

Psychopathy as a cause of violent crime in South Africa: A study into the etiology, prevalence and treatment of psychopathy as a cause of violence with particular reference to domestic violence in South Africa

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Psychopathy as a cause of violent crime in South Africa: A study into the etiology, prevalence and treatment of psychopathy as a cause of violence with particular reference to domestic violence in South Africa

By

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SUPERVISOR: YASEEN ALLY

Declaration:

I hereby declare that this research thesis is my own work and that I have not partaken in any form of plagiarism whatsoever. I have acknowledged the work of any other sources in the study.

:  _____

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I'd like to thank my partner for his tolerance and patience when it comes to my fascination with psychopathy and how it relates to violence and all related topics. I appreciate his continual understanding when it comes to my need to read up on the subject and watch hours of documentaries on the subject. I'm sure my fascination with what some my class as a morbid topic is not easy to understand and yet he seems to manage to do it with a smile on his face.

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Summary:

Murder, rape, corruption and gang wars, sounds like something out of a bad action movie but for many it is their way of life and not a movie they can stop. Many people today live with the constant threat of attack and the threat is often not by some stranger but someone they know, their neighbour, their uncle, their father, their domestic worker and on occasion even their own mother.

As crime escalates more people are asking the question, “Why this rapid increase in crime and why is there such an increase in the number of violent crimes?” South Africa is well known, unfortunately, for its high crime rate and in particular it’s exceptionally high violent crime rate. South Africa is rated in the top 10 for the highest murders per capita (UNDOC 2011). Over the past 20 years the number of violent crimes has progressively increased and the reason for this increase needs to be examined.

There appears to be a rapid increase in the number of people presenting personality disorders in society. A number of studies have been conducted on the etiology of anti-social personality disorder and on psychopathology. In the past the majority of these studies had been conducted in developed countries and in the past few years a number of studies have started to be conducted in developing countries. Although very interesting with great insight very few have tried to examine any trends and differences between developed and developing countries. During the course of these studies it has been observed that inmates and people exhibiting Psychopathy traits are more likely to commit violent crimes and in addition reoffend.

The thesis proposed examines trends between developed and developing countries to find any links between crime and psychopathology and in addition the etiology, prevalence and prevention of psychopathology. The study will identify a number of models utilised to understand violence in society and personality disorders with particular reference to psychopathy. The study is being done in order to obtain a better understanding of a link between psychopathology and escalating crime in South Africa and what, if anything can be done to decrease this prevalence.

This thesis outlines a number of diagnostic tools utilised in order to determine if a person is indeed suffering from psychopathy. Each one of these is discussed and the validity of each considered for both developed and developing countries as a diagnostic tool.

The study clearly shows that there are a number of unanswered questions around psychopathy within South Africa and that more research within a South African context needs to be conducted if this disorder is to be properly understood .

Key Terms:

Psychopathy; Violent crime ; Etiology of psychopathy; Prevalence of psychopathy;
Treatment of psychopathy ;domestic violence ;South Africa; diagnostic tools; Personality
disorders; Causes of violence

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INTRODUCTION:

South Africa is well known, unfortunately, for its high crime rate and in particular it's exceptionally high violent crime rate. Rated the eight highest country for violent deaths per capita, being beaten by El Salvador, Iraq, Jamaica, Honduras, Colombia, Venezuela, Guatemala, and followed by Sri Lanka and Lesotho (Krause, Nowak, Gillgen, Alvazzi Del Frat, Muggah, Restrp, Malby, 2011). Violent crime in South Africa has progressively increased over the past 20 years and the number of deaths directly related to domestic violence continues to be a major concern. The 2011 Global Study on Homicide shows that "gender-based violence affects a large number of women worldwide and represents a serious threat to the harmonious development of societies" (Me, Bisogno, Malby, Jandl, Davis, Pysden, Rahmonberdiev, Reiterer, Gurian, Mesa Vieira, Aziani & Cenci, 2011). "The home is the place where a woman is most likely to be murdered" (Me et al, pg 11, 2011). According to Me et al. (2011) there are studies from Australia, Canada, Israel, South Africa and the United States indicating that 40 to 70 per cent of female murders are linked to intimate partner/family-related violence.

Over the past three decades a number of studies have been conducted on the etiology, prevalence and treatment of psychopathy (Blackburn, 1975; Blackburn & Maybury, 1985; Cale & Lilithenfeld, 2003; Costa & McCrae, 1992; Damasio, 2000; Dolan & Doyle, 2007; Hare, 1985; Hare, 1996). Many of these studies have been conducted in developed countries and many indicate that psychopathy is one of the leading causes for violent crime. This link can be further expanded to the likes of domestic violence. During the course of these studies it has been observed that people exhibiting psychopathy traits are more likely to commit violent crimes and in addition reoffend, more so than individuals that have not been diagnosed with psychopathy. This implies that our understanding of violence must include an understanding of psychopathy in perpetrators of violence.

The Diagnostic and Statistical Manual of Mental Disorders (DSM –IV-TR, 2000) has done away with the term psychopath and sociopath and has brought these terms under the umbrella of anti-social personality disorder. The research will also review the arguments for and against the new classification in order to gain a better understanding if this classification is in the best interest of psychopathy as a disorder and the impact this new classification may have on understanding violence.

Most research into the high crime and domestic violence rate in South Africa looks mainly at socio-economic reasons however; this may essentially be half the story. We need to better understand if there is a link between domestic violence and psychopathy and how one may be driving the other, in relation to socio- economic factors (Jewkes, 2002; Eaton , Kalichman , Sikkema , Skinner ,Watt , Pieterse, Pitpitan, 2011; Goolam, 2013). Over the past 5-10 years South Africa has started to conduct studies on psychopathy looking at the etiology, prevalence and treatment of the disorder. With the high rate of violent crime and domestic violence in South Africa it is imperative that we start to view these studies, conducted locally, in conjunction with those done globally, to see if we can find similarities, themes and patterns in the etiology and prevalence of this disorder. This will give a better understanding as to how psychopathy may contribute to violence and specifically domestic violence. By comparing studies we will gain a better understanding around the disorder and if psychopathy is a contributing factor that has not received major attention for the high domestic violence rate in South Africa. In addition by comparing studies we can then look at the different treatment methods being applied globally and start to understand which programs may be best suited to South Africa.

CHAPTER ONE

LITERATURE REVIEW:

INTRODUCTION:

Violence as an epidemic in South Africa:

Today's world sees no country or community being untouched by violence. Images and accounts of violence are splashed across the media daily and it seeps into every facet of our lives. Violence is a universal phenomenon that tears at the fabric of communities and threatens the life, health and happiness of us all. Each year thousands of people worldwide lose their lives to violence (Krause, Nowak, Gillgen, Alvazzi Del Frat, Muggah, Restrip Malby, 2011). For everyone who dies as a result of violence, many more are injured and suffer from a range of physical, sexual, reproductive and mental health problems caused by violence (Krug, Mercy, Dahlberg, Zwi, 2002).

What is violence? :

Defining violence in itself, presents certain complexities. To this, The World Health Organisation in The World Report on Violence and Health state that:

“Violence is an extremely diffuse and complex phenomenon. Defining it is not an exact science but a matter of judgement. Notions of what is acceptable and unacceptable in terms of behaviour and what constitutes harm, are culturally influenced and constantly under review as values and social norms evolve” (Krug, Mercy, Dahlberg, Zwi, 2002, p.4).

Having stated this, it becomes apparent that the definitions of violence we utilise must be acknowledged contextually.

The World Health Organisation defines violence in the World Report on Violence and Health (2002) as:

“The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.” (p.5)

The typology used in the World Report on violence and health divides violence into three broad categories, according to who commits the violent act: self-directed violence; interpersonal violence; and collective violence. Below is a graphical representation of this description:

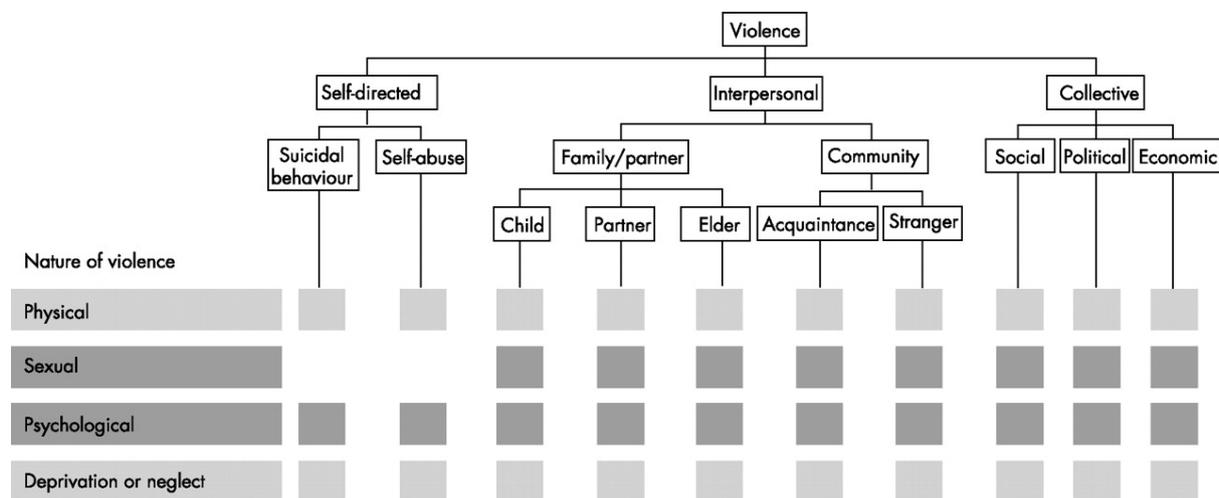


FIGURE 1: Typology of violence

These three broad categories can be further broken down to reflect more specific types of violence. Self-directed violence includes suicidal behaviour and self-abuse such as self-mutilation. The diagram above indicates that self-directed violence only falls into three of the four types of violence namely physical, psychological and deprivation/neglect but not sexual. The other two sub groups, interpersonal and collective, fall into all four of the types of violence. Interpersonal violence is divided into two subcategories, namely family and intimate partner violence and community violence. Family and intimate partner violence occurs between family members and intimate partners. Community violence is between individuals who are unrelated, and who may or may not know each other and generally takes place outside the home.

Domestic violence falls under the interpersonal category represented above and is a subgroup of violence occurring between people that are in a domestic relationship. Domestic violence can be further divided into different categories, according to The Domestic Violence Act of South Africa. The Act defines domestic violence as; any act or threat of physical abuse; sexual abuse; emotional, verbal and psychological abuse; economic abuse; intimidation; harassment; stalking; damage to property; entry into the residence of a person sharing or

having shared a domestic relationship with the perpetrator without that person's consent, where the parties do not share the same residence; or, any other controlling or abusive behaviour (Domestic Violence Act, 1998 ; Act No.116 of 1998).

The World Report on Violence and Health (Krug, Mercy, Dahlberg, Zwi, 2002) suggests that violence is best understood when viewed using an ecological model that is made up of four levels. These four levels are the individual, family, community and society. They represent how violence finds expression in and on various structures. Figure 2 represents how these areas overlap, interlink and what the risk factors and possible solutions for some of these risk factors may be.

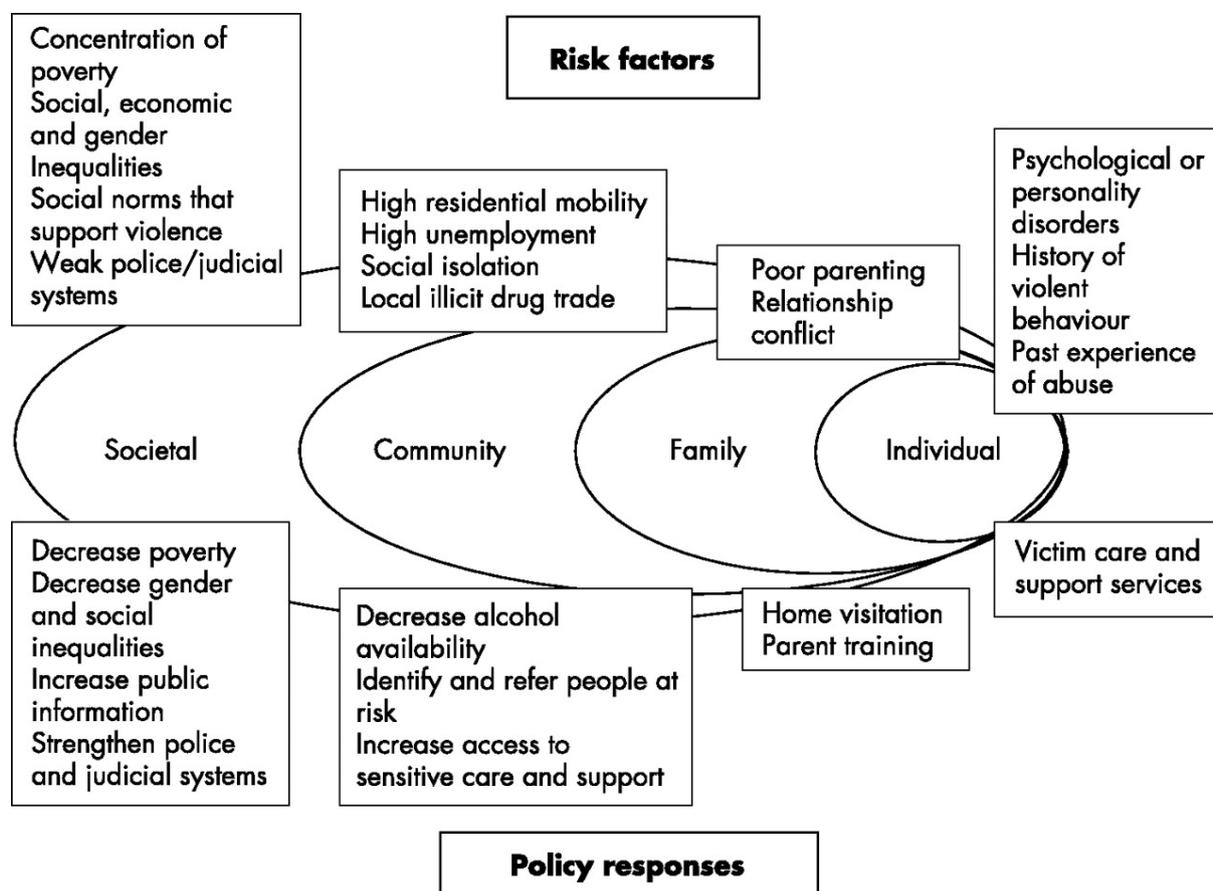


FIGURE 2: Ecological model of violence.

According to Krug, Mercy, Dahlberg, Zwi, (2002); Garbarino, Crouter, (1978); Bronfenbrenner, (1979), Garbarino, (1985); Heise (1998); the first level identifies biological and personal history factors. These influence how individuals behave and increase their

chances of becoming a victim of violence or committing violence. Examples of factors that are measured are a person's demographic characteristics (age, education, income), psychological or personality disorders, for example psychopathy, substance abuse, and a history of behaving aggressively or experiencing abuse.

The second level looks at close relationships which include family, friends, intimate partners and peers. This level investigates how these relationships increase the risk of a person becoming a victim or perpetrator of violence. For example, in youth violence, having friends who engage in or encourage violence may increase that person's risk of being a victim or perpetrator of violence.

The third level explores the community contexts in which social relationships occur, such as schools, workplaces and neighbourhoods, and seeks to identify the characteristics of these settings that increase the risk for violence. Risk factors at this level could be high population density, high levels of unemployment, or the existence of a local drug trade.

The fourth level looks at the broad societal factors that help create a climate in which violence is encouraged or inhibited. These include the availability of weapons and social and cultural norms or standards. Such standards include those that give priority to parental rights over child welfare, those that regard suicide as a matter of individual choice instead of a preventable act of violence, those that establish male dominance over women and children, those that support the use of excessive force by police against citizens, and those that support political conflict. Larger societal factors also include the health, economic, educational and social policies that help to maintain economic or social inequality between groups in society.

The overlapping rings in the model show how at each level factors are strengthened or modified by factors at another level (Krug, Mercy, Dahlberg, Zwi, 2002; Garbarino, Crouter, 1978; Bronfenbrenner, 1979, Garbarino, 1985, Tolan, Guerra, 1994; Chaulk, King, 1998; Heise 1998; Schiamberg, Gans, 1999; Carp, 2000). Therefore, a person with an aggressive personality disorder, such as psychopathy, may be more likely to act violently in a family or community that normally resolves conflict through violence than if he or she were in a more peace-loving environment.

From the above description it is clear that in order to understand violence and in particular domestic violence, within South Africa, more than just socio-economic factors must be taken into consideration. There is a complex play between the individual make up and environment that contributes to domestic violence. It has also been shown from the studies that domestic violence is widely recognised as a major issue worldwide (Me, Bisogno, Malby, Jandl, Davis, Pysden, Rahmonberdiev, Reiterer, Gurian, Mesa Vieira, Aziani & Cenci, 2011)

Violence in South Africa:

One of the most challenging problems facing South Africa is the high violent crime rate and in particular, the high domestic violence rate. Luiz (2000) informs us that South Africa is one of the worst crime centres in the world. Gordon (2006) confirms this and indicates that the high and seemingly uncontrollable level of crime is one of the most pressing issues facing South Africa, post-apartheid. Violence and injury are the second leading cause of death in South Africa. This average is twice that compared with the global average (Seedat, Van Niekerk, Jewkes, Suffla, Ratele, 2009). Violence is the second leading cause of disability adjusted life years after HIV/AIDS (Seedat et al, 2010). According to the National Injury Mortality Surveillance System, which documents injury mortality rates in South Africa, one third of injury related deaths in South Africa is due to violence (Donson, 2008). Violent deaths are nearly five times more than the average worldwide (Donson, 2007).

Needless to say, the experience of violence in South Africa requires attention from various sectors. One expression of interpersonal violence is violence against women, often experienced within intimate relations. It has been suggested that more than 56% of female deaths in South Africa are caused by an intimate partner. This implies that violence against women by an intimate partner is the leading cause of female death in South Africa. We must bear in mind that this figure may in fact be higher, as over 20% of murders of females have not had the perpetrator identified (Abrahams, Mathews, Jewkes, Martin & Lombard, 2012).

Seedat, Van Niekerk, Jewkes, Suffla, Ratele, (2009) also state that the death rate of South African women killed by their intimate partners is six times the world norm. It was estimated in a study conducted in 1999 that a woman is killed every six hours by her husband or boyfriend (Matthews, Abrahams, Martin, Vetten, Van Der Merve & Jewkes, 2004; uniform.org, 2013). In 2009 it was found that a woman was estimated to be killed every eight

hours by her intimate partner (Abrahams, Mathews, Jewkes, Martin & Lombard, 2012). Although there has been a decrease the number is still startling high in South Africa.

The high rate of rape is also of concern in South Africa. It is estimated that around 11% of rape homicides are due to an intimate partner in South Africa (Abrahams, Mathews, Jewkes, Martin & Lombard, 2012). A study conducted within South Africa showed there has been little reduction in the rape rate. A random population-based sample, found that over a quarter of men (27.6%) admitted to having committed rape (Jewkes, Sikweyiya, Morrell, Dunkle, 2011).

Violence and crime have been studied from multiple perspectives and various explanations have been positioned. Explanations stem from genetics to socio-economic status, alcoholism and even HIV/AIDS (Taylor, Loney, Bodadilla, Iacon, McGue, 2003; Lykken, 1995; Cadoret, O’Gorman, Troughton & Heywood, 1985; Craig, Catani, Deeley, Daly, Kanaan, Picchioni, McGuire, Fahy, Murphy, 2009; Saltaris, 2002; Mitchell & Blair, 2000). With the acknowledgement that personality and temperament may contribute to heightened experiences of frustration and aggression – which may lead to violence, it is felt that one of the most neglected areas in research around causation of violence is the role played by mental disorders (Loots & Loots, 2011). Most studies conducted look at socio-economic factors such as HIV/AIDS and poverty, but fail to take into account mental issues that could be one of the causes of the high violent crime as opposed to non-violent crime. As indicated in the ecological model of violence there are a number of factors that cause violence. In an analysis conducted by Gould (2010), there was no significant correlation between the level of inequality and the level of crime (Gould, 2010). This indicates that there may be more than just socio-economic reasons driving the high crime rate in South Africa.

Extending the literatures focuses on the socio-economic, gender and racial factors that may contribute to the experience of violence; it can be stated that the role played by mental illness on violent encounters and experiences does not receive the attention needed.

Mental illness has been cited as a contributing factor to violence (Hare & McPherson, 1984) and despite this acknowledgment, it remains an under-explored area within South Africa. This raises concern given that psychopathy characteristics point towards a potentially violent individual with no remorse (Hare & McPherson, 1984). It stands to reason that South Africa needs to gain a better understanding of the driving factors increasing the experience of

violence and how this relates to domestic violence. This is important as a lack of such knowledge may limit our understanding of violence prevention interventions.

The following section explores psychopathy, looking at the how the disorder manifests, diagnostic criteria, causes and treatment. The section also discusses psychopathy and violence. The aim of which is to explore the link between psychopathy and violent crime.

Overview of psychological disorders:

Psychological disorders may be defined as a psychological dysfunction associated with distress or impairment in functioning that is not a typical or culturally expected response to stress (Barlow & Durand, 2009). Psychological disorders can result from genetic factors, environmental factors or a combination of the two (Sue, Sue & Sue, 2006).

Psychological disorders can fall within three categories according to the DSM-IV-TR (2000)

1. Clinical disorders such as eating and anxiety disorders
2. Personality disorders, which are characterised by inflexible and maladaptive personality traits that cause significant impairment. Psychopathy would fall within the antisocial personality disorder classification.
3. Developmental disorders which are classified as any condition that appears at some stage in a child's development and delays the development of one or more psychological functions, such as language skill. Developmental disorders include psychological and physical disorders, for example autism (Heffner, 2011).

While Clinical disorders and developmental disorders are seldom associated with violence, the same cannot be said for some personality disorders. Personality disorders that display impulse control and affect regulation have been shown to be more likely to lead to violence (Esbec, 2010). Narcissism or threatened egotism and paranoid cognitive personality styles have also been empirically linked to violence and mental disorder (Esbec, 2010). Personality disorder, such as paranoid, narcissistic and antisocial personality disorder symptoms, correlates significantly with violence (Esbec, 2010). A study by Fazel and Danesh (2002) conducted using meta-analyses using a global sample of men and women that were in the corrections system found the prevalence rate of the personality disorder in men was 65%, and 42% in women.

Psychological disorders are complex and a correct understanding of the range of disorders is needed to fully understand where psychopathy falls. Each disorder will require different methods of treatment if a successful outcome is to be obtained. Failure to understand what type of psychological disorder a patient is presenting with could result in inadequate treatment and on-going suffering for the patient and community; this is especially true for psychopathy.

Psychopathy as a disorder:

The following section looks at the structure of psychopathy. It also provides an overview of how various mental health professionals view the disorder with regard to various characteristics, theories and models.

Psychopathy is a form of a personality disorder (Lynam, & Gudonis, 2005). A personality disorder is characterised by inflexible and maladaptive personality traits that cause significant impairment, according to the DSM-IV-TR (2000). Many theorists, as indicated below, have postulated on the mechanisms behind psychopathic behaviour.

Harpur, Hart, and Hare (1994) described the various underlying personality traits associated with psychopathy as either emotional or behavioural. The emotional characteristics of psychopaths include unusually shallow and unpredictable levels of emotion; insincere commitments to personal goals, interpersonal relationships, and societal principles; and deficiencies in guilt, empathy, and remorse. The behavioural characteristics of psychopathy include erratic, negligent, and sensation-seeking activities that violate social and legal norms. Leistico, Randall, Salekin, DeCoster & Rogers (2008) describe the personality characteristics of psychopathy to include charisma, to be domineering and egocentricity, as well as being indifferent and deliberate in the exploitation of others. The characteristics of psychopathy it seems, feeds into the notion that an individual who has been diagnosed with psychopathy may essentially, be more violent to others with less empathy.

Hare, (1991) has devised a two factor model for assessing psychopathy. It is important for us to briefly explore Hare' (1991) two factor model, as it will allow us to gain further insight to characteristics associated with psychopathy. Factor one represents the interpersonal/affective domain, such as empathy and manipulation. Factor two focuses on lifestyle/antisocial domain, such as impulsivity and criminality. The personality profile of a psychopath is

usually found to contain interpersonal descriptors such as being dominant and hostile, and trait descriptors such as low agreeableness. A commonality in these descriptors is a lack of inhibition. The hostility, aggressiveness, and excitement seeking found in psychopathy all lead to the triggering of unacceptable behaviour. If unregulated by inhibitory mechanisms, such as anxiety and distress cues from others, such traits can lead a person to engage in unrestrained psychopathic behaviours (Hare, 1991).

Cleckley's (1941;1982) conception of a psychopath also includes characteristics that indicate violent tendencies. Cleckley (1941; 1982) emphasised a lack of anxiety as a major trait. Anxiety can be a useful emotion as it is used to warn a person of danger. The uncomfortable feelings associated with anxiety, in the presence of threat, can help a person to avoid the threat in the future. This involves learning, brought on by the anxiety, to avoid punishment. Those high in psychopathy are less likely to experience anxiety and would therefore fail to learn from past punishment. As the threat does not arouse the anxiety it was supposed to it therefore does not make it threatening enough to learn from. This deficit may explain why those high in psychopathy can repeatedly engage in threatening and damaging behaviour without considering the harmful consequences.

Such descriptions of the characteristics of a psychopath do not evoke a warm and pleasant feeling in a person. From reading the description it is clear that this type of personality is likely to cause much havoc and turmoil in families, communities and society at large.

Over the years a number of models and theories around the structure of psychopathy, as discussed above, have been developed. The section below reviews some of these theories and models. This will give an overview on the structure and characteristics of what constitutes a psychopath.

Arousal Models:

Arousal models presented by Gray (1975) and Fowles' (1980)¹ describe how certain factors of behaviour within each individual can affect learning. The models help to explain how a lack of restraint for societal norms and rules (disinhibition) and their tendency to act on an impulse, displaying behavior characterised with little or no forethought, reflection, or consideration of consequences (impulsiveness), may be a mechanism underlying psychopathy. Those high in psychopathic characteristics may have deficits in both the

¹ The workings of these models are discussed in more detail under diagnostic criteria for psychopathy.

Behavioural Inhibition System (BIS) and the Behavioural Activation System (BAS), which make-up the two parts of the model. The BIS serves to inhibit behaviour through creating anxiety in the presence of threatening stimuli. The BAS utilizes impulsivity to activate approach behaviours in the presence of rewarding stimuli. It has been suggested that those high in psychopathy have an overactive BAS, and vary in the presence of an underactive BIS (Patterson & Newman 1993). An underactive BIS would mean that those high in psychopathy experience less anxiety, and remain uninhibited in the presence of a threat. An overactive BAS would cause those high in psychopathic characteristics to be so focused on the reward that they do not pay attention to threat-relevant stimuli. Both deficits would contribute to the tendencies toward lack of reserve found associated with psychopathic traits. Emotions are important to a person's ability to interpret a stimulus as rewarding, neutral, or threatening. Those high in psychopathy, having an overactive BAS, are, according to theory, unaware of negative emotions in the presence of some reward. According to Fowles' (1980) model, they are so focused on the reward that the psychopathic behaviour brings that they would be less able to attend to their own anxiety, guilt, or empathy, if they are even having such an experience. These traits and behaviours are further examined by considering the personality of a person exhibiting psychopathy through personality theories discussed below.

Personality Theories of Psychopathy:

There are a number of personality theories around psychopathy (Eysenck's 1975, Wiggins, 1979, Costa and McCrae, 1985). One of the first personality theories developed around psychopathy was formulated by Hans Eysenck's (1975) using a three dimensional model of personality. The dimensions include Psychoticism (P), Extraversion (E), and Neuroticism (N) and a particular pattern of their interaction has been associated with people who engage in psychopathic acts.

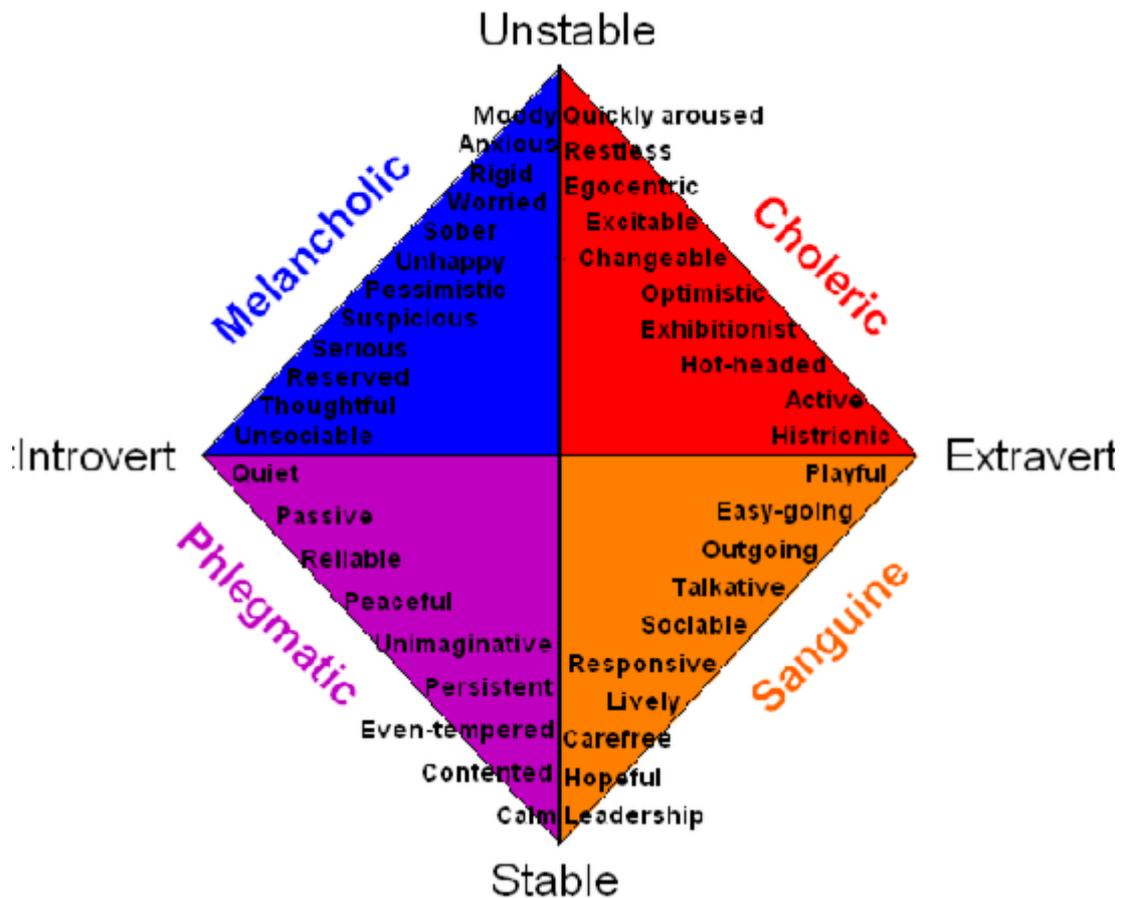


FIGURE 3: Hans Eysenck's (1975) three dimensional model of personality.

Eysenck (1978) found that the majority of criminal populations scored higher on the P, E, and N dimensions than the controls did. Psychoticism is associated with insensitivity, aggressiveness, and lack of concern for others; high extraversion is associated with excitement seeking, care-free attitudes, and unreliability. Neuroticism is associated with anxiety and overreaction to stimuli. A combination of high scores on these traits are known to yield a personality that will react strongly in social situations in aggressive and insensitive ways.

The interpersonal circumplex model, developed by Wiggins (1979), describes personality using interpersonal variables. These are represented by a circular ordering around the dimensional space created by the two dimensions of hostility-warmth and submission-dominance (Wiggins, 1979).

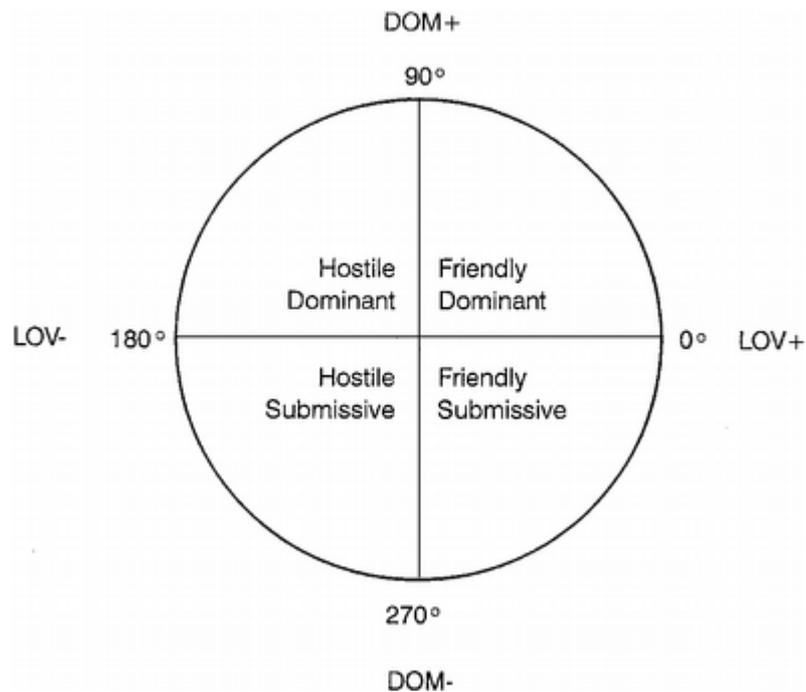


FIGURE 4: Graphical representation of The Interpersonal Circumplex model

It was found that male inpatients that were high in psychopathy would fall more on the dominate-hostile quadrant (Blackburn & Maybury 1985) when surveyed using the Interpersonal Adjectives Scale (IAS) (Wiggins, Trapnell, & Phillips, 1988). This quadrant indicates a personality that is cold, heartless, and aggressive. In order to explore the construct of psychopathy a university sample were examined for psychopathic characteristics using various measures of psychopathy as well as the IAS (Salekin, Trobst, and Krioukova 2001) . The various subscales of the psychopathy measures were projected onto the interpersonal circumplex. It was found that the personality and antisocial behaviour mechanism of psychopathy were associated with dominance and coldness. The study found that overall total scores on the various psychopathy measures all fell onto the dominant-hostile quadrant. Salekin et al. (2001) interpreted this as supporting convergent validity of the measures. It has therefore been consistently found that psychopathy is associated with the quadrant of dominant-hostile, of the interpersonal circumplex model. Wiggins (1995) describes people falling in this area as arrogant, exploitative, prone to anger, manipulative, and vindictive.

The five factor model, which is another model of personality, was explored by Costa and McCrae (1985). This model describes personality using the five dimensions of extraversion, neuroticism, openness, agreeableness, and conscientiousness. This model in principle is

similar to those models presented by Eysenck and Wiggins (Harpur, Hart & Hare, 1994). Eysenck's (1975) model can be viewed as follows; extraversion and neuroticism are largely the same concepts, while psychoticism reflects the combination of low conscientiousness and low agreeableness. In Wiggins' (1979) model, the dominance dimension reflects agreeableness, while the hostile dimension reflects extraversion (Harpur et al. 1994). The five factor model, based on the traditional theories of psychopathy, would describe psychopathy as high in extraversion, and low in neuroticism, openness, agreeableness, and conscientiousness. This model has been validated with the likes of Lee and Ashton (2005) concurring that the characteristics of psychopathy are associated with low agreeableness. In addition, Ross, Lutz, & Bailley (2004) as well as Lynam, Caspi, Moffitt, Raine, Loeber, & Stouthamer-Loeber (2005) suggest that low agreeableness is an underlying characteristic of psychopathy and that this trait best describes the overall pervasive style of acting against others.

Although this model has been validated by research, other traits of this model have yielded mixed results.

Lynam et. al (2005) found in a sample of juvenile males that low conscientiousness and high neuroticism were only associated with impulsive characteristics of psychopathy (Factor 2 of Hare's model)² and not with the callousness of psychopathy (Factor 1 of Hare's model). Similarly it was found that low openness, specifically the low ideas and feelings part of openness, was only associated with a specific group of psychopaths while another group was found to have high neuroticism (Ross et. al 2004). Based on this it was theorised that one subset of psychopaths, those low in both openness and neuroticism, experience emotional processing deficits and tend to not experience anxiety. The other subset of psychopaths, those high in neuroticism would experience strong anxiety and general negative affectivity. It was therefore suggested that the disorder can in fact be divided into primary and secondary psychopathy, these are discussed below.

Primary vs. Secondary Psychopathy:

It is apparent, from reviewing the literature on the personality of psychopathy that findings are mixed regarding the constructs of neuroticism and emotion (i.e., anxiety). This is also

² A breakdown of what constitutes each Factor is discussed under the diagnostic criteria for psychopathy

apparent in the conflicting make up of psychopathy. This section looks at this conflict more closely.

Eysenck (1978) described psychopaths as high on neuroticism while Harpur et al. (1994) describe them as low on neuroticism. Additionally, Miller and Lynam (2003) have theorised, from their research on psychopathy that it is a combination of low and high neuroticism that makes up the disorder. Those high in psychopathy are traditionally low in anxiety, depression, vulnerability to stress, and self-consciousness (low neuroticism) but are also prone to anger and are high in impulsiveness and hostility (high neuroticism). In order to attempt to account for these discrepancies Karpman (1941) suggested that psychopaths come in two forms, namely primary and secondary psychopathy.

Primary psychopaths are described as callous, manipulative, and deceitful. They are thought to be successful in their antisocial behaviour partly due to being free from anxiety. Research indicates psychopaths low on neuroticism is most likely to be primary psychopaths. Secondary psychopaths are equally impulsive but are highly anxious. Psychopaths high on neuroticism are most likely secondary psychopaths. It is considered that all psychopaths are aggressive and impulsive but secondary psychopaths are different in that they are more introverted and prone to guilt (Blackburn 1975).

When considering the heterogeneity within psychopathy, research findings become more consistent. Psychopathy has largely been positively related to psychoticism (Hare, 1982; Larstone, Jang, Livesley, Vernon, & Wolf, 2002) and subsequently low agreeableness and low conscientiousness (Lynam, Whiteside, & Jones, 1999; Ross, et al., 2004). Lynam et al. (1999) and Ross et al. (2004) found that secondary psychopathy was also positively related to neuroticism. Use of the two factors of psychopathy assessed by the PCL-R is also able to differentiate the two forms of psychopathy. Factor 1, traditionally viewed as reflecting the personality of psychopathy, and is found to be related to lower levels of neuroticism. Factor 2, traditionally viewed as reflecting the antisocial behaviour of a psychopath, and is found to be related to higher levels of neuroticism (Harpur, Hare, & Hakstian, 1989; Widiger & Lynam, 1998). These patterns have also been replicated using measures of anxiety, a component of neuroticism (Harpur et al., 1994; Patrick, 1994). It becomes evident that psychopathy can indeed be divided into primary and secondary forms.

Psychopathy is therefore a complex disorder with many facets to take into consideration. Personality traits are a good way to describe psychopathy. It can be considered that those high in psychopathy are low in agreeableness; they are hostile, aggressive, cynical, manipulative, callous, condescending, and carry an attitude of mistrust and cynicism. They are also can be high in extraversion seeking out excitement. They are low in openness being rigid but do not follow their own moral values; and low in conscientiousness in that they are not very disciplined. The profile of a primary psychopath is typical of the preceding pattern while also including low scores on neuroticism. The profile of a secondary psychopath differs from primary psychopaths in that they score high in neuroticism. Understanding the structure of psychopathy is important as it allows one to fully understand how complex this disorder is and the type of issues it may present to society.

The above section indicate that emotions, or lack thereof, and how one handles such emotions is essentially the difference between someone presenting psychopathy and someone that does not exhibit psychopathy. Emotions and how they present in a person exhibiting psychopathy is discussed further in the following section.

Emotion and Psychopathy:

Inhibitory emotions, such as those of guilt and anxiety, are central to the understanding of psychopathy. For many it appears as if those high in psychopathy are either unable of feeling aversive emotions, such as guilt, or that they are able to experience them but do not as aversive (Patrick & Zempolich, 1998). This section discusses how this aspect of emotion relates to psychopathy.

The arousal model (Gray 1975) described above, states that if the Behavioural Activation System (BAS), which is the second factor to the model, is overactive in a person they would be too impulsive and focused on the reward. Emotions such as guilt and anxiety would therefore have little effect on behaviour. If a person has an overactive BAS, the ability to experience inhibitory emotions, such as guilt and anxiety with the related ability to experience empathy may not be enough to prevent psychopathic behaviour. Those high in psychopathy seem less able to experience empathy, anxiety, and guilt when in the presence of a rewarding stimulus. This is important to understanding psychopathic behaviour as when

presented with an opportunity of having a free cell phone by stealing it, those high in psychopathy would be less likely to pay any attention to punishing stimuli such as anxiety, guilt, empathy, or even memories of past negative consequences. They would instead focus on the reward of a cell phone. They therefore may have feelings of anxiety and guilt but this is overridden by the reward they will receive.

Psychopathic personalities in general are less inclined to be able to experience fear and its resulting effects (Patrick, 1994). Hare (1993) believed that generally, individuals learn to avoid antisocial behaviour because they fear the consequences i.e. they learn through the fear of punishment. Those that lack fear will therefore not learn to avoid engaging in antisocial behaviour as they have no fear of the consequences. A study by Hare (1968) was conducted on students, selected based on their extreme scores to psychopathic deviate scale. Using an electronic shock, skin resistance changes were monitored. The subjects were seated in front of a screen that ran through numbers 1 to 12. The students had trial runs with no shocks, followed by runs with shocks after a predetermined number. The results showed that as the shock became more imminent those with low psychopathic deviate scores started to show increase in conductance, indicating increase in fear. Those high on psychopathic deviate scale did not have as high an increase skin conductance. This may indicate that those whom suffer from psychopathy react differently to punishment and fear. (Hare, 1968).

Although the use of fear and punishment is one means of socialisation, it is proposed that empathy is a far better way to socialise individuals i.e. a person does not commit a particular deed because they understand the impact this could have on another person. Empathy may be a potential psychological motivator when it comes to helping others in distress (McDonald & Messinger 2011). Empathy is defined by Carl Rogers (1975) as sensing another person's feelings as if one were that other person, and then responding to the other who then feels understood. Most communal animals end their aggressive attack when the member of the same species displays submissive cues (Lorenz, 1981). It is suggested that sad and perhaps fearful expressions may serve as a similar purpose in humans. Because these are emotionally unpleasant stimuli they act similar to a punishment. Psychopathic individuals however are less sensitive to sadness and fear in others and therefore do not terminate their aggressive behaviour on viewing these cues (Mitchelle, Blair, 2000). From the literature it appears that when it comes to emotions and psychopathy there does appear to be a difference between primary and secondary psychopaths; with secondary psychopaths feeling bad about their

actions at a later stage. These emotional qualities provide important inhibition in interactions with others. Without the ability to experience empathy or guilt, those high in psychopathy would be less likely to stop their aggressive behaviour because they are unable to consider how it would affect those around them.

It is clear from the literature that those presenting with this disorder are more likely to be aggressive in nature and more inclined to break societal rules and not feel guilty about doing so. It is important to understand this in light of the crime in South Africa which is often callous, hostile, aggressive and manipulative. Criminals appear as though they feel no guilt or empathy towards their victims. This may be due to personality disorder, such as psychopathy, that is leading to such callous and aggressive crimes. Understanding how such a disorder is diagnosed is crucial if one wants to accurately identify how big a problem it is and how to treat it.

Diagnostic Criteria for Psychopathy:

The ability to correctly diagnose and identify a person with psychopathy is important. This enables one to understand the correct magnitude of the problem and then how to treat it. The following section gives a description of the main and most tested diagnostic tools available for the diagnosis of psychopathy.

A psychopath is considered to have six major traits that ultimately set them apart from the rest of society and these traits also tend to make them more dangerous (Hare, 1970). These are their superficial charm, their over inflated sense of self-worth, their constant need for stimulation, pathological lying, their manipulative behaviour and lack of remorse (Hare, 1970).

Hervey Cleckley (1941;1982) spent much of his career working with psychopathic personalities and identified 16 major personality traits that he used to define and diagnose psychopathic personality, namely:

1. Superficial charm and good "intelligence"
2. Absence of delusions and other signs of irrational thinking
3. Absence of "nervousness" or psychoneurotic manifestations
4. Unreliability

5. Untruthfulness and insincerity
6. Lack of remorse or shame
7. Inadequately motivated antisocial behaviour
8. Poor judgment and failure to learn by experience
9. Pathologic egocentricity and incapacity for love
10. General poverty in major affective reactions
11. Specific loss of insight
12. Unresponsiveness in general interpersonal relations
13. Fantastic and uninviting behaviour with drink and sometimes without
14. Suicide rarely carried out
15. Sex life impersonal, trivial, and poorly integrated
16. Failure to follow any life plan

Following on from Cleckley's (1941; 1982) work, Hare & Neumann (2006) developed a 20-item checklist that serves as an assessment tool for clinicians when diagnosing psychopathy and is called the Revised Psychopathy Checklist (PCL-R). This checklist is recognised as the diagnostic tool amongst clinicians for determining whether a patient is exhibiting psychopathic personality disorder. The PCL-R focuses primarily on personality traits and captures the emotional/affective and interpersonal components of psychopathy. In addition it captures the behaviours that typify Cleckley's (1941; 1982) view of psychopathy. The assessment tool is broken up into a two factor model. Factor one represents personality traits that reflect interpersonal and affective characteristics of psychopathy such as egocentricity, lack of remorse, and callousness. Harpur, Hakstian, and Hare (1988) suggested that this factor captures the personality aspect of psychopathy. Factor two represents behaviours that reflect the antisocial lifestyle of psychopathy such as impulsiveness and criminal behaviour. This factor captures the behaviours of psychopathy and drives the positive correlation between the PCL-R and measures of APD (Harpur et al., 1988; Hare, 1991).

This checklist has been used in a number of studies in different countries to test validity across cultures and it has been able to accurately diagnose psychopathy in different cultures. (Javier & Molto, 2000; Huchzermeier, Brub, Geiger, Godt, Von Nettelbladt & Aldenhoff, 2006; Forth, Kosson, & Hare, 2003; Randall, Salekin, Leistico, Trobst, Schrum, & Lochman, 2004).

The following is a list of traits set out and measured by the PCL-R:

Factor 1	Factor 2	Other items
<p>Facet 1 Interpersonal</p> <ul style="list-style-type: none"> • Glibness/superficial charm • Grandiose sense of self-worth • Pathological lying • Cunning/manipulative <p>Facet 2 Affective</p> <ul style="list-style-type: none"> • Lack of remorse or guilt • Emotionally shallow • Callous/lack of empathy • Failure to accept responsibility for own actions 	<p>Facet 3 Lifestyle</p> <ul style="list-style-type: none"> • Need for stimulation/proneness to boredom • Parasitic lifestyle • Lack of realistic, long-term goals • Impulsiveness • Irresponsibility <p>Facet 4 Antisocial</p> <ul style="list-style-type: none"> • Poor behavioural controls • Early behavioural problems • Juvenile delinquency • Revocation of conditional release • Criminal versatility. 	<ul style="list-style-type: none"> • Many short-term marital relationships • Promiscuous sexual behaviour

More recently work done by Lilienfeld & Widows (2005) developed the Psychopathic Personality Inventory (PPI-R). This is a self-measure report based on a number of questions. The PPI-R is a self-report record designed as an alternative measure to the PCL-R in order to identify a continuum of psychopathic traits and attitudes.

Another common diagnostic tool within the medical profession for mental disorders is the Diagnostic and Statistical Manual of Mental Disorders (DSM –IV-TR, 2000). The DSM-IV-TR (2000) is also used to diagnose psychopathy. It should be noted that psychopathy together with sociopathy, have been grouped under anti-social personality (APD) in the Diagnostic and Statistical Manual of Mental Disorders (DSM –IV-TR, 2000). The DSM-IV-TR (2000) decision has resulted in some clinicians using the terms interchangeably. Some clinicians question if these disorders should not have their own classification (Cale & Lilienfeld, 2003; Hare, Hart & Harpur, 1991; Pitchford, 2001). Experts in the field of forensic psychology do not agree that these terms are interchangeable. They state that despite overlaps these personality disorders are separate entities (Cale & Lilienfeld, 2003; Hare, Hart & Harpur, 1991; Pitchford, 2001).

Cleckley (1941; 1982) considered the underlying traits (i.e., being self-centred or manipulative) as being better able to capture the true nature of a psychopath rather than the overt behaviours, which are used for diagnosis psychopathy using the DSM-IV-TR (2000). For example, one person may steal bread because they are poor and starving, while another may steal bread just for the thrill of stealing. Although the behaviour is exactly the same, the motivation for each is very different (Cleckley, 1941). Because of this, viewing psychopathy as trait-like gives a more accurate picture, and would improve the validity of assessment and diagnosing over that of looking purely at basing it on behaviours (Widiger & Sanderson, 1995).

Livesley (1998) suggested that the diagnosing of personality disorders should be based on continuous models, such as trait theories, rather than on categorical models, such as the medical/disease model that the DSM-IV-TR (2000) is based on. Furthermore, he suggested that features and traits of personality disorders are consistently found to be continuously distributed. Such a view would mean that everyone shares psychopathic traits to varying degrees. A “full blown” psychopath would be a person who scores on the extremes of many of such traits. Utilizing trait theories also lends the benefit of studying sub-clinical psychopathy. Sub-clinical psychopaths are those who share many of the characteristics of psychopathy but to a lesser extent. Sub-clinical psychopaths typically avoid contact with the legal system and often hold successful jobs in politics or business (Widom, 1977), and are therefore often thought of as “successful” psychopaths (Lilienfeld, 1998). An antisocial behavioural view of psychopathy may miss such sub-clinical populations because they do not

engage in criminal behaviours even though they are manipulative, egocentric, and lack empathy.

These studies indicate that despite the grouping of psychopathy and sociopathy under the common term of anti-social personality; the characteristic features of these disorders are distinctive and identifiable from each other.

From the above one can see that there is more than one tool that clinicians have available in order to test for psychopathy. It is generally accepted that Hare's (1991) assessment tool, the Psychopathy Checklist-Revised (PCL-R) should be used to diagnose psychopathy instead of the DSM-IV-TR (2000) (Cale & Lilienfeld, 2003; Hare, Hart & Harpur, 1991; Pitchford, 2001). Clinicians believe that personality traits and behaviours can be accurately diagnosed using the Hare psychopathy checklist revisited (PCL-R) (Hare, 2003; 2006). This is because the PCL-R gives a more integrative view of psychopathy that was promoted originally by Cleckley (1941; 1982). It is not limited to antisocial acts, which are the sole criteria for APD; it includes the personality traits associated with psychopathy which is essential for accurate diagnosis.

In light of these debates, psychopathy, for the purposes of this research, will refer to as a mental illness whereby the person displays the symptoms associated with psychopathy included in the PCL-R developed by Hare & Neumann (2006). Viewing psychopathy as a personality characterised by several dimensions rather than simply a set of behaviours allows for it to be described by a set of traits that lie on a continuum. The presence of personality disorder, such as psychopathy, can be diagnosed by the extremity of these traits (Costa & McCrae, 1992). Psychopathy will thus be discussed as a set of various personality dimensions rather than a set of categorical behaviours.

It is the combination of psychopathic traits that leads to crime, violence and breaking of societal rules. It is the absence of such traits that generally makes human beings follow rules and laws set out by society. Understanding the characteristics and traits that make up a person with psychopathy is important. Once one understands such characteristic and traits the next questions is what causes such traits and how many people suffer from this condition. Only once this is fully understood are we able to then look at how to treat psychopathy. The section below looks at the etiology and prevalence of psychopathy.

Etiology and prevalence of psychopathy:

A number of studies have been conducted over the years on the etiology and prevalence of psychopathy, with a large portion of these having been conducted in developed countries. In more recent years studies have started to be conducted in developing countries, such as South Africa. This section looks more in-depth as to what causes psychopathy and what percentage of the population is shown to exhibit this condition.

There are a few schools of thought around the etiology, with the majority believing that genetics are the cause. Bouchard & Loehlin, (2001) have stated that there is enough empirical evidence collected to show that nearly all human psychological traits may be influenced by genetic factors to a large degree. Many parents have been puzzled at how children with similar family experiences can grow up to be so different. In longitudinal studies it was shown that childhood differences show up early and may last well into adulthood. These differences have been shown through various twin studies, with twins having been reared apart or together (Karkowski, Prescott & Kendler 2000; Maes, Woodard, Murrelle, Meyer, Silberg & Hewitt, 1999; Schulsinger, 1972; Slutske, Heath, Dinwiddie, Madden, Bucholz, Dunne, Statham & Martin 1997). When such consistent similarities show up in twin studies, a good possibility exists that the trait or behaviour pattern has genetic roots. Taylor, Loney, Bobadilla, Iacon, McGue (2003) conducted a study on male twins to determine if it is genetics or the environment that contributes to psychopathy. The study tested the extent to which the two psychopathy trait dimensions, impulsivity/antisocial behaviour and interpersonal detachment/callousness, was connected with common or unique genetic, shared, and non-shared environmental factors. The study found that antisocial and detachment was associated with genetic factors. A large portion of covariation between impulsivity/antisocial behaviour & emotional detachment come from a common set of genetic factors (Taylor, Loney, Bobadilla, Iacona & McGue, 2003). In addition, Lykken (1995) argued that the etiology of psychopathy is largely due to genetics. Twin adoption studies are helping support this theory, showing genetic influence on ASPD. It was found that ASPD is significantly more common among adult adoptees with a biological parent with ASPD than among adoptees with no ASPD history in the biological parents (Cadoret, O’Gorman, Troughton & Heywood, 1985). The influence on antisocial behaviour by genetics is evident well before adulthood. Impulsivity, which is a feature of factor 2 on the two-factor psychopathy model, is

also influence by genetic factors (Nadder, Silberg, Eaves, Maes, & Meyer, 1998; Plomin, 1976, Sherman, Iacono & McGue, 1997; Stevenson & Fielding, 1985).

In more recent years studies have been conducted to assess the biological basis for psychopathy. Studies indicate that a dysfunction of the amygdala supports the neurobiological basis of psychopathy. (Craig, Catani, Deeley, Daly, Kanaan, Picchioni, McGuire, Fahy, Murphy (2009). Studies have indicated that the prefrontal cortex (PFC) and the orbitofrontal cortex (OFC) are considered important in personality and social behaviour (Damasio, 2000). The OFC is crucial to successful reversal learning. Reversal learning has been shown to be significantly reduced in adult psychopaths and in young people with psychopathic traits (Budhani, Richell & Blair, 2006). Studies have also shown that violent personality disorder offenders have reduced PFC matter volume (Raine, Lencz, Bihrl, 2005) and glucose metabolism (Raine, Buchsbaum, Lacasse, Brain, 1997) and impaired OFC activation during aversive conditioning (Veit, Flor, Erb, Herman, Lotze, Grodd, 2002). More recent studies have started to lead researchers to believe that the social and emotional deficits of psychopathy may be due to an interaction between the OFC and amygdala. (Blair, 2007, van Honk & Schutter, 2006). Such biological findings may suggest that psychopathy does indeed stem across all cultures with some cultures being more prone to psychopathy. This may be due to biological make-up which genetically predisposition some people to the disorder.

A two-factor learning model of behaviour was proposed by Gray (1975) in order to explain the effects of anxiety on behaviour. This model may help shed some more light on the etiology of psychopathy. The Behavioural Inhibition System (BIS), in this model, is responsible for inhibiting behaviour in unpleasant situations. Theories discussed around deficits in the BIS and BAS may help us understand how psychopathy develops and would support the theory that genetics is the cause. These theories would also lead us to establish that due to these mechanisms being absent, a child would fail to learn from their environment as they are unable to process emotional cues from their surroundings.

The theory states that the BIS work by generating anxiety when a person is in a threatening situation, in order to inhibit the behaviour. Inhibiting the behaviour allows a person to stop everything they are doing so that they can focus more closely on the threat. By doing this the person is learning via passive avoidance and learning to stop the behaviours that would result

in punishment. In addition, the theory holds that when a person is in a situation that is more neutral but repeatedly non-rewarding, the BIS inhibits behaviour and one learns by extinction. It is the BIS that make a person stand still in the presence of an aggressive dog for example.

The Behavioural Activation System (BAS) is the second factor to the model and is thought to be responsible for activating approach behaviour in the presence of reward. When a person is offered incentives and rewards, the BAS starts a behaviour that will help get those rewards. In addition it is thought that the BAS also regulates escape behaviour because avoiding punishment is also rewarding. This shows active avoidance learning as the person learns to not stop their behaviour if it would result in punishment. If the BAS is activated and remains unregulated, a person becomes more impulsive and less likely to stop approach-oriented behaviour.

Following on from Gray's (1975) model was Fowles (1980) learning model which proposed a three-arousal model. In addition to the BIS and the BAS, this theory holds that there is a Nonspecific Arousal System (NAS) that receives input from both the BIS and BAS. Activation of the NAS increases the intensity of behaviour. It is thought that psychopaths suffer from a deficient BIS (Fowles, 1980). Having a weak BIS, would therefore contribute to a lack of anxiety when threatening or non-rewarding stimuli are around. The theory states that people with a weak BIS, would remain uninhibited in situations that would make others with a strong BIS anxious. Therefore without this inhibition, a person would be less likely to learn from past punishment. According to the three-arousal model, punishment would increase NAS activity and thus emphasise the current dominant behaviour which is a reward-seeking activity. With the dysfunctional BIS, there would be nothing that would decrease this behaviour. This would lead those high in psychopathy to respond continually to both rewarding and punishing stimuli. Therefore they would be more impulsive with strong reward-seeking behaviour unrestrained by the anxiety of punishment.

This concept was tested using criminal offenders who underwent a go/no-go discrimination task. The study confirmed that once psychopaths established a dominant response to a set of rewards, punishment then failed to activate the BIS. This in turn actually led to an increase in the dominant response due to activation of the NAS. Other go/no-go discrimination task studies, using psychopaths assessed by the PCL- have also shown this passive avoidance

learning (Newman, Widom, & Nathan, 1985; Newman & Kosson, 1986; Blair, Mitchell, Leonard, Budhani, Peschardt, & Newman, 2004). This pattern is the opposite of what occurs with individuals high in anxiety sensitivity. Psychopaths have extremely low anxiety sensitivity in that they are unresponsive to environmental threat and do not avoid the risks that usually create anxiety (Hale, Goldstein, Abramowitz, Calamari, and Kosson, 2004). The study subsequently also found that psychopathy may also be unrelated to anxiety sensitivity. It concluded that psychopaths may actually have the capacity to feel anxiety and yet still continue the behaviour despite this. This finding has been duplicated by Lilienfeld and Perna (2001). It was suggested that the study may have been testing secondary psychopaths. This demonstrates that secondary psychopaths remain impulsive and antisocial despite experiencing anxiety.

The difference between primary and secondary psychopaths could potentially be explained through the findings around disinhibition and how this could relate to the BIS and BAS model (Gray, 1987; Newman, Wallace, Schmitt, & Arnett, 1997). According to Gray, (1987); Newman, Wallace, Schmitt, & Arnett, (1997), primary psychopaths exhibit antisocial behaviour along with a lack of anxiety. This they state may reflect a deficient BIS and an overactive BAS leading to problems in passive avoidance learning. According to these models disinhibition may result because there is no anxiety to inhibit behaviour, and the impulsivity may make them less likely to control their responses by switching attention away from rewarding stimuli to punishing stimuli. This shows that they are unable to learn from their environments (Gray, 1987; Newman, Wallace, Schmitt, & Arnett, 1997). Secondary psychopaths exhibit antisocial behaviour despite being highly anxious. This may reflect an intact BIS and an overactive BAS (Gray, 1987). They would still have problems in passive avoidance learning due to the disinhibition caused by the overactive BAS. Their difficulties controlling their responses may in fact be heightened by the presence of anxiety (Lykken, 1995, Newman, MacCoun, Vaughn, & Sadeh, 2005). The presence of anxiety may increase their arousal due to activation of the NAS leading to increased responding to rewards this would be due to impulsivity (Newman, Wallace, Schmitt, & Arnett, 1997).

It remains apparent that a deficient BIS and the mediation of anxiety is not the only explanation behind psychopathic behaviour. Studies of secondary psychopathy confirm how psychopaths can remain uninhibited despite feeling anxious (Lykken, 1995). Lack of anxiety is not necessarily the sole reason why those high in psychopathy seek out thrills, excitement

and reward (Newman, MacCoon, Vaughn, & Sadeh, 2005). Difficulty in controlling responses in the presence of reward, but not in the presence of punishment, implies that those high in psychopathy are able to inhibit their behaviour given certain circumstances (Newman, Patterson, Howland, and Nichols, 1990). This may mean that the BIS may not be the only system to influence disinhibition – approach responses in the presence of reward are due to the activation of the BAS (Lykken, 1995; Newman, MacCoon, Vaughn, & Sadeh, 2005; Arnett 1997)).

In an experiment using an inmate sample assessed by the PCL, it was found that psychopaths were less likely to interrupt their response behaviour for rewards and they failed to reflect on the punishment (Newman, Patterson, Howland, and Nichols, 1990). The experiment suggested that psychopaths may have a deficit in changing their attention from a principal task to less prominent, but still relevant, information (Patterson & Newman, 1993). It suggested, without considering all the applicable information, people with an overactive BAS will exercise a dominant response and not take into account the suitability of the response with the entire context of such a situation (Patterson & Newman, 1993). This in turn may lead to a failure to learn from events that have poor outcomes, and therefore they do not develop an understanding of the consequences of their aversive behaviour (Patterson & Newman, 1993; Newman, MacCoon, Vaughn, & Sadeh, 2005). It appears that the BIS will contribute to disinhibition by not activating the anxiety that would stop aversive behaviour, and the BAS will contribute to disinhibition by reducing the ability to control responses and switch attention away from reward (Newman, MacCoon, Vaughn, & Sadeh, 2005).

A four stage model of disinhibition that integrates the effects of the BIS and the BAS was developed by Patterson and Newman (1993). The model outlines the following stages: The first stage outlines how a person adopts a dominant response to an approach. They find what the reward-relevant stimuli are and pay attention to this and then focus their attention on this goal. Disinhibition and impulsiveness will occur when a person can only focus their attention on such a reward stimuli (with an overactive BAS) and is unable to consider alternatives (Patterson and Newman 1993). The second stage is where a punishing stimuli occurs that disrupts this approach response set. The person will experience an increase in arousal, due to the activation of the NAS, to the interruption and will focus their attention on it (Patterson and Newman 1993). Those disinhibited would experience a greater increase in this type of arousal. The third stage involves the behavioural response to the disruption. Those

disinhibited with their increased arousal would focus even more on the dominant response set, especially if rewarding signals are still noticeable to them. They become more impulsive because they do not pause, process what has happened, and then decide if they should continue. Patterson and Newman (1993) suggest that this is due to a combination of the underactive BIS and overactive BAS. The fourth stage involves considering the consequences of stimuli and their behavioural response. Those disinhibited are less likely to fully be able to reflect because they are unable to consider all of the information presented outside of the reward. Without this reflection, people are unable to understand the consequences of punishing stimuli, and therefore are less likely to pay attention to it in the future. In this manner, impulsivity continues (Patterson and Newman 1993) .

The incorrect workings of the BIS, BAS and NAS may explain why a person high in psychopathy is unable to learn from their immediate environment.

There also suggest that there is some independence in the unique environment that contributes to the development of antisocial behaviour and emotional detachment. (Taylor, Loney, Bobadilla, Iacona & McGue, 2003). Saltaris (2002) proposed the idea that early lack of attachment and bonding with babies caregiver may lead to psychopathy. It is believed that because the baby was not given the correct care and affection at a young age the child does not feel secure and does not learn to trust its caregiver and the world. Because of this the baby does not learn how to follow emotional cues and develop the correct internal models.

There is a complex play between social environment and biological predispositions to psychopathy. The social environment has influence over the behavioural component of psychopathy e.g. socio-economic status (SES) is inversely related to scores on the PCL-R checklist. The emotional component is unrelated to SES and is in fact influenced by genetics (Hare, 1991). However emotional difficulties are only risk factors for the development of the disorder. It is believed it is the individual's hostile social environment that creates the conditions necessary for the development of psychopathy (Mitchell & Blair, 2000). Psychopathy has been linked to problems within the family. Parental antisocial attitudes, inconsistent discipline, physical punishment, broken homes and childhood separations all predict high psychopathy scores in adolescence (Forth, 1995). These SES factors also ask the question, if the parents are exhibiting antisocial behaviour is it because of a genetic trait that

is manifesting in an unstable environment? And based on this is the child developing psychopathy due to genetics or is the disorder developing from the poor environment?

It has also been shown that a child exhibiting emotional difficulties typically associated with psychopathy (lack of guilt, flat affect, lack of empathy and remorse) that the socialisation practice the parent employs has no effect on the likelihood of the child developing behavioural problems. (Wootton, Frick, Shelton & Silverthorn, 1997).

The age old question of which came first the genetics or the environment appears to still need to be answered. As many people within South Africa live in very poor environments it is imperative that this possible link between psychopathy and environment be understood as this may be a major cause for such violent crime and high domestic violence in South Africa.

Gender and culture also play a role when it comes to prevalence of psychopathy. Gender plays a role on the level of psychopathy within prisons. According to Ogloff (2006), approximately 15% of male prisoners and about 7% of female prisoners are considered to be psychopathic. The lower level of psychopathy exhibited by female inmates may be due to the way in which females manifest symptoms of psychopathy (Weizmann-Henelius, Viemero, and Eronen, 2004). A study conducted by Sevecke, Lehmkuhl & Krischer (2009) revealed these differences. Delinquent males had higher scores of externalizing behaviour and psychopathic dimensions. Delinquent females had higher internalizing problem scores. With the female delinquents they also found a positive relationship between suicidal behaviour and the psychopathy total score as well as the affective, the lifestyle and the antisocial dimension which was not found with the boys. They found with the delinquent boys that they had a negative relation to the psychopathy total score and to the affective psychopathy factor, with regards to anxious- depressive behaviour. They concluded that there was a meaningful gender-related difference with respect to associations with psychopathy. The gender related differences in psychopathological symptoms could indicate varied subtypes of psychopathy in boys and girls.

The role of culture on psychopathy must also not be forgotten. Personality is defined and determined in relation to cultural concepts (Alarcon, Foulks & Vakkur, 1998). Interpersonal behaviour, emotional expressiveness, religiosity and childrearing practices are also influenced by cultural customs and values. Because of this it is impossible to evaluate and diagnose personality disorder as it appears independent of culture (Knapp & VandeCreek,

2006). It has been found that there are important cross-cultural differences in the prevalence of psychopathy (Cooke & Michie, 1999). There are more individuals, per head, with psychopathy in North America compared with Scotland or Europe. The inmates tested in Scottish prisons needed to have higher underlying psychopathic trait strength before many of the characteristics of the disorder become apparent. Some explanations around this are that Scottish culture may dilute the expression of some psychopathic traits e.g. the tendency to openly discuss ones strengths and abilities may be discouraged in the Scottish culture (Cooke & Michie, 1999). Within South Africa many cultures have similar tendencies, therefore these aspects need to be taken into consideration when studying the prevalence of psychopathy within South Africa. Many of the traits may also manifest in South Africa in different ways due to cultural influence.

Most cross-cultural studies regarding personality disorders have been conducted in the USA. These looked at the differences between Caucasian male inmates and their African-American counterparts. There is still little information available on psychopathy in ethnic groups and cultures in other parts of the world (Cooke, Kosson & Michie, 2001; Salekin, Trobst & Krioukova, 2001), especially in developing countries including South Africa. Although the cross-cultural validity of psychopathy has been evaluated by comparing ratings from different European countries to those of North America and the presence of a significant culture bias in ratings was not observed. Cross-cultural stability was highest for symptoms related to deficient affective experience, suggesting that these symptoms might be the pan-cultural core of the disorder (Cooke, Michie, Hart and Clark ,2005). The findings are consistent with cultural facilitation models of psychopathology. Some studies conducted in Europe and America concluded that psychometrically assessed psychopathy is consistent across cultures (Coid et. al., 2009; Cooke & Michie, 1999; Hillebrand & De Ruiter, 2004) The leading experts in the field feel there is little evidence that psychopathy manifests differently across race (Hare, 2003 ;Sullivan and Kosson 2006).

Understanding the etiology and prevalence of psychopathy is by no means simple. A number of complex factors come into play. Genetics and environment both seem to have a role to play in the development of the disorder and therefore cannot be viewed in isolation. Social forces, such as a disadvantage environment is thought to be associated with the antisocial behaviour typical of the disorder. Lack of fear and empathy may be linked to genetic structures (Mitchelle & Blair, 2000). From the studies conducted it appears as though the

antisocial/ impulsivity, which is a feature of factor 2 on the two-factor psychopathy model, is largely caused by genetic factors. Detachment/callousness can stem from both genetic and environmental factors. Psychopathy has also shown to manifest in different ways within different cultures and genders. All these factors need to be taken into account when comparing studies conducted international and within South Africa. The prevalence and etiology in South Africa may exhibit in different ways in comparison with other countries and then within the many different cultures in South Africa and across genders.

This section summarised the major debates around the etiology and prevalence of psychopathy both in the developed and developing worlds. It is clear that despite recent attempts to understand psychopathy broadly in developing countries, like South Africa, much more research is required. One would also need to compare studies conducted in other countries to South Africa to determine if there are any similarities and differences. This becomes important in a context like South Africa, with high levels of crime which may be linked to psychopathy. The section below explores the link between psychopathy and violence.

Violence and Psychopathy:

Studies have shown that psychopaths are more likely to commit violent crimes and more likely to reoffend compared to offenders that do not exhibit psychopathy (Craig, Catani, Deeley, Daly, Kanaan, Picchioni, McGuire, Fahy, Murphy 2009; Hare 1993). There is evidence that psychopaths are more likely to be involved in crime, due to their lack of internal controls, remorse, empathy and conscience. Even more worrying is the fact that the research points to more aggressive and violent behaviour by male and female psychopaths than other offenders and individuals (Hare & McPherson, 1984; Kosson, Smith & Newman 1990; Serin, 1991; Wong, 1984). Psychopathic personalities have been shown to be the most prolific, versatile and violent of all offenders (Hare, 2003). Psychopaths commit more than twice as many violent and aggressive acts, both in and out of prison, compared with other criminals. Their violence is callous and they use it to obtain what they want and are more likely to feel a sense of power, pleasure or indifference (Hare, 1993). Psychopathy is strongly associated with serious criminal behaviour such as rape and murder and higher recidivism (Craig, Catani, Deeley, Daly, Kanaan, Picchioni, McGuire, Fahy, Murphy 2009).

Evidence also points to close of half serial rapists exhibiting psychopathic personality disorder (Prentky & Knight, 1991). Studies have also indicated that a least a quarter of domestic violence is inflicted by psychopaths (Newlove, Hart & Dutton, 1992) as cited by Hare (1993). Psychopathy is not only particularly difficult to treat it is also a high predictor for more violent crime (Douglas, Ogloff, & Nicholls, 1997; Hart & Hare, 1997; Heilbrun et al., 1998; Hill, Rogers, & Bickford, 1996).

An estimated 15% of the prison population is considered to suffer from psychopathy (Babiak & Hare, 2006; Ogloff, 2006), while less than 1% of the general population could be considered psychopathic (Coid, Ullrich, Yang, Ullrich, Roberts, & Hare, 2009). One can only wonder if psychopathy is not one of the leading reasons for the high violent murder, rape and domestic violence rate in South Africa.

Emotions such as guilt, sympathy, and remorse are produced by a mental pattern called the Violence Inhibition Mechanism (VIM) (Blair, Sellars, Strickland, Clark, Williams, Smith, and Jones, 1995). This mental pattern is activated when a potential victim shows distress and results in a withdrawal response from the aggressor. It can be thought of as the BIS with a specific focus on inhibiting violence, not just general behaviour. Blair et al. (1995) evaluated male inmates with the PCL and found that psychopaths, though able to experience emotions in general, were unable to process guilt. They theorised that since guilt is a punishing emotion that leads to the inhibition of behaviour and the fact that psychopaths have difficulty processing guilt may mean that the cause of violence is due to a lack of inhibitory emotions. Kugler & Jones (1992) stated that guilt has been conceptualized as a negative feeling related to the realization that one has violated a moral or social standard. Those high in psychopathy may have difficulty making this realization. In a related study, Blair, Mitchell, Peschardt, Colledge, Leonard, Shine, Murray, and Perrett (2004) define the VIM as a dysfunction of empathy. They found that inmates that presented psychopathy tendencies, after having been assessed with the PCL, were unable to identify the emotion of fear in pictures from various facial expressions of other people presented to them. They viewed this as evidence that psychopaths indeed have a deficit in empathy. Carl Rogers (1957) defined empathy as sensing another person's feelings as if one were that other person, and then responding to the other who then feels understood. Because those high in psychopathy are less able to recognize when someone else is afraid and they themselves may not experience such fear, their VIM would remain inactivated. It is because of this that the psychopathic behaviour

would remain uninhibited. The study did not distinguish between primary and secondary psychopaths. Guilt and empathy may be experienced differently by these two populations Blair et al. (1995).

Loney, Frick, Clements, Ellis, and Kerlin (2003) conducted a study in a sample of incarcerated adolescents which viewed the two psychopathic factors (a callous/unemotional factor and an impulsivity/conduct problems factor). The study indicated that the callous factor was associated with reduced reactivity to emotionally negative stimuli while the impulsivity factor did not show this deficit. This may indicate that those high in psychopathy that are antisocial and impulsive, can still be sensitive to emotional cues. Others who are high in psychopathy may however be both impulsive and unemotional. Impulsivity appears common to all psychopaths and that there is a subgroup which is also unemotional (Loney et al. 2003). The findings are in line with the theory that primary psychopaths, whom have both a dysfunctional BIS and BAS, would be both impulsive and unemotional (lack of anxiety and guilt). Secondary psychopaths, having only a dysfunctional BAS, can experience negative emotions while remaining impulsive.

Fernandez and Marshall (2003) found that rapists may be able to experience empathy in general but were unable to generate empathy towards their victims. This study did not look at psychopathy in particular. However these findings may indicate that something can interfere with a person's ability to feel empathy even when that ability is intact. Impulsivity in psychopaths may be related to response modulation deficits, this was found in a study by Newman, Patterson, Howland, & Nichols, (1990), may provide an explanation for such interference. Based on the theory around the BAS, a person with an overactive BAS will be unable to shift attention away from a rewarding stimulus and any relevant punishing stimuli will go unnoticed. Secondary psychopaths have been shown to be able to experience guilt and anxiety. They may however not attend to such punishing emotions when in the presence of some reward. They therefore may be able to experience empathy but will ignore it if it means shifting their attention away from their goals and acts of violence.

High recidivism is also associated with psychopathy. It was found that 80% of psychopathic patients violate their parole terms within three years of release. This is compared to only 25% of nonpsychotic counterparts (Hart, Kropp & Hare, 1998). A report by Serin and Amos, (1995) showed that 65% of psychopathic offenders, recidivist within 3 years of release,

compared to only 25% of non- psychopathic offenders. In a meta-analysis study, that examined the relationship between psychopathy and recidivism, conducted across 18 studies, it showed that the average effect sizes of .55 for general recidivism and .79 for violent recidivism was found (Salekin, Rogers, Sewell, 1996). A meta-analysis study indicated that within a year from release from prison, psychopathic offenders were three times more likely to recidivist and four times more likely to recidivist violently than non-psychopathic offenders (Hemphill, Hare & Wong, 1998).

The section above explored psychopathy and its links to violent behaviour. The section briefly explored the link between domestic violence and psychopathy. The question therefore, is how strong is this link to domestic violence? The following section will extend the literature to identify if psychopathy may be one of the driving forces in domestic violence.

Domestic Violence and Psychopathy:

A number of studies over the past few years have been conducted around the etiology of domestic violence. Past literature showed that the Minnesota Multiphasic Personality Inventory (MMPI) and the Millon Clinical Multiaxial Inventory (MCMI) have been used as a measure of psychopathology. Both measures have demonstrated an ability to identify subgroups of male batterers (Huss & Langhinrichsen- Rohling, 2000). Evidence indicates that the psychopathic personality may be important for predicting and describing the construct around understanding perpetrators of domestic violence (Gondolf & White, 2001; Huss & Langhinrichsen- Rohling, 2000). The evidence suggested that psychopaths may represent a serious and persistent subgroup of wife assaulters.

Holtzworth-Munroe and Stuart (1994) identified three typologies of male batterers, these three subtypes of batterers are:

- family only,
- dysphoric/borderline,
- generally violent/antisocial (GVA).

It is estimated that 25% of male batterers would fall into the latter group. The GVA batterer, described by Holtzworth-Munroe and Stuart (1994), are expected to engage in more

antisocial behavior, express more generalized violence, and perpetrate more severe violence, compared to the family only or the dysphoric borderline batterer. Huss & Langhinrichsen-Rohling (2006) indicate there may be a subgroup of especially violent criminal offenders, namely psychopaths, who show characteristics similar to those ascribed to the GVA subgroup of batterers by Holtzworth-Munroe and Stuart (1994). In 2007 a study by Mauricio, Jenn-Yun & Lopez, it indicated that personality disorders facilitate the relationship between avoidant attachment, physical and psychological violence, which may point towards domestic violence.

Analysis of the stress-coping strategies conducted by Rode (2010) used by different types of violent perpetrators in difficult situations, spread over time, made it possible to categorise four groups of domestic violence perpetrators differing in selected personality traits namely: locus of control, self-acceptance, habits of interpersonal reactions, a structure of temperament and intellectual functioning.

The four groups are made up of the following according to Rode (2010):

- group A: reactively aggressive perpetrators;
- group B: individuals of low preventive competences applied a strategy of minimising a problem with wishful thinking intended to control emotions and self-protection;
- group C: psychopathic and retaliating perpetrators by means of a strategy of escape/avoidance, that is withdrawal from a direct confrontation with difficulties;
- group D: perpetrators with a high adaptive potential used instrumental task-oriented activities intended to solve a problem, frequently with support from specialists

Of particular interest for the purpose of this review is group C.

A study conducted in 2007, by Swogger, Walsh and Kosson, sought to clarify psychopathic features associated with domestic violence by determining whether domestic batterers could be distinguished from the larger pool of offenders based on the four-facet model of psychopathy.

Swogger, Walsh and Kosson (2007, p.6) stated in the study that although perpetration of domestic violence was unrelated to total scores on a single index of psychopathy, it was associated with relatively higher scores on the psychopathy facet that captures affective deficits and by relatively lower scores on the facet that indexes impulsivity and irresponsibility. Therefore, the apparent absence of a relationship between PCL-R total scores

and batterer status reflected the opposing directions of the relationships between psychopathy facets and battery. Indeed, our findings indicate that, among offenders with significant features of antisocial personality, batterers and non-batterers differ in potentially important ways that are captured by dimensions that underlie psychopathy but that may be overlooked by examination at the level of the higher-order construct of psychopathy.

The finding that the deficient affective experience facet postdicted batterer status indicates a link between status as an antisocial batterer and a core trait of psychopathy. Such differences may operate via the attenuation of empathy, remorse, or deep relational bonds that might otherwise inhibit the infliction of violence against intimates. The finding of an inverse relationship between the psychopathy facet capturing impulsivity and irresponsibility and status as a batterer is interesting in that it suggests that factors that accentuate the risk of violence in general may have less explanatory power with regard to domestic violence. Taken together, these findings suggest an image of the antisocial batterer as emotionally cold and calculating rather than affectively labile and undercontrolled.

These findings add to the growing literature that is linking specific traits of psychopathy with different forms of violent behaviour (Swogger, Walsh and Kosson 2007).

In a study, conducted by Gottman, Jacobson, Rushe, Shortt, Babcock, La Tallade, & Waltz, (1995) that aimed to identify the psychopathic batterer, a new batterer typology was identified. The study differentiated Type I and Type II husband-to-wife violent men. This was based on their heart rate activity during the viewing of a videotaped marital conflict. Type I men's heart rates significantly lowered over the duration of the conflict while the heart rate of Type II men increased or remained unchanged. Gottman et al. (1995) interpreted these results as suggesting that Type I exhibits features closely associated with criminal behaviour. The Type I batterer has a resemblance to the psychopath, in terms of the nature of violence, the display of pathology, and the physiological responses.

There does not appear to be complete agreement about the quantity and characteristics of all the specific batterer subgroups, however there is some agreement about the presence of a subgroup of batterers with antisocial or psychopathic features (Huss, Langhinrichsen-Rohling, & Ramsey, 1997). Many of the psychopathic traits described by Hare (1980) and Cleckley (1976), including superficial charm, pathological lying, and manipulateness

reflect an interpersonal/affective deficits. These are also characteristics that are likely to aid in the maintenance of abusive relationships (Huss and Langhinrichsen -Rohling, 2000).

In the above sections, we discussed how psychopathy is diagnosed, what are the possible causes for the disorder and showed a strong link between violence, domestic violence and psychopathy. It has shown that psychopathy is a problem that deserves attention. Understanding the above is essential if one hopes to find a way to treat the disorder. Additionally, understanding psychopathy in its relation to violence may provide us with a basis to effectively treat and ultimately prevent such expressions. The following section examines the different methods to treat psychopathy and how effective these measures are.

Treatment of Psychopathy:

With psychopathy being linked to violence and domestic violence it is essential that we understand how to treat this disorder. The following section examines the different treatment methods and how effective these are.

Effective treatment of patients with severe psychopathy is very difficult to achieve (Van den Berg, Oei, 2009). Past research indicates that traditional forms of psychotherapy, including psychoanalysis, group therapy, client centred therapy, and psychodrama, are ineffective in the treatment of psychopathy. Less conventional therapies such as biological therapy, including psychosurgery, electroshock therapy, and the use of various drugs, also did not work (Hare, 1993). The issue with treating psychopaths is there is an assumption around therapy which is that the patient wants to be treated. Psychopaths do not believe they have a problem and they therefore do not readily cooperate with therapy. It often appears to be a useless waste of time for them. They do it not because they want to but because they are being forced to (Hare 1992). Psychopaths have no desire for change and they consider insights to be excuses. They have no concept of the future and resent all authorities, including therapists and view the patient role as inferior. They view the therapist as objects to be conned (Maxmen, 1986).

The on-going issue is the inability of severely psychopathic patients to commit to the patient–therapist relationship (Van den Berg, Oei, 2009). The quality of patient–therapist relationships is a powerful predictor of therapy results (Lambert, 1992). The typical traits

associated with psychopathy, for instance, superficial charm and the inability to make meaningful and reciprocal relationships, make it difficult to establish therapeutic relations with forensic patients who suffer from a severe degree of psychopathy (Cleckley, 1982).

Thornton and Blud (2007) explained the influence of psychopathic traits further in 'The influence of psychopathic traits on response to treatment', A few of these points are as follows:

1. Failing to give accurate, personally relevant accounts of past history and functioning, which give therapists partially fictitious stories to work through.
2. Insincere intentions whose goal is to manipulate therapists: the patient is in fact unwilling to alter conducts. The patient will, for instance, come up with some bogus solution.
3. Disrupting group processes; the aim here is domination of both the therapist and the group.
4. Regarding treatment as just another opportunity to con or dominate.
5. Seeing no reason for personal change, this can be traced back to grandiose self- perception.
6. Shallow affect and lack of empathic engagement: any attempt to focus the patient's attention on the effects of their conduct on other people, victims, is a waste of energy. This also goes for anger management.
7. Difficulty in complying with sets of rules and conventions necessary for realising treatment results.

Following release from prison psychopath's rate of return to previous behaviour, including crime and violence was much higher than that of other patients. Psychopaths were almost four times more likely to commit a violent offense following release from a therapeutic community program compared with other patients (Harris, Rice, and Cormier, 1991). It was found that Psychopathic offenders in a therapeutic community program, compared with non-psychopathic offenders, remained in treatment for shorter period of time, expended less effort, and benefited less from the treatment they did receive (Ogloff, Wong & Green, 1990)

As indicated above a large number of studies around the effectiveness of treatment on psychopaths have been conducted. A number of these studies indicate that psychopathy is difficult to treat.

A review of studies around the treatment of psychopathy, by Skeem, Monahan and Mulvey, (2002), indicate that some of these studies had some shortcomings. These shortcomings they suggest may have resulted in the poor outcomes.

Skeem, Monahan and Mulvey (2002) cited such a study conducted by Harris, Rice and Cormier (1991, 1994) which looked at whether treatment of psychopaths made them better or worse. The study looked retrospectively to evaluate a Therapeutic Community (TC) at a forensic hospital in Penetanguishene, Ontario. The TC was designed in the 1960s in order to help mentally disordered offenders develop a sense of empathy and responsibility for each another (Wong, 2000). The therapy entailed the following: The program spanned over a number of years. During the programs decade of greatest activity, 176 men spent at least 2 years in the TC. Rice et al. (1992) matched patients on age, index offense, and criminal history with an untreated patient who would typically serve a prison sentence. Patients' PCL-R scores were coded from hospital files. Recidivism was coded from police and hospital records for an average follow-up period of 10 years. The authors found that, compared with untreated psychopaths, treated psychopaths were as likely to recidivate generally (90% vs. 87%, respectively), and more likely to recidivate violently (55% vs. 77%, respectively). Despite the TC's somewhat negative impact on psychopaths, it had a positive effect on non-psychopaths. Compared with untreated non-psychopaths, treated non-psychopaths were less likely to recidivate, both generally (58% vs. 44%) and violently (39% and 22%). This study has been cited in the past to support why psychopathy is not treatable. However Skeem, Monahan and Mulvey (2002) suggest the research in the TC was inappropriate for psychopathy. This was based on the fact of the radical components of the program, namely (a) it was highly coercive (patients were not allowed to opt out or to drop out); (b) was chiefly peer-operated, with little input or supervision from professional staff; and (c) involved extreme "defence altering" techniques (Harris et al., 1994; Warren, 1994). An additional concern was that during their stay in the TC, psychopaths were significantly more likely than non-psychopaths to be referred to a "disciplinary subprogram" to remedy noncompliance. This disciplinary program lead to them being written up and placed in seclusion for disruptive or violent behaviour (Rice et al., 1992). Such indices of misbehaviour and punishment could be used as a predictor of recidivism. However Skeem, Monahan and Mulvey, (2002) suggest that these disciplinary actions lead to less treatment. They also indicated that the effect of the TC on recidivism after statistically controlling for these disciplinary actions has not been assessed.

It was found in several studies around the treatment of psychopaths that they were treated for substantially shorter periods than non-psychopaths (Alterman et al., 1998; Seto & Barbaree, 1999) as cited by Skeem, Monahan and Mulvey (2002). The average length of time psychopaths spent in the TC was approximately half as long as that of mixed and non-psychopathic patients (104, 207, and 242 days, respectively) Ogloff et al. (1990). Such early termination has important implications for treatment outcome. In a study a sample of 220 adolescent male sex offenders were followed for an average period of 10-years. It was found that of offenders with high PCL:YV scores, 30% who finished the treatment program recidivated violently, compared to 80% who did not complete the program (Gretton, McBride, Hare, and O'Shaughnessy, 2000). In his meta-analysis, Salekin (2002) found a similar, strong relation between the duration of treatment and its success rate for those labelled psychopaths

Skeem, Monahan and Mulvey (2002) concluded that psychopaths may require more treatment in order for it to be successful compared to non-psychopath counterparts. The existing research raises questions about (1) the responsiveness of psychopaths to standard treatment in civil as well as criminal settings and (2) the relation between treatment dose and the outcomes for psychopaths. According to Skeem, Monahan and Mulvey, (2002) there have been no ecologically valid studies around the relations among psychopathy receipt of general outpatient mental health services in real-world settings, and subsequent outcomes in the community. Such research has important clinical and policy implications, given the existing clinical belief that psychopaths are difficult if not impossible to treat. There may be a tendency to exclude individuals with psychopathic traits from outpatient "treatment as usual" based on the assumption that treatment will not work; It is possible that psychopaths who drop out of treatment are more likely to recidivate than those who do not drop out, regardless of the effects of treatment (Skeem, Monahan and Mulvey, 2002). Therefore if intensive treatment is required to effectively alter ingrained personality patterns it stands to reason that a poor outcome would result from psychopathy patients would be premature dropout or termination and provision of inadequate treatment (Lambert & Bergin, 1994). Identifying whether either of these pathways characterises psychopaths' relatively poor outcomes would have crucial implications for designing standard outpatient care.

One school of thought for more effective therapy is to use context based influencing. It is believed that those suffering from psychopathy are best treated when they are relating their contexts (Warren, McGauley, Norton, Dolan, Freedy-Fayers, Pickering & Geeds, 2003).

Most treatment programs are not designed with psychopathic personality disorder in mind. In order for a treatment program to possibly be effective it needs to be tailor made to psychopaths where the focus is not on developing empathy or conscience but rather how their current attitudes and behaviour is not in their own self-interest, these programs are also only effective in a tightly controlled environment (Hare, 1992).

Psychopathy is difficult to treat and this is found in both scientific research and in the practice of therapy. Meta-analyses such as those from Warren and colleagues (2003) and The Dutch Health Council (2006) concluded that, although there is some evidence that psychopathy as a personality disorder may be treatable to a certain extent, there is no positive proof.

The treatment of people exhibiting psychopathy has been shown to be complex, with treatment programs not always effective due to them focusing on developing empathy within psychopaths. Understanding how complex the treatment of people exhibiting psychopathy is important if we wish to understand how this could be extended to treat domestic violent batterers that exhibit psychopathic traits.

Treatment of domestic violent batterers exhibiting psychopathy

As indicated above the successful treatment of psychopathy in general is very difficult. Studies have also shown that the treatment of domestic violence in general is difficult with high recidivism (Gondolf, 1997). It would stand to reason that with different typologies of batterers different treatment programs would be required depending what type of batterer one was treating. Treating a particular subgroup of batterers, such as psychopaths may therefore have important treatment implications (Huss and Langhinrichsen -Rohling, 2000).

A study conducted by Swogger, Walsh and Kosson (2007) which sought to clarify psychopathic features associated with domestic violence, indicate that antisocial batterers may experience less remorse and empathy than other antisocial offenders. They may also display less impulsivity and irresponsibility. As stated above in the treatment of psychopathy, looking at programs that aim at increasing empathy are not successful, cognitive-behavioural models have shown to be more successful (Esteban, Garrido, & Molero, 1995).

It is recommended that batterers that exhibit psychopathy not be treated in groups. Rather they should have individual therapy and in addition the therapy should look at treatments which appeal to the self-interest of the psychopathic batterer. Treatments need to suggest to the psychopathic patient that their behaviours are taking time and attention away from their pursuit of things like money and power (Huss and Langhinrichsen -Rohling, 2000).

It was indicated in the section above that psychopaths are more likely to drop out of treatment program and more likely to recidivism, this needs to be taken into consideration when setting up treatment programs for psychopathic batterers.

CONCLUSION:

There has been a large amount of research done on Psychopathy over the years starting originally with Cleckley's (1976) and then more recently with the likes of Hare (1984,1992, 1995, 1997, 2003) ; Cale (2003), Lilienfeld (2003), Hart(1999), Harpur (1991) and Pitchford (2001). These studies have mainly been conducted in developed countries and they link high violence and crime to the disorder of psychopathy. This link to violence was further expanded to understand if psychopathy may be a cause for domestic violence. From the literature it was noted that such a link did exist and that understanding that psychopathy may be one of the typologies of domestic violence. This understanding and link could be crucial when deriving treatment plans for domestic violence perpetrators. The gap between linking the understanding of psychopathy that has been researched in developed countries and how this may be used to understand psychopathy in developing countries, with particular reference to South Africa, is important as this could have direct implications for domestic violence prevention programs.

The current research focuses on psychopathy as an under-explored factor contributing to violent crime in the South African context, with particular reference to domestic violence. This understanding is important, given the high levels of violence experienced in South Africa and the particularly high domestic violence rate South Africa experiences and that studies of such a nature are not as prominent in developing countries. Ultimately, this research will feed into domestic violence prevention interventions, by highlighting the potential role of mental illness treatment in the prevention of violence and domestic violence.

CHAPTER TWO:

RESEARCH METHODOLOGY:

Research Objectives:

The purpose of the research was to explore psychopathy in South Africa as a causal factor to domestic violence, to determine the following:

1. How is psychopathy understood, in light of criminality, with reference to domestic violence, in South Africa?
2. What, if any, interventions have been initiated in South Africa, for domestic violence, that takes into account psychopathy as a causal factor?

Rationale:

Over the past three decades a number of studies have been conducted on the etiology, prevalence and treatment of psychopathy. Many of these studies have been conducted in developed country. Many indicate that psychopathy is one of the leading causes for violent crime and this link can be further expanded to the likes of domestic violence. Over the past 5-10 years South Africa has started to conduct studies on psychopathy looking at the etiology, prevalence and treatment of the disorder. With the high rate of violent crime and domestic violence in South Africa it is imperative that we viewed these studies, conducted locally, in conjunction with those done globally, to see if we can find similarities, themes and patterns in the etiology and prevalence of this disorder and how it impacts society. By comparing studies we will start to get a better understanding around the disorder and if psychopathy is one of the reason for the high domestic violence rate in South Africa. Most research into the high crime and domestic violence rate in South Africa looks mainly at socio-economic reasons, however this may essentially be half the story. We need to better understand if there is a link between domestic violence and psychopathy and how one may be driving the other, in relation to socio- economic factors which have been explored in the literature review. By comparing studies we can then look at the different treatment methods being applied globally and start to understand which programs may be best suited to South Africa.

Approach/Design:

This study was a literature review of published research on the understanding of and treatment of psychopathy – with a specific focus on domestic violence. In light of this, the design used was qualitative.

Qualitative research by definition is naturalistic, holistic and inductive in nature and is not predetermined by standard measures and variables (Terre Blanche, Durrheim & Painter, 2008). The qualitative approach to scientific enquiry allows the researcher to explore textual data to obtain specific information about the values, opinions, behaviours of particular populations. Although this is the focus area of all research, the qualitative approach enables one to explore behaviour, by exploring the deeper nuances that characterise the sample.

Within the qualitative research approach, thematic content analysis was selected as the appropriate method to analyse the collected literature. The researcher read and re-read the collected information and notes were taken while reading. This enabled the researcher to formulate an overall understanding of the meanings of psychopathy within the analysed texts. This technique allowed for relevant issues to be highlighted through the identification of themes (Henning, 2004; Babbie & Mouton, 2005). Greenhalgh & Taylor (1997) also suggest that this analytical tool allows the researcher to elicit the depth and detail required.

This method therefore allowed the researcher to find meaning and themes from an array of data sources. Specific to the current study, the qualitative method allowed for a focus on selected issues on psychopathy and domestic violence to be explored in-depth, with openness and detail.

Sampling:

Essentially the researcher reviewed two categories of material. The first category (category 1) came from a number of research literature papers and studies conducted from 1975 until present (2013) and focused on psychopathy and the link with domestic violence. The time range started from 1975 as this was the time when the first classification of psychopathy was outlined in *The Mask of Sanity*, fifth addition written by Hervey Cleckley (1976). Many of the studies and literature are still based and formulated around this original thinking and therefore inclusion of the understanding provided from Cleckley's research is imperative.

The second category (category 2) reviewed literature and articles that focused on domestic violence and causes globally as well as within the South African context. The researcher reviewed the domestic violence literature and noted any factors mentioned as a causation of the disorder, including personality disorders, economic and ideological factors. This review was then narrowed down to look exclusively at domestic violence within South Africa.

The sample sizes for both were not predetermined as the literature was reviewed until saturation was reached i.e. the literature being review was no longer determining any new insights and information around psychopathy and domestic violence within South Africa. The articles reviewed spanned from 1975-2013

In addition to scientific articles reviewed the researcher also reviewed 'grey literature' which stemmed from sources such as Google and newspaper articles, this allowed for the researcher to gain a better understanding of how these themes are viewed by the general population.

Data collection:

Data was collected from two primary sources. The researcher used the University of South Africa's online library and e-journals portal to source the relevant material. Secondly, the researcher conducted internet searches using search engines like, Google and Yahoo. This enabled the researcher to identify published books, research articles and reports and unpublished research. This also allowed for the researcher to view interventions that are employed for the treatment of psychopathy and domestic violence. This in turn allowed for comment on interventions and reports that were both published and un-published. In this way, the researcher did not limit the understanding of the information that was available.

Within South Africa the study into psychopathy is a still in its infancy. After doing numerous searches via Unisa library and random internet searches the researcher was only able to find initially 3 studies done within South Africa pertaining to psychopathy. The researcher then contacted the University of Free State (where a post-doctoral fellow, Sonja Loots, is conducting research on cross cultural psychopathy and is working with Prof Dap Louw, whom is the senior professor of psychology at the university and specialises in Forensic Psychology) and requested if they could send any studies conducted in South Africa on the subject. This increased the number of studies conducted within South Africa from 3 to 7. The correspondence confirmed the researcher's initial sense that very few studies pertaining

specifically to psychopathy have been conducted in South Africa and this is still an unexplored area within the South African context. None of the articles that related to domestic violence within South Africa discussed psychopathy or personality disorders as a possible causation, however a number of the international studies discussed links to psychopathy and domestic violence.

A 180 articles were collected, tabulated³ and filed according to article type, year of publication, sources of data, factors identified and was further separated into two categories i.e. category 1 and category 2. This allowed the researcher to comment on psychopathy as it is currently understood and identify any links to violence and domestic violence (category 1). In addition it allowed the researcher to comment on domestic violence and possible causation for the disorder looking at a number of possible factors, not limited to personality disorders, and focusing on domestic violence within South Africa (category 2).

Articles not relating to violence, domestic violence, personality disorders or psychopathy were excluded from the research.

Data Analysis :

Thematic content analysis allowed the researcher to identify themes. Thematic reviews are structured around different themes or perspectives in the literature, and often focus on debates between different “schools”. Thematic literature review is based on a concise overview of what has been studied, argued, and established about a topic, and is a method for identifying, analysing, and reporting patterns (themes) within data (Braun & Clarke, 2006).

One of the benefits of using the thematic approach was the flexibility it lent. Analysis of the literature enabled the researcher to identify themes using a specific approach. This ensured that predetermined ideas would not sway the research towards a particular outcome and making erroneous conclusion.

Once the articles were collected, they were read and re-read. The researcher analysed the articles and broke down the data into themes and then interpreted these. Information was initially separated into three broad themes namely, psychopathy (this included etiology, prevalence and treatment of psychopathy), domestic violence and lastly links between

³ Please refer to appendix A

psychopathy and domestic violence. This enabled the researcher to compare and contrast findings and suggest implications for intervention development.

Ethical Considerations:

The research looked at studies that have been conducted in the last thirty plus years. Therefore no data involving participants was collected. Collecting data from participants would have required the researcher to gain consent. When reviewing past studies the researcher took into account that the current ethical guidelines stipulated for research today, such as gaining participants consent, ensuring participants understand their rights, ensuring participants are not adversely affected by the research etc., In some cases these ethical considerations may not have been utilised and followed across all studies that were reviewed. This was largely due to the age of some of the studies with some being over twenty years old when ethical considerations and concerns were different. The researcher ensured that this was taken into consideration when they analysed the past research papers. Consideration was made to make sure the information extrapolated was fair and accurate and that a comprehensive picture was given and that when citing information it was made clear if ethical standards, as stipulated for today's studies, were not followed.

CONCLUSION:

This chapter looked at what methodology was applied in the study in order to answer the research questions presented. The following stages in research namely: defining the problem, obtaining the information, analysing and interpreting the information and communicating the results were outlined and discussed. The qualitative research method was described indicating what the phases of the research process, design, sampling and data collection method would entail. Ethical considerations were dealt with in relation to human rights and key considerations for this particular type of study which looks at reviewing past studies. The next chapter presents the results of the study. It presents the results from the collection of studies done both internationally and within South Africa on psychopathy, with particular reference to psychopathy influence on domestic violence. The results highlights similarities and differences in how psychopathy is diagnosed, the etiology, prevalence and treatment cross culturally and the influence on domestic violence.

CHAPTER THREE:

RESEARCH RESULTS:

Introduction:

This chapter presents the findings from the international studies conducted around psychopathy from industrial/western countries and those that have been conducted within South Africa.

The study undertook to investigate similarities and differences between diagnostic criteria, etiology, prevalence, violence and treatment of psychopathy in industrial/western countries and that of South Africa in order to answer the questions:

1. How is psychopathy understood, in light of criminality, with reference to domestic violence, in South Africa?
2. What, if any, interventions have been initiated in South Africa, for domestic violence, that takes into account psychopathy as a causal factor?

The number of international studies reviewed spanned from 1975- 2013. The literature sourced during this period was read until saturation point had been reached and all studies following were indicating the same findings and understanding around on the topic of psychopathy and the link with domestic violence.

It was observed during the thematic review process that there was a theme that was consist throughout the studies in each country relating to psychopathy and violence and was seen across cultures. In addition themes around the link with domestic violence and psychopathy emerged as did themes relating to domestic violence within South Africa.

The chapter begins with answers to the question “How is psychopathy understood, in light of domestic violence in South Africa?” and will take an in depth comparative review of studies done on diagnostic criteria, etiology, prevalence and violence in western/industrial countries and South Africa.

A comparative review of studies conducted on the validity of Diagnostic Criteria of psychopathy between international and South Africa studies:

The research showed that there are four main ways in which psychopathy is diagnosed, namely: The Diagnostic and Statistical Manual of Mental Disorders (DSM –IV-TR, 2000); Revised Psychopathy Checklist (PCL-R; Hare & Newman, 2006); The Minnesota Multiphasic Personality Inventory-2 (MMPI-2; Hathaway & McKinley, 1989); and more recently The Psychopathic Personality Inventory (PPI-R; Lilienfeld & Widows, 2005). Each of these measures was developed in industrial/ western countries. The PLC-R (2006) which is comprised of semi-structured interviews and requires extensive training to administer, is considered the most validated instrument to measure the construct of psychopathy according to many clinicians (Cale & Lilienfeld, 2003; Hare, Hart & Harpur, 1991; Pitchford, 2001). This is because it manages to capture the personality aspect of psychopathy and the antisocial lifestyle associated with psychopathy (Harpur, Hakstian, and Hare 1988). Many clinicians feel that personality traits are most accurately diagnosed using the Hare psychopathy checklist revisited (PCL-R) (Hare, 2003; 2006). However each of these measures have pro's and con's.

One of the biggest issues around these measures, for South Africa, is the testing for cultural bias. South Africa has over 11 official languages and is caught between the paradox of western world with some of the world's leading technologies (e.g. top banking systems) while still having a large majority of the population living in 3rd world status of extremely high rate of unemployment, poverty and low education (Education Statistic South Africa 2011, The Word Bank 2013 retrieved from <http://data.worldbank.org/country/south-africa>). Over the past few years a number of studies have been conducted around Indigenous African Psychology. These studies look at how western measure to deal with African mental issues may not be applicable due to the extreme cultural difference in how the mental issues are viewed within African cultures (Juma, 2011). These considerations need to be taken into account when using measures to test for a mental disorder in a population such as South Africa.

Below is a discussion around the results from studying the literature which compared international studies to South African studies. The comparison looked at how each of these

measures has a direct influence on determining the etiology, prevalence and treatment of psychopathy within South Africa. It was then considered how this could be extended to the treatment of domestic violence with batterers that exhibit psychopathy, based on their validity and administration.

The Diagnostic and Statistical Manual of Mental Disorders (DSM –IV-TR, 2000)

The DSM-IV (2000) has been used as a diagnostic tool international and within South Africa for a number of years for mental disorders. The DSM-IV-TR (2000) was developed in the United States in order to have a common classification for mental disorders. More recently the DSM-5 (2013) was released. Within this diagnostic tool personality disorders is the overarching banner that encompasses:

- Borderline personality disorder ,
- Obsessive-compulsive personality disorder,
- Avoidant personality disorder,
- Schizotypal personality disorder,
- Narcissistic personality disorder,
- Antisocial personality disorder (psychopathy would fall under this heading)

The DSM-IV-TR (2000) and the more recently the DSM-5 (2013) considers behaviours as part of the diagnosis of anti-social personality disorder/psychopathy. It does not take into account personality traits.

The diagnostic criteria used for anti-social personality and psychopathy, according to the DSM-IV-TR (2000), focuses solely on behaviour such as:

- (1) failure to conform to social norms with respect to lawful behaviours as indicated by repeatedly performing acts that are grounds for arrest
- (2) deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure
- (3) impulsivity or failure to plan ahead
- (4) irritability and aggressiveness, as indicated by repeated physical fights or assaults
- (5) reckless disregard for safety of self or others

- (6) consistent irresponsibility, as indicated by repeated failure to sustain consistent work behaviour or honour financial obligations
- (7) lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another

These behaviours are similar to those that were highlighted by Cleckley (1941; 1982) when describing how one might recognise a person with psychopathy. These behaviours are also similar to those that would present with a person that has an underactive BIS and overactive BAS, which makes them more inclined to be impulsive and reckless (Patterson & Newman, 1993; Gray, 1975).

The use of this measure for diagnosing psychopathy is however potentially flawed because it does not take into account that psychopathy is made up of both behaviours and personality traits (Hare, Hart, and Harpur 1991). Behaviours and personality traits play an intricate role within the disorder of psychopathy (Cale & Lilienfeld, 2003; Hare, Hart & Harpur, 1991; Pitchford, 2001) and cannot be studied in isolation.

The suggestion by the DSM-IV-TR (2000) that APD and psychopathy are interchangeable has been debated by a number of experts in the field of forensic psychology. They do not agree that these terms are interchangeable and state that despite overlaps these personality disorders are separate entities (Cale & Lilienfeld, 2003; Hare, Hart & Harpur, 1991; Pitchford, 2001). Although both are considered a personality disorders, APD is characterised by a set of behaviours rather than personality traits. Psychopathy is considered more of a personality style and traits, rendering APD a related but not identical condition. Hare, Hart, and Harpur (1991) have criticized the DSM criteria in its relation to psychopathy. They suggested that psychopathy is more trait-like based on affective and interpersonal components not captured by the diagnosis of APD. Such components may explain in part the lack of overlap found in diagnosing APD and psychopathy.

Cleckley (1976) highlighted how these two disorders are different by noting that many psychopaths engaged in antisocial behaviour and many did not. In addition, many people engage in criminal behaviours without being psychopathic. Hare (1985) supported this through a study which found that 90% of psychopaths can be diagnosed with APD while only 25% of those diagnosed with APD were found to be psychopathic.

These studies indicate that despite the grouping of psychopathy and sociopathy under the common term of anti-social personality; the characteristic features of these disorders are distinctive and identifiable from each other.

In South Africa a few studies have been conducted to test the prevalence of personality disorders in offenders (Loots& Louw, 2011). The study found that a distinction could in fact be made between anti-social personality disorder and psychopathy. The study also found that the prevalence of psychopathy was in line with international findings; however the prevalence of antisocial personality disorder was not (Loots& Louw, 2011).

Within South African a study conducted by Suliman, Stein, Williams & Seedat (2007) looked at how the DSM-IV (1994) with relation to how personality disorders on the Axis I correlates in the South African population. The study found that prevalence of personality disorders was lower than that of countries such as the USA despite using similar methodologies. It was suggested the difference may be due to differences in cultural, financial and economic development between the countries. The study looked at personality disorders in general and not specifically at psychopathy, which would require behaviours and personality traits to be taken into account. A higher bias could therefore be expected as personalities traits across African cultures and western cultures have been shown to manifests differently (Juma MHM, 2011)

From a South African perspective one needs to consider its validity for diagnosing psychopathy not only based on behaviour and traits but also consideration needs to be given to cultural bias it may exhibit. As this measure was formulated in an industrial/western country we need to consider and take into account that these behaviours may manifest differently in industrial/western countries when compared with South Africa due to different cultural practises within South Africa.

It can be concluded that the use of the DSM-IV- TR (2000) for the diagnosis of psychopathy is not an appropriate tool within South Africa or internationally. The DSM-IV- TR (2000) fails to take into account the effects of both behavioural and personality traits which are paramount for a correct diagnosis of psychopathy. In addition, the effect of cultural bias around the behaviours, which this tool measures, has not been tested within the South African context.

Revised Psychopathy Checklist (PCL-R):

The PCL-R (2006) was developed by one of the leading authorities in psychopathy, Dr Hare in Canada. The test is a clinical rating scale and must be conducted by a registered psychologist that is trained on how to use the scale.

There are two parts, a semi-structured interview and a review of the subject's file records and history. During the evaluation, the clinician scores 20 items that measure central elements of the psychopathic character. The items cover the nature of the subject's interpersonal relationships; his or her affective or emotional involvement; responses to other people and to situations; evidence of social deviance; and lifestyle. The material therefore covers two key aspects that help define the psychopath: selfish and unfeeling victimization of other people, and an unstable and antisocial lifestyle. Each of the items in the PCL-R (2006) is scored on a three-point scale, a value of 0 is assigned if the item does not apply, 1 if it applies somewhat, and 2 if it fully applies (Hare 2006).

The twenty traits assessed by the PCL-R score are:

Factor 1: Personality "Aggressive narcissism"

- Glibness/superficial charm
- Grandiose sense of self-worth
- Pathological lying
- Cunning/manipulative
- Lack of remorse or guilt
- Shallow affect (genuine emotion is short-lived and egocentric)
- Callousness; lack of empathy
- Failure to accept responsibility for own actions

Factor 2: Case history "Socially deviant lifestyle".

- Need for stimulation/proneness to boredom
- Parasitic lifestyle
- Poor behavioural control
- Lack of realistic long-term goals

- Impulsivity
- Irresponsibility
- Juvenile delinquency
- Early behaviour problems
- Revocation of conditional release

Traits not correlated with either factor

- Promiscuous sexual behaviour
- Many short-term (marital) relationships
- Criminal versatility
- Acquired behavioural sociopathy/sociological conditioning (Item 21: a newly identified trait i.e., a person relying on sociological strategies and tricks to deceive)

In order to check and confirm the information being given by the patient is correct case files need to be reviewed on an on-going basis (Hare 2006).

There have been numerous studies conducted in North America and Europe to test the cross-cultural and cross-national construct validity of psychopathy (Cooke, 1997, 1998; Cooke & Michie, 1999; Cooke, Michie, Hart & Clark, 2005; Shine & Hobson, 1997; Sullivan, Abramowitz, Lopez & Kosson, 2006). The studies found that European countries had a general lower prevalence of psychopathic traits than within North American (Cooke, 1998; Cooke et al., 2005; Dahle, 2006). From the studies conducted it can be assumed that psychopathic traits can be generalised across industrialised countries (Loots, 2010).

The tool has not been tested for validity in a multi-cultural country such as South Africa. One would expect to find cultural bias and issues may arise around language, education and socio-economic factors. South Africa has 11 official languages, translating tests often leads to innuendo's being lost and there may not be direct translations for the English words into African languages (Loots, 2010; Juma MHM, 2011). This often leads to the original meaning of the question being lost. Another issue is that many African cultures are traditionally collectivism in nature and the tests would have been designed in a western country where individualism is more of a focus. This has shown to cause psychopathy to manifest differently (Cooke & Michie, 1999). An additional issue is the level of education, which in

South Africa prison population is generally low and therefore a proper understanding of the questions may affect answers given (Loots, 2010)

Even though the leading experts in the field feel there is little evidence that psychopathy manifests differently across race (Hare, 2003 ;Sullivan and Kosson 2006), I find this very hard to believe. The fact that the presence of psychopathy across cultures has been identified does not mean that the manifestation of symptoms is the same (Loots, 2010). One such study conducted in Iran using the PCL-R (2006) showed that cultural bias may be relevant for countries with very different culture to that of western countries. The study found that there was cultural bias and that the manifest of psychopathic traits was indeed different to that of western countries (Shariat, Assadi, Noroozian, Pakravannejad, Yahyazadeh, Aghayan, Michie, Cooke, 2010)

It may be concluded that based on the above that although the PCL-R (2006) is an accurate measure for determining psychopathy in western / industrial countries the validity of such a measure needs to be tested in South Africa. Without testing for validity there may result in inaccurate diagnosis of psychopathy. It is clear that tests around the use of the PCL-R (2006) and refining it for a multi-cultural country such as South Africa needs to take place as a matter of urgency.

The Minnesota Multiphasic Personality Inventory-2:

The original Minnesota Multiphasic Personality Inventory (MMPI) was published in 1940 and the second revised version, the MMPI-2, was published in 1989. In 2008, the MMPI-2-RF (Restructured Form) was published. After nearly two decades of extensive efforts to psychometrically and theoretically fine tune the measure is regarded as one of the most widely used psychometric test for measuring adult psychopathology in the world (Drayton 2009)

The self-report comprises of the following:

A 567 item, true/false self-report measure of a person's psychological state. It has nine validity scales (or 'lie' scales), assessing for lying, defensiveness, faking good and faking bad amongst others. These scales make it very difficult to fake the MMPI-2 results. The measure

has many clinical scales for assessing mental health problems (i.e. depression, anxiety, post-traumatic stress disorder). It can also assess personality characteristics (i.e. psychopathy) and general personality traits such as anger, somatization, hypochondriasis, addiction potential and many others (Butcher, Butcher, Dahlstrom, Graham, Tellegen, Kreammer 1989).

The test was originally developed by Hathaway and McKinley (1943) using an empirical test construction technique. The test scales (for example the hypochondriasis scale) are based on the actual test items that differentiate people with hypochondriasis from 'normals'. Often, the questions are most reliably are not concerned with the actual health issue. This has two advantages. First, it makes it very difficult for subjects to 'fake' responses, deny problems or give an impression they feel would be appropriate. Second, the MMPI-2 is based on empirical research and not on a clinician's assumptions. Therefore the answers will not indicate a clinician's assumption about a particular personality trait (Drayton 2009).

The MMPI-2-RF (2008) was built using the Restructured Clinical (RC) Scales. The measure was developed utilizing sophisticated statistical analysis techniques that produced the RC Scales. There are also theoretically based measure development methods that inform the overall measure reorganisation. The entire measure reconstruction was accomplished using the original 567 items contained in the MMPI-2. The MMPI-2 Restandardization norms were used to validate the MMPI-2-RF; over 53,000 correlations based on more than 600 reference criteria are available in the MMPI-2-RF Technical Manual for the purpose of comparing the validity and reliability of MMPI-2-RF scales with those of the MMPI-2 (Ben-Porath ,2012; Tellegen & Ben-Porath, 2008)The MMPI-2-RF retained only 338 of the original 567 items, its hierarchical scale structure provides non-redundant information across 51 scales that are easily interpretable. Validity scales were retained (revised), two new validity scales have been added. There are also new scales that capture somatic complaints. All of the MMPI-2-RF's scales demonstrate increased or equivalent construct and criterion validity compared to their MMPI-2 counterparts (Ben-Porath, 2012; Tellegen & Ben-Porath, 2008). The MMPI-2-RF can yield a global psychopathy score (Py-T), as well as psychopathy facet scores for Fearless- Dominance (Py-FD) and Impulsive-Antisociality (Py-IA) (Mufson 2012). The test takes between 60-90min to complete and can only be administered by a suitably experienced clinical psychologist or psychiatrist.

A study conducted by Mufson (2012) looked at the validity of MMPI-2-RF (2008) as a measure for psychopathy across the validity and viability of all three scores, Py-T, Py-FD and Py-IA. The study examined the relationship, in a sample of community living adult offenders, on self-reported psychopathy to criminal history, substance abuse, and diversion program completion. A sample of 424 men and women whom were enrolled in a court ordered substance abuse Intervention In Lieu of Conviction (IILC) program, were utilised. The mean age of participants was 33.50 years and had 12.70 mean years of education. The sample included both men (52.5%) and women (47.5%), and more than 29% reported an ethnicity other than Caucasian. The study concluded that the validity and usefulness of the measure could be strongly supported.

The MMPI which was developed in Minnesota in the 1930's was based on response by Caucasian males, based on this one may be concerned that the measure may have cultural bias for other ethnicities (Graham 2000). The MMPI-2 looked to try and eliminate cultural bias by including African Americans, Hispanics, American Indians and Asian Americans. The inclusion of these groups does not necessarily solve the bias problem (Butcher 2001). As with the MMPI-2 the MMPI-2 RF (2008) needs to be tested for cultural bias. As this is relevantly a new tool not many studies to date have been done to test its generalizability and applicability across cultures (Mufson 2012). The research conducted was unable to find any studies conducted in South Africa to test for cultural bias for the MMPI-2 RF (2008). Being a multicultural country one would expect that some cultural bias may be present and that this would need to be taken into account, although further study would be required to confirm this.

It appears as though the MMPI-2 and MMPI-2 RF are reliable as self-measures of psychopathy in normative population in western cultures. The need to test for cultural bias in a South African population still needs to be conducted in order to determine if this measure can be utilised to detect psychopathy in the South African population.

Psychopathic Personality Inventory (PPI-R):

The PPI-R (2005) was devised to determine the prevalence of psychopathic traits and is self-report measure. As the test is a self-report measure it is generally more cost effective to administer than the PCL-R (2006) (Edens, Cruise, & Buffington-Vollum, 2001). A self-report may in addition limit subjectivity found in assessments that utilise interviews (Lilienfeld & Fowler, 2007).

The self-report comprises of the following:

A 154-item self-report measure with eight content scales:

- Machiavellian Egocentricity (ME),
- Rebellious Nonconformity (RN),
- Blame Externalisation (BE),
- Carefree No playfulness (CN),
- Social Influence (SOI),
- Fearlessness (F),
- Stress Immunity (STI),
- Cold-heartedness (C);

The items are answered using a 4-point Likert-type scale (1 = false, 2 = mostly false, 3 = mostly true, and 4 = true)

The PPI-R is construct valid, time efficient, and can detect response styles potentially relevant to psychopathy (i.e. positive or negative impression management, random or careless responding). This detection is done using four validity scales, including Deviant Responding (DR), Virtuous Responding (VR), and two Inconsistent Responding (IR-15; IR-40) scales. The DR and VR scales are used to identify faking bad and faking good responses respectively. The IR scales eliminate careless or random responses. Rather than focusing exclusively on antisocial or criminal behaviours, the PPI-R measures the continuum of psychopathic personality traits present in a range of individuals and can be used in both clinical (e.g. forensic) and non-clinical (e.g. student, community) settings.

International the PPI-R(2005) has been tested for validity and internal consistency and was found to be acceptable in American prison and Belgian community sample respectively (Liilenfeld & Widows, 2005; Uzieblo, Verschuere, Van den Bussche, Crombez 2010, as cited by Loots 2010)

In South Africa the research conducted only found one study where the PPI-R has been tested for cultural bias. Loots (2010) tested the PPI-R on a randomised sample of 500 offenders representing various ethnicities and types of crime. The sample was selected through the Mangaung Correctional Centre database. Loots (2010) expressed concerns over construct, convergent, discriminant and external validity even though they have been found satisfactory in international studies. The concern was around the cultural differences and the effects of a low socioeconomic upbringing could have on questions such as *“When I go on holiday, I plan everything well”*, or *“I would have liked to be a “hippie”*. In addition, administering the measure brought forward challenges due to the need for language translation and comprehension difficulties. It was also found that the simple translation of the measure lacked cultural understanding and English jargon was often not understood by all participants. A total of 45 items had to be omitted due to cultural, language, educational and general comprehensive barriers (Loots 2010).

Loots (2010) states that, culturally, a large majority of South Africans, including the prison population, come from a mainly collectivistic culture. Items that were omitted such as *“I pride myself on being offbeat and different from others”* or *“I look out for myself before I look out for anyone else*, might reflect core characteristics of psychopathy. However, these statements also oppose the altruistic background of the majority of the participants. With regard to language and comprehension difficulties, the negative phrasing of some items, such as *“I haven’t thought much about what I want to do with my life”*, or *“I hardly ever end up being the leader of the group”* would have proven difficult to reword into different languages due to the confusion the translation would cause. Some items such skydiving, writing poetry in a commune, being a race car driver, and the use of English idioms or jargon simply did not fit into the participants’ frame of reference.

Loots (2010) concluded that cultural differences play an influential role in the expression of psychopathologies. Several items had to be omitted from the PPI-R to increase the psychometric properties of the instrument within the South African context. The omitted

items were mainly those that would cause confusion due to influence of language and comprehension, as well as cultural and socioeconomic heritage. With the omitted items it was still considered that the application of the adapted construct was acceptable in the South African context. Certain aspects of the measure such as, rebellious nonconformity and fearlessness factors, will demand additional validation attention. This is due to the fact that rebellious nonconformity refers to unconventionality and defiance of social norms, which contradict the basic principles of collectivistic communities. Fearlessness, on the other hand, refers to proneness for risk-taking behaviour and the absence of anxiety. The selected items intended to measure this factor, however, includes concepts which would have been foreign to many of the offenders, especially those who originate from dire impoverished communities.

Loots (2010) stated a need for further investigation surrounding psychopathy using other measures such as the PCL-R (2006) and the PPI-R (2005). There is a need to have a more representative sample in order to determine the extent of ethnic or cultural influences on the manifestation of the disorder Loots (2010) concluded.

It appears as though the PPI-R (2005) may be valid measure within western/industrial countries and may be used in South Africa if a number of the items that are culturally bias have been omitted. It could be suggested that these omitted items need to be replaced with more culturally acceptable questions for understanding, however these questions would need to be tested for validity.

Conclusion:

The current diagnostic criteria pertaining to psychopathy reflects that some of the measures being used, such as the DSM-IV-TR (2000) are not an applicable measure for psychopathy international or within South Africa. This was due to it lacking the ability to measure personality traits, which is one of the core factors for accurate diagnosis of the disorder. PCL-R (1996) is widely recognised as the diagnostic tool to be used to measure psychopathy as it measures behaviours and personality traits. The validity of the measure has been tested in western/ industrial countries and found to be valid, however no tests could be found to have been conducted in South Africa to test for validity. Based on past research around western measures being used within a South African context one can assume that cultural bias will be

present, although this still needs to be tested. MMPI-2 RF (2008) is widely recognised as the self-measure diagnostic tool to be used to measure psychopathy and is based on personality traits. The validity of the measure has been tested in western/ industrial countries and found to be valid, however no tests could be found to have been conducted in South Africa to test for validity. Based on past research around western measures being used within a South African context one can assume that cultural bias will be present, although this still needs to be tested. The PPI-R (2005) has been tested for validity in western/ industrial countries and found to be valid. One study around the use of the measure and testing its validity was found for South Africa. The study found cultural bias and limitations in administering the test due to language, comprehension and education which caused a low understanding of the questions by the participants.

It can be concluded that South Africa needs to do more studies around the current measures used to test for the presence of psychopathy. With the high violent crime rate and recidivism in South Africa and psychopathy having been shown to be a cause of both of these aspects, it would stand to reason that South Africa needs to have a measure in place that can accurately diagnose for psychopathy. It would be logical to say that the ability to accurately diagnose psychopathy in the South African population will need to be established before one could look at extending this to perpetrators of domestic violence.

The following section explores the etiology of psychopathy.

A comparative review of studies conducted on the etiology of psychopathy between international and South Africa studies:

The etiology of psychopathy is still largely debated with some researchers either believing it is genetics, the environment or both that play a role (Bouchard & Loehlin, 2001; Budhani, Richell & Blair, 2006; Gray, 1975; Taylor, Loney, Bobadilla, Iacona & McGue, 2003).

Many forms of behaviour, both abnormal and normal, run in families. These range from rare single-gene disorders such as Huntington's disease to common behaviours such as religious choice which would be strongly influenced by family environment. In between these two examples are a number of traits and syndromes where both genes and environment play a role (Plomin, Owen & McGuffin, 1994). More recently the role of biological contributors have come to the fore front (Craig, Catani, Deeley, Daly, Kanaan, Picchioni, McGuire, Fahy,

Murphy, 2009; Damasio, 2000; Budhani, Richell & Blair, 2006; Veit, Flor, Erb, Herman, Lotze, Grodd, 2002). From the literature it is clear that the etiology of psychopathy is not a simple clear cut answer.

A number of international studies were reviewed around the etiology of psychopathy. The research conducted could only find a limited number of studies looking specifically at South Africa and psychopathy in general. None those studies specifically looked at the etiology of psychopathy in South Africa. Below is a discussion around the etiology of psychopathy from studies conducted internationally and how those compare to findings in South Africa.

Genetic factors:

A number of international studies have been conducted around the etiology of psychopathy with a number of these pointing to genetics as one of the major cause. Bouchard & Loehlin, (2001) have stated that there is enough empirical evidence collected to show that nearly all human psychological traits may be influenced by genetic factors to a large degree. The evidence of genetic contribution to antisocial personality comes from three main sources namely: (1) animal studies which suggest that some components of temperament, including emotionality and aggression, have a genetic basis. (2) A number of twin studies have been conducted internationally to determine if genetics has an influence of psychopathy. It was concluded, based on these twin studies, that many behaviours and traits have genetic roots. (Karkowski, Prescott & Kendler 2000; Maes, Woodard, Murrelle, Meyer, Silberg & Hewitt, 1999; Slutske, Heath, Dinwiddie, Madden, Bucholz, Dunne, Statham & Martin 1997). (3) Studies looking at the aggregation of criminality within families, together with twin and adoption studies, consistently indicate genetic influence (McGuffin & Thapar, 1998).

Taylor, Loney, Bobadilla, Iacon, McGue (2003) conducted a study on male twins to determine if it is genetics or the environment that contributes to psychopathy. The study examined the extent to which the two psychopathy trait dimensions, impulsivity/antisocial behaviour and interpersonal detachment/callousness, was associated with common or unique genetic, shared, and non-shared environmental factors in two independent samples 16-18 year old male twins. The study found that antisocial and detachment was associated with genetic factors. There is a substantial portion of covariation between impulsivity/antisocial behaviour & emotional detachment stem from a common set of genetic factors (Taylor, Loney, Bobadilla, Iacona & McGue, 2003) In addition the likes of Lykken (1995) and others have

argued that the etiology of psychopathy is largely biological. Twin adoption studies are helping support this theory, showing genetic influence on ASPD. It was found that ASPD is significantly more common among adult adoptees with a biological parent with ASPD than among adoptees with no ASPD history in the biological parents (Cadoret, O’Gorman, Troughton & Heywood, 1985). The influence on Antisocial behaviour by genetics is evident well before adulthood. Impulsivity, which is a feature of factor 2 on the two-factor psychopathy model, is also influenced by genetic factors (Nadder, Silberg, Eaves, Maes, & Meyer, 1998; Plomin, 1976, Sherman, Iacono & McGue, 1997; Stevenson & Fielding, 1985). Initial findings from the Twins Early Development Study (TEDS) have indicated that within the early-onset group there are two etiologically distinct groups of children. Antisocial behaviour in 7-year-old children showing callous and unemotional traits has a strong genetic influence. Antisocial behaviour in children without such personality traits is mostly caused by the environment (Viding, Blair, Moffitt, & Plomin, 2005). Such findings of etiological differences are prompting the search for risk genes, as well as highlighting the need to study environmental risk within a genetic framework. It must be emphasised that just because one has a high risk of heritability does not mean that they are destined to become a psychopath or develop ASPD. Better understanding of gene-environment interactions can come to inform successful prevention programs that target young children (Viding, Blair, Moffitt, & Plomin, 2005).

There were no South African studies, that could be found, that studied a South African sample to test for genetic factors as a cause of psychopathy. One could extend the international literature conducted to determine if genetics is a possible cause of psychopathy within South Africa. One of the major obstacles with this is the way in which psychopathy manifests in South Africa, which has not been conclusively tested. Without a solid understanding around how to measure psychopathy in South Africa it is difficult to extend and link the literature. This is because one would be unsure if they are measuring psychopathy or some other disorder within the South African population. However one could still conclude based on international studies conducted, that genetics would have a role to play on psychopathy within South Africa, the extent however would need to be tested and studied further.

Biological Factors:

In more recent years studies have been conducted to assess the biological basis for psychopathy. Large field of study in this area has started to develop since 2000. The studies showed that there is a complex play between different areas of the brain and dysfunction within regions such as the amygdala and prefrontal cortex (PFC) and orbital cortex (OFC) may affect personality and social behaviour (Craig, Catani, Deeley, Daly, Kanaan, Picchioni, McGuire, Fahy, Murphy 2009; Damasio, 2000; Budhani, Richell & Blair, 2006; Blair, 2007, van Honk & Schutter, 2006). Studies have also shown that violent personality disorder offenders have reduced PFC matter volume (Raine, Lencz, Bihrlé, 2005) and glucose metabolism (Raine, Buchsbaum, Lacasse, Brain, 1997) and impaired OFC activation during aversive conditioning (Veit, Flor, Erb, Herman, Lotze, Grodd, 2002). The studies all pointed to the fact that biological factors may indeed have a role to play in the development of psychopathy.

These studies have all been conducted internationally and no South African studies could be found that studied a South African sample to test for biological factors as a cause of psychopathy. However extending the literature one could hypothesise that such biological findings may suggest that psychopathy does indeed stem across all cultures with some cultures being more prone to psychopathy. This may be due to biological make up which may make them more genetically predisposed to the disorder. It could also be due to socio-economic factors that a culture are more inclined to be living in which may cause these biological factors to manifest more strongly. One would once again also need to keep in mind that how psychopathy manifests in the South African population and this would need to be established before such studies to link biological factors and psychopathy within South Africa could be accurately done. The studies would also need to be done on a large South African sample in order to determine if this hypothesis is correct.

Environmental factors:

For a number of years researchers believed that the environment in which a person found themselves was the cause for poor life choices and outcomes (Taylor, Loney, Bobadilla, Iacona & McGue, 2003; Saltaris 2002; Wootton, Frick, Shelton & Silverthorn, 1997). Over

the years a number of international and South African studies have been conducted looking at how the environment may have an impact on a person's life outcome. As the field of psychopathy started to gain more attention researchers started to look at how the environment may be a cause of the disorder. These studies suggest that there is some independence in the unique environment that contributes to the development of antisocial behaviour and emotional detachment (Taylor, Loney, Bobadilla, Iacona & McGue, 2003). Saltaris (2002) proposed the idea that early lack of attachment and bonding with babies caregiver may lead to psychopathy.

The studies found there is a complex play between social environment and biological predispositions to psychopathy (Mitchelle & Blair, 2000). The social environment has influence over the behavioural component of psychopathy e.g. socio-economic status (SES) is inversely related to scores on the PCL-R checklist, (the emotional component is unrelated to SES and is in fact more likely to be influenced by genetics) (Hare, 1991). However emotional difficulties are only risk factors for the development of the disorder. It is believed it is the individual's adverse social environment that creates the conditions necessary for the development of psychopathy (Mitchell & Blair, 2000) Psychopathy has been linked to problems within the family. Parental antisocial attitudes, inconsistent discipline, physical punishment, broken homes and childhood separations all predict high psychopathy scores in adolescence (Forth, 1995).

During the review process there were a number of international studies that looked at environmental factors as a cause of psychopathy. There are a number of South African studies that look at environmental factors as a cause of other mental disorders; however there are no South African studies that could be found that looked exclusively at environmental factors as a cause of psychopathy within a South African sample (Gould 2010; Louw 2011). Due to the high poor SES within South Africa it is imperative that this possible link between psychopathy and environment be understood as this may be a major cause for such violent crime in South Africa.

Psychopathy as the etiology of domestic violence:

Extending the literature to the etiology of domestic violence it is clear that a number of researchers believe that there is a direct link with psychopathy and etiology of domestic violence (Swogger, Walsh and Kosson 2007; Gondolf & White, 2001; Huss &

Langhinrichsen- Rohling, 2000; Gottman, Jacobson, Rushe, Shortt, Babcock, La Tallade, & Waltz, 1995; Holtzworth-Munroe & Stuart 1994). There is evidence that the psychopathic personality may be important in predicting and describing the theory around the understanding of perpetrators of domestic violence (Gondolf & White, 2001; Huss & Langhinrichsen- Rohling, 2000).

The generally violent/antisocial subtype (GVA) of batterer described by Holtzworth-Munroe and Stuart (1994) are expected to engage in more antisocial behavior, express more generalized violence, and perpetrate more severe violence as compared to the family only or the dysphoric borderline batterer. Huss & Langhinrichsen-Rohling (2006) argued that there is a subgroup of especially violent criminal offenders (i.e., psychopaths) who exhibit characteristics similar to those ascribed to the generally violent/ antisocial subgroup of batterers by Holtzworth-Munroe and Stuart (1994). In 2007 a study that was conducted by Mauricio, Jenn-Yun & Lopez; the results indicated that personality disorders fully facilitated the relationship between avoidant attachment and physical as well as psychological violence, which may play a part in causing domestic violence.

A study conducted in 2007, by Swogger, Walsh and Kosson, which sought to clarify psychopathic features associated with domestic violence found an inverse relationship between the psychopathy facet capturing impulsivity and irresponsibility and status as a batterer. The perpetration of domestic violence had relatively higher scores on the psychopathy facet that captures affective. Scores on the affective subcomponent of psychopathy were positively associated with domestic violence, whereas scores on the lifestyle subcomponent were negatively associated with domestic violence. This could suggest that factors that accentuate the risk of violence in general may have less explanatory power with regard to domestic violence. These findings suggest an image of the antisocial batterer as emotionally cold and calculating rather than being out of control (Swogger, Walsh and Kosson, 2007).

There appears to be the presence of a subgroup of batterers with antisocial or psychopathic features (Huss, Langhinrichsen- Rohling, & Ramsey, 1997). Many of the psychopathic traits described by Hare (1980) and Cleckley (1976), including superficial charm, pathological lying, and manipulateness reflect an interpersonal/affective deficits. These are also

characteristics that are likely to aid in the maintenance of abusive relationships (Huss and Langhinrichsen -Rohling, 2000).

Comparison of the batterer and the psychopath literature:

	Batterer Literature	Psychopathy Literature
Prevalence of Psychopathy	A subgroup of batterers display extensive antisocial behaviour (Holtzworth-Munroe & Stuart, 1994)	Psychopaths display more antisocial behaviour and represent a significant portion of criminal offenders (Harris et al., 1991)
Target violence	A subgroup of batterers express family and generalized violence (Hamberger & Hastings 1986)	Psychopaths are likely to victimize strangers, friends and family members (Williamson et al., 1987)
Level of Violence	A subgroup of batterers engage in more severe violence (Cadsky & Crawford, 1998)	Psychopaths commit more severe violence than nonpsychopaths (Williamson et al., 1987)
Physiology	A subgroup of batterers exhibit a deceleration of heart rate and skin conductance during conflictual interactions (Gottman et al., 1995: Jacobsen, 1996)	Psychopaths exhibit marked heart rate responses (Hare, 1998) and reduced skin conductance in specific circumstances (Blair et al., 1997)
Alcohol use	Heightened levels of alcohol use for some batterers (Stij et al., 1991)	Psychopaths are more likely to suffer from substance abuse problems (Hemphill et al., 1994)
Treatment	A subgroup of antisocial batterers are generally thought to be the most resistant to psychological intervention (Gondolf 1997)	Psychopaths are more resistant to psychological intervention than nonpsychopaths (Rice et al., 1992)

It is interesting to note that the majority of the literature cited in the above table by Huss and Langhinrichsen-Rohling (2000), has in fact been discussed throughout this research paper.

The studies have all been conducted in western/industrial countries and no studies looking specifically at psychopathy and domestic violence could be found in South Africa. This would be expected given the limited number of studies conducted on psychopathy in South Africa currently.

Conclusion:

From the studies it appears as though genetics may be the bullet and the environment the trigger when it comes to the etiology of psychopathy. The majority of cross-cultural studies conducted on the etiology of psychopathy have been done between North America and other western/industrial countries. There appears to be no studies having been conducted within South Africa looking specifically at genetics, environment and biological factors as a possible cause for psychopathy. It is the opinion of some leading authorities in this field that cross-cultural generalizability of personality disorders is a neglected area, the mere acceptance of North American models is not appropriate (Cooke, 1998). There is a significant danger that the dominate North American models of personality disorder may fail to capture the cross-cultural variation in the psychological phenomena that characterises personality disorders (Fiske,1995) It is also argued that unlike major mental disorders such as depression and schizophrenia, the personality disorders are less likely to have a well-crystallized “pan-cultural core” (Draguns, 1986)

A number of international studies were reviewed around the etiology of psychopathy. During the research only a limited number of studies looking specifically at South Africa and psychopathy could be found. None of these were direct studies on the etiology of psychopathy within the South Africa context. Most of the South African studies around psychopathy make reference to international studies when alluding to the possible cause of psychopathy.

It should therefore be noted that very few studies have been conducted around the etiology of psychopathy using a South Africa sample. One could conclude, based on international studies and extending these to South Africa, that the poor socio-economic climate and therefore the environment that many people find themselves living in may lend itself to trigger genetic psychopathic traits at a higher rate. This of course would need to be researched more in-depth in South Africa using a number of different disciplines including cross-cultural psychology, socio-biology and anthropology.

Based on the above it would stand to reason that the same may be true for psychopathy as an etiology for domestic violence in South Africa. Many of the studies around the etiology of domestic violence in South Africa have looked at SES. However before studies on the link between psychopathy and domestic violence can be done in South Africa it would make sense to first determine which measures are best used to determine psychopathy in South Africa to ensure that cultural bias is minimised. Following this looking at the etiology of psychopathy in general in South Africa would need to occur before looking at psychopathy and domestic violence in South Africa

A comparative review of studies conducted on the prevalence of psychopathy, with particular reference to psychopathy and domestic violence between international and South Africa studies:

Over the past three decades major progress has been made in understanding the cross-cultural variations of major psychiatric disorders, including schizophrenia and major depression disorder, the same is not true for psychopathy (Cooke, 1998). Measuring the prevalence of psychopathy in the general population is difficult and has been found to be low when conducted. The study on the prevalence of psychopathy is therefore, more often than not, done on prison samples (Cooke & Michie, 1999). These estimates and studies are often fraught with difficulties. A recent review showed major variation in the reported prevalence ranging from 2-78% (Cooke 1995). It was believed that a number of factors lead to these differences, namely: the source of the data; the definition of psychopathological disturbances that is applied; the type of prison and the type of prisoner; the stages of the prisoners sentence; and historical time (Cooke, 1995). These barriers obstruct not only cross- sample comparison but also the cross-cultural comparison of the prevalence of psychopathy (Cooke, Kosson & Michie, 2001; Salekin, Trobst & Krioukova, 2001).

Taking the prevalence of psychopathy in a generalised sample and extending this to look more specifically at the prevalence of psychopathy in domestic violence perpetrators, one could expect that the same issues are found as raised above. Holtzworth-Munroe and Stuart advanced the most widely accepted typology in the literature (Huss & Langhinrichsen-Rohling, 2006). They proposed that domestically violent batterers formed three distinct subtypes: family only, borderline/dysphoric and generally violent/antisocial (GVA).

Holtzworth- Munroe and Stuart theorised that these three groups of batterers would be differentiated along dimensions of psychopathology.

Following is an outline of the findings on the prevalence of psychopathy. The findings also look at linking prevalence of psychopathy within domestic violence batterers

Findings:

International studies reflect some difference in the prevalence of psychopathy across cultures: In Britain the prevalence is lower compared to North America. British estimates range from 10% (Gunn, Maden & Swinton, 1991) to 18 % (Cooke, 1995). By contrast North American estimates range from 28%-44% (Hare, 1991) to 78% (Guze's, 1976). GVA batterers are thought to constitute about 25% of their respective populations (Huss & Langhinrichsen-Rohling, 2006). One needs to keep in mind that such differences may arise due to misdiagnoses as a result of cross -cultural psychometric evaluation. For example, the study by Cooke and Michie (1999) on the difference in prevalence of psychopathy between American and Scottish samples, suggests that the differences could be attributed to methods of assessment, specifically the intensity of diagnostic criteria and rates of actual diagnoses. Cooke (2003) did also however state that the differences in prevalence across these two countries and Britain may certainly indicate that cross-cultural differences may exist. These studies were conducted between different western/ industrial countries and showed a high possibility of cross-cultural difference in prevalence (Cooke & Michie, 1999). One would therefore suspect that such a difference may certainly exist when comparing western/industrial countries with developing countries such as South Africa that has such a mixture of cultures within it.

The prevalence of psychopathy within a domestic violent perpetrator sample has received mixed findings. A study conducted by Huss & Langhinrichsen-Rohling, (2006) to test for the prevalence of psychopathy in domestic violence perpetrators found that there were no significant differences among the groups on the interpersonal/affective factor (Factor 1) of the PCL:SV. Huss & Langhinrichsen-Rohling, (2006) did acknowledge that this non-finding may be due in part to the heterogeneity of psychopathy itself, and more testing may be required. It was also stated that the results may need to be reviewed with caution. The sample utilised were those batterers that had been sentenced to an outreach program. Batterers that

committed particularly high domestic violence were sentenced to prison and therefore did not reflect in the sample. While psychopaths do not represent the majority of male batterers, the psychopathy literature as well as the results of Gottman, Jacobson, Rushe, Shortt, Babcock, Tallade & Waltz (1995) suggest that they may well constitute a sizable minority (15–30%) of these men.

Within South Africa the research could only find one study that looked at the prevalence of psychopathy within a South African sample. The study found that the total number of offenders who met the criteria for psychopathy to be 27% (loots, Louw, 2011). This is in-line with figures for America which as indicated above is around 28%, however is different to that of British samples. These differences could be attributed to cultural differences. One also needs to be a bit sceptical of the commonality between the prevalence in South Africa and America. As indicated above the way South Africa measures psychopathy still needs to be researched further as the current measures used have been developed in western/industrial countries and may exhibit cultural bias. The research was unable to find any studies in South Africa that looked at the prevalence of psychopathy within domestic violence offenders within South Africa.

Conclusion:

International studies indicate that cross-cultural differences in the prevalence of psychopathy exist, and that further research is required to determine the significance of this difference. When comparing South Africa prevalence to that of international studies it was found that the prevalence was similar when compared with America but different to European countries. Given that there isn't consensus around the prevalence of psychopathy across cultures and within domestic violence. The international studies are best used as pointers with regards to prevalence of psychopathy in South Africa and its prevalence within domestic violence. One would also need to establish measures for psychopathy that take into account South Africa's vast differences in cultures before any conclusions between the similarities and differences in the prevalence between South Africa and other countries can be drawn. Once this has been determined the one could then look at the prevalence of psychopathy within domestic violence perpetrators within South Africa.

The following section looks at violence within South Africa and how this compares to violence internationally. The section also considers how violence manifests as domestic violence both internationally and within South Africa.

A comparative review of studies conducted on violence, with particular reference to domestic violence and psychopathy between international and South Africa studies:

South Africa is well known for its high violent crime rate (Gordon 2006). Daily one reads about horrific violent crimes committed by one person onto another. The question is why is there such high violent crime? The legacy of Apartheid has been blamed and in addition so has the poor SES conditions (Taylor, Loney, Bodadilla, Iacon, McGue, 2003; Lykken, 1995; Cadoret, O’Gorman, Troughton & Heywood, 1985; Craig, Catani, Deeley, Daly, Kanaan, Picchioni, McGuire, Fahy, Murphy, 2009; Saltaris, 2002; Mitchell & Blair, 2000). However these may explain the high level of crime in the country but not the sadistic violent nature of the crime being committed. This violent crime extends into homes with domestic violent acts are an increasing issue (Abrahams, Mathews, Jewkes, Martin & Lombard, 2012). From the studies reviewed it was found that a person exhibiting psychopathic disorder is more likely to commit violent crime compared to non- psychopathic personalities and more likely to reoffend (Hare & McPherson, 1984; Kosson, Smith & Newman 1990; Serin, 1991; Wong, 1984; Serin & Amos, 1995). This was found to be the same for subgroup of batterers that were classed as psychopathic (Gottman, Jacobson, Rushe, Shortt, Babcock, La Tallade, & Waltz, 1995).

Findings:

International studies reviewed indicate that psychopathy is a high predictor for more violent crime (Douglas, Ogloff, & Nicholls, 1997; Hart & Hare, 1997; Heilbrun et al., 1998; Hill, Rogers, & Bickford, 1996), and more likely to reoffend compared to offenders that do not exhibit psychopathy. There is evidence that psychopaths are more likely to be involved in crime, due to their lack of internal controls, remorse, empathy, conscience. Male and female psychopaths also tend to be more aggressive and violent in behaviour, than other offenders and individuals (Hare & McPherson, 1984; Kosson, Smith & Newman 1990; Serin, 1991; Wong, 1984). Psychopaths commit more than twice as many violent and aggressive acts, both in and out of prison compared with other criminals. Their violence is callous and they use it to obtain what they want and are more likely to feel a sense of power, pleasure or indifference (Hare, 1993). Psychopathy is strongly associated with serious criminal behaviour such as rape and murder and higher recidivism (Craig, Catani, Deeley, Daly, Kanaan, Picchioni, McGuire, Fahy, Murphy, 2009).

International evidence also points to close of half serial rapists exhibiting psychopathic personality disorder (Pretty & Knight, 1991). Studies have also indicated that a least a quarter of domestic violence is inflicted by psychopaths (Newlove, Hart & Dutton, 1992). In addition the generally violent/antisocial subtype (GVA) of batterer described by Holtzworth-Munroe and Stuart (1994) are expected to engage in more antisocial behaviour, express more generalized violence, and perpetrate more severe violence as compared to the family only or the dysphoric borderline batterer.

International studies also indicate higher recidivism to be associated with psychopathy with 80% of psychopathic patients violating their parole terms within three years of release compared to only 25% of nonpsychotic counterparts (Hart, Kropp & Hare, 1998). In a meta-analysis study conducted across 18 studies, examining the relationship between psychopathy and recidivism the report showed that the average effect sizes of .55 for general recidivism and .79 for violent recidivism was found (Salekin, Rogers, Sewell, 1996). It is reported that 65% of psychopathic offenders recidivist within 3 years of release compared to only 25% of non- psychopathic offenders (Serin and Amos, 1995). A meta-analysis study indicated that within a year from release from prison, psychopathic offenders were three times more likely to recidivist and four times more likely to recidivist violently than non-psychopathic offenders (Hemphill, Hare & Wong, 1998).

With regards to domestic violence it is estimated between 20% and 30% of men re-assault the original victim or a new partner even after attending rehabilitation programs (Gondolf, 1997b, 2003). Most of the studies on domestic violence recidivism looked at domestic violence as a group and do not focus on the different typologies. During the research conducted only one study, conducted by Dutton, Kropp, Bodnorchuk, Hart & Ogloff, (1997) looked exclusively at sub group of batteres that suffered from personality disorders. The study found that domestic violent perpetrators that suffered from personality disorders, including psychopathy were more likely to recidivism.

With the high crime rate in South Africa it stands to reason that a number of studies have been conducted around crime. The majority of these studies revolve around the incident of reported crimes and the social contributors to crime (Loots, 2011; Louw, 2007; South African Police Service, 2010). While one cannot deny that environment and low SES all correlate to criminality, it may not be the reason for the high violent crime (Louw 2011; Gould 2010). Research concerning the role of personality traits and therefore personality disorders, in

relation to crime has been neglected in South Africa and other developing countries (Loots, 2011).

During the research of the literature around violence in South Africa and the cause of this crime a number of studies came to the fore front. However these looked at environmental factors as a cause. Only one study namely: "Criminal thinking styles of offenders meeting criteria for antisocial personalities in South Africa" conducted by Loots (2011); could be found that looked exclusively at the role of antisocial personalities and psychopathy using a South African sample. The study looked to identify if there was any difference in the criminality thinking styles of offenders with anti-social personality disorder compared to other offenders.

The findings from this research indicated that there was no significant difference between the criminal thinking of a psychopath and non-psychopath. This is in contrast to international findings as stated above. One reason for the difference given by the researcher was due to the differing expressions of the disorder across cultures. In addition the validity of the measure used to determine psychopathy within a South African context still needs to be refined to take into account cultural differences. The study did however find that a strong sense of entitlement existed (Loots 2011). Walters (2006) indicated in The Psychological Inventory Criminal Thinking Style Manual that entitlement in this context is viewed as a sense of ownership, privilege and uniqueness. The individual grants themselves permission to violate the laws of society and others due to this sense of entitlement. During the research no studies could be found that were conducted in South Africa that focused on the sub group of psychopathy typology within domestic violence group and recidivism.

Conclusion:

International Studies all point to a high level of correlation between psychopathy and violent crime. Within South Africa very few studies have been conducted looking at psychopathy in general and therefore how this disorder may lead to more violent crime. The one South African study that used a South African sample of anti-social personalities to review their criminality thinking styles did not correlate with international findings. The reason for this may be the lack of a solid understanding of how psychopathy presents itself in developing countries. In addition the measure used for psychopathy still needs to be validated more

extensively to take into account cultural differences in South Africa. Based on this one cannot conclusively say if psychopathy in South Africa would indeed lead to higher violent crime rates or not.

Extending the literature further and considering the impact of psychopathy on domestic violence it is evident that a number of studies internationally indicate that the sub group of batterers exhibiting psychopathy tendencies are more likely to commit violent crime towards their partner. During the research no studies within South Africa could verify this for a South African context. When looking at recidivism and domestic violence, studies both internationally and within South Africa have been conducted. These studies tend to focus on domestic violence as a group with few studies looking at the sub group of psychopathy typology within domestic violence and this group likelihood to recidivism.

The section above looked to answer the question “How is psychopathy understood, in light of domestic violence in South Africa?” The following section looks to try and answer the second question posed in this thesis namely “What, if any, interventions have been initiated in South Africa?” by examining treatment programs set up for people suffering from psychopathy, with particular reference to how this disorder relates to domestic violence, internationally and within South Africa.

A comparative review of studies conducted on the Treatment of Psychopathy between international and South Africa studies:

The western/ industrial studies on the treatment of psychopath all point to it being extremely difficult if not impossible to treat. Effective treatment of patients with severe psychopathy is very difficult to achieve (Van den Berg, Oei, 2009) .Traditional forms of Psychotherapy and biological therapy and the use of various drugs have not proven to be very successful (Hare, 1970).

With treatment there is always the assumption that the patient wants to be treated and understands they have a problem. This is not true for people with psychopathy who do not see themselves as having a problem. This makes them less likely to see the need for treatment. In addition it was found that people suffering from psychopathy have no concept

of the future and resent all authorities, including therapists (Hare 1992). They generally view the patient role as inferior and they see the therapist as objects to be conned (Maxmen, 1986), and this does not make for an effective treatment environment. It was found that the central issue is the inability of severely psychopathic patients to commit to the patient–therapist relationship (Van den Berg, Oei, 2009), which is critical for effective treatment of most disorders.

Findings:

As indicated above a large number of studies around the effectiveness of treatment on psychopaths have been conducted. A number of these studies indicate that psychopathy is difficult to treat, however these studies did also have some short coming which may have resulted in the poor outcomes (Skeem, Monahan and Mulvey, 2002). International studies found that most treatment programs have been unsuccessful as they are not specifically made to treat people suffering from psychopathic disorder (Skeem, Monahan and Mulvey, 2002). It was found during these studies that those people suffering from factor 1 traits found in psychopathy may actually learn how to manipulate and con from treatment programs (Hare, Clark, Grann, and Thornton, 2000). It was also found in several studies that psychopaths were treated for substantially shorter periods than non-psychopaths (Skeem, Monahan and Mulvey, 2002). Such early termination has important implications for treatment outcome. In a meta-analysis conducted by Salekin (2002) a similar strong relation between the duration of treatment and its success rate for those labelled psychopaths was found. It was found by Ogloff, Wong & Green (1990) that psychopathic offenders in a therapeutic community program when compared with non-psychopathic offenders tended to remain in treatment for a shorter period of time. The study also found psychopathic offenders used less effort, and benefited less from the treatment they did receive.

There appears to be conflicting opinions in international studies done in western/ industrial countries of whether psychopaths can in fact be treated. The one school of thought believes that currently the treatment of psychopaths has not been successful due to the type of treatment and dropout rate from the treatment program (Salekin 2002; Ogloff et al. 1990; Skeem, Monahan and Mulvey, 2002). Skeem, Monahan and Mulvey, (2002) did acknowledged that psychopathy is difficult to treat are reviewing a number of studies, however they also indicate that there may have been some short coming around the studies

which may have resulted in the poor outcomes. These poor outcomes, it was suggested was due to most treatment programs having not specifically been tailored to treat people suffering from psychopathic disorder (Skeem, Monahan and Mulvey, 2002).

Skeem, Monahan and Mulvey (2002) also stated that:

Existing research raises questions around the responsiveness of psychopaths with regards to standard treatments in civil as well as criminal settings. It also raises questions about the relationship between treatment length and outcome for psychopaths. There have been no ecologically valid studies on the relationship among psychopathy, patients' receipt of general outpatient mental health services in real-world settings, and subsequent outcomes in the community. Given the prevailing clinical conviction that psychopaths are difficult or impossible to treat, such research could be crucial as it has clinical and policy implications. It is possible that psychopaths who drop out of treatment are more likely to recidivate than those who do not drop out, regardless of the effects of treatment. In order for treatment to be effective those diagnosed with psychopathy need to remain in treatment and adequate treatment programs need to be provided.

Some researchers believe that a more effective therapy would be to use context based influencing. It is believed that those suffering from psychopathy are best treated when they are relating to their contexts (Warren, McGauley, Norton, Dolan, Freedy-Fayers, Pickering & Geeds, 2003).

The second school of thought is that people suffering from psychopathy are not treatable and this is based on studies such as Meta-analyses from Warren and colleagues (2003) and The Dutch Health Council (2006). These studies concluded that although there is some evidence that psychopathy as a personality disorder may be treatable to a certain extent, there is no positive proof. A number of studies also found that following their release from prison psychopath's rate of return was much higher than that of other patients (Hart, Kropp & Hare, 1998). Psychopaths were almost four times more likely to commit a violent offense following release from a therapeutic community program compared with other patients (Harris, Rice, and Cormier, 1991). It was also found that those people suffering from factor 1 traits found in psychopathy actually may learn how better to manipulate and con from treatment (Hare, Clark, Grann, and Thornton, 2000)

From the research indicated above it is clear that psychopathy is an extremely complex disorder. Therefore it would make logical sense that a standard treatment program used within the correctional department may not be sufficient. The leading authority on psychopathy, Dr Hare, believes that most treatment programs are not effective because the treatment programs are not designed with psychopathic personality disorder in mind. In order for a treatment program to possibly be effective it needs to be tailor made to psychopaths. The focus should not be on developing empathy or conscience but rather how their current attitudes and behaviour is not in their own self-interest. These programs will be also only be effective in a tightly controlled environment (Hare, 1992).

From the above analysis of western/industrial studies conducted on the treatment of psychopathy it is clear that no successful program has been developed as yet to treat the disorder. It is also clear that some researchers believe such a program could be developed. However, such a program would need to take a very different approach compared with current treatment programs if it were to be successful.

Leading on from the above and taking into consideration the effective treatment programs for perpetrators of domestic violence that exhibit psychopathic behaviour, one would expect that treatment of such a sub group has not been successful. Studies have also shown that the treatment of domestic violence in general is difficult with high recidivism (Gondolf, 1997). It would stand to reason that with different typologies of batterers different treatment programs would be required depending what type of batterer one was treating. Treating a particular subgroup of batterers, such as psychopaths may therefore have important treatment implications (Huss and Langhinrichsen -Rohling, 2000). The literature reviewed generally looked at treating domestic violence as a group and not for each sub type.

It is recommended that batterers that exhibit psychopathy not be treated in groups but rather have individual therapy. In addition the therapy should look at treatments which appeal to the self-interest of the psychopathic batterer. These treatments need to suggest to the batter that their behaviours are taking time and attention away from pursuit such as things like money and power (Huss and Langhinrichsen -Rohling, 2000).

When looking for studies in South Africa on the treatment of psychopathic disorder the research found none that looked at treatment using a South African sample. One could hypothesize however that based on western/international studies that in South Africa this

disorder would also be extremely difficult to treat. One may suggest that it could be even harder to treat than in western countries due to the number of different cultures within South Africa and how psychopathy may manifest across these. As indicated above if a successful treatment program was to be found it would need to be tailor made to the disorder. In South Africa this could therefore mean a number of different treatment programs would need to be formulated in order to meet the needs of the different cultural aspects that may be influencing the disorder. In other words one blanket program and certainly one western treatment program would not be sufficient or in all likelihood successful. Of course this would need to be tested.

The success of domestic violence treatment programs in South Africa in the past have proven to be ineffective according to Abrahams, Mathews, Jewkes, Martin & Lombard, (2012) “Our findings show no evidence of the impact of interventions or national efforts to prevent gender-based violence” (p3). The research conducted for this study was unable to find any studies that looked at an intervention program in South Africa that have been built around the sub groups of batterers. One could hypothesis that treating the particular sub group of domestic violence batterers that exhibit psychopathic behaviour would be particularly hard to treat based on the literature above. This hypothesis would need to be tested.

When extending the literature and findings, conducted in western countries, to South Africa one needs to also be mindful of past criticism of using western programs and counselling methods within an African context (Juma MHM, 2011). Many researchers believe that using western counselling methods in an African context has a number of pitfalls. It was found that due to difference in cultures the way disorders may be viewed and manifest in different cultures varies and this is particularly true when comparing western and African cultures. It stands to reason that an individual’s worldview would have an impact on what type of counselling is relevant and should be administered. The reason for this is that there are some traditional African beliefs and practices that can be viewed in western cultures as being abnormal behaviour and requiring psychological interventions. These practices may however be perfectly acceptable within the African context. An example would be that in a traditional African context it is considered perfectly normal to be spoken to and hear voices from ones ancestors. In western culture one would be seen as suffering from delusions and hallucinations if this was to occur. How abnormal behaviour is actually treated in the traditional African context is also very different to that of western methods. It was also found

that there was also a clear distinction between how psychological problems are managed from an African traditional perspective, namely being ritualistic in nature, and a western perspective, which looks more at using talking therapy (Juma Mhm, 2011). This should be taken into consideration when deciding on what treatment program may be suitable in South Africa. In addition when it comes to domestic violence treatment programs in South Africa one needs to be mindful of the ingrained beliefs by large portions of the population of a man and woman role within society. It is still held in many cultures within South Africa and in parts of the world, that the man is the head of the house and his wife/partner needs to listen to him and should she not he has the right to discipline her (Jewkes, 2002; Jewkes & Abrahams, 2002; Mercy, Rosenberg, Powell, Broome & Roper, 1993).

Conclusion:

Based on the above it is clear that very little is understood on how to treat psychopathy within the South African context (if not internationally) and that there are no interventions in place specifically for psychopathy in South Africa. With many international researchers still in debate over whether a) psychopathy can be treated and b) what would constitute an effective treatment program (and hence no current effective treatment program available). One is left asking the question why more time is not given to finding a solution to such a complex and often violent disorder within South Africa. Extending the literature to treatment of domestic violence looking at the sub group of batterers exhibiting psychopathic behaviour it would be logical to assume that this sub group would be very difficult to treat. The research conducted did not find to date any effective treatment programs having been developed for this sub group either internationally or with South Africa.

In South Africa the answer may simply be the lack of understanding around the disorder of psychopathy from an African perspective and lack of resources to conduct such intensive studies. The findings indicate that in order for South Africa to have an effective treatment and intervention program one could not just utilise a program developed internationally due to methods used that may be cultural bias and may be present. It is my opinion that South Africa could utilise learning's and understandings from international studies however an intervention and treatment program my need to be developed from the ground up in South Africa if it is to have any chance at being successful. One could also hypothesis based on this

that the same would ring true for domestic violence perpetrators that fall into the sub group exhibiting psychopathy.

CONCLUSION:

This chapter represented the results from the comparative review between international and South Africa literature around psychopathy, violence and domestic violence. The study undertook to investigate similarities and differences between diagnostic criteria, etiology, prevalence and treatment of psychopathy between industrial/western countries and South Africa in order to answer the questions:

1. How is psychopathy understood, in light of criminality, with reference to Domestic Violence, in South Africa?
2. What, if any, interventions have been initiated in South Africa?

The results highlighted the high violent crime rate in South Africa in comparison to other western countries. It also showed the particularly high domestic violent rate South Africa faces when compared with western countries. The study showed a need to better understand this high violent rate due to the lack of understanding that personality disorders, in particular psychopathy may be playing with South Africa.

The review of literature showed extensive studies on psychopathy have been conducted international in western/industrial countries and these showed the impact psychopathy may have on violent crime within those countries. Very few such studies have been conducted in South Africa using South African samples.

The results indicated that the type of diagnostic tool used to measure psychopathy is crucial to obtain accurate results. Internationally it is acknowledged that the PCL-R is the most utilised and recognised measure. It was found that across all measures potential for cultural bias could exist. The results indicated this needs to be consider when utilising these measures within South Africa. The results also indicated that these measures have not been extensively tested with a South African sample.

The results indicated that there is still debate around the eitology of psychopathy internationally. Within South Africa not enough studies have been conducted around psychopathy in general to be able to determine the eitology of the disorder. It was found that

there were no South African specific studies that considered the etiology of psychopathy within a South Africa sample.

The prevalence of psychopathy was found to differ across cultures in international studies. Only one study within South Africa was found that looked specifically at the prevalence of anti-social disorder and psychopathy. The study found the prevalence to be in line with America but no other internationally countries e.g. Britain.

The chapter identified the different schools of thought around treatment of psychopathy internationally. The results indicate that there is debate on whether psychopaths can in fact be treated. Regardless, both sides of the debate agree that tailor made treatment programs would be required for those suffering from psychopathy if there is to be any chance of them being successful. The results also indicated that it was notoriously hard to treat batterers. It indicated that there were no specific treatment programs to address the different typologies of batterers both internationally and in South Africa. The results also highlighted the lack of studies around psychopathy in South Africa and none on the treatment of psychopathy with a South African context.

The results clearly indicate that psychopathy internationally leads to more violent offending and re-offending. It is concerning that so few studies have been undertaken to look at this disorder within a South African context given the high violence South Africa experiences. The results also indicated that more studies needed to be conducted around psychopathic batterers to gain a better understanding of drivers and potential treatment programs.

CHAPTER FOUR:

CONCLUDING REMARKS:

The study undertook to investigate similarities and differences between diagnostic criteria, etiology, prevalence and treatment of psychopathy between industrial/western countries and that of South Africa in order to answer the questions:

3. How is psychopathy understood, in light of criminality, with reference to Domestic Violence, in South Africa?
4. What, if any, interventions have been initiated in South Africa?

From the review of literature it can be noted that extensive studies on psychopathy have been conducted internationally in western/industrial countries around psychopathy and the impact it may have on violent crime. Very few studies have been conducted in South Africa using South African samples to examine the link between psychopathy and violence. Extending the literature to understand the impact that psychopathy has on domestic violence within South Africa the same limitations have been found, namely there are international papers but none that could be found that was based on research using a South African sample.

Therefore the answer to question one is the following:

Very little is understood on psychopathy within South Africa in general. Although a vast amount of studies have been conducted internationally, one needs to be cautious to draw direct parallels from these studies due to the potential for cultural bias which has been found to exist. As very little is known on the topic of psychopathy within a South African context it stands to reason that even less would be understood around how it may be impacting on criminality and violent crime. It stands to reason that extending the literature even further to understand how psychopathy may impact on the high level of domestic violence within South Africa, drew the conclusion that there was a vast amount of study that would need to be conducted around this area, in order for this particular arm of violence related to psychopathy to be understood.

The answer to question two is the following:

Currently within South Africa there are a number of debates on around the validity of Western style counselling and reforms on mental disorders for African cultures. There are a number of concerns that Western psychology may not take into account many of the cultural aspects of the African cultural beliefs and therefore may be ineffective. Currently it appears as though no interventions are being made around psychopathy within South Africa and this could be due to the fact that little is known about the topic within a South African context and due to the on-going debate around using western counselling styles in non- western countries. One also needs to keep in mind that psychopathy has been shown to be difficult to treat internationally and one could surmise that the lack of knowledge on psychopathy within South Africa and the fact that the current treatment programs are westernised may make these programs even less effective in South Africa. Domestic violence treatment programs within South Africa have proven to be ineffective over the past few years. As would be expected based on the above there is currently no treatment program in South Africa that looks specifically at treating perpetrators of domestic violence from the sub group exhibiting psychopathy. Internationally there have been suggestions that specific treatment programs need to be developed for each sub group of batterers with suggestions for such programs, however the research conducted could find no specific programs for each sub group.

The study clearly showed that within a western/industrial context psychopathy plays a role in violent crime. The study also found that direct parallels between South Africa and western/industrial studies cannot be automatically drawn due to the potential of cultural bias that still needs to be more fully investigated. The study also found that very few studies have been conducted using South African samples and based on this it stands to reason that steps need to be outlined in order to obtain a better understanding of psychopathy within a South

African context so that one can more fully understand the impact this disorder may be having on violent crime within South Africa.

Step one: The first thing needed is to determine the correct measure for psychopathy within the South African Context. Only two studies could be found around this in South Africa and both highlighted the need to tests more extensively for cultural bias.

Step two: Once a valid measure has been determined then studies would need to be conducted to accurately understand the etiology and prevalence of psychopathy more accurately within South Africa.

Step three: Once this has been established studies could then start to be conducted on a possible link between psychopathy and domestic violence within South Africa.

Step four: Based on the above one could start to look at how to treat psychopathy, taking into account the need to consider not only the complexity of treating psychopathy as a disorder but also the need to consider the need to consider the need to take into account how one incorporates African psychology and counselling styles to meet cultural differences. Once these treatment programs have proven to be successful they could then be incorporated into treatment programs for domestic violence perpetrators that exhibit psychopathic characteristic.

The above study had limitations due to the small number of papers available on psychopathy within a South African context. Due to this small sample very few comparisons could accurately be draw between international studies conducted and those done in South Africa. It is suggested that researchers within South Africa build on the work started by Louw and Loots around anti-social personality disorder and psychopathy. This will help to build a

picture on how psychopathy may be driving the violent crime and domestic crime in South Africa.

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APPENDIX A:

Tabulated research data for category 1&2

Article type (journal, book chapter, conference presentation)	Year of publication	Sources of data (did the authors collect data from participants etc.)	Factors identified	Category 1 or 2
Report	2002	World report of violence which included data from various sources	Violence as a major impact on society. Ecological model of violence and how different rings could promote or minimise a person with psychopathy becoming violent (Krug et al)	1
Journal	2011	Sample of South African prison inmates	Personality disorders as a causation of violence (Loots & Louw)	1
Journal	2010	Reviewed multiple studies relating to Personality disorders and violence	Personality disorders that display impulse control are linked to violence	1
Journal	2002	Global sample of 10,797 men and 3,049 women within the corrections system	Prevalence rate of the personality disorder in men was 65%, and 42% in women. (Fazel & Danesh)	1
Journal	1984	Study of criminal inmates	Mental illness as a contributing factor to violence (Hare & McPherson)	1

Book	1988	N/A	Characteristics that make up a psychopath and how these indicate violent tendencies (Cleckley)	1
Book	1993	A number of publications and Journals from research conducted around psychopathy	Psychopaths more likely to commit violent crime and reoffend (Hare)	1
Journal	1991	Random sample of 87 male inmates from Joyceville Institution	Male psychopath inmates show higher aggression and violent behaviour (Serin)	1
Journal	1991	Survey of research on offender and nonoffender sexual aggression	High percentage of serial rapist exhibit psychopathic personalities (Prentky & Knight)	1
Journal	1992	Number of articles and Journals	Over a quarter of domestic violence is caused by people exhibiting psychopathy (Newlove, Hart & Dutton)	1
Journal	1995	A incarcerated sample of 25 psychopaths and 25 controls	Psychopaths are unable to process guilt which may cause increase in violence (Blair et al)	1
Journal	2000	Data was gathered from 49 male batterers being treated for domestic violence	Identified a sub group of batterers with psychopathic personality traits (Huss & Langhinrichsen- Rohling, Ramsey)	1
Journal	1994	Review of literature relating to typologies of batterers	A subgroup of batterers engage in more anti-social behaviour and sever violence	1

			(Holtzworth-Munroe & Stuart, 1994)	
Journal	1998	Clinical sample 172 wife assaulters	A subgroup of batterers engage in more server violence (Cadsky & Crawford, 1998)	1
Journal	2010	A group of 325 men were researched that had been convicted of harassment of a family member	Categorisation of domestic violent perpetrators according to stress coping strategies, resulting in a Group C being identified that has psychopathic tendencies (Rode)	1
Journal	2007	Sample of 172 incarcerated anti-social offenders	Found that antisocial batterers could be characterised by deficient affective experience and by reduced impulsivity and irresponsibility when compared with other antisocial offenders.(Swogger, Walsh & Kosson)	1
Journal	1995	61 married couples who engaged in husband-to wife domestic violence	Found type I & II husband-to-wife violent men. Type I closely resembled characteristics of psychopathic traits (Grottman et al.)	1
Journal	1994	Sample of 192 court mandated batterers attending an intervention program	Found that personality disorders facilitate the physical and psychological violence which could attribute to domestic violence	1

Research brief	2012	Data collected from mortuaries across South Africa	High intimate partner death rate within South Africa (Abrahams et al.)	2
Report	2011	Global study on homicide trends. Data collected from a number of countries including South Africa	40-70% female murders are linked to intimate partner/family violence (Me et al)	2
Journal	2002	Comparison of studies on the causation of domestic violence between western and developing countries	Causes of intimate partner violence (Jewkes)	2
Journal	2013	Cape Town Students ranging from age 10-18	Boys exposed to violence more likely to have violence supportive attitudes (MPhil,Edvard, Matthews, Onya, Mbwambo	2
Journal	2006	Randomly selected rural households in Limpopo aged between 15-35	Study looked at how underdevelopment, lack of economic opportunities for both sexes, and entrenched inequalities in the distribution of power, resources, and responsibilities between men and women (gender inequalities) create a risk environment for intimate-partner violence.(Pronyk, Hargreaves, Morrison, Kim)	2
Journal	2011	Comparison between how America and South Africa	The study looked at the economic impact on	2

		addresses gender violence and laws and the impact of these differences.	gender violence. (Goldscheid)	
Journal	2011	Cross –Sectional study of randomly selected sample of men	The study investigated the associations between intimate partner violence, rape and HIV among South African men (Jewkes, Sikweyiya, Morrell, Dunkle)	2
Journal	2012	Case study in two areas in Chatsworth, where civic organisations are playing a role at addressing violence in the community	Studied violence past apartheid and looked at the causes into Domestic Violence linking poverty, women’s marginalization and substance abuse as a major contributing factor (Goolam).	2
Journal	2011	2,120 men and women were surveyed that attended drinking establishments in the Western Cape	Study examined how pregnancy for both men and women was related to alcohol behaviours and intimate partner violence. (Eaton, Kalichman, Sikkema, Skinner, Watt, Pieterse & Pitpitan)	2
Newspaper articles	2013	Publication dates; newspaper names; authors	Numerous newspaper articles debating if Oscar Pistorius intended to kill his girlfriend Reeva Steenkamp and reasons for the killing.	2

Social Media (Twitter)	2013	#hernamewasReevaSteenkamp	I followed the twitter feeds with the # hernamewasReevaSteenkamp which was aimed to highlight the domestic violence issue in SA.	2
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