promoting dangerous sexual fantasies in some serial killers (Allely et al., 2013).

Summary of Prior Research

Traumatic Brain Injury and Psychopathy

Current literature poses that head injuries are a significant health issue among the criminal population with a large number of individuals to have suffered from some sort of head trauma on at least one occasion. Research has shown that traumatic brain injuries are a contributing factor to criminal and antisocial behavior based on the inclination that a). brain injury can manifest or magnify deviant behaviors and b). antisocial lifestyle leads to an increased susceptibility to future trauma. Head trauma is attributed to risky behaviors, such as impulsive or irresponsible actions, physical aggression, and substance use, which are often associated with the psychopathic personality style and the criminal lifestyle in general.

Brain trauma can bring forth deviant and criminal behaviors (Shepard et al., 1995), particularly when the prefrontal cortical regions are affected. According to Damasio (1990, 2000), such behavioral changes after prefrontal damage are referred to as "acquired sociopathy," a construct resembling the primary characteristics of a criminal psychopath, a cluster of affective and behavioral symptoms extensively studied and validated by Hare (1990, 1991, 1993). Psychopaths and individuals who have suffered traumatic brain injuries demonstrate many of the same traits and symptomology. Evidence from structural studies of psychopathy confirm neuronal dysfunction within this population.

Speech Disfluencies and Psychopathy

Klaver, Lee, and Hart (2007**)** measured psychopathy and non-verbal indicators of deception (decreased response time, fewer spoken words as well as increases in speech disturbances and head movements) in a male-incarcerated population (sample consisted of 45 males incarcerated in a medium security federal prison). The study measured truth-telling and lying conditions, and aimed to identify the relationship between psychopathy and nonverbal behavior during deception in offenders. Participants were asked to complete a series of questions concerning their lying behaviors. Self-perceived lying was assessed by the participants if they were good at lying, and how often do lied. Participants were also asked to provide a recount of their crime. Findings suggested that psychopathy was related to self-reported aspects of lying behavior, a distinctive nonverbal behavioral presentation, and the use of specific nonverbal behaviors during deception. The results also suggested that nonverbal indicators of deception in offenders may differ from those found in the general population and that some may be related to psychopathy (Klaver et al., 2007).

Speaking more words and talking for longer periods of time are consistent with the psychopathic characteristics of glibness and verbosity (Cleckley, 1976; Hare, 1991, 1993, 2003). The relationship between the interpersonal dimension of psychopathy and increases in speech hesitations is in line with the poor organization and reduced cohesion found in narratives of psychopathic offenders (Brinkley, Newman, Harpur, & Johnson, 1999; Brinkley, Bernstein, & Newman, 1999). A decrease in the number of words spoken and response time are commonly found in lying conditions when compared to truth telling conditions (Bond, Omar, Mahmoud, & Bonser, 1990; Buller, Burgoon, Busling, & Roiger, 1994; Feeley & deTurck, 1998; Fiedler & Walka, 1993; Vrij & Heaven, 1999; Klaver et al., 2007).

Johann Endres (2004) administered a sentence completion test to 76 male inmates analyzing their linguistic patterns in correlation with their interpersonal behavior patterns in order to detect psychopathy. His study confirmed that PCL-R scores were positively correlated with sentence completions that expressed an egocentric interpersonal orientation or a preoccupation with exerting power or resisting the power of other persons, with obscene language and with simple statements of dysphoric emotional states (Endres, 2004)-

Hancock, Woodworth, and Porter (2013) examined whether psychopaths would produce fewer and less intense emotional words, more disfluencies (i.e., "um," "uh"), and use language that reflected increased distancing (Cocking & Renninger, 1993) from, and a lack of, current personal responsibility for the crime. Psychological distancing was associated with a higher rate of past tense and fewer present tense verb forms, and a higher rate of articles, or by extension, concrete nouns (Pennebaker & King, 1999; Hancock et al., 2013). Hancock and his colleagues found that psychopaths produced more subordinating conjunctions. They were suggesting that psychopaths were more likely to use explanatory and causally framed verbiage concerning their criminal actions, with a relatively high level of subordinating conjunctions, indicating more cause and effect statements (Hancock et al., 2013). This pattern suggested that psychopaths were more likely to have viewed their offense as a logical outcome of a plan (Hancock et al., 2013). Hancock and his colleagues also found that psychopaths used approximately twice as many words related to basic physiological and self-preservation needs, including money, drinking, and eating when recounting their violence than a non-psychopathic counterpart (Hancock et al., 2013). It should be noted, however, that the non-psychopathic offenders used more language relating to social needs, including religion/spirituality and family (Hancock et al., 2013). Hancock's major finding in his research was that psychopathic language was substantially more dis-fluent than that of their non-psychopathic counterparts. Using more words such as "because, "since," "as," and "so that," when recounting their violence (Hancock et al., 2013).

Despite the evidence of differential brain functioning in psychopathy and the links drawn in the literature between speech disfluencies and head trauma, a measurement of traumatic brain injury and criminal psychopathy is not currently available in the literature. This study therefore aimed at investigating the connection between speech disfluencies, traumatic brain injuries, and criminal psychopathy.

Richard Ramirez aka The Night Stalker

"Killing is killing whether done for duty, profit, or fun. Death comes with the territory. See you in Disneyland" (Richard Ramirez, 1989). On September 20, 1989, the jury returned a unanimous guilty verdict on 43 charges, including 14 counts of burglary, 13 counts of murder, 11 sexual assault charges, and five counts of attempted murder. Ramirez was sentenced to the death penalty (Carlo, 2016).

Childhood

Richard Leyva Ramirez was born on February 29, 1960, in El Paso, Texas. He was the last child of five to be born to Julian and Mercedes Ramirez; his father was a Mexican-American railway worker. They had three sons, one daughter, and then there was Richard aka "Richie." Julian was an abusive father, just as his father was abusive to him as a child. Ramirez began to experiment with marijuana at a young age, and was heavily influenced by his older cousin, Mike. He was a decorated U.S. Army Green Beret combat veteran who preached and practice Satanism. Richard was awe-struck by Mike and his war stories. Mike would often share stories with Richard of how he raped and tortured women during the Vietnamese War. He even shared graphic pictures with Richard. The pictures would often show women giving Mike oral sex with a gun pointed to their heads. He even taught Richard military trade secrets; how to keep hidden and kill with stealth. At the age of 13, Richard witnessed Mike murder his wife (Carlo, 2016).

Seasoned by his early life experiences, Richard Ramirez became increasingly drawn towards more morbid things. During his teenage years, Ramirez starting experimenting with harsher drugs like LSD. The use

of LSD heightened his interests in Satanism. With Richard's interest in violence escalating, he dropped out of high school and embarked upon a life of crime (Carlo, 2016).

Criminal history

By 1977, Richard Ramirez began engaging in petty robberies and stealing. It did not take long for the police to become familiar with Richard Ramirez, who placed him in juvenile detention. In 1982, he received a probationary sentence for possession of marijuana. As time progressed, the seriousness of his crimes escalated and he was arrested in 1983 for a car theft. He spent approximately one year in jail for this offense. During this time in jail, Ramirez transformed into a callous and hardened individual with no prospects of leading a respectable life (Carlo, 2016). On June 28,1984, Ramirez committed his first documented murder. He broke into the house of Jennie Vincow (age 79), robbed her, sexually assaulted her and stabbed her to death. The savagery of the crime appalled the police. He continued to slip deeper and deeper into his cocaine addiction. On March 17, 1985, Richard Ramirez attacked again. The victim was Maria Hernandez (age 20) and her roommate Dayle Okazaki (age 34). Maria was fortunate to escape. However, Dayle was not so lucky. Richard Ramirez shot Dayle Okazaki square in the forehead and killed her. Sexually charged by the entire episode, later that same evening, Richard Ramirez also shot Veronica Yu (age 30) and left her in the streets of San Bernardino, California, to die. For Richard Ramirez, the act of murder was the ultimate high for him; it is what his life was about now.

On March 27, 1985, Richard Ramirez recalled robbing a wealthy house in Whittier California approximately one year prior. He recalled how wealthy they were, and found himself driving back to the same residence. It was the home of Vincent Zazzara (age 64) and his wife Maxine Zazzara (age 44). Richard arrived at the residence at 2:00 a.m. He walked up to the Zazzara residence, peered into the family room window, and saw that Vincent had fallen sleep on the couch while watching television. He then crept around to the side of

the house and peered into another window. Richard saw Maxine Zazzara asleep in her bed. The sight of a woman sexually aroused him. Richard proceeded to break into the residence. Once successful, he barged into the family room where Vincent was sleeping. Richard pulled out a .22 caliber revolver and shot him in the head. Vincent subsequently expired. At the sound of the gunshot Maxine awoke, startled as Ramirez rushed into her room pointing his gun at her. He hit her and demanded money and jewelry. Maxine demanded that Richard leave. He then proceeded to beat her, forced her onto her stomach and tied her hands together with a necktie. He gagged her, disabled the phone, and then ransacked the bedrooms looking for diamonds, gold and cash. While Richard was busy ransacking the house, Maxine was able to get her hands free and she reached for the .45 caliber gun that her husband kept under the bed. She pointed the gun at Richard and attempted to shoot him, but the gun was not loaded. Agitated, Richard pulled out his .22 caliber revolver and shot Maxine three times, knocking her down. He beat her, kicked her, and slapped her. He went to the kitchen and found a sharp ten-inch carving knife and attempted to cut out her heart as punishment for defying him. However, he was unable to cut through her rib cage so he opted to cut off her eyelids, remove her eyes, and placed them in a jewelry box he found. He wanted a piece of her soul. He then stabbed her in the stomach, throat and pubic area. He attempted to have sex with her. However, he was so shaken by Maxine pointing the gun at him that he was unable to complete the act. Richard collected his treasures from the Zazzara house and exited the front door of the residence covered in blood (Carlo, 2016).

On a rainy day in April, 1985, Richard targeted the home of an elderly couple, William (age 66) and Lillie Doi (age 56); both were in declining health. Richard broke into the home while the couple were sleeping, shot William in the face, causing him to choke on the bullet and later die. The excitement aroused Richard, so he proceeded to rape Lillian, who was left paralyzed from a stroke two years prior. After he finished, he kissed her and filled two pillowcases with valuables and then fled the scene (Carlo, 2016).

The number of victims began to mount rapidly (attacking approximately eight more times and leaving a trail of more than 10 victims) and the police were starting to feel the pressure from the community to catch Richard Ramirez. Thus, with the assistance of the FBI, a dedicated task force of several law enforcement officers was established to track down Richard Ramirez. Cognisant that the police were on his trail, and for fear of being caught, Ramirez fled to San Francisco. On August 18, 1985, Richard Ramirez attacked and killed Peter and Barbara Pan while robbing their home. He also wrote in red lipstick on the bedroom wall of the Pan residence "Jack the Knife," and drew a pentagram (Carlo, 2016). Based on the characteristics of the crime, the San Francisco police linked it to the same killer who had been terrorizing Los Angeles. Richard Ramirez, still unidentified, acquired the title the "Night Stalker."

A few days after the attack on the Pans, Richard Ramirez attacked Bill Carns (age 30) and his fiancé Inez Erickson (age 29). Both victims lived and assisted the police in their investigation to locate Richard Ramirez aka the "Night Stalker." Richard Ramirez was arrested on August 30, 1985. He was charged with 14 murders and 31 other felonies in connection to his killing spree. The trial lasted four years. At the conclusion of the trial, Richard Ramirez was found guilty on 43 charges, including 13 counts of murder, five counts of attempted murder, 11 sexual assault charges, and 14 burglary charges (Carlo, 2016). In November 1989, the jury found him guilty and sentenced him to 19 death sentences. Richard Ramirez acquired a fan base all of whom were enchanted by him. While serving his sentence, as a Satanist he became famous amongst other followers of the cult. Doreen Lioy, a freelance magazine editor, fell in love with him and they married in October 1996 at the California San Quentin State Prison.

Westley Allan Dodd aka The Child Sex Killer

Childhood

Westley Allan Dodd was born on July 3, 1961, in Toppenish Washington. He was the eldest of three children. On June 5, 1962, when Westley was eleven months old, his brother was born. They bathed and slept together. This continued until Westley Dodd was 7 years old. The two Dodd brothers continued to sleep in the same bed together until Westley was approximately ten years old. Dodd denies having any sexual contact with his younger brother at this age. On May 29, 1965, Westley's sister was born; Westley was three years old. The only childhood memory he can recall of his sister as an infant was his mother breastfeeding her. At the age of four Westley went to the hospital to have his tonsils removed; he recalls being embarrassed after wetting his pants when his mother was getting him ready for surgery. At the age of eight, Westley had his first sexual encounter. While at a birthday party for a cousin, he and his cousin experimented by touching penises together. When Dodd was nine years old, he recalls that his mother forced him to change clothes in from of his aunts on two separate occasions. This incident brought on feelings of embarrassment for Dodd. Dodd also recalls falling off a fence as a child and being knocked unconscious. He does not remember how old he was nor that he ever received treatment for this head injury.

In 1971, at the age of 10, Dodd recalls his first incident of rejection from a girl. He dropped down his pants down in front of his neighbor (age 6), exposing himself, and she refused to look at him. It is because of this incident Westley Dodd believes he began to foster a sexual preference for boys over girls. By age 11, Dodd began to conceptualize that he had different interests from other children his age. He spent his spare time searching for pictures of nude beaches so he could look at the naked people on the beach. In 1973, Dodd entered junior high school. He was often picked on and bullied by his peers. His peers noticed Dodd's interest in boys when a boy asked Dodd to shower with him, and then told the rest of the class about it. Westley began

experimenting with his body. He would insert the filler of ink pens and straight pins into his penis. He recalls a friend of his whose father was ill and had to use a catheter to urinate. This is where he initially received the idea. Dodd practiced this technique and lured his victims by saying he could do magic tricks "kind of like a sword swallower" to lure them to his house so he could molest them.

At the age of thirteen, Westley Allan Dodd began to expose himself to young children. He justified his actions by stating he had just started puberty and was not well educated about sex. His started experimenting by standing naked in his bedroom window while children passed on their way to and from school. He soon realized that this would get him into trouble, so he opted to take his "show on the road." He would ride around town on his bicycle and flash young boys. He preferred to flash boys over girls because he felt that they would not report him as often. Within a two-month period he exposed himself to over 40 children. The root of Westley Allan Dodd's unhappiness was due to his parents' constant fighting and bickering in addition to their lack of emotional support towards him.

Criminal history

In July 1975, when Westley was approximately 14 years of age, the police came to his house after receiving a report of him exposing himself to children. The police, however, did not arrest Westley for his inappropriate acts of misconduct. After first encounter with the law, Westley developed a fear of getting caught, so he began experimenting with his genitals and masturbating on a daily basis. Westley would maneuver the band on his watch around his penis, squeezing his testicles through and attach a cord to where the watch would have been. After strategically placing the band over his penis, he would then attach weights to the cord to see how much weight his genitals could hold. Through father-son conversation, Jim Dodd, Westley's father, was aware of Westley's sexually deviant behavior. However, he never reported it to the authorities, and he avoided the subject altogether with Westley. In the Fall of 1975, Dodd sexually experimented with his sister's friend;

she was ten years old. During a sleep over, Westley snuck into his sister's room while they were sleeping. Westley placed her hand on his penis, pulled down her pants with the intent of having sex with her, but she woke up and pushed him away. No one ever spoke of the incident.

Westley began to identify with himself as socially isolated and intimidated by girls. These feelings of awkwardness did not stop him from continuing sexual experimentation and exploration. On one occasion, while Dodd was visiting with a cousin, he tied each end of a piece of string to their penises and played tug of war. This of course was after he performed anal sex on his eight-year old cousin. On another occasion, he lured his eight-year old female cousin into the closet and molested her. That same day, he molested her six-year old brother as well. In December 1975, Westley Allan Dodd received a new bicycle for Christmas. He began to flash individuals in his neighborhood. From December 1975 to January 1976, Westley Allan Dodd accrued at least 10 victims during this time period. It was also during this time that Westley would allow the family dog to lick his rear because it felt good. Often, Westley would rub feces on his penis in order to coerce the dog to lick it. However, during one incident, the dog bit him, and Westley decided to smear the feces on his abdominal area, genitals, and thighs and masturbate before showering. In May of 1976, Westley Allan Dodd's parents divorced.

By the age of 15, Dodd became bored with exposing himself to the local community and felt that he needed physical contact. Dodd went to the local elementary school and found three girls and three boys who he tricked into putting his penis in each of the children's hands by playing a guessing game. He was later successful at playing this game with three more children. On March 10, 1977, Westley was arrested for exposing himself to two girls ages eight and ten, but he was not prosecuted. Rather he was urged to attend counseling. Dodd attended counseling though it was not frequent. Westley was not afraid of the law because he had exposed himself and molested many children before being caught by the authorities.

One evening in 1977, Westley was asked to babysit the neighbor's children. During the course of babysitting the three children (two boys ages one and four, and a three-year-old daughter) he molested them in their sleep. During the school year, he would go to the high school auditorium, where he attended school, and would masturbate. He was never caught. Westley was 16 years old he went on his first date with a girl. He denies any sexual contact on the date and recalls it as being one of the worst evenings of his life. Two months after his first date, Westley began to molest his dad's girlfriend's three-year-old daughter.

At the age of 17, Westley began to run around the block in his neighborhood nude. In the Spring of 1979, Dodd began molesting his ten-year-old step brother. In July 1979, Westley was working at a Christian music camp. He would often play strip poker with seven boys between the ages of nine and ten. While at the camp, he had his first kiss with a girl. They kissed only once and then he avoided her the rest of the summer because he felt she was to sexually advanced. While at camp, he saw a young boy who was fishing alone in the woods. He lured the boy away from his fishing spot and asked the boy if he wanted to see something really neat. Once they were alone, Dodd demanded the boy to undress. A group of kids walked by and they were interrupted before Dodd was able to molest him. In September 1979, he came upon a vacant home that was close to the local elementary school. Dodd used the empty house to play strip poker with the young boys from the elementary school. By November 1979, Dodd realized that he was only sexually interested in children (both male and female) under the age of 10. He came to this revelation after a girl, who was one year younger than him, asked him out on a date, and he turned her down.

In the summer of 1980, Dodd returned to the Christian summer music camp and began showering with three of the boys staying in his cabin. Later that year, he attempted to abduct a seven-year-old girl and an eleven-year-old girl but was unsuccessful when they two girls reported him to the police. Dodd openly admitted

to the police that he wanted to molest them and had a premeditated plan to take them to a secluded area near the river. Despite his confession to the police, he was not incarcerated.

In September 1981, at the age of 20, Westley Allan Dodd enlisted in the U.S. Navy and was placed on submarine duty due to his high entry test scores. He went through basic training and graduated in the top ten percent of his class. During his station at the submarine base in Bangor, Washington he preyed on the children living on the military base. While stationed in Washington, he would take frequent trips to a movie theater in Seattle. While he was at the movies, he would take children into the bathroom and molest them. He even began to offer children money in exchange for them dropping their pants in front of him. Dodd soon realized that the local video arcade was a good place to prey on children. He knew that the children wanted money to play their video games so he would give them quarters when the child would fulfill his sexual demands. In May 1982, Westley Allan Dodd was arrested after offering to pay some of the boys at the arcade $50.00 each to go back to his motel and play strip poker with him. Westley, again, confessed to the authorities that he had intended to molest the boys; however, the charges were dropped for unknown reason.

On December 30, 1982, Westley Allan Dodd was arrested and discharged from the Navy for exposing himself to a boy. He served seventeen days in jail and was ordered to seek counseling. Almost two years had passed before Westley committed his next offense. In May 1984, at the age of 22, Westley Allan Dodd was arrested for molesting a ten-year-old boy. However, his sentence was suspended on the condition that Westley attend counseling. On August 1, 1984, Westley Allan Dodd was arrested and convicted in Idaho for molesting a thirteen-year-old boy. Westley Allan Dodd was sentenced to ten years in prison; yet he was released in December 1984, after serving only four months of his prison term.

In August 1985, he took his co-worker's seven-year-old son on a fishing trip for his birthday. While on the fishing trip, Dodd sexually abused the boy. During this time period, he also molested his neighbor's two and

four-year-old boys on numerous occasions. When the mother of the two children discovered what was taking place, she vowed not to report it as she did not want to cause her children further mental anguish.

In August of 1986, Westley Allan Dodd entered into sexual relations with a co-worker. However, the only way he could reach orgasm was by picturing her 18-month old son who he was raping. At the age of twenty-five, Westley Allan Dodd relocated to Seattle, Washington. While in Seattle he learned that he was less likely to be reported for molestation than for an attempted molestation. Therefore, from this point on, he decided he was going to be more forceful and overt, refusing to accept no for an answer to his sexual demands. He began to weed out the most vulnerable children and prey on them. This included his roommate's two-year-old son who was partially deaf and was unable to speak. When the child resisted, Dodd bound his hands together with a bathrobe strap. It was at this time that he began to fantasize about killing his victims. The more he thought about it, the more exciting the idea became. He mapped out and schemed various ways to kill a boy. Then he started to add torture, castration, and even cannibalism into his fantasies. In 1987, Westley Allan Dodd decided to carry out his first murder fantasy on an eight-year-old boy. He met his victim while working as a security guard for a construction site. Westley tried to trick the kid into going home with him. The boy tricked Westley and told him that he was going to go home and get some toys. He ran home and told his mother of Westley's actions, and she called the police. Westley was arrested, his sentence reduced to a gross misdemeanor, and he served 118 days in jail with a one-year probation term. In 1988, Dodd reunited with an old girlfriend who brought her baby along. She later confessed to Dodd that the baby was his. After five days of living together in a motel, she left him. Westley Allan Dodd moved to Vancouver, Washington, in 1988.

In 1989, at the age of 28, Westley Allan Dodd's needs to satiate his sexual fantasies heightened. He discovered a local park located near his new apartment. He chose both the park and the apartment based on the idea that he thought it was a good place for a kidnap, or a rape and murder. The fact that the park was nearby

increased the idea that it was a good hunting ground. Over the Labor Day weekend, Dodd took a walk to the park and noticed three boys playing. The sight of these three boys sparked violent fantasies. He went home and wrote in his diary that if he could get them home, he would have more time to do various types of rape rather than perform a quickie before the murder. On the evening of September 4, 1989, Dodd went to the park near his residence with the intent to hunt. He paced restlessly up and down the trails until he came upon two young boys riding their bikes through the park; Billy Neer (age 10) and Cole Neer (age 10). Westley demand that they get off their bikes, and ordered them to come with him. The two children complied, and Dodds stabbed Billy in the stomach and then attacked Cole as he stabbed him in his side with his knife. Billy tried to get away, but Dodd caught him and stabbed him in the shoulder with his knife. After completing the murders of Billy Neer and Cole Neer, Dodd realized that rape and murder were not enough to satiate his sexual cravings; he wanted to perform experimental surgeries on his victims. One of Dodd's final victims was four-year-old Lee Iseli. On October 29, 1989, Lee's father let Lee and his older brother go to the park to play alone. Dodd took him from the Richmond School playground and brought Lee back to Dodd's apartment. While Lee was sleeping, Dodd strangled him to death and hung him in a closet by a rope. He then proceeded to take pictures of Lees dead body. Later Dodd disposed of the body, burning all of his clothes, and keeping Lee's Ghostbuster underwear as a souvenir in a briefcase under his bed.

In November 1989, the police used William Graves, a young boy, as a decoy. The police took Graves to New Liberty Theater. Dodd spotted Graves. Graves allowed Dodd to take him from the theater. This sting operation led to the capture and arrest of Dodd for the murder of Neer boys and Lee Iseli. The most incriminating evidence against Dodd's was the briefcase found under his bed containing Lee Iseli's underwear. Dodd was charged with first-degree murder for taking the lives of Billy Neer, Cole Neer, and Lee Iseli. He was

also charged with attempted kidnapping at the New Liberty Theater. In 1990, the jury gave Dodd the death penalty. After being sentenced, Dodd requested death by hanging. Dodd was executed on January 5, 1993.

Dennis Rader aka B.T.K. Killer

Through the combination of Dennis Rader's seemingly normal life and his ability to blend in, he learned to transition between two lives; serial killer by day and family man by night. He is responsible for the deaths of ten victims and terrorizing the citizens of Wichita, Kansas for over thirty years. He began his murder series in 1974, at the age of 28, and ended in 1991. In 2005, he was found guilty for the murders of ten people and was sentenced to ten consecutive life terms.

Rader's Childhood and Adolescents

Family ties. Dennis Rader was born on March 9, 1945, to William and Dorothea Rader in the southeast corner of Kansas that meets with the border of Oklahoma and Missouri. He was the eldest of four boys. His parents recall that he was born with a frown on his face (Ramsland, 2016). He was baptized at Zion Lutheran Church in Pittsburg, Kansas. His father was a U.S. Marine, who left after serving his four –year term and went to work for the electric utility KG&E in 1948. His father often moonlighted as a homebuilder to make some extra money for the family. His mother became the accountant/bookkeeper for Leeker's Family Foods, a local grocery store in Wichita.

When Dennis was four years old, and after the birth of the second Rader boy was born, the family decided to relocate to Wichita, Kansas. He has fond memories of his grandparents on both sides. Both sets of grandparents, the Rader's and the Cooks, lived on farms. He would spend the summers on the Cook farm and the winters visiting on the Rader farm.

As a child, despite his inner struggles with fantasies of bondage, control, and torture, Dennis Rader appeared outwardly normal. He participated in the Boy Scouts, he was an altar boy at church, and he

participated in church youth group activities. His mother was not a strict follower of the Christian faith, but his father was. Family and friends described Rader as polite and quiet; someone who kept to himself. He was someone who would easily blend into the background. One friend described him to be studious and focused while utterly lacking a sense of humor. He would give you his full attention when someone spoke. Rader was very shy well into his 20s. He was awkward around girls. He had three girlfriends over his adolescents that he really pined over. The relationship with each girl ended abruptly when the girl would move away.

Education. Rader attended Riverview Elementary School. He was a slow learner, but his classmates thought he was an average to mediocre student with withdrawn tendencies. The school he attended taught sight words, not phonics. In second grade, he had problems with big words and still has problems with them today. He was a C+ student through most of elementary school. He did well in art, but poor in English, Math, and Science. As of today, it is documented that he still relies on a dictionary to assist him with spelling many words (Ramsland, 2016).

In 1963, he graduated from High School. He worked at a supermarket. In 1965, he was accepted to Kansas Wesleyan College in Salina. He was a mediocre college student, who was forced to work full-time in order to support himself and attend college. He attempted to reinvent himself and become an extrovert by joining a fraternity. However, it was during this time that he was afforded the opportunity to start trolling for his victims. It was also during this time that he began to successfully break and enter into homes and buildings, stealing items of nominal value. He found this petty criminal activity exhilarating. By 1973, he received his AA degree in Electronics from Butler County Community College in El Dorado. He then went on to Wichita State University to obtain his degree in criminal justice. He was a poor student; receiving Cs and Ds. He was unable to spell nor articulate very well.

U.S. Air Force. At the age of 21, Rader dropped out of college and joined the US Air Force. He moved

from base to base for technical training and then was finally stationed in Okinawa for six months and then transferred to Japan. He also spent time in Korea, Greece, and Turkey while serving in the Air Force. Rader completed four years of active duty in the U.S. Air Force and attained the rank of sergeant. While in the Air Force he began having sexual relations with various prostitutes. He attempted to engage in bondage with them but was rejected. From time to time he would pick up trolling, but never took it any further than stalking.

While in the Air Force, Rader received the Small Arms Expert Marksmanship Ribbon, the National Defense Service Medal, and the Air Force Good Conduct Medal. He discharged from the Air Force in the summer of 1970 and continued to serve two more years in the reserves.

Family man. In May 1971, Dennis Rader married Paula Dietz. Dennis was three years older than Paula, and had attended the same high school. They had one son and one daughter from the marriage. During the first two years of marriage, Dennis switched jobs frequently. He first worked in the meat department of a supermarket, then went to work at the Coleman Co. (a manufacturer of camping supplies), and finally with Cessna (an aircraft manufacturer).

In 1973, the oil embargo crisis severely affected aircraft sales and he was let go from Cessna. This put Rader into a low state of mind, unhappy and employed, with a lot of time on his hands. He slipped deeper into his dark fantasy world and wanted to explore his childhood curiosity of what it would feel like to strangle somebody to death? In 1975, they had a son. In 1978, his daughter was born.

In between trolling (Rader's term for checking out women) and going to school, he looked for a job. He quickly obtained a job with ADT Security Systems. While working with ADT, he was able to enter homes of his unsuspecting victims undetected. During this time, the purchase of home security systems also increased.

From 1990 until his arrest in 2005, Rader worked as a supervisor of the Compliance Department at Park City. Individuals within the community characterized his performance as extremely strict and overzealous. He

was often accused of abusing his power and euthanizing dogs for no reason. In 1989, he also served as a census field operations supervisor for the U.S. Census Bureau. Also in his spare time, he was a leader for the Cub Scouts and an active member of his church.

Developmental/health Issues

Rader sustained several potentially harmful head injuries during his life. When his mother was pregnant with him, she fell off a horse. When he was about to eight months old, she dropped him hard on the right side of his head, and he turned blue. His mother did not take him to the hospital. At the age of 17, Rader sustained a serious head injury. He was in a car accident. Driving too fast for weather conditions, he drove his vehicle off the road and into a ditch. His head hit head the windshield, breaking the windshield.

Rader professes that he has diabetes. When he experiences low glucose and glycogen levels, he tends to revert to violent behaviors coupled with nervousness and irritability. During these periods of "sugar lows," he also tends to lose the ability to think straight and focus.

The Dark Side

Monsters. Dennis Rader knew from a young age that he wanted to be a famous serial killer; as famous as Jack the Ripper. His "little friend" - the monster in his brain - was always present urging him on. At the age of three or four, he began seeing and thinking of monsters; that's when they began to haunt his thoughts. As he grew older, he recalls being able to see monsters in wallpaper, rugs, wood grains, clouds, shadows, patches of flowers, forest trees, and barns.

Bondage. He was close with his younger siblings, and would often play cowboys and Indians with them. Rader enjoyed being held captive as their prisoner. A strange feeling came over him as he was hog-tied; he felt scared yet aroused. By his own admission, Dennis states he developed fantasies about bondage, control, and torture around the age of 12 or 13, perhaps as early as grade school. He nicknamed his penis "sparky." He

recalls going out to the cattle water tank alone in the back yard, to cool off, bind himself, and think sexual thoughts. He would tie his hands and ankles to achieve climax. As he became sexually curious, he fantasized of tying girls up and having his way with them. The television Disney movie star Annette Funicello was his favorite targets for imaginary bondage. He also began to develop an erotic attachment to barns and silo's (Ramsland, 2016).

His Aunt Betty moved into the house next store to them. The families spent a lot of time together. Aunt Betty became like a second mom to Dennis Rader. She did not like cats, and would often tell stories to Dennis of drowning cats in gunnysacks at her farm. Her and Dennis both believed that cats possessed secret mystical powers, an evil that needed to be put down. Her stories influenced Dennis to later seek cats out as bondage victims, often hanging them. He learned to keep his developing inner world of bondage, torture, and death a secret from family and friends, and he did a good job at it. Keeping his thoughts to himself made him lonely (Ramsland, 2016).

When describing himself, he compares himself to the following sermon: "a man had the most beautiful pond in the country, in a green valley, surrounded by lush trees and colorful flowers and green grass, crystal clear and cool. He guarded it with his life. Allowing no animals or people to drink or use the pond's water, even the birds. One day, chasing the birds away, he slipped, fell in, and drowned. His selfishness killed him." In a way, he feels that is what happened to him. "Although I am not dead, to the living world and my family I am a lost soul" (Ramsland, 2016).

Maternal Relationship

His mother suffered from severe post-partum depression with the birth of each child. Rader states "she did not become a very close friend to me." He loved his mother very much but felt at times that she was a traitor. He senses his resentment was due to spending too much time with his grandparents on their farm. As an

adolescent, he was proud to spend time with his mother, an older woman.

Rader recalls several tragic incidents surrounding his mother. The first incident, he recalls, was when his mother got her hand caught in the sofa. Her wedding ring was caught on a spring in the sofa. She panicked and asked Dennis to go get help from his grandma, who lived next door. He recalls being scared yet excited; he stared at her with a strange feeling in the pit of his stomach and the groin area. Witnessing these early emotions triggered some inner dark feelings, within Rader, about a woman in bondage needing help. He also experienced this same feeling when he was at the top of a Ferris wheel with his mom. He compared these feelings to the first time he had the "Big G" (first orgasm) (Ramsland, 2016).

On another occasion, his mother scolded him and accused him of stealing a neighbor boys toy tractor. His mother made him go alone to return it. He tried to explain that he did not steal it, but his mother would not listen. He cried and felt ashamed. He never forgave his mother, and held it against her that she did not accompany him to return the toy truck to the neighbor. Rader notes that this was the beginning of his impulse problem. Action before thought of consequences. Later he would take things and keep them secret. Finally, the last straw of trust was broken, when his mother told on him to his grandparents about putting pieces of metal on the railroad tracts. A railroad detective came around and talked to his parents, and his mother told his grandparents. This embarrassed and humiliated him (Ramsland, 2016).

When he was 10 years of age, his mother told him that if he masturbates God will come and kill him. This was told to him after she found a yellow stain in his underwear while doing his dirty laundry. She tried to beat him for it, but he fought back and found that he was sexually aroused by it. He did not like being spanked but he enjoyed the thrill of the chase. After she was done punishing him, she consoled him. She held him close and kissed him. He was aroused by the perfumed smells her body was emitting. He later went on to steal her underwear and masturbate in them. His relationship with his mother was a constant tug and pull. She would

physically punish him at times, but then could be completely compassionate at other times; holding him and consoling him over the breakup of a girlfriend (Ramsland, 2016).

Crimes

Each murder that Rader committed was premeditated and planned. He was an organized criminal who carried a hit kit consisting of tape, binding cords, a gun, and a map. He would stalk his "targets" several weeks in advance. Rader was meticulous in his planning, allowing him to attack during the daytime without the cover of the dark night. He would troll the neighborhood and learn his "targets" patterns before carrying out his hit. Rader's torture fantasies are fueled by the final moments of his victim's lives and it is these last seconds that excite him far more than the actual moment of death itself.

On January 15, 1974, Dennis Rader introduces the city of Wichita, Kansas, to the BTK Killer and carries out his first "hit" fantasy. With his hit kit in hand, packed with lengths of cord, plastic bags, hoods, wire cutters and tape he makes his way to the Otero family residence. Rader uses the wire cutters to cut the phone lines. He waits by the back door and sometime after 7 a.m., it is opened, and before it could close, Rader enters. He did not wear a mask to cover his face; in that way, he had no choice but to "put them down" (to kill them) (Ramsland, 2016).

Rader surveyed the property and stalked the Otero's for several weeks before this date; he expected to find a Mrs. Otero and her daughter alone in the house. Rader was not expecting Joseph Otero and his son to still be home, but on this day, they were. Rader nearly loses control of the situation and panics when he finds that there is a dog on the premises. Rader pulls out a Colt Woodsman .22 from his waistband and instructs Mr. Otero to put the dog outside. Rader then assures the Otero family that he is not there to hurt them, only to rob them. Rader even tried to ease the tension and exchanged friendly conversation with Mr. Otero regarding the Air Force (Ramsland, 2016; Wenzel, Potter, Kelly. & Laviana, 2007). With Rader's hands encased in rubber

gloves, he first binds the ankles and wrists of Joseph Otero. He then does the same to Mrs. Otero, Josephine and Joseph. Once all four were bound Rader decided to gag each of them using socks, t-shirts, and pillowcases from inside the Otero residence.

Rader wrapped rope around Mr. Otero's neck, and strangled him until he stopped moving. He then strangled Mrs. Otero and Joseph until they both quit moving. Finally, he moved to the "target," Josephine, and strangled her. Mr. Otero, Mrs. Otero, and Joseph all began to wake up. He had never strangled a human before, just cats. So, he decided to place plastic bags over their heads and strangle them again, one at a time, until they stopped moving.

Rader's "Dark Sadistic Self" came to play. He wanted to hang Josephine. She was still out. He had made a rope noose with four loops in the noose. Rader searched the house for a place to hang Josephine. He came upon a sewer pipe in the basement. He attached the hangman's rope to the sewer pipe. Josephine started to come to by this time. Rader picked her up and moved her to the basement. He removed her pants, pulled down her underwear, tore her bra open, exposing her breasts, then pulled her knit skirt back down, retied her knees and ankles, and attached the rope to her wrists. He wanted to take a polaroid photo of Josephine bound, but the Otero family did not own a camera so Rader positioned her on the floor below the hangman's noose. He told Josephine that she was going to go to sleep with her family in heaven. Her eyes emitted shock as he put the noose around her neck and lifted her up tightening the rope. He touched her breasts and masturbated. (Ramsland, 2016). He then goes through the Otero house and cleans away any evidence. Before leaving he steals his first memento, Mr. Otero's watch. Rader then dubs himself the B.T.K. killer (bind them, torture them, kill them).

April 4, 1974, four months after the attack on the Otero family, B.T.K. enters the house of Kathryn Bright and her brother, Kevin Bright. Around 1:00 p.m., the siblings arrived home to a man wearing a ski mask

and pointing a gun at them. He informs the Bright's that he is a wanted fugitive looking for food, money, and a vehicle. He promises that he will not hurt them. He is trying to find a way to escape town. B.T.K. separates the siblings into two separate rooms in the house. He then binds them and gags them. He then shoots Kevin twice in the head with his .22 caliber gun. Thinking Kevin is dead, B.T.K. turns his attention to Kathryn. He strangles her to excite himself but she puts up too much of a fight so he stabs her eleven times in the stomach to debilitate her. The amount of blood pouring out Kathryn's body from the multiple stab wounds surprises B.T.K. Kevin survives, however, Kathryn does not.

March 17, 1977, B.T.K. implements "Project Green," but fails. Frustrated and ready to kill, he decides to wander down the street and follows a little boy to the residence of Shirley Vian. He barges his way into the Vian residence and pulls out his .22 pistol. He informs Ms. Vian that he has a sexual dysfunction and tying her up is the only way he can achieve sexual gratification. Shirley believes him and complies with his demands. With the hope that she will live, she assists Rader with corralling her 3 minor children (ages four, six, and eight) and locking them in the bathroom for safety. Feeling generous he provides the children with toys and blankets for them to have while they are locked in the bathroom. Vian is so frantic that she begins to vomit. B.T.K. goes to the kitchen and gets her a glass of water. B.T.K. then proceeds to bind Vian's wrists. Vian assumes that she is going to be raped instead she is strangled. B.T.K. had planned on strangling the children as well but he was interrupted when the phone rang.

December 8, 1977, B.T.K. breaks from his normal signature and M.O. On this particular "hit" Rader broke a window to enter the residence of Nancy Fox. Additionally, he attempted his attack in the evening hours rather than during the daylight hours. His target was under surveillance for months. Using the same story, he used on Shirley Vian, he eases Nacy Fox's nerves. They sit and share a cigarette together. Nancy prepares herself to be bound and raped. B.T.K. lays her face down on her bed, handcuffs her, then strangles her with a

nylon stocking. After she is dead, Rader masturbates and ejaculates. His souvenir for the evening is Nancy Fox's driver's license. With no interruptions or mistakes, Nancy is noted in his book as the "perfect hit" (Ramsland, 2016). Rader continued his murder series, and took the lives of Marine Hedge on April 27, 1985, Vicki Wegerle on September 16, 1986, and Dolores Davis on January 19, 1991.

Chapter 3

METHOD

Sample

The convenient group of participants studied included archival data from three convicted offenders diagnosed with psychopathy in the United States within the past 30 years. The participants chosen had committed at least one documented offense and have been convicted for their offense. These individuals were selected based on documented behavioral features and characteristics of their crimes that may classify them as a serial murder. Additionally, each individual was noted to have suffered from a traumatic brain injury. For the convenience of sampling, only male offenders were selected. Three convicted male offenders were examined for the purpose of the study. The participants were involved in well documented cases of sexual homicide providing evidence of behavioral and psychological characteristics that are hypothesized to contribute to sexual homicide.

Data Collection

Written dialogue (Social Media dialogue and Essays). Various handwritten material (including but not limited to offender essays (manifestos) projecting their crime, and handwritten letters) and five hours of social media dialogue/interviews of the offender for each offender was analyzed to detect distinct themes, word patterns, or disfluencies.

Psychopathy Checklist. Psychopathy was assessed with the Psychopathy Checklist Revised (PCL-R), an interview-based measure with documented good reliability and validity (Hare, 1991, 2003). The Psychopathy Checklist-Revised is an extensively studied instrument and is currently considered to be the best unit of measure for assessing psychopathy in the forensic and criminal sciences. The PCL-R is scored through a review of

collateral information and a semi-structured interview, divided into general domains such as educational background, family history, occupational history, social background, etc. with specific questions listed under each of those domains to focus the interview. The PCL-R is comprised of 20 items that can be divided into two groups or statistically derived factors, and scored from 0 to 2 for a maximum score of 40. The PCL-R items analyze interpersonal/affective traits (Factor 1; facets 1 and 2) and traits representative of an antisocial and impulsive lifestyle (Factor 2; facets 3 and 4). The clinical diagnostic cut off for psychopathy is scores of 30 or above. The PCL-R is the standard measure for psychopathy.

The PCL-R assessments was obtained from the individuals' court files. The PCL-R test results were reviewed and analyzed by a senior graduate student in the Master of Arts program in the Department of Forensic Psychology for the School of Human and Behavioral Sciences. Using a cut-off score of 18, which has previously been justified for research purposes (Hare, Clark, Grann, & Thornton, 2000; Jackson, Rogers, Neumann, & Lambert, 2002; Hancock, Woodworth, & Porter, 2013), all three subjects were deemed psychopathic. It is common for the disorder of psychopathy to be considered a dichotomous variable (Hancock, Woodworth, & Porter, 2013).

Head Injury History. In an attempt to obtain a picture of head injury history, a measure of head injuries was limited to any kind of accident or injury in which the individual was hit on the head, fallen on his head, or being hit in the head, which resulted in the participant experiencing a loss of consciousness.

Design

A qualitative content analysis design was used to support a theory that speech disfluencies in serial sex offenders with psychopathy are associated with traumatic brain injuries. The information gathered was coded for themes and word patterns in order to evaluate for similarities, if any were present.

Procedure

Three subjects were selected for analysis in the study. The subjects selected had to have been convicted of homicide in the United States of America within the last 30 years. Bibliographic material pertaining to the subjects was studied and analyzed for evident characteristics of specific psychopathologies. Antisocial Personality Disorder, Narcissistic Personality Disorder, Obsessive-Compulsive Disorder, Impulse-Control Disorder Not Otherwise Specified, and Traumatic Brain Injury have been used to create a checklist. The checklist utilized the exact diagnostic criteria for each disorder followed by quantified behaviors that pertained to each criterion. The crimes, signature, modus operandi, premeditative, cooling-off behaviors, psychological and social history, educational levels, writings, and online media interviews of the offenders were analyzed in order to identify specific themes, disfluencies, and linguistic word patters. Word patterns and themes of the offenders were collected and then organized and compared for similarities. The specific themes, linguistic word patterns, and disfluencies were cataloged and organized as they pertained to each individual and then cross-referenced between all subjects to find similarities and patterns.

Chapter 4

RESULTS

While the literature reflects a strong linkage between speech dysfluencies and psychopathy, there is not enough data to strongly support the theory that a psychopath can be detected by the dysfluencies in their verbal language patterns.

Speech Disfluencies

Richard Ramirez. In viewing over five hours of various media clips and interviews of Richard Ramirez on the YouTube social media website, it was noted that Richard Ramirez tended to speak slowly with dramatic pauses. There were no "uhs" and "ums" in his speech, as Hancock and his colleagues (2013) concluded in their research findings. When speaking about Satanism and himself, it was done so as poetically, as if reading from a script. He also presented a slight stutter in his speech, with dramatic pauses, when discussing the recipe for making a serial killer.

Westley Allan Dodd. In deciphering whether there were any disfluencies in Westley Allan Dodd's speech, a five-minute media clip was obtained from YouTube social media website. In the five-minute audio media clip, there was no detection of disfluencies (i.e., "uhs" or "ums") in his speech when recalling his crimes. In fact, during a video recording of his sentencing, when he was asked if he was he was sentenced to prison, and what he would do, Dodd clearly stated without hesitation, "do everything I can to escape and if necessary kill prison guards on the way out, and I would go right back to doing what I did before as soon as I hit the streets." When asked what that was, Dodd replied (without any pause or disfluency in his speech), "Kill kids."

Dennis Rader. Rader looked bothered, bored, and had some "uhs" and "ums" in his speech when giving his full confession and recounting the murders of the Ortero family, Kathryn Bright, and Kevin Bright, but no

dramatic pauses or attempts to deceive the audience. A slight slur in speech and deformity in his mouth when speaking and formulating certain words was noticed.

Chapter 5

DISCUSSION

This study was designed to measure the relationship between speech disfluencies and psychopathy in three serial sex offenders. While the literature reflects that there is a link between speech disfluencies and psychopathy, upon evaluation of the archival data accessible via the internet, it did not appear that speech disfluencies were detectible in serial sex offenders with psychopathy in this study. This may partly be due to the limited access to recorded video interviews on the internet of each individual studied. The research findings were further askew due to the fact that the researcher was not afforded the opportunity to personally interview and record each individual.

Disfluencies within the offenders written dialogue

The research also analyzed the writings of each serial sex offender. These writings consisted of handwritten letters from the offenders to pen pals as well as letters compiled to make up published manifestos. The objective was to determine if an individual's spoken words differed from their written words. In analyzing the speech of the offender and his writings, any deficiencies (omitting words, misspelling of words, etc.) in their communications skills were prevalent across both writings and speech.

This research also looked at whether or not the individual's dialogue (either written or spoken) was geared towards the individual victim the offender was attempting to entice. While the offender wrote with the attempt to entice his reader, the main theme of each writing (whether a pen pal letter or a letter recounting a crime) was for the self-gratification of the offender (i.e., to feed the ego of his narcissistic personality).

The handwritten letters that were analyzed for grammar disfluencies (ie., dropping of words, misspelling of words, etc.) were unedited but brief. While the authors and publishers for Dennis Rader and Wesley Allan

Dodd did their best to stay true to form and content to the writings, some editing was done for the reading fluidity of the manifesto.

Richard Ramirez. In analyzing the various writings/correspondence between Ramirez and his pen pals during his incarceration, there were no distinct disfluencies in his writings. However, there was definitely a specific theme throughout his letters. He wrote in all capital letters, except for when writing his own name, which was typically in lower case scrolled writing. His drawings, typically of women, were one dimensional with no color. All of Ramirez's drawings and writings had fallacious undertones. His thoughts in his letters were random. Ramirez dropped a lot of pronouns in his writings. Ramirez would groom his pen pals and ask sexually related information of them (i.e., request that they send pictures, ask the types of sex positions they preferred, etc.) He would often send questionnaires to his pen pals to try to find out more personal information about them.

Westley Allan Dodd. When analyzing the various writings of Westley Allan Dodd from his published book, *When the Monster Comes Out of the Closet* (1994), as well as various images of pen pal letters that are imaged on google images, no inconsistencies or disfluencies in the writings were noted. There was however, a theme in his writings. He preferred to speak of his crimes in detail, and of himself. Recounting his story and his crimes allowed Dodd to fantasize and to relive the offense. Dodd's writings were all done in cursive, whereas Ramirez's writings were printed and in all capital letters.

Moreover, Dodd's writings exuded a sense of narcissism, a personality characteristic of a psychopath. In his letter to Lori Steinhorst, dated December 14, 1991, he professed that he came from the "perfect family," despite the lack of love; he never received praise from his parents and they never told him "I love you" or hugged him. Within this same December 14, 1991, letter, he validated that memory for a 30-year-old male was "ok." He supported this by recounting his childhood from age three years and 10 month. In his letter to Officer

Lori Steinhorst, dated August 22, 1991, he expressed that all police were unintelligent. Dodd further went on to inform Steinhorst in his August 22, 1991, letter that he was "working on a cast to get this state to allow condemned men to donate vital organs, if they must, if fact die." This also played into the narcissistic personality of Dodd. To further solidify the narcissistic personality of Dodd, in the closing of Dodd's August 22, 1991, letter, he stated, "I will not beg for my life nor will I allow anyone else to do so - not what after I have done…. I do not want to see any more children hurt, nor do I want to see anyone else destroy their own lives in the process, as I did."

Dennis Rader. In reviewing his writings to the police department, there were disfluencies in his writings. While Rader did receive a Bachelor's degree in Criminal Justice, his writing skills were not very good. The literature revealed that even through college, Rader maintained a C/D average. He had difficulty with spelling both simple and complex words. His sentence structure was choppy and he had difficulty with writing a complete sentence. For instance, the second letter written to police contained several disfluencies/errors. Below is a sample of the letter and the disfluencies/errors are noted in italics.

> I find the newspaper not *wirting* about the poem on Vain unamusing. A little paragraph *would have enough*. *I know it not the media fault*. The Police *Cheif he keep things quiet,* and doesn't let the public know *there a psycho running around lose* strangling mostly women, there are 7 in the ground; who will be next? How many do I have to kill before I get a name in the paper or some national attention. *Do the cop think that all those* deaths are not related?... *The victims are tie up- most have been women-phone* cut-*bring some bondage mater sadist tendencies-no struggle, outside the death spot-no wintness* expect the Vain's Kids. They were very lucky; *a phone call save them*. *I was go-ng I to tape the boys and put plastics bag over there head like I did Joseph and Shirley……. God-oh God what a beautiful sexual relief that would been….* (Ramsland, K., 2016)

Medical Histories

The research also revealed that there appeared to be a link between head injury and psychopathic characteristics of serial sex offenders. The research did not lend enough information to conclude that speech disfluencies were prominent in serial sex offenders with head injuries, however.

Richard Ramirez. Through various writing and biographies, Richard Ramirez's medical history was analyzed. It was found that he sustained two major head injuries before the age of five. It is speculated that these two significant head injuries resulted in Richard Ramirez acquiring temporal lobe epilepsy.

Ramirez's exposure to violence and crime throughout his childhood and adolescents, coupled with sustaining severe head trauma, causing him to suffer temporal lobe epileptic seizures, which went untreated, may have been a significant contributing factor to the development and/or progression of his psychopathy (Raine, 2013). Moreover, when Ramirez was a young adult, he displayed antisocial behaviors normally seen in psychopaths (Hare, 1999). This theory is supported by a study conducted by Golouboff (2008) and his colleagues who analyzed the recognition of facial emotions in children and adolescents, ages eight to 16, diagnosed with temporal lobe epilepsy against a control group. Subjects were asked to identify the emotion expressed on the faces of the participants miming five basic emotions (happiness, sadness, fear, disgust, and anger) or neutrality (no emotion). Those with temporal lobe epilepsy had more difficult time identifying facial expressions, especially fear. Hence, it can be speculated that the early onset of temporal lobe epilepsy can compromise the development of recognizing facial expressions of emotion in children and adolescents and suggests a correlation between impaired fear recognition and behavioral disorders (Zhao et al., 2014).

There is speculation as to whether or not Ramirez could process the emotions of his victims. Often, those women who begged for their lives and/or had small children were often spared. It is thought that this was Ramirez's way of showing remorse for his actions.

Raine (2013) found there was an association between psychopathy and mental harm. An epileptic seizure can stimulate the amygdala, thereby contributing to the causation of violence. Several studies have shown that recurrent seizures affect all aspects of cognitive functioning including, language, attention praxis, executive function (intelligence), problem-solving, insight, and judgment (Zhao, 2014).

Westley Allan Dodd. Through various writings, Westley Allan Dodd's medical history was analyzed. It was found that he sustained a head injury when he fell of a fence. The age when this occurred is unknown. No medical treatment was sought for his injuries.

Dennis Rader. Through various writings and biographical information, Dennis Rader's medical history was analyzed. It was found that he sustained three head injuries. The first head injury was sustained when he was in utero; his mother fell off of a horse and there was no documentation that she ever received medical attention for this fall. The second incident occurred when he was eight months old; his mother dropped him on the right side of his head. Again, medical treatment was never sought for his fall. When Rader was 17 years of age, he was involved in a car accident and his head went through the windshield.

Conclusions

In light of the present findings, which are suggestive of a link between speech disfluencies and traumatic brain injuries, it is also appropriate to formulate a causal conclusion that there is a relationship between traumatic brain injuries and psychopathy. The findings reflect that psychopaths do not use speech disfluencies to intentionally distract their listeners. Their disfluencies in speech are due to a neurological deficit and not an intentional deception tactic.

Based on the literature, one can infer that there is both an environmental and neurological component to psychopathy. Richard Ramirez, Dennis Rader, and Westley Allan Dodd all grew up in toxic environments and

sustained head injuries. Head injuries alone may not create a psychopathic personality but they are a substantial factor in the development or magnification of ones pre-existing psychopathic traits.

Limitations

There a few limitations to the results of this study due to a) the ambiguity surrounding the severity of the head injury sustained by each individual b) the length of time each individual was knocked unconscious and c) the self-report of psychopathy as a sole measure tool d) an extremely small sample size and e). limited access to brief audio files of the individuals recounting their crimes.

Future Research

Further research in the link between traumatic brain injury and psychopathic sex offenders is warranted. Psychopathy and its underlying root cause(s) is still a mystery. There have been numerous studies that have tried pinpoint ways to detect and diagnose psychopathy with little to no success. Criminal psychopathy affects approximately 1% of the population. Just like cancer, there is no known cause or effective treatment for the disease. With a larger sample size, and live participants, one could investigate the validity of this research on a larger scale whether the phenomenon of psychopathy truly correlates with traumatic brain injuries.

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