

Factors Influencing Serial and Mass Murder

School of Health and Social Sciences, City University of Seattle

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Mike Sornberger, Ph.D., Registered Psychologist

Jannies J. Nuon

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Abstract

This paper aims to describe and discuss key psychological, sociocultural, and developmental precursors to violence in serial and mass murderers. Having done a literature review, the research analyses and identifies the characteristics of the offenders to understand their psychological state and the reason why they go on the rampage, which focuses and gives an in-depth analysis of adolescence as a period that is vulnerable to environmental pressures that might lead to violent behaviour. Specific areas of concern involve the role of trauma and Adult Children of Alcoholics (ACOA) as socioenvironmental factors in aggression, focusing on how these aspects come into play with regard to backing up or nullifying individual violent tendencies. Furthermore, the validity of sex differences is examined to determine the differences in motivations and modus operandi between male and female criminals. In response to this, this research also examines media violence, the relevance of cultural factors, and early intervention in counselling psychology to violence. Incorporating ideas from various Socio-Technical Environments (STEs), the paper advances knowledge of the causes of violence and stresses the need for culturally appropriate, empirically grounded approaches in research and practice. The outcomes stress methodological approaches to combating violence and supporting common causes among psychological, police, and community prevention activities for creating safer environments.

Factors Influencing Serial and Mass Murder

Multiple murders give society an insight into the depths that an individual's psychology can reach; they have been examined by researchers and psychologists for a long time. The circumstances—where an individual ends up taking the lives of two or more people—leave the public asking questions connected to the psychological, social, and biological interplay of the acts. As such, this paper examines developmental influences experienced during adolescence and their role in shaping homicidal tendencies.

This review is crucial as there is a strong need for society to understand the causes of mass murders. These homicidal behaviours are aggressive and often invoke panic; it is, therefore, essential to discover and examine the precursors that lead to such behaviour as objectively as possible. This review seeks to explain what is known about the drives of the offenders, conducts, responses, and psychologies that can contribute to criminology and forensic psychology.

Adolescence is characterized by developmental changes, social and psychological pressures, and capacities. Teenage life is characterized by changing behaviours, including social aspects within peer relations, biological changes, and environmental pressures (Bozzini et al., 2020). It is critical to understand the nature of the interactions between these factors and an individual's natural inclination towards violent behaviour when devising prevention and intervention strategies.

Self-Positioning Statement

The investigation of multiple murders requires the consideration of a range of aspects that define such atrocious actions. In this field of study, I am primarily oriented to gaining knowledge of the processes associated with homicidal behaviours, especially as it applies to adolescence. A commitment to the exploration of the psychological, sociological, and developmental

fundamentals of multiple murders for the increased prevention, intervention, and police efficiency for the creation of a safer society drives my approach.

I am passionate about the exploration of the human mind and the causes of certain behaviours. The subject of multiple murders allows for disclosures of the potential investigation of the human mind, especially the fundamental causes, stimuli, and psychoses that cause people to perpetrate heinous crimes. I hope to shed light on the complex interplay of biological, environmental, and psychological factors that converge to produce homicidal tendencies.

Adolescence stands out due to the changes that occur in both brain and behaviour during this phase of development. Child development flows gradually from childhood to adulthood, and these developmental changes intersect with the environment and, in turn, affect homicidal behaviours. Exploring the neurobiological aspects of adolescent brain development and its relation to social contexts, especially the behavioural control element in the prefrontal cortex of the adolescent's brain, will assist in developing prevention and therapeutic approaches towards violent behaviours.

Furthermore, my research extends beyond the conventional definition of serial killers to encompass individuals who have committed two or more murders without the "cooling-off" periods characteristic of serial killings. This increased understanding of the category of homicidal behaviours provides insight into a broader range of people who can exhibit such behaviours and sheds more light on the reasons and acts of individuals. I believe that filling this knowledge gap will not only help officers and detectives in identifying offenders more effectively but will also aid in designing efficient strategies for catching them and, therefore, improve the efficiency of the criminal justice system.

To expand the knowledge of the psychological factors that contribute to homicidal actions, I chose a topic that analyses the relation between factors such as past trauma, abuse, and neglect that could contribute to becoming a violent person. Research on crime and offender profiles gives first-hand information on several murders and several types of offences. Prior studies and earlier research provide valuable information about the offender's development and aggression, conveying important contextual information about the offending process.

Working on this topic requires a balance between academic interest and ethical responsibility. Criminal profiling of multiple murders exposes one to sensitive and disturbing issues, and it elicits questions of what it means to be moral in the delivery of practice, protection of clients, confidentiality, and management of countertransference. Paradoxically, as a researcher, while I seek to gain more knowledge in this area, I recognize that I cannot imagine the knowledge that comes with first-hand experience, and the trauma that comes with it. There is a significant social cost on victims' families, survivors, and the community at large. Hence, there is a need for humility and respect for the lives lost and the people affected; thus, I aim to conduct this review with utmost integrity. Central to my ethical framework is a commitment to upholding the principles of beneficence and nonmaleficence. I understand the moral implications of working on topics that deal with individuals' emotions, and it is my duty to spare my stakeholders unnecessary pain when they are involved in the research process. Furthermore, I will minimize the risks of my research for vulnerable participants such as patients with mental health issues and other people who have experienced some kind of abuse.

When it comes to the issue of multiple murders, I follow set principles and directions to ensure that I find the truth behind the incidents and give society a better picture of what they face. However, my study has its limitations, and therefore, I should work with humility and

intellectual honesty. This involves being conscious of my own bias and the shortcomings of my viewpoint and trying to cover as many views in my work as possible. In addition, I am aware of the significance of my study and the potential contribution of my findings to the formation of policies, practices, and public debates. Thus, the idea is to deliver the study results comprehensibly while maintaining high ethical reporting standards and embracing the responsibility of working with the broader community.

Literature Review

Multiple Murders

Multiple murders, encompassing both mass and serial murder, involve the premeditated killing of a number of people at one time or at different times, and create significant societal anxiety and fascination due to the brutality of the offenders and the highly complex psychology and sociology involved. Mass murders are defined as killing several people at once and can emanate from a wide range of motives, including cases of extreme revenge or radical political beliefs (Hamlett, 2017). On the other hand, serial murders take place at different times, where the perpetrators commit murder with the purpose of achieving psychological pleasure and where there are specific targets to exterminate (Marono et al., 2020).

Serial Murder

Serial murder is defined as the unlawful killing of two or more victims by the same offender(s) in separate events (Morton & Hiltz, 2005). This section explores characteristics, demographic information, and psychological knowledge about this form of murder.

Unique Characteristics of Serial Murder. A unique feature of serial murder is the time span between the murders. While mass murderers commit multiple homicides at one time, there is a time gap between the murders in a serial killers' activities. According to Keppel and Birnes

(2015), this period allows the murderer to calm down and not attract suspicion to him or herself, as well as plan subsequent killings carefully. This distinction offers an opportunity to view the specific psychological processes and compulsions unique to serial killers.

Another critical attribute of serial murders is the common practice of establishing specific criteria for selecting a victim. Criminal profilers explain that each serial killer tends to target specific victims, and the factors that may make them choose a particular individual include age, gender, race, and occupation (Woster, 2020). Thus, the choice of the victim is based not only on the specifics of the crime but also on the killer's inner world and desire. The majority of serial killers are inclined to create an ideal model of a victim, referring to their own preferences as well as the perceived weaknesses of the victims (Hickey, 2016).

The *modus operandi* (MO) and signature behaviours are also unique aspects of serial murder. The MO is defined as the approach applied by the offender in the commission of the crime, including the offender's tactics, which can change over time as the offender gains more experience and knowledge about how to avoid capture. It is a unique personalized trademark or gesture made at the scene of the crime that satisfies the killer's psychological gratification but is not necessarily instrumental to the act of the crime. Although the MO can evolve throughout the killer's career, the signature stays much more stable, which allows an understanding of the murderer's motives and state of mind (Douglas & Olshaker, 2019).

Psychological gratification is also another key feature in serial murders. Serial killers usually receive power, control, and sexual pleasure from the murders they commit (Myers et al., 2006). This forms the core psychological satisfaction, presenting the convicted serial killer's behaviour (Myers et al., 2006). The drive to kill is due to an instinct that seeks self-satisfaction,

and just like any event involving substance, it is addictive to the killer, who will seek to kill again (Myers et al., 2006).

Lastly, major issues exist in the forensic and investigative analysis of serial murder. Criminals involved in such activities are hard to apprehend because they can plan well and hide among society (Moore et al., 2015). In recent decades, there has been a notable enhancement in the detection of serial killers with the help of forensic science and criminal profiling (White et al., 2011). Still, in most cases, these criminals take time before they are arrested. In 2020, the United States' Federal Bureau of Investigations (FBI) noted that **multi**jurisdictional cooperation and the use of behavioural analysis are critical in solving serial murder cases, as these crimes often span different locations and involve complex, deceptive behaviours by the perpetrators.

Sex Differences Among Serial Murderers. Exploring serial killers' motives and methods has been of interest to the general public; it has also been a topic of academic study for many decades, with researchers inquiring into serial killers' behaviours, motives, and age (Marono et al., 2020). One specific research area is the analysis of gender differences in the sphere of serial murders. Male and female offenders may differ in behaviour, which in turn can provide information about the evolutionary and cultural factors linked with violence.

Male serial killers typically start killing at a younger age, are often motivated by sexual gratification and power, and prefer hands-on methods like strangulation or stabbing (Harrison et al., 2019). In contrast, female serial killers usually begin later in life, often have motives like financial gain or revenge, and tend to use less direct methods, such as poisoning. Males typically target strangers, while females more often kill people they know, such as family members (Harrison et al., 2019). In a review on the topic, Harrison and colleagues (2019) discuss these patterns within the "hunter-gatherer" model, where males are seen as hunters, seeking power and

control, while females align with gatherers, focusing on resources and domesticity. This model aligns with evolutionary psychological perspectives, suggesting that these behavioural tendencies may be rooted in ancestral instincts related to resource acquisition and social interactions (Griskevicius et al., 2012). Moreover, the study challenges traditional stereotypes about serial killers, particularly female offenders, by highlighting the diversity of backgrounds and motives among these individuals. Such killers are often ordinary women from conventional families and use such techniques as poisoning.

Kaplan's (2015) examination of historical cases of female serial killers in the United States provides valuable insights into the MO and characteristics of these offenders. Kaplan sheds light on the prevalence of certain patterns among female serial killers, particularly their tendency to target individuals known to them, such as family members or acquaintances. Kaplan's study also revealed that poison is the most-used technique by female serial murderers. This indirect pattern of behaviour ensures the offender cannot be quickly apprehended, as well as entice their victims into what they want without a direct confrontation. Unlike male serial killers, whose crimes are more sexually motivated, as pointed out by Harrison et al. (2019), these murderers relied on the element of familiarity and secrecy to perpetrate.

Igo and Beaman's (2020) approach to serial homicide and gender differences brings the notes of similarities and differences between male and female serial killers. Notable findings of their study are the demonstration of growth in the lethality of victims for male and female serial killers and bringing lethality to moderation followed by a decline. From this pattern, it is possible to outline a diverse escalation of behaviours regardless of gender that the psychological interactions and situational contexts can condition. In addition, Igo and Beaman note that male serial killers tend to select their victims randomly or because of their status as professionals;

female serial killers, on the other hand, tend to target their dependents or close relatives. These differences underscore how and why killers act as they do; hence, it is crucial to pay attention to both the internal and external circumstances influencing their actions. Nonetheless, the study calls for more research so that the dynamics of serial homicide and the distinction between male and female offenders are fully understood. Thus, the identified trends can be used as a basis for further development of psychiatric and forensic sciences and give a comprehensive analysis of the gender characteristics of serial killers.

Bonn's (2014) analysis challenges the common misconception that all victims of serial killers are female, shedding light on the diverse range of victims targeted by offenders of both genders. Although if most serial killers target women, Bonn carefully explains how male murderers are capable of targeting any gender, age, or class. This also indicates that serial homicide phenomena comprise several aspects and a variety of factors, where gender cannot be regarded as the only prior criterion. Bonn presents a quantitative analysis based on the FBI's database of nearly three decades, and he makes clear that women form more than half of victims of serial murders. However, he also remembers specific cases when male serial killers attacked not only women but men and children as well, so serial killers do not prefer attacking only women. Bonn's examination demonstrates the challenge in studying serial killers in general. While there can be certain trends, there is a complex interplay of variables that make it impossible to predict or describe with absolute certainty the patterns that emerge. This is important to consider in evaluating this research as all findings must be taken with caution.

Exploration of serial killers' profiling shows there is a general sex difference. Harrison et al. (2019) introduced the "hunter-gatherer" model who target psychologically connected individuals for personal benefits. This model aligns with evolutionary perspectives on resource

acquisition. According to Kaplan (2015), the present research findings reflect the practices of female serial killers who use poison as their instrument and target people they know. In addition, Igo and Beaman (2020) also stressed differences in the selection of victims and the methods and techniques used. Bonn (2014) challenges the stereotype that only women are victims, showing the diversity in victim profiles. These two studies suggest that while there are gender-related factors that play an essential role in defining the nature and motives for serial homicide, there are also more fundamental psychological processes in operation. Such integration makes it clear that there is a need to adopt a more holistic view relying on the models of evolution and psychological and social situations in an attempt to understand aspects of serial killers.

Serial Murder and Mental Health. Several studies have indicated that while not every serial killer can be classified as having a mental illness, the proportion of those who have certain psychological disorders is concerning. Research has indicated that many serial killers display antisocial personality disorder (ASPD), which typically involves the consistent violation of others' rights (Fisher & Hany, 2023). Stone (2015) observes that most of the offenders examined were diagnosed with ASPD. Similarly, Fox and Levin (2012) noted that practices like lack of empathy, impulsiveness, and manipulateness, which are characteristic of ASPD, can also be observed in serial murderers. Such traits help them perform violent acts without feeling guilty or any other negative emotion.

Another mental condition that has been associated with serial killings, albeit one that is not represented in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., text rev.; DSM-5-TR; American Psychiatric Association [APA], 2022), is psychopathy. Psychopaths present persistent antisocial behaviour and lack of empathy and remorse, coupled with aspects such as being bold, disinhibited, and egotistical. According to Hare and Neumann's (2016)

extensive review, psychopathy is associated with violence and is particularly relevant to serial murder. This is in agreement with Aamodt (2016), who synthesized a meta-analysis to show that there are high degrees of psychopathy among serial killers who exhibit personality traits that could be useful in preying on their victims.

Besides personality disorders, other mental disorders that have been noted among some serial killers include schizophrenia and bipolar disorder, though less common. Schizophrenia affects people's thoughts and perceptions, making such individuals violent, as stated by Meloy (2017). However, the conclusion should not be that people with schizophrenia inherently represent a danger to others; it is important to emphasize that individuals with schizophrenia are far more likely to be victims of violent acts than perpetrators. Similarly, while bipolar disorder is often highlighted in media portrayals of serial murderers, the actual link between bipolar disorder and serial murder is contentious and represents a very small proportion of individuals with the disorder, as argued by Kiehl (2018). Research indicates that social stigma, fuelled by media representations that incorrectly suggest people with schizophrenia or bipolar disorder are prone to violence, significantly worsens their mental health and overall quality of life (Ghiasi et al., 2023).

Even though many serial killers have a personal history of mental disorders, not everybody with mental issues becomes violent or a criminal. Childhood trauma, abuse, and the influence of society cannot be ruled out as environmental factors which influence such matters. Regarding the factors that contribute to the development of violent behaviours, LaBrode (2016) believes that they are genetically influenced and arise from unfavourable environmental factors. This multifactorial perspective is helpful in deeming that mental illnesses do not make a person destined to become a serial killer.

Mass Murder

Mass murder is the killing of four or more people simultaneously, usually in one place. Mass murders are characterized by their explosive nature, as they involve significant violence within a short time and in a limited territory (Krouse & Richardson, 2015). These events are calculated, and the culprits choose places like schools, businesses, or any place that would cause as much harm as possible. Some common reasons for the motivation to conduct mass murders include revenge, perceived unfair treatment, or the goal of gaining attention (Van Geem, 2009).

From a psychological lens, mass murderers are often characterized by anger, frustration, and powerlessness. These emotions are usually intensified by factors such as job loss or personal failure. Most mass murders involve the discharge of firearms since this allows the perpetrator to kill as many individuals as possible within the shortest time possible.

Most mass murderers do not expect to be alive after their incidents (Keneally, 2016). Most die during the incident itself, either due to self-inflicted harm or putting law enforcement in a position where killing the perpetrator is increasingly necessary, implying that there is a suicidal aspect to the mass murderers' actions.

Unique Characteristics of Mass Murder. One of the most defining characteristics of mass murder is the rapid execution of multiple killings in a single incident. Lankford (2016), in his analysis of mass murderers, pointed out that most of these criminals usually plan their events meticulously; that is, they select areas and hours of the day when many people are present. This premeditation is one aspect that makes it possible for mass murderers to wage their assaults relentlessly.

Mass murders are usually conducted in schools or workplaces, or in other words, social and relatively open spaces (Fox & Levin, 2012). These settings are selected not only due to the

density of the potential victims' population but also due to their valuable informative-symbolic effect and the ability to attract the attention of the mass media (Fox & Levin, 2012). Schildkraut and Elsass (2018) also suggest that the location selection is vital to the persecutor because they want to ensure that the act is watched and noted by as many spectators as possible.

Psychological profiles of mass murderers often reveal a history of perceived injustices, grievances, and a desire for revenge (Knoll, 2010). Most mass murderers have a feeling of hopelessness, and acting violently is their way of righting that which they consider to be wrong (Knoll, 2010). According to Meloy et al. (2015), mass murderers often possess narcissistic, paranoid, and major depressive disorders. These psychological factors jointly fit with an activating occasion, for instance job loss or individual failure, to make a decision to commit mass murder.

Another distinctive feature is the employment of firearms; this is more prevalent in countries which have quite liberal policies concerning the possession of guns; however, this trend is less pronounced in other countries with stricter firearm regulations (Spitzer, 2017). Firearms allow mass murderers to kill as many people as they possibly can within a short amount of time, which is consistent with the goals of the transportation and execution phases. Fox and Levin (2012) pointed out that more than three-fourths of the mass murders in the United States involved firearms, reiterating the availability and deadliness of guns in such activities.

The aftermath of mass murder often involves the perpetrator's suicide or a confrontation with law enforcement (Lankford, 2016). Most of the mass murderers do not wish to necessarily survive their lethal acts since they are in it for the kill. The suicidal element, according to Lankford (2016), is another distinguishing formative element; they often consider their mass murders as the culmination of life's grievances.

Sex Differences Among Mass Murderers. Although mass murderers are typically male, there are sex differences factors influencing male and female mass murderers (Norris, 2011). Specifically, male mass murderers select more often public targets and more often firearms. According to Aamod (2016), it was established that 95% of the people who engage in mass murder are men, and their actions are often driven by a desire for notoriety and revenge against societal structures or specific groups.

Mass murder by females is relatively rare and is distinguished by motives and means. McCauley and Moskalenko (2017) also found that while researching female mass murderers, women are usually inclined to kill their family members and or people close to them. Moreover, another way aggressive incidents are articulated is when one's attacks originate from personal anger as a result of particular offences like domestic violence or assuming betrayal. Also, females prefer using other means instead of using firearms; they can use poison or arson as a method of attack.

Psychologically, female mass murderers are characterized by emotional straining, depressiveness, and a history of being a victim of trauma. Female mass murderers may also be affected by relativity, for instance, using their male partner as a co-offender. The study conducted by Hamby (2019) reveals that women who commit mass murder are driven mainly by the state of personal stress and turmoil, which may be vastly different from the multiple issues on the societal level that men are likely to have.

Mass Murder and Mental Health. A study of male mass murderers in Germany between 2000 and 2012 explored the mental status of offenders in the hours and days before the commission of the murders (Allwinn et al., 2019). Their study was to evaluate the risk factors and behaviour indicators in the last (proximal) hours/days before the event to examine the

offender's psychotic or nonpsychotic status. There was a measurable difference between the two groups concerning the ability to choose a weapon, planning behaviour, personal crisis, personality aspect, and warning behaviour. Of particular interest is the indicator of pathway warning behaviour, as well as the direct threat towards the victim before the attack: 76% of nonpsychotic offenders disclosed signs of warning behaviour and directly threatened their targets in contrast to 26% of the psychotic offenders.

Peterson and colleagues (2022) conducted a systematic examination of psychosis's role in mass shootings using publicly available data. Their study was aimed at comparing how the factor of psychosis influences mass shootings in relation to other factors such as job-related concerns, conflicts with other people, and desire for fame. The authors referred to a sample of 172 mass shooters and stated that psychopathology was a mild to moderate factor in contributors only in some of them. Nevertheless, the majority of the offenders demonstrated other factors not associated with psychotic thoughts. Most notably, the authors showed that those experiencing psychosis who committed mass shootings had similar demographic and risk factors as the subjects, who had different motives. This proves that mass shooting occurs in very diverse contexts and should be addressed with substantial and complex prevention.

Brucato et al. (2021) considered mass shootings and other mass murders where firearms were not used. Their study entails a cross-sectional review of international data on personal-cause mass murder, which occurred between the years 1900 and 2019, to identify people who used firearms and those who did not. Examining the presence of lifetime psychotic symptoms, the authors concluded that psychotic symptoms at some point in life were observed in 11% of all offenders, irrespective of the use of firearms. This challenges the presumption that mass shooters are psychotic and underlines the need to look at factors other than mental health problems to curb

mass violence. Further, the assessment demonstrated that legal history, recreational drugs or alcohol misuse history, and nonpsychotic psychiatric or neurologic symptomatology characterized US-based mass shooters. This implies that measures that have been advocated to address issues of gun availability, drug and alcohol abuse, and police actions may be more helpful in dealing with mass shootings than concentrating on mental health problems.

In essence, Allwinn et al. (2019) underlined the differentiation between the behaviours of psychotic and nonpsychotic mass murderers, pointing to the detailed information about types and pathway warning behaviours. Only a small number of mass shooters are influenced by psychosis, while most of the shooters are driven by other factors such as depression, anger, or a desire to kill as well as hostility; thus, prevention strategies must take on more complex forms (Peterson et al., 2022). Policies addressing firearm access, substance misuse, and legal issues may be more effective than taking a preventative approach based only on mental health treatment and assessment (Brucato et al., 2021). These integrated findings stress the point that mass violence risk is a complex phenomenon which involves the acknowledgement of mental health, but other social factors should not be dismissed.

Adolescence and Risk Factors for Violence

Adolescence is a stage characterized by significant changes in physical, emotional, and social development, and this is why the period is sensitive to different factors that lead to violence. In this stage, people are very much influenced by what is going on in their surroundings, such as family circumstances, friends, and multiple media exposures (Backes & Bonnie, 2019). Risk factors which, if present, indicate an increased likelihood of the targeted youth participating in delinquent behaviour include exposure to domestic violence, substance use and dependence, low socioeconomic status, and peers involved in delinquent behaviour (Gupta et

al., 2022). Adolescents with a history of trauma, mental health issues, or poor academic performance are also at a higher risk—besides, the search for identity and autonomy results in rebellion against authority and participating in dangerous activities (Lin & Guo, 2024).

Prevalence of Violence Among Adolescents

Violence Experienced by Adolescents. In a current global sociocultural context, adolescents endure all forms of violence, whether it is physical, emotional, or sexual. World Health Organization (WHO, 2020) reports that one in every three adolescents across the globe has experienced some type of violence.

Adolescents are among the most vulnerable groups experiencing physical violence. Bullying, physical aggressions, and actual attacks are omnipresent. For example, 18.7% of high school students in the United States report being bullied on school grounds within the previous year (Centers for Disease Control and Prevention [CDC], 2019). Also, 8% of students stated that they were involved in a physical fight at least once in the same period. A 2023 Canadian Health Survey on Children and Youth (CHSCY) also reported 26% of Canadian youth aged 10 to 17 experienced bullying at least once in the past month, with 8% reporting physical bullying (Statistics Canada, 2024).

Another common type of violence is emotional, where words are used as a weapon and the impact is strongest on the victim's mind. Emotional violence happens in adolescent schools from peers, in the home from family, and even from teachers (Ferrara et al., 2019). This emotional violence tends to produce adverse effects on the mental health as well as the performance of adolescents in their studies. Youth who underwent emotional violence were at a higher risk of being affected by depression and anxiety disorder (National Institute of Mental Health [NIMH], 2018).

Sexual violence is one aspect of violence in adolescent girls that is very relevant in today's world. According to WHO (2020), about 18% of girls and 8% of boys worldwide undergo sexual abuse before they are 18 years old. The physical and psychological effects of sexual violence include severe psychological problems such as posttraumatic stress disorder (PTSD), substance dependence, and even contemplating suicide. For instance, the same study reveals that victims of sexual violence are more likely to practice risky behaviours, namely unprotected sex and drug use, hence raising the chances of being infected.

Violence Committed by Adolescents. Apart from being victims, adolescents can also be offenders who use violence on their counterparts. The violence committed by adolescents differs based on socioeconomic status, home environment, and the content they observe or experience in television shows or the neighbourhood (Latham et al., 2022). Research is essential in comprehending the characteristics and triggers of violence in youth that have led to the existent frustrations in order to curb such events from recurring.

Adolescent violence can manifest in different forms, including physical aggression, bullying, and delinquent behaviour (Fauzi et al., 2023). The Office of Juvenile Justice and Delinquency Prevention (OJJDP, 2019) has revealed that approximately 16% of adolescents in the US have been involved in physical fights. In comparison, 10% of adolescents have been involved in bullying other people (OJJDP, 2019). Involvement in these behaviours is more likely to occur in school since learners are in contact with their peers, and they develop a social mapping system that isolates learners into specific subgroups. This system organizes learners' interactions into base hierarchies, creating grounds for conflicts and aggression.

Since the family forms the child and young person's primary social environment, it significantly influences adolescent behaviours. Research has proved that children who hear or

even see domestic violence or parents with criminal records tend to commit violent acts.

According to the National Institute of Justice (NIJ, 2016), kids from violent homes were likely to turn violent too. This intergenerational transmission of violence highlights the importance of addressing family dynamics and providing support to at-risk families.

Additionally, violence executed by adolescents can be instigated by socioeconomic factors as well (Krouse & Richardson, 2015). Teenagers from poor backgrounds in areas with little chance of getting an education or virtually no recreational facilities tend to become involved in criminal activity and violence. They also do not get positive role models or constructive things to do, which can breed frustration and aggressive activity. A study by the Urban Institute (2019) established that youths from poor households had double the level of violent conduct than their counterparts from affluent homes.

Violent content in television programs, movies, and video games are considered the object of numerous investigations. Media violence may contribute to aggressive behaviour in adolescents (Ybarra et al., 2022). According to a meta-analysis by APA (2015), although short-term aggression is positively associated with media violence, the results relating to the long-term connection between the two are less conclusive.

Trauma and Adverse Childhood Experiences

Impacts Of Trauma on Threat Assessment. Felitti et al. (2019) revealed a strong, graded relationship between adverse childhood experiences (ACEs) and numerous negative health outcomes in adulthood, including increased risks of alcoholism, drug abuse, depression, chronic diseases, and early death. By surveying over 17,000 participants, the researchers established that higher ACE scores correlate with a greater likelihood of engaging in health risk behaviours and developing severe health conditions. This study's comprehensive methodology

and robust sample size provided compelling evidence that ACEs are a critical public health issue, necessitating early intervention and prevention strategies. The ACE Study has since spurred extensive research into the biological, psychological, and social mechanisms of trauma, highlighting the profound and lasting impact of childhood adversity on long-term health.

Mass shootings are a significant problem that requires a separate analysis of different components, such as warning signs, communication of intent, and mental state of the shooter. Slemaker (2023) focuses on warning behaviours exhibited by mass shooters, analysing 27 manifestos from 23 shooters in the United States. The study identifies six out of eight warning behaviours, with leakage being the most identifiable warning behaviour. In leakage, the shooter informs the target that an attack is imminent, typically through a social media account or videos. Moreover, planning and research are the two most recurrent subjects in the discourse of the shooters, which is why more attention should be paid to the preliminary stage of an act of terrorism.

Peterson et al. (2021) delve into the phenomenon of leakage, defined as the communication of intent to do harm before a mass shooting. The research focuses on 170 mass public shootings that occurred between 1966 and 2019 and established that 48% of the shooters shared their intentions. There are similar correlations between leakage and counselling received and suicidal thoughts, indicating one use of leakage could be as a (cry for) help in a suicidal patient. The results stress the need of identifying and addressing possible instances of leakage as potential areas for mental health intervention to reduce gun violence.

On the other hand, Lankford and Cowan (2021) discuss the relationship between mental health issues in mass shootings with a concern asking whether mental health issues have been underplayed as a factor. In the sample of 171 public mass shooters in the United States,

examined from 1966 to 2019, the study indicates that the associations with mental illness were equally present in multiple cases regardless of the suspects' perceived mental health disorders. Even the most "mentally healthy" perpetrators exhibited signs of mental illness or suicidal intent in some cases. Implying that other indicators of a mass shooter should also be considered; the findings indicate the importance of closely examining the person's mental status. It also discourages prejudice concerning people with mental disorders, as prejudice decreases the chances of getting psychological assistance.

Impacts Of Trauma on Violent Behaviour. Grattan et al. (2019) sought to establish the effect of trauma on clinical symptoms in first-episode psychosis (FEP) individuals. They noted that trauma history had a significant relationship with the level of aggression, the severity of depression, suicide intentions, and nonsuicidal self-injury behaviour (NSSIB). Yet, trauma was not significantly associated with suicide behaviour or psychosocial functioning. Thus, this study underlines the significance that is to be attributed to the broader consequences of trauma in people with FEP. It discusses the possible advantages of offering trauma therapy to early psychosis patients in order to manage these co-occurring symptoms.

Studying the patterns of different and similar types of childhood trauma, Katembu et al. (2023) tried to determine how cognitive-emotional deficits like inhibition and emotion regulation contributed to its impact on violent behaviour in adolescents. They argue that the poor abilities to manage emotions, particularly in stressful situations, are more critical than the non-emotional inhibitory dysfunction in revealing aggressive behaviour in people affected by childhood trauma. Thus, this study helps to make a discussion of the role of cognitive-emotional processes in the relationship between childhood trauma and violent behaviour. This study further stresses the

significance of the development of specialized prevention and early intervention strategies aimed at emotion regulation in children vulnerable to developing mental disorders.

Del Pozzo et al. (2021) provided a critical review of the literature on childhood trauma and aggression in FEP. They also pointed out the comparative analysis of the prevalence rate of childhood trauma and aggression in FEP with other control groups, stressing the prerequisite for early diagnosis and treatment. The authors recommended the integration of trauma-informed approaches in FEP patients and treatment plan development to decrease the reported aggressiveness.

Media Violence and Aggression

Media violence and its link to aggression among youth has been a subject of significant debate for at least two decades now. Informative and effective policy-making and interventionist strategies must be formulated to address the factor in an attempt to avert adverse outcomes and fully understand the nature of the impacts that arise from exposure to violent media content. Many studies offer important information concerning the multiple mediational processes and long-term consequences of media violence on young people's aggression.

Grattan et al. (2019) wanted to determine a relationship between trauma and clinical symptoms with FEP clients. They pointed out that trauma history had a moderate correlation with the aggressiveness of the respondents, their depression status, suicidal ideations, and NSSIB. However, trauma was not discovered to be a significant correlate of the Suicidal Behaviours Questionnaire (SBQ) or the Perceptions of Interpersonal Functioning Assessment (PIFA). Hence, this study underscores the importance that should be accorded to the secondary impacts of trauma on people with FEP. Instead, it talks about the possible benefits of providing trauma therapy to psychotic disorder patients in order to treat these comorbid symptoms.

Gentile and Bushman (2012) presented the risk and resilience model of the impact that consumable violent media has on aggression. They outlined the various factors that help spur aggression and those that hinder it before agreeing to offer. Another prospective research by the same authors, which involved 430 children of the third and fourth grade, their classmates, and teachers, indicated an elevated risk of prior aggression over time and exposure to media violence, endangering factors including physical victimization, hostile outlook for peers, and prior aggression (Gentile and Bushman (2012a). This underlines the requirement for more complex perspectives of youth aggressiveness, knowing the distinct characteristics of the youth as well as external conditions.

Huesmann (2007) provided a comprehensive review of research on the impact of electronic media violence, highlighting the accumulating evidence linking exposure to violence in various media forms with an increased risk of violent behaviour among viewers, similar to the effects of real-life violence exposure. The review emphasized the universal influence of mass media on children's values, beliefs, and behaviours, with exposure to violence in media contributing to a heightened risk of aggressive behaviour. Also, Furlow (2017) explored the widely recognized link between violent media and youth aggression, noting that exposure to violence in any form of media is an established risk factor for aggression in children and adolescents. However, Furlow emphasizes that media violence is just one of many contributing factors to youth aggression and cautions against sensationalizing its effects.

Han et al. (2020) contributes to the discourse by examining the long-term effect of media violence exposure on youth aggression from the perspective of anger. Their study explores how different degrees of media violence exposure influence proactive and reactive aggression among youngsters and the mediating role of aggressive emotions. The findings suggest that individuals

with high media violence exposure exhibit higher levels of proactive and reactive aggression, particularly in response to provocation, highlighting the role of anger and rumination in mediating this relationship. This study adds to our understanding of the psychological mechanisms underlying the impact of media violence on aggression and underscores the importance of considering emotional responses in examining these effects.

Integrating findings from Gentile and Bushman (2012), Huesmann (2007), Furlow (2017), and Han et al. (2020) underscores the multifaceted nature of this issue. Gentile and Bushman's risk and resilience framework incorporates media violence and other risk influences within the broader context to show that the impact encompasses all fields. Furlow cautions against oversimplification, reminding us that media violence is one of many factors contributing to youth aggression. Han et al.'s focus on the role of anger and rumination in mediating aggression provides a more profound psychological perspective. These findings indicate that eradicating aggression among the youths must be grounded in multifaceted, research-informed approaches that factor in psychological variables and social ecosystems rather than attributing aggression to media exposure alone.

Cultural Influences on Aggression

Cross-cultural research on aggression sheds light on how cultural factors shape the expression of aggressive behaviour among individuals across different societies. Fry (2017) emphasizes the significant impact of cultural environments on the continuum of peacefulness to aggressiveness. Societies vary in values, norms, institutions, and mechanisms for dealing with conflicts, influencing the prevalence and expression of aggression. Additionally, cultural influences such as learned values, socialization, social organization, economics, ecology, gender, and natural and sexual selection contribute to the multifaceted nature of aggression. Two cross-

cultural patterns identified are sex differences in aggression and tendencies toward the use of restraint, highlighting the importance of understanding cultural influences in preventing and reducing physical aggression.

Erlewine (2011) conducted a study comparing forms of aggression and prosocial behaviours among 8-to-10-year-old students in Ireland and Puerto Rico. The findings revealed cultural differences in relational aggression and prosocial behaviours, with Puerto Rican students exhibiting greater relational aggression and Irish students displaying higher levels of prosocial behaviour. Gender differences were also observed, with males generally exhibiting higher levels of physical aggression and females demonstrating higher levels of prosocial behaviour. This study highlights the role of culture in shaping patterns of aggression and prosocial behaviour among children.

Similarly, Munroe et al. (2000) investigated behavioural aggression among children aged 3 to 9 in Belize, Kenya, Nepal, and American Samoa. They found that boys exhibited aggression more frequently than girls across all cultures, and aggression declined with age. Aggressive interactions were primarily observed in the presence of same-sex peers, and the presence of parents tended to be associated with lower levels of aggression. Interestingly, aggression was more prevalent in the two patrilineal cultures (Kenya and Nepal) than in the other cultures studied. These findings highlight the influence of cultural factors such as socialization practices, gender roles, and family dynamics on the manifestation of aggression among children.

Implications for Counselling Psychologists: Psychopathologies and Adolescence

In order to address violence as a public health issue, counsellors need to better understand psychopathologies among adolescents. Understanding and addressing violence requires confronting the significant stigma associated with seeking help for violent urges. Individuals

who have committed or feel the urge to commit violence often face intense stigma, which can deter them from seeking the help they need (Moore et al., 2015). This stigma is compounded by a general lack of understanding among professionals about the complexities of these issues, further alienating those in need (Moore et al., 2015). Consequently, the reluctance to seek help due to fear of judgement or inadequate support increases the risk of these individuals acting on their violent impulses (Henderson et al., 2014). Addressing this stigma and enhancing professional understanding is crucial for developing effective interventions and reducing the incidence of violence.

Also, social and environmental factors can be taken into account by counsellors to identify the factors of violence, and it can rightly lead to the sources of aggressive behaviour among adolescents (Heidari et al., 2014). Understanding ACEs is crucial for counsellors as they can significantly contribute to a client's risk of engaging in or experiencing violence, highlighting the importance of trauma-informed care in therapeutic interventions. Addressing the root causes of trauma can help mitigate the long-term effects of ACEs, thereby reducing the likelihood of future violent behaviours and improving overall mental health outcomes. Though psychosocial aspects such as neighbourhood deprivation and insufficient resources have been identified as the primary reasons for the propagation of violence, they also influence the development of psychological distress in adolescents (Ezell et al., 2023). To the counsellors, this will require shifting from the paradigm that focuses on the individual interventions alone to that which encompasses the underlying structural inequalities and social determinants of health that lead to social behaviour like violence.

Low socioeconomic status shaped by poverty, unemployment, inadequate housing, and absence of quality education and healthcare systems makes adolescents vulnerable to getting

involved in violent behaviour and active participation (Ezell et al., 2023). Insufficient resources make the hardships even worse, providing few windows of the chance to enjoy the adolescent years. At the same time, healthy ways of dealing with stress and frustration can be challenging. In this context, therefore, school counsellors need to consider the environmental dangers facing youth mental health and develop interventions that address each condition individually (Heidari et al., 2014). Adopting an ecological perspective also involves recognizing the interconnectedness of various systems and levels of influence on adolescent behaviour.

Along with individual factors like trauma history and social skills deficits, broader systemic issues such as institutionalized racism, economic inequality, and social disorders are becoming more prevalent. Adolescents face more challenges nowadays such as mental health issues, academic pressure, the impact of social media, bullying, substance abuse, economic inequality, and family dynamics (Hellström & Beckman, 2021), and counsellors should understand that. By appreciating how each factor is interconnected, counsellors can develop intervention strategies that address both the quick solution to adolescents' problems and the underlying structural barriers that keep violence.

Exploring Sex Differences in Serial Killers

The study of sex differences among serial killers offers valuable insights into the nature of violent behaviour and challenges traditional stereotypes surrounding gender and aggression. It emphasizes the nuances of a range of backgrounds and drives for murderers and thus illustrates the need for gender-based offender classifications to be more sophisticated than mere assumptions.

Research on sex disparities among serial killers instead tends to depict subjects with a broader scope, where both male and female offenders act in various ways, have diverse motives,

and come from different backgrounds (Harrison et al., 2019). Therefore, understanding this helps counsellors know the individual behaviours contributing to aggression and tailor interventions accordingly. Therefore, multifaceted evaluations are required to detect the deep-seated mental, emotional, and environmental factors instigating aggression. Through whole-perspective counselling, counsellors can meet every person's specific needs and develop treatment plans that aim at the core of their behaviour.

Also, counsellors need to be careful not to let their gender bias influence their perceptions and interactive choices with clients (Cotter et al., 2023). If unconscious bias is not controlled in a case, a counsellor tends to interpret one's behavioural pattern differently, which may result in the unintended reproduction of stereotypes. Through self-consciousness and cultural open-mindedness, counsellors can prevent the influence of such biases. Additionally, counsellors play a crucial role in challenging societal attitudes and promoting gender equity in discussions surrounding aggression and violence. By fighting for inclusiveness, they can positively affect society as they strongly support activities against the exploitation of stereotypes and promote positive social changes. But, as it has been reported, it is possible that some of the stereotype might actually turn out to hold some truth in real life, and this actually makes it all the more difficult to deny prejudices.

Examining Multiple Murders and Psychosis

Mass killings and psychosis research highlight the necessity of having threat assessment protocols designed for each situation and complex prevention strategies as the way of efficiently tackling the issue of mass violence. In the process of prevention, counsellors are the key to contributing to collaboration with mental health experts and law enforcement agencies in the

identification of warning signs and providing immediate solutions for those who are about to carry out mass violence.

Another critical part counsellors need to look at is the mental state of multiple killers. Although some of the perpetrators of shootings do not carry an undeniable diagnosis of mental illness, it is very crucial to explore the intersection between mental health and violence when planning an effective prevention program (Metzl et al., 2021). Psychosis researchers revealed a dissimilar pattern of behaviour and signs of prevention for people with psychosis than for those who are not psychotic patients. Hence, patients without psychosis need different assessment and prevention protocols (Allwinn et al., 2019). Therapists can decrease the likelihood of mass violence when they work harmoniously with law enforcement agencies to facilitate a multidimensional threat assessment. This examination could encompass looking into the mental health history of individuals, finding out the risk factors associated with psychosis and other similar symptoms, and also checking their access to weapons of violence (Varshney et al., 2016).

In addition, counsellors can offer tremendous help in the process of supplying the needed support or crisis prevention to people with psychosis/other mental health issues who might be at high risk of perpetrating mass violence. This can include counselling, helping access psychiatric treatment and medication, forming care units, focusing on community resources, and coordinating relationships with other healthcare providers. Moreover, counsellors can help design and implement individual intervention programs and contribute to the introduction of community-based initiatives that aim to affect the general risk of mass violence. Collaborating with educators in schools, promoting awareness among the workforce and community organizations, and implementing the programs where it is necessary to address mental health

education, conflict resolution, and early intervention for people who appear to be concerned are some ways to achieve such.

Supporting Clients With Potential Interactions of Media Violence and Aggression

Learning about the connection between media violence exposure and the level of aggression in youth necessitates a multidimensional view that factors both internal and external influences. Many studies have managed to prove the interplay between viewing violent media content and higher aggression levels witnessed in children as well as in youth, and the association is that it is complexified by many elements such as age, gender, family environment, and peer relationships.

In order to overcome the possible damaging effects of media violence on children and adolescents, counsellors are capable of acting as a great resource in the learning process of young people about media literacy and coping strategies. Media literacy is an integrating ability of critical thinking and examining the media content, thus understanding how it affects attitudes, beliefs, or behaviours (Moore, 2015). Counsellors can offer youths, their parents, and families a better understanding of the potential consequences of media violence, such as behavioural issues and mental health conditions. When counsellors raise concerns regarding the negative impact of violent media, individuals and families can be assisted in making informed media use. People will also be taught how to minimize exposure to harmful content.

In addition, counsellors teach how children and adolescents may handle the emotional and psychological effects of exposure to violent media by employing coping strategies in the process. For that reason, the approach may be practicing relaxation techniques, stress management skills, or problem-solving strategies meant to help people get through unpleasant feelings of rage, annoyance, anger, or anxiety caused by violent media content. Furthermore,

counsellors may engage with schools and community organizations to strengthen media literacy education so children and youth can embrace healthy media habits. Through collaboration with other stakeholders, counsellors can aid in making environments more encouraging for critical thinking, responsible media consumption, and proactive social connections among peers.

Exploring Threat Assessment and Warning Behaviour

Considering threat assessment and warning signs is essential for counsellors to realize in time and keep the people capable of such things under control. Counsellors assist in spotting those behavioural signals and what psychological mechanisms may underpin them when they arise. An essential thing in threat assessment is leakage, which covers someone telling his or her plan to carry out something violent before committing it. Counsellors need training to identify leakages, which can be expressed differently and might be a written or verbal statement, a social media post or an indirect hint. Knowing psychologically why some leaks occur could be a critical factor in determining the threat level and using effective interventions. Moreover, experts should learn about mass violence warning signals like changes in behaviour or appearance, planning, and research social isolation and expressions of anger or disdain (Wormwood et al., 2019). By being attentive to those warning signs, counsellors could spot people more prone to performing violent acts, thereby helping prevent harm and possible negative consequences by intervening early. Assessments such as the Violence Risk Appraisal Guide (VRAG) or The Aggression Questionnaire (AQ) could be exercised.

Collaboration is vital in threat assessment and intervention efforts. Counsellors must liaise with mental health professionals, school administrators, police officers, community leaders, and other relevant individuals to know who the subject is, assess risk, and plan interventions. In sharing information and making their efforts to be as coordinated as possible,

professionals may achieve a cohesive approach to potential threats, ensuring that the victims have support and resources to be able to trace the underlying issues that may likely cause violence. Another essential aspect of counsellors' function is the provision of assistance to people who may be a threat to violence and others who outright show their intent to harm others. Through counselling, crisis intervention, and referral to relevant operations, counsellors can assist individuals in dealing or coping with sources of violence, such as mental health concerns, trauma, and interpersonal conflicts, before they can spiral out of control.

Addressing the Impact of Trauma on Violent Behaviour

The primary responsibility of trauma-informed counselling is to adequately respond to trauma-related violence in the practice setting, such as the condition of dealing with individuals who have been exposed to childhood trauma and are exhibiting violent behaviour (Grattan et al., 2019). The trauma-informed practice accepts the fact that trauma can bring substantial mental pressure and, therefore, is the reason for uncontrolled behaviour and primarily aims to provide a safe and supportive atmosphere for healing. In light of people with FEP, trauma-focused therapies are a necessary part of treatment programs which will ensure proper management of comorbid symptoms as well as lowering the potential of aggressive behaviour (Center for Substance Abuse Treatment (US), 2014). Particularly, trauma memories were connected with the increased rate of aggression, the severity of depression, and other clinical symptoms in patients who manifested episodes of depression (Varshney et al., 2016). By using trauma-focused interventions in session, counsellors may aid clients in their experience-processing, development of those coping skills, and reduction of the likelihood of aggression. Trauma-focused interventions may include trauma-focused cognitive-behavioural therapy (TF-CBT), eye movement desensitization and reprocessing (EMDR), narrative exposure therapy (NET), or other

evidence-based approaches tailored to the individual's needs and preferences. These interventions help clients explore and process traumatic memories safely, as well as work through emotional responses, regulate them, and restore a sense of security and empowerment.

Moreover, trauma-informed care involves creating a therapeutic environment that prioritizes safety, trust, collaboration, and cultural sensitivity. Support, empathy, compassion, and respect are the primary qualities of a counsellor who should be employed when working with trauma survivors. Recognizing the damage caused by terrible events and validating everything that has happened is crucial. A practical yet trusting relationship serves as a means to aid healing and improve therapeutic outcomes.

Considering Cultural Influences on Aggression

One notable element of culturally sensitive counselling is the building of sensitivity and consciousness towards the cultural factors attributing to aggression. This included identifying how cultural norms regarding gender roles, communication style, family dynamics, and how conflicts are being resolved influence individuals. Counsellors can personalize their interventions to cater to each client's unique cultural perceptions and learning (Trevino et al., 2021). This can be achieved by using culturally motivated technological approaches, such as rituals, symbols, or analogies during therapy sessions to help clients engage more fully and resonate with the therapy. For instance, therapy methods that draw on societal aspects like storytelling, art therapy, or mindfulness techniques rooted in a person's culture can be a powerful tool to reach resilience and healing.

Cultural competence is about being constantly aware of one's self-reflexive attitude, discovering ways of sensitivity, and developing a sense of cultural pluralism. Counsellors are advised to go for training and workshops that would be able to further their academic knowledge

related to cultural competency, and consulting their colleagues who belong to diverse cultures and backgrounds would promote their counselling competence. Counsellors should also be keen to monitor the intersections of culture with other identity dynamics such as race, ethnicity, sexuality, and religion. These identities determine how the targets of aggression experience the problem, their comfort in seeking help, and the ease of accessing the available resources. Counsellors must apply an intersectional approach to address the mixed needs and problems posed by clients from different cultural backgrounds with sensitivity, which may lead to a better and more effective way of doing this.

Implementing Intervention and Prevention Strategies

Implementing evidence-based intervention and prevention strategies is crucial for reducing aggressive behaviour among youth and promoting safer communities. Counsellors are crucial in working collaboratively with stakeholders to design, implement, and evaluate effective prevention programs. Counsellors must stay informed about evidence-based practices and interventions supported by research findings. Thus, they can demonstrate that the interventions undertaken are based on solid ground and have the highest possibility of success. This could be oriented toward professional skills development through participation in continued education projects such as conferences and workshops and engaging in peer-learning sessions. The interaction will be indispensable while devising the courses of successful prevention measures and apportioning the responsibility to educators, mental health professionals, families, and colleagues in the community to achieve elaborate interrelated strategies. Interdisciplinary teams do their best by gathering different experts and resources and combining these broad perspectives. IQ can also help solve those complex and multifaceted factors that contribute to aggressive behaviours among youth.

Complementing programs designed for a particular situation with the specific needs and features of the target population is a significant concept in maximizing the programs' effectiveness. Professional counsellors should perform thorough evaluations to identify the unique background and individual context that could be a risk factor for developing aggression. They should also enrol students in activities to help them build their strengths and protect them from becoming aggressive. Culture-based approaches, as developmentally and contextually responsive strategies, are vital for the accessibility of the intervention to all community members, be it background or identity-related (Erlewine, 2011). Also, counsellors have to focus on evaluation and monitoring systems that will help them assess the effectiveness of the programs on an ongoing basis. This could be done by capturing data on the outcomes of programs, conducting satisfaction surveys, and obtaining input from participants and stakeholders to establish nodes for improvement and modify the programs.

Future Research

Exploring violence, aggression, and criminal behaviour encompasses a wide range of interdisciplinary research and practice areas. This paper has outlined significant findings such as psychopathologies in adolescence, sex differences in serial killers, the correlation between mass murder and psychosis, the impact of the media on aggression, threat assessment and warning behaviour, trauma as a causative factor of aggressive behaviour, and the culture's influence on aggression and intervention and prevention strategies. This is achieved by synthesizing findings from places where these factors overlap. We have enhanced knowledge of the intricate relationships among individuals, society, and environment that lead to violent behaviour and the implications for counselling psychology.

Addressing psychopathologies common in adolescence is crucial for promoting social health and reducing violence. By recognizing violence as a public health issue and understanding the impact of factors like environmental deprivation and limited resources, counsellors can adopt an ecological perspective when working with young people. This goal can be achieved by providing appropriate mental health care at both the individual and community levels, optimizing social conditions, and addressing social determinants of health. Research on serial killing reveals that examining gender differences challenges misconceptions and highlights the variety of motives behind violent behaviour (Harrison et al., 2019). Counsellors must acknowledge the complexity of violent behaviour and avoid making simplistic, gender-based assumptions when assessing or treating individuals with aggressive tendencies. Studies on mass killings and psychosis emphasize the importance of diverse threat assessment protocols and multifaceted approaches (Allwinn et al., 2019). By working closely with mental health professionals and law enforcement, counsellors can recognize warning signs and intervene effectively.

Understanding the impact of media violence exposure on youth aggression requires a nuanced approach. Counsellors can assist young people in increasing their media literacy skills and coping abilities to prevent the impact of harmful media content. Psychologists should be involved in designing and implementing systems to assess and detect warning signs of mass violence. They can achieve this by developing risk assessment tools, collaborating with law enforcement, and training professionals to recognize early indicators of violent behaviour. Therefore, they must be trained to identify warning behaviours that may signal violent behaviour in individuals likely to perpetrate it; through noticing the inner psychological tendencies that can be observed as leakages and other warning factors, counsellors can work together with other trained experts to step in and stop the potential of destructive behaviour.

Future research on cultural influences on aggression should continue to explore the multifaceted dynamics that shape how individuals from diverse cultural backgrounds experience and express aggression. Longitudinal studies can show influential aspects of the interaction of cultural factors with individual qualities, the family dynamics, and the level of the community's impact. Researchers may include samples of people from diverse cultural backgrounds in different parts of their lifespan to reveal the crucial periods and features that result in the expression of aggression in certain cultures (Erlewine, 2011).

Researchers should focus more on the acculturation and cultural adaptation processes that influence intergroup aggression among immigrant populations. Understanding how immigrants navigate their new cultural environments is crucial for addressing conflicts and perceptions of aggression related to their beliefs, attitudes, and behaviours. This could be explored in gender roles and expectations, social norms, and communication styles from their country of origin and how it differs in their new society. This approach is essential for developing effective cultural interventions. Research shows an inverse relationship between immigration rates and violent crime, indicating that immigrants are often unfairly scapegoated (Bell, Fasani & Machin, 2013). This underscores the need to base interventions on evidence rather than misconceptions. Additionally, social science research should explore the connections between cultural identities and aggression through an intersectional lens. Cultural groups encompass a range of identities, including ethnicity, gender, sexual orientation, socioeconomic status, and religious affiliation. Examining these cross-cultural encounters can reveal how multiple identities interact and influence aggression. Future studies should also evaluate new intervention and prevention strategies that incorporate cultural sensitivity and relevance. Technological interventions, for example, offer innovative ways to deliver culturally customized support and resources,

potentially overcoming barriers to care and enhancing engagement among marginalized communities.

Community programs that focus on important cultural values and work with local leaders and organizations are effective in combating indifference. By integrating existing cultural resources and leveraging social networks to promote positive behaviours and psychosocial resilience within communities, these programs can address these underlying issues and reduce adverse outcomes (Bell et al., 2013). The grassroots programs allowing community participation in the venture of violence prevention provide a platform to develop sustainable solutions to deal with aggression and promote collective culture.

Application to Clinical Practice

Firstly, counsellors should be patient and acknowledge the uniqueness of each individual through a holistic and culturally sensitive assessment and intervention. A reasonable degree of cultural competency measure entails acknowledgement, respect, and understanding of the diverse cultural orientations, lineages, and conditions faced by clients, as well as the integration of treatments targeting those specific areas that led to the cause of the concerns. Cultural competency directly assists in building trust and rapport, improving communication, and ensuring good results (Bell et al., 2013). The counsellor can establish an inclusive and respectful environment by integrating cultural respect and self-awareness instead of going against a specific cultural group. Through this approach, not only are the efficiencies of counselling boosted but also the dignity and strength of the client are promoted; therefore, the overall well-being of diverse clients is improved.

After that, counsellors ought to adopt evidence-based measures and interventions. Counsellors can measure the risk and protective factors using validated assessment tools like

surveys, interviews, and scores to establish the extent and implications of physical aggression and monitor potential improvements in time. Studies have established that evidence-based treatment methods, including cognitive behavioural therapy, trauma-focused therapy, and anger management techniques, have contributed immensely to controlling aggression and helping individuals engage in positive behavioural change. By following up on the latest outlines involving ethical conduct and better techniques, counsellors can provide ethical but also productive and dependable interventions. This resolution to an evidence-based approach is a high-grade counter that upgrades the credibility of the counselling services, which may, in the long run, likely bring about positive outcomes for clients dealing with aggression or violence problems.

Moreover, counsellors can work in conjunction with multidisciplinary teams as well as community stakeholders to deal with the multiple factors depicted in aggression and violence. With a collective effort, the community, social workers, educators, law enforcement, and the government will be able to develop a systemic approach to violence prevention, pinpoint the significant obstacles, develop measured programs, and recommend policy changes that support security and welfare. Community-based activities, such as youth mentoring programs, school-sanctioned violence prevention curricula, and neighbourhood watch systems, can be very effective. Counsellors can bring their knowledge to the table in such partnerships and use the gathered experience to hone in on evidence-based approaches, improve resources, and build a robust environment for the community to thrive. Synergically utilizing the diversity of stakeholders' viewpoints and resources, the agencies can create multifaceted solutions targeting the causes of the problems and improve resilience and positive social change accordingly.

Moreover, counselling agents ought to devote most of their attention to finding means of early identification of anger and violence development so that a reasonable mechanism of intervention can be applied. Early-stage identification and treatment can drastically lower the possibility of violent acts never taking place and ease its gravity on people and society. In addition to school counsellors, mental health professionals working in health-related settings and nonprofit associations detect problematic cases and promptly intervene before a crisis ensues, linking clients with the necessary support services. Efforts to prevent violence and disorder should take into account building resilience, teaching coping and prosocial skills, and addressing underlying risk factors like trauma, substance abuse, or family dysfunction. Intervening in the early stages, offering assistance with this aspect and developing skills that would be useful for individuals to cope and make better choices is what counsellors can do in both individual and community contexts: this way, violence and aggression decrease.

Furthermore, counsellors need to advocate changes at the systemic level that tackle the real reasons for aggression and violence, for instance, poverty, inequality, race-based barriers, and social injustice. An approach to tackle this could consist of community support initiatives, collaboration with pre-existing advocacy groups, and creating awareness and education programs (Hosken, 2020). A devastating challenge that seems impervious to existing systems is tackled by structural factors that promote equality in income accommodation, education, healthcare, and social cohesion. They can use their power of influence to significantly raise awareness and promote practices to improve the situation of vulnerable group members. By influencing the removal of structural issues that cause violence, counsellors will contribute to a more equal and tolerant world where everyone, regardless of their background, has a reason to succeed.

Correspondingly, this advocacy initiative satisfies the pivotal ethical responsibility of ensuring that social equity is maintained all the time to improve well-being in communities.

Ethical Considerations

Confidentiality is a cornerstone of the counselling relationship, but it can become complex when clients disclose thoughts or intentions of harm to themselves or others. While it might seem that a counsellor's duty to maintain confidentiality might conflict with the duty to protect any potential victim, a counsellor has to possess a certain level of wisdom to perform both responsibilities responsibly. Ethical counselling guidelines allow counsellors to violate confidentiality in active cases of danger of harm to the client or others. However, holding this balance accepts the possibility of harming the client's trust or the effectiveness of the therapeutic relationship.

Client independence and respect for human worth are other principles of ethics that counsellors should consider while helping avoid aggression and violence. People have a right to be well-informed in detail about their treatment processes and goals, including the risks they have to take in risky or abusive behaviours. However, with the aid of their clients, counsellors maintain the right to make the choices they will not contravene their goodness and safety. This could include co-decision-making, trying novel practical techniques, and exploring plans to change the forces that induce the client's aggressive conduct.

Beneficence and nonmaleficence require counsellors to act in the best interests of their clients while avoiding harm. Dealing with aggressive or violent clients calls for a thorough assessment of the desired pros and cons of different countermeasures. Thus, the organization would be responsible for developing and implementing interventions supported by research evidence, conducting client evaluations and making treatment plans to optimize outcomes and

reduce the risk of harm. Also, counsellors must be aware of the influence of their interventions on clients' welfare; hence, it is fitting that the treatment strategies should be respectful, culturally sensitive, and individual-oriented.

Cultural competence is essential when addressing aggression and violence, as clients from diverse backgrounds may have unique experiences, beliefs, and values related to these issues. A counsellor should understand the cultural context and understand and appreciate that every person reacts differently. However, counsellors should also recognize their biases and limitations. It can be done through continuing education and professional training, having consultancy with friends from different backgrounds, and creating a plan to suit clients from different backgrounds. Working on harnessing cultural sensitivity, counsellors can form a space where clients feel comfortable and strongly supported.

Moreover, in addition to the clinical ethics issues researchers face when studying aggression and violence, they must also consider methodological ethical issues during their work. These questions mainly focus on safety-related issues of the participants like informed consent, data confidentiality, and possible harm. Enough precautions and care have to be taken so that if a participant gets exposed to any kind of sensitive or distressful content, there could be minimum risk. Researchers should do everything possible to diminish the risk of harming the study participants. For instance, they should create thorough and effective debriefing procedures to give participants access to support services and get ethical approval from the institutional review boards. Moreover, researchers should give due thought to the plausible effects that their research may have on vulnerable populations, such as children, victims of past abuses, and those with mental illnesses.

Informed consent is of utmost importance to research involving aggression and violence because the participants must be well informed about the main reason, the possible effects, and the benefits of their engagement in experiments. Investigators must have proper voluntary informed consent from all experimental subjects, explaining their study nature and rights as research subjects. This might entail using a simple and comprehensible message, facilitating the consent-taking process of the legally authorized representatives, and facilitating the participation of participants to opt out of the study without any consequence anytime they choose.

Data confidentiality plays a critical role in research on violence as people may share sensitive details about their past or present behaviour. Researchers should be committed to guarding the participant data's confidentiality through secure storage methods, anonymous data where viable, and accessing data only by authorized staff. Moreover, the researchers must be transparent about their data storage system and ask for permission before further using and sharing the data from participants. Furthermore, the researchers should work closely with the local community stakeholders to ensure the study results are used responsibly and ethically.

Conclusion

In examining the multifaceted nature of aggression and violence, this paper embarked on a comprehensive journey, navigating the intricate interplay of individual, societal, and environmental factors. The literature review broadened its focus on various aspects, including adolescent psychopathologies, sex differences in serial killers, mass murder and psychosis, media violence and aggression, threat assessment and warning behaviour, trauma and its consequences on violent behaviour, cultural aspects that influence aggression, and forensic psychology and criminal profiling. This investigation brought to light the varied academic findings that form the foundation for aggression and violence comprehension and the range of

theoretical perspectives that are useful in developing a better understanding of people's behaviours. There were various findings in the sense that we realized that violence is a health issue, and we also discovered that there was cultural variation and evidence-based practices. From untangling complex causation of violence in adolescents to the subtleties of gender among serial killers, each field provided a relevant contribution to the disturbing nature of killers' and victims' behaviours. Besides, the findings illustrated the immense role of early intervention, coordination across sectors and policy reforms as we address these problems.

The challenge of aggression and violence calls for a multidimensional and applicable model that merges moral aspects, cultural sensitivity, evidence-based measures, and integrated partnerships across the fields and community. By recognizing the complexities of these phenomena and honoring the dignity and humanity of those affected, practitioners, researchers, policymakers, and communities can work together to promote safety, well-being, and social justice. Moving forward, it is indispensable to continue innovating, collaborating, and advocating for systemic changes that address the causes of aggression and violence.

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Appendix

Methodology

Authors	Date	Journal	Purpose	Design	Sample	Data collection tools	Findings
Allwinn, M., Hoffmann, J., & Meloy, J. R.	2019	N/A	Analyze mass murder cases from a threat assessment perspective, identifying risk factors and warning behaviours.	Retrospective case analysis	33 German mass murderers	Court records	Found significant differences between psychotic and nonpsychotic offenders in weapon choice, planning, and warning behaviors.
Erlewine, J.	2011	Masters Theses & Specialist Projects	Analyze cultural impacts on relational aggression among children.	Cross-sectional survey	Students aged 8–10 in Ireland and Puerto Rico	Children's Social Behavior Scale – Teacher Form (CSBS-T)	There are cultural differences in relational aggression and prosocial behavior, which manifest directly between genders and cultures.
Ezell, J. M., Araia, M., Abouelrous, N., Van de Kieft, A., Borrero, N., & Olson, B.	2023	Psychology of Violence	Examine violence as a public health issue in urban adolescents.	Qualitative	32 school staff	Semistructured interviews	Emphasized psychosocial factors as acute causes of violence. Proposed an enhanced nomenclature for the violence-as-a-disease model.
Grattan, R. E., Lara, N., Botello, R. M., Tryon, V. L., Maguire, A. M., Carter, C. S., & Niendam, T. A.	2019	Journal of Clinical Medicine	Examine the impact of trauma on clinical symptoms in first-episode psychosis patients.	Cross-sectional study	187 participants with first-episode psychosis	Clinical interviews, retrospective chart review	Trauma was associated with increased aggression, depression, suicide ideation, and nonsuicidal self-injury behaviour. There is need for integrating trauma-focused treatments into care for those with a history of trauma.

Authors	Date	Journal	Purpose	Design	Sample	Data collection tools	Findings
Harrison, M. A., Hughes, S. M., & Gott, A. J.	2019	N/A	Compare male and female serial killers to identify behavioural differences.	Descriptive study	110 serial killers (55 female, 55 male)	Media reports, Murderpedia.org	There are differences in victim relationship, motives, and geographical spread of crimes between male and female serial killers. Females usually know their victims and killed for profit, while males often killed strangers and have a sexual motive.
