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Systemic Review Article

Assessment of the Behavioral Profile of Serial Killers Across Various Continents in the 19th, 20th and 21st Centuries: A Systemic Review

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Abstract

The study will utilize a qualitative approach to analyse various case studies of serial killers from Asia, Europe and America, exploring their backgrounds, motives, and patterns of behaviour. The findings of the systematic review will help to shed light on the psychological and social factors that contribute to the emergence of serial killers, including childhood experiences, mental illness, and societal pressures. The study will also consider the impact of social and cultural factors on the development of serial killers and violent offenders. Overall, the research aims to provide an insight into the complex phenomenon of serial killing and contribute to the development of more effective prevention and intervention strategies. The present systemic review aims to examine the behavioural profile of serial killers in the 19th, 20th and 21st centuries and provide usable analytical results.

1. Introduction

There is likely a complex interplay of genetic, hormonal (specifically testosterone), and environmental factors that contribute to the development of serial killers.^{1,2} While there is evidence to suggest that certain genetic and hormonal factors, particularly high levels of testosterone or brain lesions, may increase the likelihood of violent behaviour, it is not sufficient on its own to cause someone to become a serial killer. Environmental factors such as childhood trauma, exposure to violence, and social influences such as media and peer groups may also play a significant role.^{3,4} Continuous research into the

various factors that contribute to the development of serial killers may help to identify individuals who are at risk and prevent future incidents. The present systemic review aims to assess the behavioural profile of serial killers in the 19th, 20th and 21st centuries and provide usable analysis.

2. Rationale:

The following are some of the uses of this study:

1. Forensic Purposes:

- Understanding the behavioural patterns and motives of serial killers can assist forensic experts in creating offender profiles, which

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can aid in the identification and apprehension of perpetrators.

- Knowledge of the psychological factors underlying serial killings can help forensic psychologists and psychiatrists in evaluating suspects, determining their mental state, and providing expert testimony in court proceedings.

2. Investigative Purposes:

- Insights into the backgrounds, motives, and behavioural characteristics of serial killers can assist law enforcement agencies in conducting more targeted and efficient investigations.
- Recognizing the warning signs and red flags associated with serial killers can help investigators identify potential suspects early in their criminal activities, potentially preventing further victimization.

3. Mental Health Purposes:

- Understanding the psychological and social factors contributing to the emergence of serial killers can inform mental health professionals' efforts in assessing and treating individuals at risk of engaging in violent behaviour.
- Knowledge of the developmental pathways and underlying psychopathology of serial killers can aid mental health practitioners in designing targeted interventions and treatment programs aimed at reducing the risk of future violence.

2. Methodology:

Systemic reviews seek to collate evidence that fits pre-specified eligibility criteria.⁵ The serial killers within the timespan of crime ranging from the year 1891 to the year 2017 were selected by random sampling from various sources like research articles, case studies and court verdicts (**Table 1**). Information about physiological factors, childhood, parental influence, paraphilias, impulsive urges, psychosexual thrill, narcissism, double lives, manipulative capacity and substance abuse was collected.

The study will employ both qualitative and quantitative approaches to analyse various case studies of serial killers, delving into their backgrounds, motives, and behavioural patterns. By conducting a systemic review, the research aims to illuminate the psychological and social factors underlying the emergence of serial killers, including childhood experiences, mental illness, and societal pressures. Additionally, the study will explore the influence of social and cultural factors on the development of serial killers and violent offenders.

The present research also contains arrest records of over 100 serial killers, which have been included in Pie Chart No. 1. These have been selected at random to find the probability of a serial killer to have been arrested prior to their killing spree.

Out of these 100, 47 killers have been selected for an in-depth analysis.

Inclusion Criteria:

1. The criminal must have committed at least two murders.
2. The criminal must be convicted and sentenced by the court of law in context to the serial killings.
3. The serial killers within the timespan of crime ranging from the year 1891 to the year 2017 were selected by random sampling.

Exclusion Criteria:

1. Incomplete information about physiological factors, childhood, parental influence, paraphilias, impulsive urges, psychosexual thrill, narcissism, double lives, manipulative capacity and substance abuse.
2. Unidentified killers or cold cases.

3. Observations

To assess the different behavioural patterns in these criminals, the following data has been collected from the various verdicts of convicted serial killers across the Asian, American and European continents. Most killers see violence and rape as a way of “venting” their repressed emotions and bizarre sexual fantasies. These killers have an interest in conducting various sexual and mutilating experiments on inanimate objects in early childhood, and on animals during their teenage years. They often claim to have been made killers due to “disappointment, contempt, and disdain” from their family members, usually mothers or abusive fathers/stepfathers.^{4,6}

Paraphilias refer to sexual desires or behaviours that deviate from societal norms or expectations, often involving unconventional objects, activities, or situations.^{7, 8, 9,10,11,12} In the context of serial killers, paraphilias play a significant role in shaping their fantasies, desires, and motivations for committing heinous crimes. These individuals may experience intense and persistent sexual urges that are associated with specific paraphilic interests, such as sadism, necrophilia, or voyeurism. Paraphilias can further be classified into pre and post mortem paraphilias. In the case of pre mortem paraphilias, the killers enjoy torturing their victims and are, by

definition, sadists. In the case of post mortem paraphilias, however, we observe that the killing simply serves as the means to an end (in this case, the acquisition of a body). The actual enactment of the paraphilia begins after the victim is dead.

Some serial killers may experience sudden, intense urges to kill that they feel compelled to act on immediately.^{13, 14} These impulses may be associated with abnormal changes during post-puberty or childhood trauma. Additionally, exposure to violent materials, such as guns and knives, and familial circumstances such as divorce or abuse by step-parents may contribute to the development of these impulses. Prior history of sexual offenses may also be a risk factor.^{15,16, 17} Some serial killers tend to revisit their crime scenes, potentially to “relive” the experience of the kill, often for psychosexual reasons.^{18,19} They exhibit narcissistic behaviour and an unexplained attraction to fame, frequently following their own case investigations and taunting law enforcement and the media by writing letters, typically using a signature name and symbol. Serial killers may also take souvenirs or keepsakes from their crime scenes. Some killers have a “God” complex, which means they believe they are above others and have the right to decide who lives and dies.^{20,21} They firmly believe in this ideology and may use it to justify their actions.

Many serial killers lead “double lives” and masquerade in society with two completely contrasting personalities.^{13,18} This skill is mastered by several psychopaths to make themselves appear “normal” and avoid suspicion. Some serial killers are able to use their charm and manipulation skills to gain the trust of others, making it easier for them to carry out their crimes.^{14,22,23,24} Ted Bundy is a prime example of a killer who was able to use his good looks and charming personality to lure victims to their deaths. Substance abuse plays a significant role in the behaviour of some serial killers, contributing to the escalation and intensity of their violent actions.^{25,26} Alcohol and drugs can impair judgment, lower inhibitions, and increase aggression, making individuals more prone to acts of violence and murder.

4. Discussion

The aim of this discussion is to isolate, summarise and present as many factors as possible that could lead to the development of such violent behaviour. Out of the following ten criteria, at least one (and almost always more than one) have been

observed in all the cases studied so far. Hormonal imbalances and brain abnormalities could potentially contribute to the development of serial killers. Specifically, high levels of testosterone, scarring, injury or lesions to the frontal and temporal lobes, and conditions like schizophrenia have been found to contribute to violent and antisocial behaviour. Although these are the rarest of all discussed factors, these anomalies must be taken into consideration while investigating serial homicide. Traumatic events during childhood, such as physical, emotional, and sexual abuse, neglect, and exposure to violence, could lead to the development of serial killers. These experiences can lead to feelings of anger, mistrust, and an inability to form healthy relationships.

Poor parental role models, absent or neglectful parents, and overbearing or controlling parents may contribute to the development of serial killers. This can lead to feelings of isolation, rejection, and a lack of empathy or compassion for others. Some individuals may have persistent fantasies related to killing, often associated with sexual gratification. They might also exhibit unusual sexual desires, including (but not limited to) sadism, masochism, voyeurism, frotteurism, transvestism, fetishism, paedophilia and exhibitionism. Other less common fantasies include necrophilia, cannibalism and coprophilia. These fantasies may become more frequent and intense over time, leading to the desire to act them out in reality.

Some people may experience sudden, intense urges to kill that they feel compelled to act on immediately. These impulses may be associated with abnormal changes during post-puberty or childhood trauma, exposure to violent materials, familial circumstances such as divorce or abuse by step-parents, and prior history of sexual offenses. Some serial killers tend to go back to their crime scenes to “relive” the experience of the kill, often for psychosexual reasons. They display narcissistic behaviour and an unexplained attraction to “fame”, usually following up on their own case investigations and writing taunting letters to the police and media, usually claiming a signature name and a sign. They might fake conditions like schizophrenia or psychosis and take a souvenir from the crime scene.

Many killers are associated with a “God” complex, which is a classical trait of narcissistic personalities. They believe themselves to be above everybody else, and think that they get to decide who lives and who dies. Many serial killers lead “double

lives" and masquerade in society with two completely contrasting personalities. This skill is mastered by several psychopaths to make themselves appear "normal" and avoid suspicion. Some serial killers are adept at using their charm and manipulation skills to gain the trust of others, which helps them carry out their crimes. This ability to manipulate may be a key factor in their success as serial killers, and they may use it not only to lure victims but also to evade capture and prosecution.

Substance abuse is a common factor in many (but not all) violent offenders, particularly because alcohol and drugs lower inhibitions, increase aggression and suppress any feelings of guilt or remorse, further aggravating a person's violent or paraphilic tendencies. In general, we observe that physiological factors, childhood trauma, parental influence and inherent narcissism (either vulnerable or grandiose) serve as the causes of a deviant or violent mindset, along with undue exposure to violent or pornographic material. On the other hand, paraphilias and psychosexual thrill determine the nature of the crime. Manipulation, substance abuse, and leading double lives serve only as tools for these killers to get what they want.²⁷ Forensic neuroscience may play a pivotal role to develop and refine etiological models of crime-related behaviours.²⁸ Additionally, history of previous crimes i.e. criminal

records, also give us significant information about the nature of an individual. Several serial killers were arrested prior to their killing sprees on a number of different charges, as evidenced later (**Chart 1**). So, the observation is that they were released from prison (presumably, following a psychiatric evaluation), and yet, their antisocial behaviour either went unnoticed, or was largely ignored. **Chart 2** shows prevalence of the various factors in the 47 cases listed in **Table 1** with factors in **table 2**.

Chart 1: Given below is a chart, depicting a distribution of 100 serial killers, and whether or not they were arrested prior to their killing spree

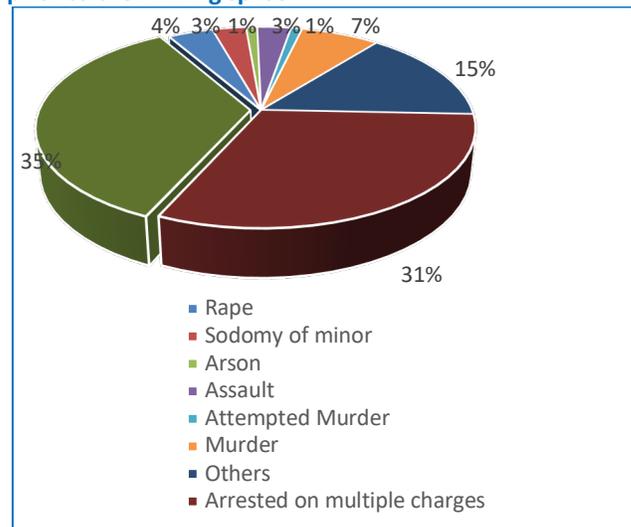


Table No. 1: Information of the psychological patterns of 47 selected serial killers

| Name of killer | Factors observed | Years active | Arrested prior to killings? |
|-------------------------|--------------------------------|--------------|-----------------------------|
| 1. H.H. Holmes | 4B, 7B, 8, 9 | 1891–1894 | No |
| 2. Charles Panzram | 2A, 3A, 4A, 5, 7A, 9, 10 | 1899–1929 | Yes |
| 3. Fritz Haarmann | 3B, 4A, 6, 7B, 8, 9 | 1918–1924 | Yes |
| 4. Albert Fish | 1, 2A, 3A, 4A, 4B, 5, 6, 7A, 9 | 1924–1932 | Yes |
| 5. Earle Nelson | 1, 3A, 4B, 9 | 1926–1927 | Yes |
| 6. Ed Gein | 1, 3A, 4B, 5 | 1947–1957 | No |
| 7. Donald Henry Gaskins | 2A, 3A, 4A, 5, 7A, 9 | 1953–1982 | Yes |
| 8. Patrick Kearney | 2A, 3B, 4A, 4B, 9 | 1962–1977 | No |
| 9. Edmund Kemper | 3A, 4A, 4B, 5, 6, 7A, 9 | 1964–1973 | Yes |
| 10. Richard Speck | 1, 2A, 3A, 4A, 5, 7A, 9, 10 | 1966 | Yes |
| 11. Richard Cottingham | 2A, 4A, 6, 7B, 8, 9 | 1967–1980 | Yes |
| 12. Jerry Brudos | 2A, 3A, 4A, 4B, 5, 6, 7A, 8, 9 | 1968–1969 | Yes |
| 13. Rodney Alcala | 2B, 4A, 4B, 6, 7B, 8, 9 | 1968–1979 | Yes |
| 14. Pedro Lopez | 2A, 3A, 4A, 5, 6, 7A, 9, 10 | 1969–1980 | Yes |
| 15. Dean Corll | 3B, 4A, 6, 7B, 9 | 1970–1973 | No |
| 16. Donald Harvey | 2A, 4A, 5, 7A, 9 | 1970–1987 | No |
| 17. Samuel Little | 2B, 3A, 4A, 4B, 5, 6, 7A, 9 | 1970–2005 | Yes |
| 18. Juan Corona | 4A, 4B, 5, 6, 9 | 1971 | No |
| 19. Randy Kraft | 2B, 3A, 4A, 5, 6, 7B, 8, 9, 10 | 1971–1983 | No |

| | | | |
|---------------------------|---------------------------------|------------|-----|
| 20. Robert Hansen | 2A, 3A, 4A, 5, 6, 7A, 8, 9 | 1971–1983 | Yes |
| 21. John Wayne Gacy | 2A, 3A, 4A, 6, 7A, 8, 9 | 1972–1978 | Yes |
| 22. Arthur Shawcross | 1, 2A, 3A, 4A, 4B, 5, 6, 7A, 9 | 1972–1989 | Yes |
| 23. Theodore Bundy | 4A, 4B, 5, 6, 7B, 8, 9 | 1974–1978 | No |
| 24. Carl Watts | 4A, 5 | 1974–1982 | No |
| 25. Joseph DeAngelo | 2A, 3A, 4A, 6, 7A, 8, 9 | 1974–1986 | No |
| 26. Daniel Barbosa | 2A, 3A, 4A, 7A, 9 | 1974–1986 | Yes |
| 27. Dennis Rader | 3B, 4A, 4B, 6, 7A, 8, 9 | 1974–1991 | No |
| 28. Peter Sutcliffe | 3A, 4A, 4B, 5, 6, 7A, 8, 9 | 1975–1980 | No |
| 29. Harold Shipman | 3B, 7B, 9 | 1975–1998 | No |
| 30. David Berkowitz | 1, 3B, 4A, 6, 7B, 9 | 1976–1977 | No |
| 31. Montie Rissell | 3A, 4A, 5, 7A | 1976–1977 | Yes |
| 32. Richard Chase | 1, 2A, 4B, 5, 10 | 1977–1978 | No |
| 33. Dennis Nilsen | 2A, 4B, 5, 9, 10 | 1978–1983 | No |
| 34. Andrei Chikatilo | 2A, 3A, 4A, 4B, 5 | 1978–1990 | Yes |
| 35. Jefferey Dahmer | 2A, 3A, 4B, 9, 10 | 1978–1991 | Yes |
| 36. Gary Ridgway | 2A, 3A, 4A, 4B, 5, 8, 9 | 1982–1998 | Yes |
| 37. Robert Pickton | 2A, 3A, 4A, 5, 7A, 9, 10 | 1983–2002 | Yes |
| 38. Richard Ramirez | 1, 2B, 4A, 4B, 5, 7A, 10 | 1984–1985 | No |
| 39. Larry Gene Bell | 4A, 6, 7B, 9 | 1985 | No |
| 40. Lee Choon Jae | 2A, 4A, 5, 6, 7B, 8, 9 | 1986–1994 | No |
| 41. Gary Heidnik | 2A, 3A, 4A, 4B | 1986–1987 | Yes |
| 42. Aileen Wuornos | 2A, 3A, 4A, 5, 7A, 10 | 1989–1990 | Yes |
| 43. Luis Garavito | 2A, 3A, 4A, 4B, 5, 6, 7A, 9, 10 | 1992– 1999 | No |
| 44. Alexander Pitchushkin | 1, 2A, 3A, 4A, 7A, 9 | 1992–2006 | No |
| 45. Mikhail Popkov | 3A, 4A, 4B, 5, 7A, 8, 9 | 1992– 2010 | No |
| 46. Israel Keyes | 2A, 3A, 4A, 7A, 8, 9 | 2001– 2012 | Yes |
| 47. Bruce McArthur | 2A, 3A, 4A, 7A, 9 | 2012– 2017 | Yes |

Chart No. 2: Shows prevalence of the various factors in the 47 cases listed in Table No.1.

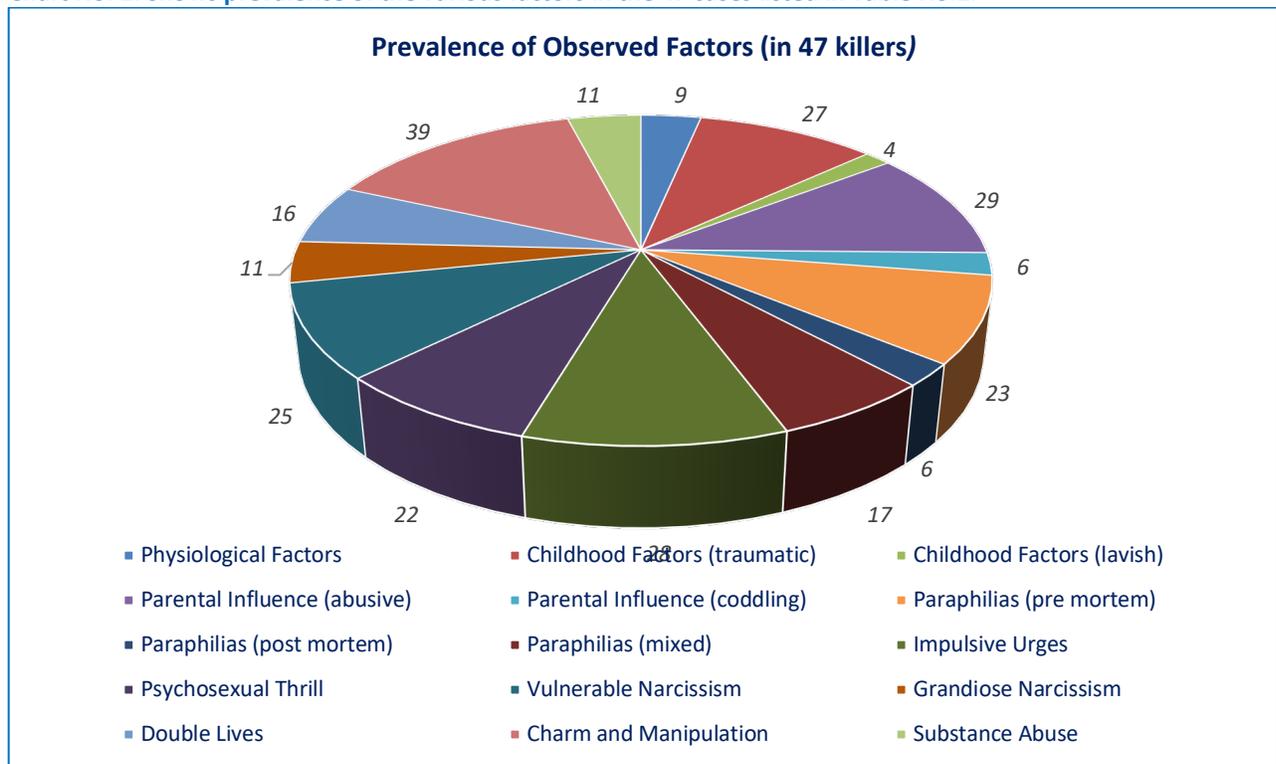


Table No. 2: Shows the factors listed in Table No. 1.

| Factor number | Factor name |
|---------------|--|
| 1 | Physiological Factors |
| 2A | Childhood (A) – Abuse by relatives, bullying, mockery, etc. |
| 2B | Childhood (B) – Lavish social life, popularity, bad influences, etc. |
| 3A | Parental Influence (A) – Abusive, overbearing, absent parents |
| 3B | Parental Influence (B) – Pampering, overcoddling parents |
| 4A | Premortem Paraphilias (A) – Sadism, torture, paedophilia, etc. |
| 4B | Postmortem Paraphilias (B) – Thanatophilia, necrophilia, etc. |
| 5 | Impulsive Urges |
| 6 | Psychosexual Thrill |
| 7A | Vulnerable Narcissism |
| 7B | Grandiose Narcissism |
| 8 | Double Lives |
| 9 | Charm and Manipulation |
| 10 | Substance Abuse |

5. Conclusion

When studying serial killers arrested prior to their killing spree, we discovered that 65% of them had prior criminal records, with nearly 31% being arrested for multiple charges including assault, arson, rape, attempted murder, theft, sodomy, and even murder. Individual charges include assault (3%), arson (1%), rape (4%), attempted murder (1%), others (15%), sodomy (3%) and murder (7%). We also isolated and studied 10 distinct factors on which we evaluated 47 serial killers. In this study, we observed that 46 out of 47 killers showed a strong tendency for paraphilias (either pre or post mortem, or both), many of which reflected in their crimes. Paraphilias is by far the most observed factor in these killers, followed by manipulation (39 out of 47), narcissism (36 out of 47), parental influence (35 out of 47), childhood factors (31 out of 47) and impulsive urges (28 out of 47). The factors least observed, but still in a significant quantity, are physiological abnormalities (9 out of 47), substance abuse (11 out of 47), double lives (16 out of 47). The factor with a moderate occurrence is psychosexual thrill (22 out of 47). Based on the discussed cases and the present data, the authors conclude that there is much scope in the diagnosis, identification, assessment, and treatment of violent individuals.

There is a need for better and more effective diagnosis of antisocial personality disorder, and its related disorders (narcissistic, histrionic and borderline personality disorders). That being said, there is also a need in investigative science, to study the modus operandi and circumstances of crime in relation with the psychology of the criminal. If given more importance, this field promises to be of great

yield to law enforcement, to forensic medicine and to the public as a whole.

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