

## Forensic Psychiatry Analysis and Methods for Assessing The Mental Health of A Serial Killer.

Amanda Luiza Batista Cordeiro<sup>1</sup>; Priscilla dos Santos D. Montalvão<sup>2</sup>; Pedro Dias Bezerra Neto<sup>1</sup>; Pedro Nonato Silveira Costa <sup>1</sup>; Epitácio Martins de Sá Neto<sup>1</sup>; Viviane Ferrari Gomes<sup>3</sup>; Délio Tiago Martins Malaquias<sup>3</sup>; Maria Clara Guimarães Costa <sup>3</sup>; Jenyffer Victoria Cabrera Vilca<sup>3</sup>; Riala Caroline Cheloni Catarino<sup>3</sup>; Cristiano Bento Alvarenga<sup>4</sup>; Jaqueline de Carvalho Ferreira<sup>5</sup>; Isabela Marini Ferreira<sup>5</sup>; Melissa Vieira de Oliveira<sup>5</sup>; Giovana Casarini Yamashiro<sup>5</sup>; Aline Cristina Couto da Silva<sup>3</sup>; Daniella Campos Furtado<sup>3</sup>; Elisa Favareto Prezotto <sup>3</sup>; Thalita Pinheiro Morel Alineri <sup>3</sup>; Livia Santini Bomfim <sup>3</sup>; Josmar Ramon Krüger Klock<sup>6</sup>; Gabriel Queiroz Sabbag<sup>7</sup>; Ana Clara Pavaneli R. De Souza<sup>3</sup>; Luana Mara de Lima<sup>3</sup>; Rafaela Del Grosso Reis <sup>3</sup>; Elisitt Escarlet Valencia Cabrera <sup>3</sup>; Júlia Sanches Emerenciano<sup>8</sup>; Juliana Fontes B. Paschoal <sup>3-10</sup>; Thiago Augusto Rochetti Bezerra<sup>3-9</sup>.

<sup>1</sup> Academic in Medicine. Potiguar University. Rio Grande do Norte, Brazil.

<sup>2</sup> Doctor. UniEvangélica, Santa Casa de Misericórdia de Goiânia. Goiás, Brazil.

<sup>3</sup> Academic in Medicine. UNAERP, São Paulo, Brazil.

<sup>4</sup> Academic in Medicine. Central University of Paraguay. East City. Paraguay.

<sup>5</sup> Academic in Medicine. Nove de Julho University. São Paulo, Brazil.

<sup>6</sup> Doctor. University of Passo Fundo. Passo Fundo, Rio Grande do Sul, Brazil.

<sup>7</sup> Doctor. Saint Leopoldo Mandic. Araras, São Paulo, Brazil.

<sup>8</sup> Academic in Medicine. Unimes, Santos, São Paulo, Brazil.

<sup>9</sup> Doctor of Medical Sciences. Faculty of Medicine of Ribeirão Preto, São Paulo, Brazil.

<sup>10</sup> Doctor of Sciences. University of São Paulo. São Paulo, Brazil.

**ABSTRACT :** Psychosis is a mental illness that causes an alteration in the notion of reality, where a world of its own is formed in the mind of the psychotic, in other words, he lives in a delirium and suffers hallucinations, hearing voices and having bizarre visions.

**Objectives:** To carry out a literature review on Forensic Psychiatry and how to assess the mental health of a serial killer. **Method:** The methodology used was a literature review. The research was carried out by means of an electronic search for scientific articles published on the Scielo (Scientific Electronic Library Online) and Lilacs (Latin American Health Sciences Literature) and Pubmed websites. The health terminologies consulted in the Health Sciences descriptors (DeCS/BIREME) were used; regarding Forensic Psychiatry and how to assess the mental health disorder of a serial killer. The inclusion criteria were: original article, published in Portuguese and English, freely accessible, in full, on the subject, in electronic format and published in the last years (2010 to 2024), totaling 26 articles. **Results and Discussion:** While antisocial personality disorder is a medical diagnosis, the term “psychopathy”, which belongs to the psychiatric-forensic sphere, can be understood as a “legal diagnosis”. There is still no effective treatment for so-called “serial killers”. **Conclusion:** Personality disorders, especially the antisocial type, still represent a real challenge for forensic psychiatry today. The most appropriate and fair place for its sufferers, as well as homogeneous treatment recommendations, are still unanswered questions.

**KEYWORDS:** psychosis; forensic psychiatry; personality disorders; serial killer.

### INTRODUCTION

A serial killer is someone who commits at least two (02) murders. The Federal Bureau of Investigation (FBI) in the United States initially considered that a criminal could be called a serial killer when he killed at least four (04) people, but the agency changed this definition in the 1990s, when it began to consider that a serial killer could be defined as someone who killed three (03) victims or more.<sup>1</sup>

Most people tend to think of a serial killer as an insane or mentally ill person, which is not true in most cases. There is, however, a consensus that serial killers have close links with psychopathy and psychosis, which are distinct mental deviations. Psychosis is a mental illness that causes an alteration in the notion of reality, where a world of its own is formed in the mind of the psychotic, i.e. they live in a delirium and suffer hallucinations, hearing voices and having bizarre visions. <sup>2</sup>

For the purposes of this study, the term serial killer will be used to refer only to men who have committed three or more serial sexual

homicides, separated by varying intervals of time. There are other forms of serial killing, such as murders committed by health professionals (nurses, doctors) who poison patients in hospitals or even in their homes, or even murders committed by women, where there is often no sexual element.<sup>26</sup>

The best known forms of psychosis are schizophrenia and paranoia. Only a small proportion of serial killers fall into the psychotic category, which overturns the popular belief that every serial killer is insane. On the other hand, psychopathy affects the killer's mind in a different way. It doesn't create any kind of illusion in the mind, i.e. the individual sees reality clearly and knows that it is forbidden to kill, but their mental disturbances make them cold and without empathy. Basically, the psychopathic serial killer lives a double life, maintaining an appearance to society, often being a kind, rational person who interacts with the social environment, but their true identity is only shown to their victims: a dissimulated being incapable of feeling pity and deriving satisfaction from torture, rape and murder.<sup>3</sup>

The classification of mental and behavioral disorders, in its eleventh revision (ICD-11), describes specific personality disorder as a serious disturbance of the individual's characterological constitution and behavioral tendencies. This disturbance cannot be directly attributed to a disease, injury or other brain disorder or to another psychiatric disorder and usually involves several areas of the personality and is almost always associated with personal and social breakdown.<sup>1</sup>

Personality disorders (PD) are not exactly diseases, but anomalies of psychological development, and are considered in forensic psychiatry to be mental health disorders. These disorders involve a disharmony of affectivity and excitability with deficient integration of impulses, attitudes and behavior, manifesting themselves in interpersonal relationships.<sup>2</sup>

In fact, individuals with this type of disorder can be seen by laypeople as problematic and difficult to relate to interpersonally. They are unproductive when you consider the history of their lives and end up not being able to establish themselves.<sup>2</sup>

Their behavior is often turbulent, their attitudes incoherent and guided by an immediacy of satisfaction. Thus, PT translates into significant friction in interpersonal relationships, which occurs due to disharmony in the organization and integration of affective-emotional life. On a forensic level, PTs are extremely important, as their sufferers are often involved in criminal acts and, consequently, in legal proceedings, especially those with antisocial characteristics.<sup>2</sup>

As these are permanent conditions, the incidence and prevalence rates are the same for PT. The overall incidence of PT in the general population varies between 10% and 15%, with each type of disorder contributing between 0.5% and 3%.<sup>3-4</sup>

Among adult Americans, 38 million have at least one type of PT, which corresponds to 14.79% of the population.<sup>5</sup>

This specific type of personality disorder is marked by an insensitivity to the feelings of others. When the degree of this insensitivity is high, leading the individual to a marked affective indifference, they can adopt recurrent criminal behavior and the clinical picture of PT takes on the form of psychopathy.<sup>3-4</sup>

## **OBJECTIVES**

To carry out a literature review on Forensic Psychiatry and how to assess the mental health of a serial killer.

## **MATERIAL AND METHODS**

The methodology used was a literature review. The research was carried out by means of an electronic search for scientific articles published on the Scielo (Scientific Electronic Library Online) and Lilacs (Latin American Health Sciences Literature) and Pubmed websites. The health terminologies consulted in the Health Sciences descriptors (DeCS/BIREME) were used; regarding Forensic Psychiatry and how to assess the mental health disorder of a serial killer.

The inclusion criteria were: original article, published in Portuguese and English, freely accessible, in full, on the subject, in electronic format and published in recent years (2000 to 2024), totaling 26 articles.

## **RESULTS AND DISCUSSION**

Forensic psychiatry is one of the specialties of psychiatry that trains doctors to understand the relationship between mental health and criminal behavior, combining psychological knowledge with the justice system.<sup>13</sup>

In practice, a Forensic Psychiatrist works by analyzing the clinical picture of an individual involved in a judicial process to identify whether the psychiatric state of the person involved has had any influence on their behavior. The training combines concepts from psychiatry and law. It consists of assessing the individual at the time of the crime to identify whether they were mentally incapable of understanding their actions.<sup>19</sup>

There are studies that point to the absence of neuropsychiatric risk for the development of antisocial personality disorder.<sup>6</sup>

Organic aspects such as obstetric complications, epilepsy and brain infection have been investigated.<sup>3</sup>

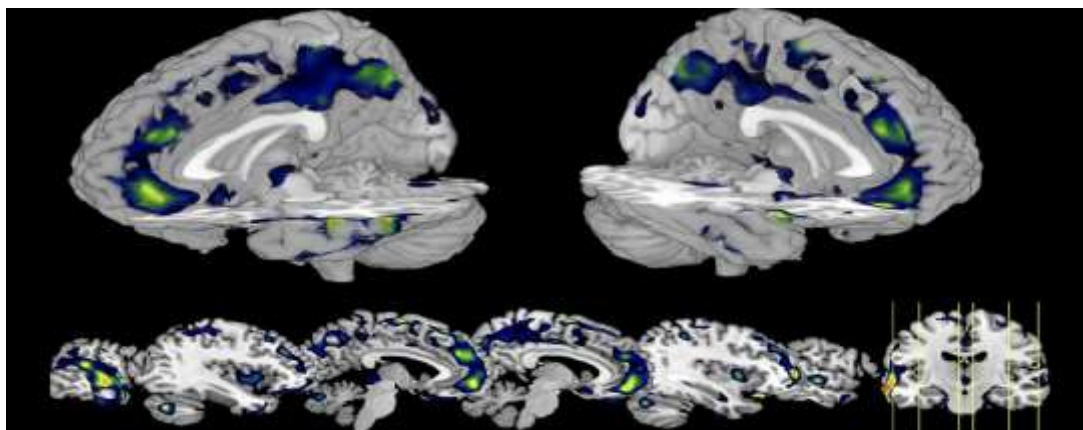
Examining brain scans of more than 800 incarcerated men (FIGURE 1), a new investigation, co-authored by a leading neuroscientist from the University of Chicago, revealed that individuals who had committed or attempted to commit a homicide had reduced gray matter compared to those who had been involved in other crimes. These reductions were especially evident in regions of the brain associated with emotional processing, behavioral control and social cognition.<sup>15</sup>

One of the most frequently recorded abnormalities has been the persistence of slow waves in the temporal lobes.<sup>6</sup>

The participants were divided into three groups: 203 individuals who had been convicted or who reported having committed a

homicide or attempted homicide; 475 individuals who had committed aggravated assaults, armed robberies or other violent crimes; and 130 individuals involved in non-violent or minimally violent crimes.<sup>15</sup>

Although previous neuroimaging studies have also examined killers' brains, this is the first investigation that uses such a large sample and controls for factors such as psychosis, excluding individuals who have suffered brain injuries or psychiatric disorders such as schizophrenia.<sup>15</sup>



**Figure 1. The colored sections in this figure highlight brain regions in murderers that exhibit reduced gray matter compared to other violent criminals. Data come from a study of over 800 incarcerated men. Source:<sup>16</sup>**

The General Excitement Theory of Criminality reports that there is a common biological condition underlying the behavioral dispositions of individuals with psychopathy.<sup>2</sup>

They would be extroverted, impulsive and thrill-seeking, with a nervous system that is relatively insensitive to low levels of stimulation, and not content with little, being hyperactive in childhood. Therefore, to increase their excitement, they participate in high-risk activities, such as crime.<sup>3</sup>

Biology and molecular genetics have progressively contributed to the understanding and treatment of psychiatric patients. However, to date, it has not been possible to find specific genes for the various mental disorders.<sup>8</sup>

In PD, genes cannot be held responsible for the disorder, but rather for the predisposition. Consequently, it is essential to consider the environment in which the individual lives and the interaction established with it.<sup>3</sup>

The concept of spectrum has been used to demonstrate that, depending on the environmental interaction, even if the subject has a determining gene, they may not express the predictable mental disorder, or they may express it in a wide spectrum of clinical configurations.<sup>9</sup>

The concept of the “serial killer spectrum” highlights the diverse range of appearances and behaviors among serial killers. Contrary to the stereotypical image of a frightening and disturbed individual, many serial killers can appear perfectly normal and even charming. For example, Ted Bundy, known for his good looks and charisma, used these traits to attract victims, demonstrating that serial killers can easily blend into society and appear like normal neighbors.<sup>20</sup>

This spectrum suggests that serial killers vary greatly, just like any other part of society, making it challenging to identify them based solely on appearance or superficial behavior.<sup>20</sup>

There are also biological aspects which are not genetic in nature, but which also interfere with personality development. For example, more aggressive behavior may be related to higher levels of the hormone testosterone. This could explain why more men than women are serial killers. On the other hand, increased levels of serotonin can lead to more sociable behavior.<sup>11</sup>

As for the interaction that the individual establishes with the environment, special importance has been given to early relationships, due to their influence on the formation of the core of their personality. It is known that the neglect and mistreatment received by a child, whose brain is being sculpted by experience, induces an anomaly in the brain's circuitry, which can lead to aggression, hyperactivity, attention disorders, delinquency and drug abuse.<sup>13</sup>

The ICD, in its eleventh revision, describes eight types of specific personality disorders: paranoid; schizoid; antisocial; emotionally unstable; histrionic; anancastic; anxious; and dependent.<sup>14</sup>

Paranoid disorder is dominated by distrust, excessive sensitivity to setbacks and the feeling of always being undermined by others; self-referential attitudes.<sup>15</sup>

Schizoid disorder is characterized by a predominance of detachment, a lack of interest in social contact, affective withdrawal, difficulty in experiencing pleasure; a tendency towards introspection.<sup>13</sup> Antisocial disorder is characterized by indifference to the feelings of others, and may adopt cruel behavior; contempt for rules and obligations; low tolerance for frustration and low threshold for violent acts.<sup>15</sup>

Emotionally unstable disorder marked by impulsive and unpredictable manifestations. It has two subtypes: impulsive and borderline. The

impulsive type is characterized by emotional instability and lack of impulse control. The borderline, on the other hand, in addition to emotional instability, reveals self-image disturbances, with difficulty in defining their personal preferences, with a consequent feeling of emptiness.<sup>17</sup>

Histrionic disorder is characterized by self-centeredness, low frustration tolerance, theatricality and superficiality. The need to make everyone pay attention to themselves prevails.<sup>18</sup>

Anancastic disorder is characterized by a preoccupation with details, rigidity and stubbornness. There are repetitive and intrusive thoughts that do not, however, reach the severity of an obsessive-compulsive disorder.<sup>16</sup>

Anxiety disorder involves excessive sensitivity to criticism; persistent feelings of tension and apprehension, with a tendency to social withdrawal due to insecurity about one's social and/or professional abilities.<sup>17</sup>

Dependent disorder is characterized by asthenic behavior, lack of determination and initiative, and instability of purpose.<sup>17</sup>

The diagnosis of personality disorders is still difficult for psychiatrists to identify. This is aggravated by the lack of interest that many psychiatrists show in disorders of this nature, because they believe that pathologies of this type, being permanent and refractory to treatment, are not worth specialized care. Not infrequently, the diagnosis is only recalled when the progress of the mental disorder being treated is unsatisfactory.<sup>10</sup>

Diagnostic assessment faces an internationally known controversy, centered on the divergence between the greater value of free interviews or the application of standardized tests. While some professionals base their diagnosis on their patients' reports and direct examination of how they manifest themselves emotionally, others prefer to use standardized tests with directive questions.<sup>2</sup>

The diagnostic investigation of antisocial personality disorder is one of those that most benefits from structured interviews, due to the very objective indices regarding the behavior of its sufferers.<sup>11</sup>

A good and thorough semiological assessment is required to diagnose PD. The examinee's entire life history is investigated, checking whether or not there has been an abnormal pattern of behavior throughout their life. The dynamics of psychic processes, despite their inestimable importance, can confuse professionals when categorizing PTs. For example, the psychiatrist may confuse the affective state of schizotypy, or even schizoidia, which is characterized by poor affective expression, with the indifference and affective insensitivity of antisocial disorder.<sup>12</sup>

There is still no reliable instrument for diagnosing PT. Consequently, the reliability of the diagnosis is low, with the KAPPA index.<sup>13</sup>

The KAPPA test is used during the calibration stage of the evaluators in a survey and is used to assess agreement between them when the dependent variable is qualitative (nominal or ordinal).

The diagnosis of psychopathy is made by a psychiatrist based on the "Hare Psychopathy Assessment Test or PCL-R", in which the characteristics of the person's behavior are assessed. The PCL-R, is the most significant resource not only for detecting a psychopath, but also for assessing their inclination towards violence.<sup>13</sup>

The Psychopathy Checklist or Hare Psychopathy Checklist-Revised, now Psychopathy Checklist-Revised (PCL-R), is a psychological assessment instrument commonly used to evaluate the presence and extent of psychopathy in individuals mostly institutionalized in the criminal justice system, and to differentiate individuals with this trait from those suffering from antisocial personality disorder, a related diagnosable disorder. It is a 20-item inventory of perceived personality traits and recorded behaviors, which is intended to be completed on the basis of a semi-structured interview, along with an analysis of "collateral information", such as official records.<sup>18</sup>

Psychopaths differ in fundamental ways from other criminals. Research aimed to find parameters that could differentiate the condition of psychopathy. The PCL-R scale. This scale is a 20-item checklist, recently validated in Brazil by Morana, with a score of zero to two for each item, giving a total of 40 points.<sup>13</sup>

The cut-off point is not rigidly established, but a score above 30 would translate into a typical psychopath.<sup>16</sup>

Through cluster analysis of criminal subjects classified with antisocial personality disorder, they established two types of antisocial personality: global disorder (TG) and partial disorder, which they found to be statistically equivalent to psychopathy and non-psychopathy.<sup>22</sup>

The psychopath tends to display a constellation or combination of highly narcissistic, borderline and antisocial personality traits, which include superficial charm, charisma/attraction, sexual seduction and promiscuity, affective instability, suicidality, lack of empathy, feelings of emptiness, self-mutilation and splitting (black and white thinking).<sup>18</sup>

It is also not recommended to diagnose PT until the age of legal responsibility, which is 16 or 17 years old, preferring a diagnosis of conduct disorder.<sup>22</sup>

The characteristics related to PT manifest themselves in specific circumstances, when the situations experienced by the subject take on such significance that they arouse peculiar reactions which, in turn, express latent psychic dynamics. This disposition, however, can interfere more or less intensely in subjective dynamics and also in the various forms of interpersonal relationships.<sup>19</sup>

It should be borne in mind that PTs can present as a spectrum of psychic dispositions which, to a very high degree, would make it really difficult to distinguish them from psychopathies which, in turn, are not a medical diagnosis, but a psychiatric-forensic term. Nevertheless, it was plausible to configure significant differences in patterns using the Hare scale.<sup>20</sup>

In the case of psychopathies, the anomalous dynamism proved to be more extensive, involving psychic life to such an extent that this condition takes on particular importance for forensic psychiatry, especially because it presents a broad affective insensitivity,



which would hinder rehabilitation processes.<sup>21</sup>

The study was carried out using the PCL-R cut-off point. The PCL-R score ranges for the forensic population studied correspond to: non-criminal (0 to 12); partial disorder (12 to 23); and global disorder (23 to 40). The group with partial disorder has a significantly attenuated characterological manifestation of the psychopathy group, by means of the score on the PCL-R scale. Cluster analysis can prove that the condition of partial disorder is an attenuation of global personality disorder. This makes it relevant for differentiating the risk of criminal recidivism among psychopaths.<sup>22</sup>

The differential diagnosis between personality disorders and neurotic disorders can be difficult to pin down. Both neurotic and personality disorders can present rigid behavior.<sup>17</sup>

This aversion predominates in neurotics, since this population is afraid of what might cause them harm and blames themselves for life's failures. On the other hand, individuals with antisocial personality disorder have a strong tendency to blame others for their failures and disagreements.<sup>22</sup>

During an expert examination, close observation of the examinee's behavior is essential from the moment they enter the examination room. This is because the examinee's tendency is to repeat, albeit unconsciously, their pattern of mental functioning, especially how it manifests itself in interpersonal relationships, which can be used as a diagnostic criterion.<sup>22</sup>

In the relationship between the expert and the expert, it is possible to see some signs that reveal a disturbed personality with antisocial or even psychopathic characteristics.<sup>22</sup>

Psychopaths are often described as individuals deficient in empathy.<sup>18</sup>

Empathy is the ability to put oneself in another person's position; to imagine what the other person is experiencing emotionally.

Some authors have made the following references to psychopaths' (in)capacity for empathy and emotional response. They understand the facts very well, but they don't care.<sup>17</sup>

In other words, they are incapable of true empathy and this can be seen in the interpersonal relationship at the time of the examination. These examinees can understand how others feel, from an intellectual point of view, since the notion of reality is not altered in these conditions, but they are incapable of feeling like normal people from the point of view of more differentiated feelings.<sup>22,25</sup>

Psychological tests can be very useful in the diagnostic investigation of personality disorders.

Antisocial PT sufferers are typically manipulative individuals, they may try to control their own speech during the examination, simulate, dissimulate, in short, manipulate their answers to what is asked of them.<sup>22,25</sup>

Psychological tests make such manipulation difficult and provide complementary diagnostic elements.<sup>22,25</sup>

Another element that can be very useful in the forensic investigation of PTs is interviews with the examinee's family members, since they can reveal important data about the examinee's life history, which is fundamental to the diagnostic construction.<sup>22,23</sup>

Variations in the pattern of behavior considered normal, but which do not reach the condition of mental illness per se, are conditions that demand special attention in forensic matters. In forensic psychiatry, personality disorders are not considered a mental illness, but rather a mental health disorder.<sup>22,23</sup>

In the criminal sphere, the capacity for understanding and determination according to the understanding of an individual who has committed a criminal offense is examined. The capacity to understand depends essentially on cognitive capacity, which is generally preserved in antisocial personality disorder, as well as in psychopaths.<sup>22,23</sup>

As for the capacity for determination, this is assessed and depends on the individual's volitional capacity. It can be partially compromised in antisocial personality disorder or psychopathy, which can lead to a legal condition of semi-imputability.<sup>22,23</sup>

On the other hand, the capacity for determination may be preserved in cases of mild disorders that have no causal link with the act committed. In legislation, semi-imputability allows the judge to reduce the sentence or send the defendant to a hospital for treatment, if there is a medical recommendation for special curative treatment.<sup>7</sup>

The security measure to carry out special curative treatment is, in turn, quite controversial, due to the great difficulty of effectively treating those with anti-social disorders. Another point worthy of questioning is the application of an inpatient or outpatient treatment regime depending on the type of punishment envisaged for the crime committed, instead of depending on the psychiatric medical condition presented.<sup>3</sup>

In the civil sphere, although there are various other requests, the most commonly carried out psychiatric examination is that for the purposes of interdiction, in which the individual's ability to govern their own person and manage their property is assessed. Most sufferers of antisocial personality disorder do not undergo any judicial intervention. However, more serious cases can lead to partial interdiction.<sup>19,21</sup>

There is an international debate about the feasibility and scope of treatment for various personality disorders, especially the antisocial type.<sup>20</sup>

PDs still represent a therapeutic challenge and a model consisting of seven factors to check the viability of their treatment. These are: 1) the nature and severity of the pathology; 2) the degree of invasion of the disorder into other psychological and social spheres, as well as its impact on the functioning of different sectors of the patient's life; 3) the patient's previous health and the existence of comorbidities and risk factors; 4) the timing of the diagnostic and therapeutic intervention; 5) the experience and availability of the therapeutic team; 6) the availability of units specializing in the care of special conditions; and 7) scientific knowledge about this disorder, as well as cultural attitudes towards the concept of treatment.<sup>18</sup>

Patients with PT demand excessive attention from the professional team and many are considered irritating and difficult to manage,

contributing to counter-transference difficulties that make it even more difficult to conduct treatment. There is some evidence to suggest that people who meet the full criteria for psychopathy are not treatable by any form of therapy available today. Their self-centeredness in general and contempt for psychiatry in particular make it very difficult to treat them.<sup>18</sup>

On the other hand, a proportion of non-psychopathic antisocial personality disorder patients respond to psychotherapeutic processes.<sup>18</sup> Another portion, however, although not initially responsive to therapy, show changes in their behavior as they advance in age after 40, abandoning certain behaviors that in the past got them into trouble with the law.<sup>18</sup>

The principles of treatment are the same as for any chronic condition. In other words, the underlying conditions cannot be changed, but symptom relief is attempted. Lithium can be useful in treating aggressive behavior and anticonvulsants, such as topiramate, can relieve symptoms of mood instability, irritability and impulsivity. Antipsychotics can be effective in controlling symptoms of this nature sometimes exhibited by borderline patients.<sup>25</sup>

Selective serotonin reuptake inhibitor antidepressants can be useful in patients who are also borderline.<sup>18</sup>

Benzodiazepines, used in other types of personality disorders, such as paranoid or histrionic, should be avoided in antisocial disorder, due to the high risk of substance abuse by these patients.<sup>18-20</sup>

Several types of psychotherapeutic intervention have been proposed. The best results have been reported by those that aim to treat specific symptoms, and dialectical behavioral therapy has received international recognition for its effectiveness in PD. Cognitive-behavioral therapy may be useful, but few studies have devoted attention to this therapeutic modality applied to PD.<sup>24</sup>

Finally, this study showed a great overlap between psychopathy and sadistic personality disorder: of the serial killers with psychopathy, 93% also had the disorder.

## CONCLUSION

Personality disorders, especially the antisocial type, represent real challenges for forensic psychiatry. Not so much because of the difficulty in identifying them, but rather in helping the Justice system decide where to place these patients and how to treat them. Patients who display psychopathic behavior and commit serial homicides require special attention, due to the high probability of criminal recidivism, and it is also necessary to raise awareness among government agencies to build appropriate facilities for the custody of these individuals.

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