

**IDENTIFICATION OF PSYCHOSOCIAL FACTORS IN
THE DEVELOPMENT OF SERIAL KILLERS IN THE
UNITED STATES**

Honors Thesis

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Abstract

The purpose of this study is to attempt to identify risk factors associated with serial killing. This line of investigation can aid criminal justice and mental health professionals in preventing murders in the future. Twenty-five case studies of serial killers convicted in the United States between 1967 and 2016 were examined using newspapers, books, biographies, and social science peer reviewed articles. The analyses focused on demographic, psychological, and sociological factors, such as mental illness and criminality, that may have predisposed the sample to become serial killers. The results of the study are discussed in terms of prevention, including early detection of risk factors, treatment, and improving social systems currently in place.

Identification of psychosocial factors in the development of serial killers in the United States

The purpose of this research is to investigate how people become serial killers. The main goal was to try to pinpoint key personality, family, and situational characteristics common between serial killers that may have influenced them to begin killing. While many people have experienced childhood trauma, problems with their families, or other negative experiences, few become killers, and even fewer, a serial killer. Thus, it is important to investigate whether there is a unique psychosocial profile for serial killers that sets them apart from other violent criminals. This type of research can help law enforcement and social service professionals better predict who is disposed to serial killing and intervene before the killing begins. The majority of the research that has already been done focuses on specific individuals or defining the different influences of serial killing but doesn't comprehensively compare all known serial killers in a single analysis. This study, by contrast will thoroughly examine a large number of recent case studies of serial killers to find commonalities. The goal of this study is to get a better understanding and estimate of what predisposes people to becoming serial killers and what makes them different than the general population. This information comes from published accounts of the killers' lives about what happened in their childhoods, including any unusual behaviors or experiences, that may have led them to killing. There has been a lot of debate about the definition, in fact the FBI originally defined it as involving "at least four events that take place at different locations and are separated by a cooling-off period" and then was lowered to three murders in the 1990s (Jenkins, 2019). Overall, most scholars and criminologists follow the definition given by the National

Institute of Justice which is a “single offender who killed at least two victims in separate events at different times” (Morton, Tillman, & Gaines, 2014).

Cases Selected for Investigation

This research consists of examining a sample of 25 convicted serial killers in the United States. The selected serial killers committed their murders between the years 1967 and 2016. This sample consists of killers that were convicted of murdering up to 49 people and were suspected of murdering up to 160 people and these do not include the various amounts of people they have harmed but not killed. The sample of 25 was chosen from a list of convicted serial killers in the United States on Wikipedia in which all the criteria (time and number of murders) were sorted through. In this study, multiple races and both genders are included to create a diverse sample for comparison. As shown in Table 1, the sample includes multiple races including Caucasian, Latino, and African American. Two out of the 25 examined are Latino, while 19 are Caucasian, and four are African American. Also shown in Table 1, six out of the 25 serial killers are female and 19 are males. The sample consists of killers across multiple educational levels, sexual orientations, and socioeconomic statuses. Although the typical stereotype of a serial killer is a middle-aged straight male, all genders, races, and sexual orientations are capable of serial killing.

Psychological Factors

“The mental hospital was a child’s paradise. All I did was play all day. I had no social skills. No education. No nothing. I left the mental hospital when I

was 13. I was damaged then. I shouldn't have been there in the first place. Being lonely is what destroyed me" David Edward Maust's mother was mentally ill and was hospitalized herself many times. She "dumped" David at a mental institution when he was only nine years old. After being released from the institution, he was sent to a home for wayward boys. That was where he realized he was attracted to other boys. He enlisted in the army when he was 18 years old and was stationed in Germany where he was convicted of murdering a 13-year-old boy. David asked to not be paroled but they released him anyways after serving four years. A few years later, he committed more crimes and was sentenced to 17 years. After his sentence, he asked to stay in "supervised custody" and even a prosecutor said that he was too dangerous to be released but nonetheless he was released in 1999. He committed three more murders and was sentenced to three consecutive life sentences. He felt remorse for his actions but was unable to control his behaviors and wanted to be punished for what he had done. In 2006, he hung himself in his cell and he had left a note about all of his murders and apologized for what he had done (Colander, 2015).

The story above briefly describes the life of the serial killer David Edward Maust. Maust never received proper education or developed efficient social skills. He was a dangerous man but was remorseful of his actions and aware that he had a problem and should not be released into society (Colander, 2015). He spent most of his life in institutions and was depressed about his homosexuality and suicidal due to his thoughts and behaviors (Yates & Sadovi, 2003). Maust is unlike most of the serial killers examined because the majority of them hadn't been treated for mental illnesses rather

exhibited abnormal behaviors suggestive of some type of disorder. Twenty out of the 25 serial killers examined have signs of mental illness or have a mental health diagnosis that was diagnosed before, during, or after court proceedings. The following are several examples. Jeffrey Dahmer is one serial killer that didn't have a diagnosis while he was alive, but after he was murdered while in prison, psychologists speculated that he may have had Autism Spectrum Disorder due to behaviors witnessed by his family and friends (Palermo & Bogaerts, 2015). However, it could've also been categorized as Antisocial Personality Disorder. Marybeth Tinning is an example of one of the serial killers that was diagnosed with a disorder while she was alive. Tinning killed nine of her children and was diagnosed with Munchausen Syndrome by Proxy which is a mental disorder that causes caretakers to make up or create illnesses for the people they are caring for (Dodson & Cabage, 2015). Rodney Alcala was one of the serial killers in this study that was diagnosed during trial and the psychiatrists evaluating him did not agree on what he had. The psychiatrists diagnosed him with Narcissistic Personality Disorder, Borderline, Malignant Narcissistic Personality Disorder, psychopathy and sexual sadism comorbidities (Rodney Alcala: Dating Game, 2017).

In addition, many of them had mental illnesses due to traumatic experiences in their childhoods. For example, Aileen Wuornos was not diagnosed with a mental illness but experienced suicidal thoughts/attempts and extreme paranoia that may have stemmed from things that happened to her in her childhood such as sexual and physical abuse (Ramsey, 2003).

Mental illness was the most prevalent factor of their criminality, however, some of the serial killers had experienced head injuries or physical illnesses that may have been a

cause of their unusual and criminal behaviors. For example, Carl Eugene Watts got meningitis and polio when he was only eight and it affected his attention, memory and grades (Walter & White, 1974). Richard Ramirez had numerous head injuries throughout his life and was discovered to have epilepsy when he was in the fifth grade (Blanco, n.d.). Gary Ray Bowles was evaluated during his trial by a doctor that found that he had mild impairments in his brain that affected his memory, but he was able to recognize the difference between right and wrong (Case Law Developments, 2008). Keith Hunter Jespersen hit his head extremely hard at the age of 17 or 18 (Krueger, Justice, & Hunt).

In addition to mental and physical health diagnoses, some of the killers even committed criminal and deviant behaviors as children. Theories have been proposed about the triad of violence in which bedwetting, fire setting, and animal abuse are all predictors of criminal behavior, especially violent and homicidal behavior (McClellan, 2007). For example, Donald Harvey was interested in fire and killing animals and even was initiated into the occult before he began killing. After he was caught, he admitted to liking having control over whether someone lived or died (Seewer, 2017). When David Edward Maust was a child he used to beat animals up and his mother said that he set fire to his brother's bed and even tried to drown him (Yates & Sadovi, 2003). For some killers, it wasn't a surprise to family, friends, and acquaintances that the person committed the acts they did but for some, it was a complete surprise because the killer was so charming and seemed so normal the whole time. For example, Maury Travis did have previous criminal charges and substance use problems, but everybody that knew him thought that he was a nice, normal guy even while he was actually committing heinous murders (Amand, 2014). Ronald Dominique was another killer that completely surprised all of the people that

knew him. Most people considered him to be a generous man that gave back to his community and everybody liked him, but he was suspected of murdering 23 people and was convicted of killing eight (Forsyth, 2015).

Seventeen out of the 25 killers had previous criminal charges in their lives and the types of crimes varied. Fifty-six percent of them had evidence or accusations of childhood trauma and 40% had known substance use problems. Educational level didn't seem to be as significant as the other factors because it varied greatly. Some people had multiple degrees while others dropped out of school at a very young age.

Thirty-six percent of the killers examined had been involved in the military and six had been discharged for behaving poorly or for mental illness. Donald Harvey, who was in the Air Force, was discharged for not disclosing previous arrests and therapy which came out after he tried to commit suicide (Sellers, Hedgecock, & Georges, 2005).

Rodney Alcala was discharged from the military after being diagnosed with Antisocial Personality Disorder by a military psychologist (Rodney Alcala: Dating Game, 2017).

Jeffrey Dahmer was also discharged for his alcoholism (Palermo & Bogaerts, 2015). It is possible that their military experience prepared them for their killings and violence. Their time in the military may have been where some of them began killing for the first time.

Substance use is another important risk factor for serial killers and criminals overall because it enhances their criminal behavior by altering their minds. Ten out of the 25 serial killers used drugs and alcohol to cope with trauma that they had experienced in their lives. For example, Anthony Sowell turned to drugs and alcohol to cope with the abuse that he witnessed in his house throughout his childhood (Atassi & Dissell, 2012). Jeffrey Dahmer started drinking heavily when he was a teenager (Palermo & Bogaerts,

2015) and Kimberly Clark Saenz suffered from substance dependence and used stolen prescription medication (Blanco, Kimberly Clark Saenz, n.d.). She had been arrested for public intoxication and criminal trespassing and her ex-husband filed a restraining order against her a year before the murders started (Blanco, Kimberly Clark Saenz, n.d.).

Eighty percent of the killers examined had mental illnesses or signs of mental illness throughout their lives. The majority of them showed no remorse for their actions and even gained sexual gratification and pleasure from them. Previous criminal behavior appeared to be a risk factor for most of them and especially criminal behavior starting at a young age.

Other Psychological Patterns and Behaviors

“It’s time. I want the killing to stop.... I’m either getting six life sentences or the electric chair.” Gary Ray Bowles ran away from home at the age of 14 because his father died when he was a baby and he was mentally and physically abused by his stepfathers. When he ran away, he was hitchhiking and was picked up by a man who gave him money for sex and that continued for the next 18 years of his life. He had been convicted of various crimes before being caught for serial murder. He took on a fake name while he was a fugitive and was arrested under his alias as well. He even spent five days in jail for the person whose identity he stole to not lose the alias. Eventually he finally revealed his identity and admitted to targeting and brutally killing six homosexual men in three different states. He would target older gay men in bars and would take their money and their cars after murdering them. He admitted to his crimes to stop his violent

behavior and pay for his crimes (Suspect Recounts Details of Deaths; Gary Ray Bowles says he Brutally Killed Six Men in Three States Since March, According to Police, 1994).

The excerpt above describes the life of the serial killer Gary Ray Bowles who was convicted of killing six men and suspected of killing as many as 25 people. He was physically and mentally abused by his various stepfathers in his childhood to the point where he ran away at 14 years old and became a prostitute for most of his adult life (Suspect Recounts Details of Deaths; Gary Ray Bowles says he Brutally Killed Six Men in Three States Since March, According to Police, 1994). He lived a life of criminal behavior and violence and eventually he didn't want to continue on that way and felt that he should pay for his crimes. He finally gave up his games and admitted to killing six men because he wanted to stop the killing and knew it was wrong (Suspect Recounts Details of Deaths; Gary Ray Bowles says he Brutally Killed Six Men in Three States Since March, According to Police, 1994).

When comparing all of the 25 serial killers to each other, there are some patterns that they share. One of the most interesting patterns is that almost all of the killers showed no signs of remorse although they recognized what they were doing was wrong. Not all serial killers are psychopathic, but the majority of them have psychopathic tendencies such as having no remorse or empathy for their victims (Gao & Raine, 2010). Gary Ray Bowles is one example of one of the few killers that did care about what they were doing and was very remorseful along with the serial killer David Edward Maust. He admitted that he felt remorse for his actions, but he was not able to control himself. He spent most of his life in a mental institution and continued to commit crimes and would beg the

people not to let him out and he even tried to kill himself multiple times to stop himself from hurting people (Colander, 2015).

Although more than half of them had some signs of mental illness, trauma, or illnesses, there are a few killers who didn't show any of the warning signs mentioned. Richard Cottingham was suspected of murdering up to 100 people and he had no signs of trauma or abuse by his parents but, claimed he was harassed and intimidated by women before (Norris, 2013). As a child, he was fascinated with bondage and eventually he would sodomize and sexually assault his victims because he said his behaviors became addictive (Cowin, Leonette, & Phan, n.d.). The idea of killing being addictive is noted across many of the killers, and although some of them were never diagnosed with anything, they experienced unusual thoughts and/or behaviors that may be predictors of criminal behavior and violence later on. Another example is Dennis Rader who was considered the Bind, Torture, Kill killer. He would plan and draw out murders because he was fascinated by it when he was growing up and said that he had abnormal sexual fantasies when he was younger (Bush, 2016). He acknowledged that something was wrong with him, but he was unable to control his urges (Wichita Serial Killer Speaks of 'Remorse', 2005). Carl Eugene Watts also had dreams of beating up and killing women and said that he felt better after having the dreams which led to him actually committing violence against women as an adult (Walter & White, 1974). These killers experienced sexual gratification and pleasure from their murders and had dreamed and thought about them years before they actually committed them. Gwendolyn Graham and her girlfriend Catherine Wood murdered five elderly women at the nursing home that they worked at and had sexual

gratification from their acts (Thunder, 2003). They would even try to relive/re-enact the murders to obtain pleasure after the fact (Thunder, 2003).

The serial killers examined killed for a variety of reasons including revenge, hatred, pleasure, money, etc. but overall the motive for killing was to gain something. They all had a type of victim and the motives remained the same. Serial killers may pick their victims based on something symbolic to them such as killing someone that looks like the person that abused them (Ioana, 2013). Aileen Wuornos killed her male victims because she experienced several rapes from men and wanted to get revenge on them (Ramsey, 2003). She was called a “man-hating lesbian killer” because of her murders on unsuspecting and undeserving men (Ramsey, 2003). Carl Eugene Watts killed women because he had a hatred for them and would see the evil leave their eyes when he murdered them (Serial Killer Carl Watts could be Released in Four Years, 2002).

Five of the male killers targeted gay men to help them cope with the shame they had for being gay. John Wayne Gacy raped and murdered teenage boys and young men (Schechter, 2004). He had a normal family and lived a normal life, but his homosexual and pedophilic desires would take over (Schechter, 2004). David Edward Maust killed teenage boys. When they found his diary, they said “it portrays a man struggling against a blinding rage directed at boys for whom he feels affection” which included underaged boys (Yates & Sadovi, 2003). He was ashamed that he was gay and when he performed a homosexual act, he was angry and wanted to harm the person.

Killers such as Rodney Alcala and Dennis Rader killed for their own pleasure and satisfaction. Rodney “toyed” with his victims by strangling them until they lost consciousness and then when they revived, he would repeat the process (Sant, 2018). He

had more than 1000 photographs of mostly women and teenage boys (Rodney Alcala: Dating Game, 2017). Dennis Rader considered killing his hobby and his leisure activity. Rader had sexual fantasies about killing and would draw out and plan the murders. He said that he “worked out with a squeeze ball to strengthen his hands for strangulation” (Wilgoren, 2005).

Serial killers tend to choose victims who are unable to defend themselves and that they can easily have control or power over (Ioana, 2013). Gary Ridgway is an example of this; he murdered 4 young women that were prostitutes and runaways that he thought wouldn't be investigated (Kershaw, 2003). The investigation went on for two decades and he thought it would be easy to get away with killing prostitutes and saw his victims as objects. He said “I have pride in what I do. I don't wanna take it from anybody else” and he considered killing prostitutes to be his “career” (Kershaw, 2003). Anthony Sowell was convicted of killing 11 women and not all of the girls had been reported missing. They were all addicted to drugs and their families were aware of it, so they didn't consider them missing, they were just using drugs elsewhere (Atassi & Dissell, 2012). He would lure his victims to his house by telling them he had drugs and considered them to be easy victims (Atassi & Dissell, 2012). He had even been accused of rape before and let go due to negligence by the police department that allowed him to be free and kill more women (Atassi & Dissell, 2012).

Seven of the serial killers being examined, killed patients or children that were under their care. Orville Lynn Majors was a nurse that killed his patients and some potential witnesses said that he didn't care about the patients and that he thought they were a waste (P., 2017). Other witnesses said that they could predict what patients were going to die

because once Orville thought that the patient was too annoying or demanding, they would suddenly die so he wouldn't have to deal with them anymore (Yorker, et al., 2006).

Kimberly Clark Saenz cared for elderly patients at various nursing homes. She would develop an urge to kill that could only be satisfied once she killed the patients by lethally injecting them (Engber, 2017). She thought it was something that God wanted her to do (Engber, 2017). Michael Swango was a doctor that killed his patients. He had a diary in which he talked about how he believed that doctors had God-like powers over life and death. In his diaries, he had a variety of recipes for poisons and passages from medical thrillers (Woods, 2000). Donald Harvey was a nurse's aide that killed his patients and he liked being able to have control over whether someone lived or died (Seewer, 2017).

Marybeth Tinning had one adopted child and eight natural children and allegedly killed eight or nine of them. The first born may have had been a natural death, but after the funeral she realized that she liked the attention and continued to injure or kill her other eight kids (Lawler, 2001). After the funeral of her last child, people said that she was smiling and acting nonchalant about the death of her child (Dodson & Cabage, 2015). She was only convicted of one murder and was diagnosed with Munchausen Syndrome by Proxy which is a mental illness that causes or makes up illness of the person under their care (Dodson & Cabage, 2015).

Each serial killer had their own motive based on their personal feelings and experiences.

Although the reasons vary, overall all the killers looked to gain something from committing their murders such as pleasure, control, revenge, and/or money.

Sociological Factors

“Big Deal. Death always went with the territory. See you in Disneyland.”

Richard Ramirez said this as he was taken away to prison after being sentenced to death in California. Ramirez was called the “Night Stalker” because he would enter homes through unlocked windows and doors at night. He was convicted of 13 murders in Southern California in 1984 and 1985 and was also convicted for numerous sexual assaults and burglaries. He was introduced to sexual sadism by his violent cousin and satanic rituals were used during his killings including a pentagram drawn on the wall of a murder scene and survivors’ testifying that they were forced to swear to Satan by Ramirez. He was diagnosed with epilepsy when he was in the fifth grade and doctors said that his temporal lobe epilepsy caused him to have altered sexuality and hyper-religious feelings and aggression that also contributed to his sadistic Satanic rituals. Ramirez abused marijuana and LSD and even witnessed a relative murder another relative at the age of 12. He was physically abused by his great-grandfather and father throughout his childhood (Richard Ramirez, the 'Night Stalker' Killer, Dies at 53, 2013)

The above story features the large number of psychosocial stressors that the serial killer Richard Ramirez faced in his life. He had multiple head injuries and accidents, epilepsy, substance abuse, and went through multiple traumatic experiences throughout his childhood that all played a part in his violent and sadistic behaviors as an adult (Blanco, Richard Ramirez, n.d.). He was convicted of 13 counts of murder, five attempted murders, 11 sexual assaults, and 14 burglaries. According to a study performed

by Mitchell and Aamodt (2005), 68% of the serial killers examined had some type of maltreatment, 36% experienced physical abuse, 26% had been sexually abused, 50% had been psychologically abused, and only 32% had experienced no abuse at all. The prevalence of abuse in serial killers has been found to be greater than the general population. In this study, the data confirmed what has been found in previous research; 56% of the serial killers had documented or known childhood traumas. For example, Keith Hunter Jespersen's father drank heavily and he would witness his father putting women and kids down constantly (Krueger, Justice, & Hunt). He was also bullied in school for his weight, was almost molested by a neighbor at age 11, he claimed he was raped at age 14, his dad shocked him in a greenhouse, and was beaten after being blamed for his friend's wrongdoings (Krueger, Justice, & Hunt). He experienced a lot of traumatic experiences in his childhood that affected him for the rest of his life and took it out on his victims. Another example is of Rodney Alcala who experienced abandonment by his father at a young age (Rodney Alcala: Dating Game, 2017). Anthony Sowell tried to claim in his trial that he was abused in his childhood, but his niece testified that he had started sexually abusing her when he was ten years old (Atassi & Dissell, 2012). Anthony, his sister, and older brother were not abused, but he watched as his mother abused the other kids and eventually became an abuser himself (Atassi & Dissell, 2012). Aileen Wuornos had been raped several times and had a horrible childhood; she had no parents and lived with her grandparents. Her grandfather drank and would beat her, and she became a prostitute as a teenager after having a baby and putting it up for adoption (Ramsey, 2003). Gwendolyn Graham went through severe physical and sexual abuse from her parents and burned cigarettes into her arms to release her emotions and

eventually said that her killings “relieved tension” (Silvio, McCloskey, & Ramos-Grenier, 2006). Gary Ray Bowles’ father died when he was a baby and he was mentally and physically abused by his stepfathers. He ran away from home at age 14 and started getting money for sex from men and did that for 18 years (Suspect Recounts Details of Deaths; Gary Ray Bowles says he Brutally Killed Six Men in Three States Since March, According to Police, 1994).

The parents of some of the serial killers had their own issues with mental illness and criminality. Jeffrey Dahmer’s mom was ill when pregnant and depressed during his childhood which may have led to insecure attachments with his caregivers and led to his emotional and behavioral problems (Palermo & Bogaerts, 2015). David Edward Maust’s mother was “psychotic” and spent most of her life in mental institutions (Colander, 2015). Ronald Dominique witnessed his mother having sex with her brother and developed no sexual boundaries after that (Forsyth, 2015). Aileen’s mother abandoned her, and her father killed himself. Her father had spent time in mental hospitals for child molestations and hanged himself in prison (Ramsey, 2003). John Wayne Gacy’s father was an alcoholic and belittled him (Schechter, 2004).

Although the stereotype of serial killers is that they are all middle-aged white males, the serial killers in this research varied in demographics. Both females and males are capable of serial killing but their methods usually vary. Various socioeconomic levels and races are included in the 25 case studies. In the 1970s, there were only 143 serial killers that were black, while 217 were white. In the 1990s, 210 were black and 155 were white (Lester & White, 2014). In the research done by Lester and White, they found that some of the main differences between white and black serial killers are that black serial killers

seemed to have less sexual deviations, tended to torture their victims less, and seemed to be more normal as children with less abuse and isolation than whites (Lester & White, 2014). In this study, 8% are Latino, 76% are Caucasian, and 16% are African American. There is a wide spread belief that no female serial killers exist even though there is evidence that 16% of all serial killers are women (Harrison, Murphy, Ho, Bowers., & Flaherty, 2015). In recent research done by Harrison et al. (2015), 88.7% of the female serial killers were identified as white, 9.7% as black, and 1.6% as Latina. The number of serial killers being caught has been increasing and although females are still a minority, the amount being caught has increased. This change may be due to the improvements in forensics and profiling to solve cases faster. Twenty-four percent of the serial killers examined in this study were females and 76% were males in order to acquire a more diverse sample. There are multiple explanations for the gender differences in serial killers. Until recently, criminal profiles and typologies of serial killers did not include females or the differences between males and females. Females very rarely act alone and more often act in a female/female partnership, female/male partnership, or family teams. One of the most common differences between men and women serial killers is that men tend to commit their crimes for sex and pleasure while women tend to kill for money and power. Aileen Wuornos is the only documented female sexual serial killer that acted alone. Female killers acting alone are usually more organized with their killings while females acting in teams or partnerships are highly disorganized (Silvio, McCloskey, & Ramos-Grenier, 2006). Basically, any type of person is capable of serial killing, but they do show risk factors and warning signs beforehand.

Discussion

There is a combination of both sociological and psychological factors that are common among serial killers. Serial killing is present across all demographics. The presence of mental illness, criminality, childhood trauma, substance abuse, military involvement, and parental mental illness are all risk factors for serial killing. There are also patterns between motives and types of victims; all of the serial killers examined chose their victims for a particular reason whether it be revenge, hatred, pleasure, power, or money. They all chose victims that they know will be unable to defend themselves and that they could have control and power over, and they all gained something from their killings (Ioana, 2013). All serial killers in this sample except for Gary Ridgway and Orville Lynn Majors had a least two of the risk factors above. Eighty percent of the killers had signs or diagnoses of mental illness, 68% had criminal records, 56% had childhood trauma, 40% had substance abuse problems, and 36% of the sample were involved in the military at some point in their lives. The prevalence of abuse has been found to be greater than that of the general population along with the other risk factors described (Mitchell & Aamodt, 2005). Most serial killers have experienced “abuse, trauma, insecure attachment, loss or abandonment of a parent or caretaker, antisocial behavior, head injury, and low arousal levels” which this study also predicts (Johnson & Becker, 1997).

When comparing this research with past research there are similar findings, but this combines a lot of the themes of previous research into one study including the incidence of childhood trauma, previous criminal records, substance abuse, and

mental illness. This type of research can help in police detection and treatment of offenders to prevent future serial killing. The findings from this research can also help in identifying these risk factors at an early age or prior to killings. Previous research has been done on adolescent offenders that share the some of the same risk factors as serial killers. The factors included in this research include, childhood trauma, drug abuse, mental illnesses, previous criminal offenses and fantasies about harming and controlling people. This research shows that although not all of these adolescents will become serial killers or violent offenders, there is enough evidence to implement prevention at a young age (Johnson & Becker, 1997). Not everyone who has these risk factors and abnormal behaviors become serial killers, but it is important to treat all people exhibiting these signs to avoid causing harm to themselves or others. The most important strategy to attempt to prevent serial killing is to implement prevention as early as possible. As soon as risk factors and/or symptoms are noticed, they have to be treated immediately to prevent further damage. Family members, friends, teachers, or anyone in the community should not ignore abnormal and unusual behaviors in children or adolescents. Any and all of those behaviors should be documented and shared with doctors, teachers, and counselors to make sure that people are aware that help is needed. It is crucial that these signs are not ignored; it is very common to hear in the media about serial killers or mass murderers exhibiting weird behaviors before their crimes and the people around them were aware of it and did nothing. Although not all people who exhibit similar risk factors to serial killers actually become serial killers or criminals at all, there is no harm in starting therapy at the least. If they are diagnosed with a mental illness,

medication may be necessary but in some cases therapy such as Cognitive Behavioral Therapy can help them change the way they think and how they behave. For example, in the above study of adolescent offenders, it is impossible to predict if they will become serial killers, but because they have signs of childhood trauma, mental illness, and other risk factors, they should be getting treatment instead of waiting until they commit another crime. Preventative measures have to be taken at a young age; the younger the better to prevent future harm of themselves or others. It is much more difficult to treat adult offenders especially serial killers so helping people cope with childhood trauma, mental illness, and substance use could prevent them from starting to kill or continuing a life of crime. Previous treatment methods have to be improved upon because research suggests that the violent recidivism rate for violent and psychopathic offenders are one third higher than the other offenders and the treatment did not teach them to be less violent, it just taught them how to seem more empathetic in order to get away with more crimes (Labrode, 2007). This is why it is important to start treatment and prevention as early as possible.

Even if a child doesn't become a serial killer, it is important to treat any problems they have to help them become a happy and successful person overall. It is also important for the criminal justice system to become more about rehabilitating offenders rather than punishing them, especially for the youth. If a child or adolescent is committing crimes, it should be considered a cry for help. They will continue to recidivate if they aren't treated for the problems that they have. If the criminal justice system implemented treatment or group programs more often than incarceration, the youth offenders will have a better chance of turning their lives around. It is not likely

that youth offenders will make the decision themselves to get help especially if they lack the resources or willingness; if the courts force them to go as part of their sentencing, they can be treated whether they want to or not. This current study helps to create a profile of psychosocial risk factors that can be used to identify and detect future serial killers faster and implement prevention and treatment.

Some limitations of this study are that it is only a sample of 25 killers in the United States between the years of 1967 and 2016. This is a limitation because the sample does not consist of the entire population of serial killers and serial killers have been active and continue to be active beyond the time frame used in this study. This sample also only includes the killers in the United States, but there are serial killers in every country. This sample has to be used to generalize to the total population of serial killers in the world and throughout all time. There is only a limited amount of information given on each killer without having access to all court and trial records, and testimonies. The serial killers that are less infamous have less information as well as the more recent killers because there hasn't been as much research done on them yet. More time and resources are required to get more information about each of them.

Table 1
Demographics of Serial Killers in Study Sample

Name	Convicted # of victims	Suspected # of victims	Time Frame of Murders	Race
Rodney Alcala	7	50-130	1971-1979	Latino
Ted Bundy	28	30+	1974-1978	Caucasian
Gary Ray Bowles	6	25	1994	Caucasian
Richard Cottingham	6	85-100	1967-1980	Caucasian
Jeffrey Dahmer	17	17	1978-1999	Caucasian
Ronald Dominique	8	23	1997-2006	Caucasian
John Wayne Gacy	33	34	1972-1978	Caucasian
Kristen Gilbert	4	40+	1995-1996	Caucasian
Gwendolyn Graham	5	5	1987	Caucasian
Donald Harvey	37	80	1970-1987	Caucasian
Keith Hunter Jesperson	8	claimed 160	1990s	Caucasian
Marybeth Tinning	1	8	1972-1985	Caucasian
Orville Lynn Majors	6	124	1994	Caucasian
David Edward Maust	5	5	1974-2003	Caucasian
Dorothea Puente	9	15	1976-1988	Caucasian
Dennis Rader	10	10	1974-1991	Caucasian
Richard Ramirez	13	13	1984-1985	Latino
Gary Ridgway	49	90+	1980s	Caucasian
Kimberly Clark Saenz	5 murders 5 attempts	5 murders 5 attempts	2001-2016	Caucasian
Anthony Sowell	11	11	2007-2009	African American
Michael Swango	4	60	1981-1997	Caucasian
Maury Travis	2	17+	2000-2002	African American
Darren Deon Vann	7	7	2013-2014	African American
Carl Eugene Watts	2	over 80	1974-1982	African American
Aileen Wuornos	6	6+	1989-1990	Caucasian

Table 2
Mental Illness of Serial Killers in Study Sample

Name	Mental Disorder	Source
Rodney Alcala	personality disorders	(Rodney Alcala: Dating Game, 2017)
Ted Bundy	sociopath and necrophiliac	(Iversen, 2018)
Gary Ray Bowles	brain impairments	(Case Law Developments, 2008)
Richard Cottingham	suicidal/suspected disorder	(Norris, 2013)
Jeffrey Dahmer	necrophilia, personality disorder; possible ASD	(Palermo & Bogaerts, 2015)
Ronald Dominique		
John Wayne Gacy	pedophilia	(Schechter, 2004)
Kristen Gilbert		
Gwendolyn Graham	suspected	(Silvio, McCloskey, & Ramos-Grenier, 2006)
Donald Harvey	multiple head injuries, suicidal/depression	(Sellers, Hedgecock, & Georges, 2005)
Keith Hunter Jesperson	suicidal/suspected disorder	(Krueger, Justice, & Hunt)
Marybeth Tinning	Munchausen syndrome by proxy	(Dodson & Cabage, 2015)
Orville Lynn Majors		
David Edward Maust	spent most of his life in mental institution	(Colander, 2015)
Dorothea Puente		
Dennis Rader	suspected	(Wichita Serial Killer Speaks of 'Remorse', 2005)
Richard Ramirez	ADHD, multiple head injuries	(Blanco, n.d.)
Gary Ridgway		
Kimberly Clark Saenz	substance dependence and suspected MI	(Engber, 2017)
Anthony Sowell	suspected	(Atassi & Dissell, 2012)
Michael Swango	suspected	(Woods, 2000)
Maury Travis	suicidal/suspected disorder	(Post-Dispatch, 2002)
Darren Deon Vann	suspected	(Botelho, 2014)
Carl Eugene Watts	mental retardation	(Walter & White, 1974)
Aileen Wuornos	suspected	(Ramsey, 2003)

Table 3
Sociological Factors of Serial Killers in Study Sample

Name	Trauma Victim	Criminal Record	Substance Use	Military Service
Rodney Alcala	yes	yes	yes	yes
Ted Bundy	no	no	no	no
Gary Ray Bowles	yes	yes	no	no
Richard Cottingham	no	yes	yes	no
Jeffrey Dahmer	yes	yes	yes	yes
Ronald Dominique	yes	yes	yes	no
John Wayne Gacy	yes	yes	no	no
Kristen Gilbert	no	yes	no	no
Gwendolyn Graham	yes	no	no	no
Donald Harvey	yes	yes	no	yes
Keith Hunter Jespersion	yes	no	no	no
Marybeth Tinning	yes	no	no	no
Orville Lynn Majors	no	no	no	no
David Edward Maust	yes	yes	no	yes
Dorothea Puente	yes	yes	yes	no
Dennis Rader	no	no	no	yes
Richard Ramirez	yes	yes	yes	no
Gary Ridgway	no	no	no	yes
Kimberly Clark Saenz	no	yes	yes	no
Anthony Sowell	yes	yes	yes	no
Michael Swango	no	yes	no	yes
Maury Travis	no	yes	yes	yes
Darren Deon Vann	no	yes	no	yes
Carl Eugene Watts	no	yes	no	no
Aileen Wuornos	yes	yes	yes	no

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