

## Original Paper

# Sadipath Identifier Instrument (SII): Further Development of the Construct of Sadipathy

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### Abstract

*The sadipath is the most extreme type of criminal offender. Traits and patterns characteristic of sadipaths include callousness, lack of remorse, lack of empathy, extreme violence, and taking pleasure in the pain and suffering of others. This study was designed to further develop the construct of sadipathy and to establish the utility and reliability of the Sadipathy Identifier Instrument (SII). This psychological instrument was designed to capture the patterns of traits, dispositions, and behaviors that would indicate a sadipathic profile. Data were collected from 2,157 respondents, which produced a consistent baseline pattern from the general population. Men had higher mean scores than women across all items in the instrument (e.g., using physical force against another person, not caring about the feelings of others, not being bothered by seeing other people in pain, etc.). Additional group differences were detected across the various scaled items (e.g., social class, ethnicity/race), but there was frequent overlap and reversing of mean scores across the items. Reliability analysis resulted in an overall consistency of .848. This suggests that the items in the instrument are measuring the same underlying construct (sadipathy) and that its overall internal reliability has met the acceptable scientific threshold. The overall findings from the study indicate that the vast majority of people in the general population have low mean scores on sadipathic traits, attitudes, and behaviors. This study may be of interest and value to professionals working in the areas of forensic psychology, criminal psychology, clinical psychology, criminal law, and criminology.*

### Keywords

*sadipathy, serial killers, Sadipath Identifier Instrument, sadistic offenders, forensic psychology, criminal psychology, criminology*

## 1. Introduction

The dark side of human behavior is arguably one of the most fascinating areas of academic study and clinical case analysis. Philosophers, psychologists, criminologists, psychiatrists, and just about every other professional field devoted to trying to understand human behavior, have long been interested in trying to make sense of deviant, criminal, and violent behavior. Human behavior ranges from the utmost acts of kindness and empathy, all the way to very disturbing and extreme acts of cruelty and viciousness. There has long been an attempt to capture the various patterns of human behavior into diagnostic categories. At the present time, there are a number of personality types and behavioral styles that are recognized as personality disorders. Within these various types of disorders are several that often involve behaviors that are considered harmful, aggressive, and even criminal. Two that stand out the most are Antisocial Personality Disorder (ASPD) and Narcissistic Personality Disorder (NPD). There are certainly other mental disorders that have some correlation with certain unhealthy, criminal, and/or dangerous behaviors (e.g., substance use disorder, schizophrenia), but none really reaches the level of the antisocial personality type.

Those that are deemed to have an “antisocial” personality are considered to be rule violators that tend to have little (or no) regard for the rights of others. Antisocial personality disorder captures a very wide range of behaviors, so many different types of individuals can be placed into that psychiatric category. There is a need to be more specific about certain kinds of offenders and their behaviors. Many of the people in prison are considered antisocial, but most of them did not violently sexually assault and kill their victims. There is a need to be more precise about the nature of the most extreme types of offending and the minds of those that commit these acts. Examples of these types of extreme offenders would include Jeffrey Dahmer, Dennis Rader, Ted Bundy, and Samuel Little (Berger, 2021). Within the concentrations of forensic psychiatry and clinical forensic psychology, there has long been a focus on criminal behavior that involves severe acts of violence and brutality. With this being the case, there is an important and ongoing need for the further development of proper constructs and instruments that effectively and reliably capture, elucidate, and characterize the most extreme types of criminal offenders.

This work views the sadipath as the most extreme and cruel-natured of offenders. At the present time, there have not been any instruments designed to specifically address this specific subset of the criminal population. Sadipaths are characterized by offenders that have no regard for the pain and suffering of their victims. These offenders actually experience affective pleasure when torturing, mutilating, and even killing their victims (Berger, 2019). The sexually sadistic serial killer is the prototypic example of the sadipath. This population is extremely difficult to study, for obvious reasons. No one even knows who these individuals are until they are captured by law enforcement. Many different kinds of hurdles and restrictions (which vary by state and facility) impede journalists and academics from being able to interview them (e.g., consent by the inmates, approval by prison officials, pending legal issues, laws

banning interviews). Collecting copious amounts of data directly from this small population is nearly (if not) impossible. With this, the research and development (e.g., of instruments) surrounding the construct of sadipathy is very challenging. This goal of this report is to further elaborate on the conception of sadipathy, to present an initial sadipathic instrument, and to compel further study into this specific criminal population.

## 2. Literature Review

In this presentation, the sadipath is regarded as the most vicious and violent of the diagnostic categories. According to Miller (2014a), the sadistic sexual homicide offender is the result of a combination of psychodynamic, neurobiological, and sociocultural factors that produces a motivationally driven offender that is driven by extreme sexual urges and aggression to achieve some level of satisfaction. Klaus et al. (2024) put forth that violent psychopathic offenders are driven by impulsivity and the need to commit aggressive acts. They found that these traits are correlated with abnormal cerebellar volume and deficiencies in subcortical regions. Examples of these neurological findings include reduced gray matter volume, differences in periaqueductal gray matter, cortical thinning, impaired white matter connections, and consistent findings concerning neuroanatomical differences in the vermis and right cerebellar hemisphere. Additional research has also put forth that the brains of violent and sadistic offenders differ from the norm, as seen with impaired prefrontal functioning (Herpertz & Saas, 2000), reduced amygdala volume, altered endocrine responses (e.g., cortisol, testosterone), reduced prefrontal cortex gray matter, and neurotransmitter dysregulation (e.g., serotonin, dopamine; Thompson et al., 2014), and brain abnormalities in the insular and striatum (De Brito et al., 2021). Weber et al. (2008) described a range of physiological abnormalities and differences in the brains of psychopathic offenders, such as hippocampal asymmetry, decrease in posterior hippocampal volume, and reduction in the volume of right temporal superior gyrus.

There are a range of traits and characteristics that typify the violent sadipathic offender. Psychopathic antisocial types are often described as having shallow affect, lacking in guilt and shame, callousness, impulsivity, being conning and manipulative, and being deficient in empathy (Thompson et al., 2014; Trivedi-Bateman & Crook, 2022; van Dongen, 2020). An example of this would be Charles Manson and his lifelong predisposition of lacking remorse and guilt for his behaviors (Lane, 2025). Morana et al. (2006) further described the violent psychopathic offender as narcissistic, extroverted, and thrill-seeking. They noted that psychopathic serial killers are typically insensitive to low levels of stimulation, often have extreme sexual perversions (including necrophilia and cannibalism), and experience pleasure through the suffering of others. Not all scholars view these types of offenders in the same way. For example, Gao and Raine (2010) noted that some psychopaths (“unsuccessful”) tend to have cognitive and emotional deficits, autonomic nervous system dysfunction, and have structural and functional brain impairments. Another type of psychopath (“successful”) described by Gao and

Raine, on the other hand, tend to have superior cognitive functioning, tend to be more intelligent, have enhanced neurobiological functioning, and achieve their goals in more covert ways.

Sadipathic offenders are typically self-centered, manipulative, and pathological liars. They are both physiologically and psychologically aroused by their brutal actions toward others (Berger, 2021). The most notorious and vicious serial killers meet the criteria for sadipathy (ex: Richard Ramirez, Samuel Little). Stone (2001) noted that Ted Bundy is a classic example of the sadistic serial killer, characterized by his lifelong lack of remorse and repeated and compulsive acts of sexual violence and desecration of his victims. The etiology of psychopathy and antisocial personality disorder is not fully understood. Most scholars and practitioners take the position that it is the result of a combination of factors that are not fully understood, such as biological, environmental, intellectual, cognitive, affective, cultural, motivational, psychological, and neurodevelopmental (Allely et al., 2014; Herpertz & Saas, 2000; Weber et al., 2008). There appears to be consistent findings that suggest that negative childhood and adolescent experiences (e.g., parental abuse, sexual abuse, trauma) also play a central role in subsequent sadistic and violent offending as an adult (Davidson et al., 2025; Spytka, 2024; Trivedi-Bateman & Crook, 2022). Patrick (2022) described in detail how psychopathic offenders generally present with impulsive and externalizing behaviors, as can be seen in their trait dispositions of meanness, disinhibition, and boldness. The author noted that these violent offenders often present with notable negative affect, such as anxiousness, mistrust, and chronic hostility.

Although there are different types of serial killers, most are solitary heterosexual males. The sadistic sexual homicide offender is the type that most often comes to mind when people think about these particular types of criminal offenders, which is often due to the media (Miller, 2014b), such as news coverage, television shows, and movies. As per the Federal Bureau of Investigation, serial murder is defined as three or more killings separated by time (Allely et al., 2014; Morana et al., 2006). It is believed that most of the killings are premeditated (Miller, 2014b) and are committed by those that live antisocial lifestyles and are psychopaths (Allely et al., 2014; Herpertz & Saas, 2000). It is estimated that around 1% of the general population, and around 25% of the prison population, are psychopaths (De Brito et al., 2021; van Dongen 2020). Thompson et al. (2014) noted that the range for psychopaths in the general population is between 0.6% and 4%. Treatment for psychopaths and sadipaths is challenging, as most are resistant (defiant) and recruiting subjects for clinical trials is arguably impossible (e.g., adequate sample sizes, random sampling). Although some researchers believe that treatment with this population is very difficult (e.g., De Brito et al., 2021; van Dongen, 2020), others argue that effective therapeutic interventions can have an impact on this particular violent and criminal population (e.g., Davidson et al., 2025; Spytka, 2024).

The construction of new testing instruments and assessments requires the establishment of both reliability and validity. According to Clark and Watson (2019) the primary goal of scale development is the creation of valid measures of underlying constructs. The researchers explained that sound

measurement is the product of proper item wording, proper item pooling, clear conceptualization of target constructs, unidimensionality, and having a legitimate sample. Simms (2008) built on this by adding that psychological scale construction is dependent on utilizing valid psychometric methods, proper execution, construct validity, structural validity, and proper item selection. Selecting the appropriate sample and being able to discern the hierarchical nature of psychological constructs is essential to the development of instruments. Reise (2000) described the importance of scale revision and refinement in the development of psychological instruments. Reise noted that exploratory factor analysis is a useful technique in scale development and that it is critical to determine the number of factors to retain (in the instrument) and to determine whether the new measure functions equivalently for different populations.

Establishing proper psychometrics is central to the creation of new psychological instruments. Establishing construct validity is critical to this process. This process involves defining constructs, creating scale items, assessing factor structure, and establishing content validation (Jebb & Tay, 2021). Construct validity is the extent to which an instrument assesses a construct of concern. According to Boateng et al. (2018) there are different types of validity and measures that are important to scale construction, such as convergent validity, discriminant validity, regression analysis, test-retest reliability, confirmatory factor analysis, item reduction analysis, content validity, and the use of correlational measures (e.g., Pearson's  $r$ , Cronbach alpha, Raykov's rho, Revelle's beta). The researchers further explained that content relevance, parsimony, and representativeness are all vital to scale development. Jebb and Tay (2021) put forth that the development and use of Likert scales provide a convenient way to measure unobservable constructs. This is typically achieved through self-reporting, use of proper theory, establishing valid constructs, and the testing of nomological relationships. Although researchers may be able to get away with having several hundred participants when establishing psychological instruments, having a sample size of 1,000 or more is considered excellent for most psychometric purposes (Boateng et al., 2018).

### 3. Methodology

Data for this study were collected via a quantitative survey instrument. Data were collected over a period of several years in order to ensure a robust sample size that would help to establish both stability and validity in the instrument and in the findings. The final sample size for this study was 2,157. Information was collected from participants through several means, such as face-to-face interviews, telephone interviews, and use of the Internet. All participants in this study were 18 years of age and older. No minors were included in this study. Consent to be included in this study was granted by the participants through their willingness to be interviewed and/or to fill out the survey. All surveys included were deemed to have been filled out in an honest and credible manner. Any survey that had more than three missing responses or that were deemed to have been filled out in a careless manner

were discarded. Participants for this study were recruited via convenience sampling, snowball sampling, and cohort/group sampling techniques. The purpose of the study was explained to each participant prior to filling out the instrument. If participants had any questions about the topic or survey items, those matters were addressed at that time (i.e., immediately prior to filling out the instrument, while filling out the instrument).

The final valid sample for gender consisted of 1,185 women (56%), 902 men (42.6%), and 30 respondents that identified as “other” (1.4%). Forty respondents (1.9% of the total sample) did not provide information on their gender. Of the respondents that provided information on their ethnicity/race, the majority identified as Hispanic ( $n = 1,318$ , 62.5%). This is in proportion with the population characteristics in the area where most of the data were collected (Los Angeles County, California), so this can be taken as representative of this region. The remainder of the sample consisted of White respondents ( $n = 412$ , 19.5%), Black respondents ( $n = 146$ , 6.9%), Asian respondents ( $n = 135$ , 6.4%), multi-racial respondents ( $n = 57$ , 2.7%), Middle Eastern respondents ( $n = 29$ , 1.4%), Native American respondents ( $n = 7$ , 0.3%), and Indian respondents ( $n = 4$ , 0.2%). Forty-nine participants (2.3% of the total sample) did not provide information on their ethnicity/race.

The valid average age of the final sample was 28.88 years ( $SD = 10.94$ ), with a median of 24 and a mode of 24. The majority of participants were 18 to 29 years of age ( $n = 1,509$ , 70.2%), followed by those in their 30's ( $n = 317$ , 14.7%), those in their 40's ( $n = 156$ , 7.3%), those in their 50's ( $n = 118$ , 5.5%), those in their 60's ( $n = 36$ , 1.7%), and those aged 70 and older ( $n = 14$ , 0.7%). Seven participants (0.3% of the total sample) did not provide information on their age. The sample range was 18 to 84 years of age. The largest social class category was working-class ( $n = 1,088$ , 52.2%). This was followed by middle-class ( $n = 681$ , 32.7%), lower-class ( $n = 248$ , 11.9%), and upper-class ( $n = 66$ , 3.2%). Seventy-four study participants (3.4% of the total sample) did not provide information on their social class.

The instrument developed for this study was the Sadipath Identifier Instrument (SII). This instrument consists of 15 Likert-type scale items ranging from 1 (strongly disagree), to 2 (disagree), to 3 (neutral), to 4 (agree), to 5 (strongly agree). Each item was designed to capture the general traits and attitudes of respondents in relation to the construct of sadipathy. Some items were also designed to capture the behavioral components of sadipathy. Higher scores on the items are indicative of the sadipathic mindset. Lower item scores are taken as indicating a personality type and behavioral disposition that is antithetical to the sadipath. That is, higher scores suggest a personality type that is more likely to display aggressive/violent, hostile, and deviant/criminal behaviors. Low scores across the scale items suggest a personality type and disposition that is non-violent, generally principled and conscientious, and empathic toward others. The instrument took less than 5 minutes to complete.

All tests were conducted by way of the statistical software program SPSS (version 29). Descriptive and inferential techniques were employed in order to test for group differences, to assist in making sense of

the scaled items, to help establish the reliability and validity of the instrument, and to further develop the core underlying construct (i.e., sadipathy). Tests of significance employed for the research include the analysis of variance (ANOVA) procedure, the independent samples *t*-test, Pearson's correlation, and reliability analysis. In order to make sense of the findings beyond mere statistical significance, various effect size tests and measures were also utilized (e.g., eta-squared, Cohen's *d*, Hedge's correction, Cronbach's alpha). Post hoc tests were also applied in order to help make sense of group differences (e.g., Tukey HSD, Scheffe, LSD, Sidak). All tests of significance were two-tailed and set at the standard 0.05 alpha level. Any probability (*p*) that was less than or equal to 0.05 was deemed to be statistically significant.

#### 4. Results

There were 15 scaled items on the instrument. The descriptive findings for the items are as follows: item 1 (watching horror movies) had a mean of 3.30 (SD = 1.47), item 2 (videos of people getting hurt is entertaining) had a mean of 2.08 (SD = 1.20), item 3 (dreams about harming others) had a mean of 1.44 (SD = 0.83), item 4 (funny when others are harmed) had a mean of 1.84 (SD = 1.06), item 5 (others in pain) had a mean of 2.02 (SD = 1.44), item 6 (others bleeding) had a mean of 2.33 (SD = 2.27), item 7 (degrading pornography) had a mean of 1.43 (SD = 0.91), item 8 (harmed another person) had a mean of 2.61 (SD = 1.46), item 9 (aggressive sexual behavior) had a mean of 2.32 (SD = 1.38), item 10 (fantasize of humiliating others) had a mean of 1.46 (SD = .91), item 11 (enjoy suffering of others) had a mean of 1.56 (SD = .98), item 12 (used physical force) had a mean of 2.44 (SD = 1.40), item 13 (violence does not bother) had a mean of 2.39 (SD = 1.29), item 14 (understand killing another) had a mean of 2.37 (SD = 1.37), and item 15 (not caring about others) had a mean of 1.83 (SD = 1.08). Every item in the instrument was positively correlated ( $p < .001$ ) with every other item. The only exception was between item 1 (enjoy watching horror movies) and item 8 (have harmed another), with  $r = .059$ ,  $p = .006$ . There were 105 significant bivariate correlations, suggesting that the items are addressing the same underlying construct (i.e., sadipathy) at higher scores and its opposite at lower scores. Examples of consistent positive correlations include: item 10 (fantasize about degrading others) and item 11 (enjoy suffering of others) had a correlation of .592, item 5 (seeing others in pain) and item 6 (seeing others bleeding) had a correlation of .619, item 2 (videos of others being hurt) and item 4 (funny when others are harmed) had a correlation of .616, item 7 (enjoy degrading pornography) and item 10 (fantasize about degrading others) had a correlation of .577, and item 5 (seeing others in pain) and item 13 (seeing violence) had a correlation of .523. The weakest bivariate correlations involved item 1 (enjoy watching horror movies) and item 8 (harmed another,  $r = .059$ ), item 9 (aggressive sexual behavior,  $r = .079$ ), item 10 (fantasize about degrading others,  $r = .090$ ), item 11 (enjoy suffering of others,  $r = .099$ ), item 12 (use of physical force,  $r = .106$ ), and item 14 (understand killing,  $r = .094$ ). Concerning gender differences, men had higher mean scores than women across all scaled items. Table

1 displays the results from independent samples *t*-tests comparing the attitudes, beliefs, and behaviors between men and women across the 15 items. For each mean and SD pairing below, the scores on the left are for the men and the scores on the right are for the women.

**Table 1. Gender Differences Between Men and Women on the Sadipathy Scaled Items**

| Men-Women | Means       | SDs         | t     | df   | Sig.   | Cohen's d |
|-----------|-------------|-------------|-------|------|--------|-----------|
| Item 1    | 3.49 & 3.14 | 1.38 & 1.51 | 5.47  | 2017 | < .001 | .239      |
| Item 2    | 2.48 & 1.75 | 1.27 & 1.04 | 13.98 | 1695 | < .001 | .638      |
| Item 3    | 1.59 & 1.32 | 0.95 & 0.70 | 7.03  | 1588 | < .001 | .324      |
| Item 4    | 2.15 & 1.59 | 1.14 & 0.91 | 11.85 | 1682 | < .001 | .540      |
| Item 5    | 2.38 & 1.73 | 1.18 & 1.02 | 13.28 | 1774 | < .001 | .599      |
| Item 6    | 2.56 & 2.07 | 1.34 & 1.25 | 8.55  | 1859 | < .001 | .382      |
| Item 7    | 1.62 & 1.27 | 1.04 & 0.73 | 8.66  | 1528 | < .001 | .402      |
| Item 8    | 2.93 & 2.35 | 1.39 & 1.36 | 9.14  | 1935 | < .001 | .406      |
| Item 9    | 2.47 & 2.21 | 1.07 & 0.82 | 4.15  | 1906 | < .001 | .185      |
| Item10    | 1.59 & 1.36 | 1.44 & 1.30 | 5.55  | 1687 | < .001 | .253      |
| Item11    | 1.75 & 1.40 | 1.28 & 1.16 | 8.31  | 1678 | < .001 | .381      |
| Item12    | 2.86 & 2.12 | 1.44 & 1.30 | 12.07 | 1813 | < .001 | .543      |
| Item13    | 2.88 & 1.99 | 1.28 & 1.16 | 16.35 | 1831 | < .001 | .733      |
| Item14    | 2.68 & 2.13 | 1.40 & 1.30 | 9.14  | 1845 | < .001 | .409      |
| Item15    | 2.08 & 1.63 | 1.15 & 0.98 | 9.27  | 1753 | < .001 | .420      |

Testing across ethnicity/race on the scaled items revealed a significant number of group differences. For each pairing of groups presented, the group on the left had a higher mean score than the group to its right. Examples of group differences include item 7 (watching degrading pornography),  $F(7, 2085) = 4.54$ ,  $p = < .001$ ,  $\eta^2 = .015$ . Group differences on this item include White-Hispanic (LSD =  $< .001$ ), Hispanic-Asian (LSD = .034), Middle Eastern-Hispanic (LSD = .016), and Middle Eastern-Native American (LSD = .046). Item 8 (harmed another) resulted significant group differences,  $F(7, 2074) = 2.39$ ,  $p = .020$ ,  $\eta^2 = .008$ . Group differences detected on this item include Asian-Middle Eastern (LSD = .004), Black-Indian (LSD = .033), Asian-Indian (LSD = .037), Hispanic-Middle Eastern (LSD = .020), White-Middle Eastern (LSD = .007), White-Indian (LSD = .050), Black-Middle Eastern (LSD = .003). Item 8 (aggressive sexual behavior) resulted in significant groups differences,  $F(7, 2067) = 3.68$ ,  $p = < .001$ ,  $\eta^2 = .012$ . Examples of group differences on this item include White-Hispanic (LSD =  $< .001$ ), White-Asian (LSD = .029), and White-Multi (LSD = .035).

Item 10 (fantasizing about degrading others) result in significant group differences,  $F(7, 2086) = 6.45$ ,  $p = < .001$ ,  $\eta^2 = .021$ . Multiple group differences were detected on this item, such as White-Hispanic

(LSD = < .001), Asian-Hispanic (LSD = .002), Middle Eastern-Hispanic (LSD = < .001), Middle Eastern-White (LSD = .018), Middle Eastern-Asian (LSD = .024), Middle Eastern-Native American (LSD = .048), and Middle Eastern-Black (LSD = .004). Item 11 (enjoying the suffering of others) resulted in the following significant finding,  $F(7, 2096) = 3.53$ ,  $p = < .001$ ,  $\eta^2 = .012$ . Examples of group differences on this item are White-Hispanic (LSD = .002), Black-Hispanic (LSD = .009), Asian-Hispanic (LSD = .005), Middle Eastern-Hispanic (LSD = .002). Item 12 (use of physical force) resulted in significant groups differences,  $F(7, 2087) = 4.49$ ,  $p = < .001$ ,  $\eta^2 = .015$ . Examples of detected group differences are White-Hispanic (LSD = .023), Black-White (LSD = .002), Black-Asian (LSD = < .001), Black-Middle Eastern (LSD = .010), and Black-Indian (LSD = .040).

Item 13 (not being bothered by seeing violence) resulted in significant group differences,  $F(7, 2092) = 3.55$ ,  $p = < .001$ ,  $\eta^2 = .012$ . Groups differences detected on this item include Black-Hispanic (LSD = < .001), Black-White (LSD = .004), Black-Asian (LSD = < .001), Black-Middle Eastern (LSD = .040), and Black-Indian (LSD = .044). Item 14 (understanding killing another) also result in group differences,  $F(7, 2086) = 2.17$ ,  $p = .034$ ,  $\eta^2 = .007$ . Group differences detected on this item include White-Hispanic (LSD = .022) and Black-Hispanic (LSD = .002). Item 15 (not caring about others) produced significant group differences for multiple groups,  $F(7, 2089) = 2.28$ ,  $p = .026$ ,  $\eta^2 = .008$ . Examples of some of the group differences detected are Black-Hispanic (LSD = .006), Black-White (LSD = .011), Black-Multi (LSD = < .001), Hispanic-Multi (LSD = .014), Middle Eastern-Multi (LSD = .041), Asian-Multi (LSD = .028), and White-Multi (LSD = .019). Analysis of variance tests revealed additional group differences across groups and instrument items (e.g., item 5—seeing others in pain, item 6—seeing others bleeding), but what has been presented will suffice for ethnic/race differences.

Analysis of variance testing revealed a range of social class group differences across the scaled items. As before, for each paired group difference the group on the left had higher mean scores than the group to its right. Item 1 (horror movies) testing resulted in significant group differences,  $F(3, 2078) = 6.21$ ,  $p = < .001$ ,  $\eta^2 = .009$ . Class differences detected on item 1 include working-middle (Tukey HSD = .003), working-upper (Sidak = .028), and working-lower (LSD = .030). Class differences were detected on item 3 (dreams of harming others),  $F(3, 2076) = 6.04$ ,  $p = < .001$ ,  $\eta^2 = .009$ . Class differences on this item involve upper-working (Tukey HSD = .002), upper-middle (Tukey HSD = < .001), lower-middle (LSD = .021), and upper-lower (LSD = .021). Analysis on item 4 (funny when others are harmed) resulted in significant group differences,  $F(3, 2076) = 3.67$ ,  $p = .012$ ,  $\eta^2 = .005$ . Class differences detected were lower-middle (LSD = .010), working-middle (LSD = .016), and upper-middle (LSD = .035). Testing on item 5 (seeing others in pain) resulted in the following significant group difference,  $F(3, 2074) = 3.56$ ,  $p = .014$ ,  $\eta^2 = .005$ . Social class differences include upper-lower (Sidak = .005), upper-working (Tukey HSD = .045), and upper-middle (LSD = .011).

Testing on item 11 (enjoy suffering of others) resulted in significant group differences,  $F(3, 2075) = 3.49$ ,  $p = .015$ ,  $\eta^2 = .005$ . Social class differences detected on this item include upper-working (Scheffe

= .028), upper-middle (Scheffe = .029), and upper-lower (LSD = .030). Analysis of variance testing on item 12 (use of physical force) resulted in significant findings,  $F(3, 2065) = 4.90$ ,  $p = .002$ ,  $\eta^2 = .007$ . Group differences detected on this item include upper-middle (Tukey HSD = .030), upper-middle (Scheffe = .016), and lower-middle (LSD = .011). Testing on item 15 (not caring about others) resulted in significant group differences,  $F(3, 2068) = 3.19$ ,  $p = .023$ ,  $\eta^2 = .005$ . Class differences detected on instrument item 15 are lower-working (LSD = .038), upper-working (LSD = .015), and upper-middle (LSD = .024).

Reliability analysis included 93.9% ( $n = 2,025$ ) of the total sample. As covered above, the inter-item correlation matrix showed that every item was significantly correlated with every other item in the instrument. All correlations (with the exception of one,  $p = .006$ ) were positively correlated at  $p = <.001$ . The average item mean was 2.093, with an average variance of 1.447. The item with lowest mean score was item 7 (watching degrading/humiliating pornography,  $M = 1.423$ ,  $SD = .904$ ). The item with the highest mean score was item 1 (enjoy watching horror movies,  $M = 3.291$ ,  $SD = 1.467$ ). The average inter-item correlation was .292, with a minimum of .062 and a maximum of .618. The mean sum of the 15 items is 31.39, with a sum standard deviation of 10.203. Cronbach's alpha ( $\alpha$ ) was computed at .848, with a standardized alpha of .861. Table 2 presents the item-total statistics for the 15 scaled items on the instrument. Column A represents the scale mean if the item is deleted. Column B represents the scale variance if the item is deleted. Column C represents the corrected item-total correlation. Column D represents the squared multiple correlation. Column E represents Cronbach's alpha if the item is deleted.

**Table 2. Reliability Analysis: Item-Total Statistics for Sadipath Identifier Instrument**

| Sadipath Items | A     | B      | C    | D    | E ( $\alpha$ ) |
|----------------|-------|--------|------|------|----------------|
| Item 1         | 28.10 | 95.375 | .230 | .082 | .856           |
| Item 2         | 29.30 | 89.340 | .580 | .440 | .833           |
| Item 3         | 29.95 | 95.161 | .504 | .327 | .839           |
| Item 4         | 29.54 | 89.681 | .655 | .530 | .830           |
| Item 5         | 29.37 | 90.273 | .578 | .503 | .834           |
| Item 6         | 29.09 | 90.185 | .487 | .433 | .838           |
| Item 7         | 29.97 | 94.722 | .487 | .399 | .839           |
| Item 8         | 29.81 | 92.209 | .355 | .223 | .848           |
| Item 9         | 29.08 | 93.006 | .348 | .177 | .847           |
| Item 10        | 29.94 | 94.343 | .517 | .497 | .838           |
| Item 11        | 29.84 | 92.290 | .599 | .487 | .834           |
| Item 12        | 29.95 | 88.926 | .497 | .340 | .838           |
| Item 13        | 29.00 | 87.328 | .624 | .452 | .830           |

|         |       |        |      |      |      |
|---------|-------|--------|------|------|------|
| Item 14 | 29.01 | 89.279 | .499 | .293 | .838 |
| Item 15 | 29.56 | 93.012 | .473 | .263 | .839 |

## 5. Discussion

This study set out to further study and develop the construct of sadipathy. The intent of the study was to collect data across a large sample from the general population that would allow for a baseline understanding of where the average person resides on traits, attitudes, and characteristics deemed to be associated with sadipathic tendencies. An additional goal of the study was to further develop a psychological instrument (i.e., Sadipathy Identifier Instrument) designed to assist in the identification and assessment of certain personality dispositions and behaviors. Data were collected from a large sample of 2,157 participants, which allowed for discernible and stable trends to be detected across responses and instrument items. The development of valid and reliable psychological instruments depends upon several key factors, such as proper conceptualization and execution, adequate sampling, and proper pooling and wording of instrument items (Clark & Watson, 2019; Reise et al., 2000; Simms, 2008).

In order to properly develop instruments that measure the constructs of interest it is essential to capture baseline patterns that help to distinguish those in the general population from those that actually have the personality styles, traits, behaviors, and/or mental disorders of interest. For example, in order to understand depression, it is necessary to distinguish between those that have depression and those that do not (i.e., the general population). In order to diagnose any mental disorder or condition it is necessary to have certain criteria, which are typically indicated by specific symptoms, traits, and behaviors. Properly developing and measuring the constructs of interest is vital to psychological and behavioral assessment. As per Boateng et al. (2018) and Jebb and Tay (2021), valid psychometric and scale construction depends on creating instruments that accordingly assess and measure the constructs purportedly being measured. The items in the Sadipathy Identifier Instrument were created after many years of study and intense review of the literature focused on certain types of extreme violent behaviors, criminal offending, and specific psychopathologies.

Specific types of offenders and behaviors most relevant to the development of the construct of sadipathy and the Sadipathy Identifier Instrument would include serial killers, sadistic sexual offenders, antisocial personalities, and psychopaths (De Brito et al., 2021; Miller, 2014b; van Dongen, 2020). The most extreme offenders tend to lack guilt or remorse for their behaviors, lack empathy, are callous, and often display a level of impulsivity (Berger, 2021). These types of offenders also experience positive affect at the suffering of others, regularly violate social norms, are chronic liars, and are conning and manipulative (Berger, 2019; Davidson et al., 2025; Thompson et al., 2014). The items on the instrument were developed in an attempt to try and indirectly capture the mindsets and dispositions of those that may scale high on sadipathic traits and tendencies, as well as to capture the mindsets and dispositions

of those that score low on these particular traits and tendencies.

One of the most evident findings from the study concerns the consistently higher mean scores for men across the sadipathic items on the instrument. Men had higher overall scores for each of the 15 items, which would be in accord with what is known about gender differences in violent offending, homicide, and sexual assault. Men are more likely to be diagnosed as antisocial personalities and to be identified as psychopaths than are women (e.g., Klaus et al., 2024; Morana et al., 2006). Well-known examples of notorious serial killers and antisocial personalities are Jeffrey Dahmer, Ted Bundy, and Charles Manson (Allely et al., 2014; Lane, 2025; Stone, 2001). This is not to say that women cannot fit the description and criteria of a sadipath, as some clearly do (e.g., Aileen Wuornos, Juana Barraza, Joanna Dennehy), it is just that they are much less likely to meet the criteria for this particular extreme psychopathology. The men in study did not consistently score high on the items, which would suggest sadipathic tendencies. The average scores for the men generally fell between 2 and 3 on the scale, suggesting general disagreement to neutrality on most of the items. Again, the purpose of the study was not to test and assess actual sadipaths, but rather to capture patterns across the general population. The findings from this study do seem to support the general findings in psychology and criminology that men, taken as a group, are more likely to have attitudes and to engage in behaviors that are more callous, lacking in empathy, and more violent than women in general.

Although there were many differences detected across ethnicity/race and social class, there were no clear patterns across all of the items. On some items certain groups had higher mean scores, whereas their scores were lower across other items. On some items certain groups appeared to scale notably higher than the other groups (e.g., aggressive sexual behavior and White respondents, using physical force/not being bothered by seeing violence and Black respondents, seeing others in pain/enjoy suffering of others and upper-class respondents). Overall, though, there was much overlap, reversing across item mean scores, and statistically insignificant group differences to be able to confidently state that any particular ethnic/racial or social class group displays higher sadipathic tendencies than all the others.

Each of the 15 items on the instrument significantly correlated with every other item. This is an important criterion for establishing both construct validity and instrument reliability (Clark & Watson, 2019; Jabb & Tay, 2021). Reliability analysis revealed that the overall instrument had an average inter-item correlation of .292. Cronbach's alpha was .848, which suggests that the instrument scales are measuring the same construct and that there is stable internal consistency across the items. According to Boateng et al. (2018) any alpha coefficient 0.70 or greater is considered an acceptable threshold for reliability. An alpha of .848 suggests good internal consistency and is considered suitable for research purposes and scale development.

There was only one item in the instrument that may be a candidate for removal. Item 1 (enjoy watching horror movies) had the highest overall mean score of 3.30. Item 1 had the highest overall mean score

for both men ( $M = 3.49$ ) and women ( $M = 3.14$ ). None of the other items had a mean score that reached 3 (a neutral response). This suggests that most of the respondents tended to disagree with what the items were stating. Removal of item 1 would increase alpha to .856. This is not a significant increase from .848, so removing it may not be of any statistical benefit to the instrument. Item 1 also only has a corrected item–total correlation with the other 14 items of .230. The other items have corrected item–total correlations that range between .348 up to .655, so this may be something to further assess and take into consideration from a theoretical and conceptual perspective in future research.

In the final analysis, the study has produced useful data that helps to make better conceptual sense of the construct of sadipathy. The findings demonstrate that the Sadipath Identifier Instrument is a reliable tool that produces consistent results across the general population. Future research could focus more directly on criminal and offending populations. This could serve to produce higher overall mean scores across items and to further assist in establishing construct validity (e.g., higher scores indicate increased sadipathic traits and behavioral tendencies). Collecting data specifically from criminal populations (e.g., violent offenders, serial killers) would be challenging for various reasons but it would help to further establish the utility of the instrument. Further research could also focus more on specific populations in order to better understand both high and low tendencies toward sadipathy (e.g., people under the age of 30 are more likely overall to be violent, to be active in street gangs, to go to prison for homicide etc.). This study has helped to further develop the construct of sadipathy and has brought forth an emerging instrument that may be of use across various professional settings and academic fields (e.g., forensic psychology, clinical psychology, criminology).

The findings from this study show that those in the general population do not typically display a pattern of traits, dispositions, or behaviors that would indicate a sadipathic profile. This is to be expected, as low scores on the Sadipath Identifier Instrument would indicate the opposite (e.g., having empathy for others, feeling remorse for one's actions, treating others with respect, etc.). High overall scores on the instrument suggest something very different. This study may be of use to those embarking on research with certain clinical and criminal populations. The findings may also be of use to those working in various applied settings (e.g., jails, prisons, legal cases, addiction treatment). The construct of sadipathy is still emerging. Further psychological research and clinical integration will help to better establish its conceptual capacity and its overall applicability.

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