

Psychopathology and Personality in Juvenile Sexual Homicide Offenders

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This project describes the psychopathology and personality findings in 14 juveniles who committed sexual homicide. These incarcerated youth were assessed using a structured interview, a personality assessment instrument, correctional files review, and an author-designed clinical interview. Nearly all of these youth met DSM-III-R conduct disorder criteria at the time of the crime. The presence of personality disorders and moderately high psychopathy scores at follow-up were common. Two-thirds of these youth reported the presence of violent sexual fantasies before their crimes. Weapons, most often knives, were used by these juvenile sexual murderers to kill known victims in a majority of the cases. They usually acted alone and selected a low risk victim. These findings suggest that juvenile sexual murderers are an emotionally and behaviorally disturbed population with identifiable psychopathology, personality disturbances, and criminal patterns.

Sexual homicide involves "a sexual element (activity) as the basis for the sequence of acts leading to death."¹ This crime will include some form of sexual assault or sexually symbolic behavior combined with a homicidal act.

Sadistic fantasy, often escalating over time and eventually resulting in behavioral try-outs, is postulated to be a root cause in many cases.² Fantasy is not just an integral part of sexual excitement, but also of the perversions.³ Catathymia^{4, 5} is

theorized to lead to other sex murders. In this phenomenon, the offender's psychological equilibrium is overwhelmed by powerful emotions stemming from a conflictual relationship, and catastrophic, unprovoked sexual violence results as the tension is released.

The premeditated crime based on sadistic fantasy corresponds to what crime classification experts refer to as "organized" sexual homicide, whereas the unplanned, chaotic crime, or catathymic type of crime, is referred to as the "disorganized" type.⁶ The organized offender plans his murders, targets his victims, and displays control at the crime scene. In contrast, the disorganized offender commits an unplanned, spontaneous act, often

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against a known victim. These two crime categories are generally applied during crime scene analysis.

In adult sexual murderers, it is believed that psychopathology is common, particularly personality disorder diagnoses of the antisocial, narcissistic, borderline, and sadistic types.^{2, 7, 8} Similarly, psychopathology in juveniles who have committed nonsexual murderers is a common finding, which can be manifested by disruptive behavior disorders as well as personality disturbances.⁹⁻¹² However, no systematic studies of youth who have committed sexual homicide currently exist. As a result, little is known about their psychological functioning and the nature and scope of their presumed psychopathology.

There are scattered case reports over the last half-century and a small case series in the literature¹³⁻¹⁹ that describe sexual murders and related acts by adolescents. These cases provide more questions than answers about this form of deviant behavior, as illustrated by the following examples.

For instance, in the 1924 case of *The State of Illinois v. Leopold and Loeb*, two teenage boys from wealthy, influential families in Chicago kidnapped, sexually assaulted, and murdered (using a chisel) a 14-year-old boy. They had studied Nietzsche and interpreted his writings to mean that certain supremely talented individuals were beyond good and evil and owed allegiance not to any moral law but instead to their own will. The two boys then set out to commit the perfect crime. During trial preparation, Leopold stated: "The killing was an experiment It is

just as easy to justify such a death as it is to justify an entomologist in killing a beetle on a pin."¹³

Krafft-Ebing¹⁴ described the case of a 14-year-old boy who bound, bit, tortured, and mutilated nine children, two of whom he murdered at the end of the sadistic rituals. He was pronounced a "moral idiot." He was characterized as having good intellectual powers, but was also "intractable, disobedient, and beyond control," as well as a loner and suspicious. The presence of sadistic fantasies brought on by the sight of a possible victim was noted.

Patterson¹⁵ reported on a 14-year-old youth with mild mental retardation who killed a neighborhood boy using a knife and an axe and then mutilated his genitals. The author remarked that this case was never satisfactorily understood.

Drzazga¹⁶ documented the case of a 14-year-old boy who was found responsible for bludgeoning and roasting over a fire the partly denuded body of a young girl. The youth explained that the act was the result of a mysterious urge that had come over him.

Russell¹⁷ wrote about a 14-year-old boy who struck a male friend's mother in the back with a knife so that he could sexually assault her. His assessment revealed a severe impulse disorder and poor ego controls.

Ressler *et al.*¹⁸ described the case of a teenager who committed 12 rapes and rape-murders over a four-year period. At the time of his first rape-murder he was 18, thus technically an adult. He had an extensive criminal history antedating his crimes, and was later diagnosed with an

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adolescent adjustment reaction, character disorder, and multiple personality (DSM-III).

Myers¹⁹ reported on the diagnostic and clinical findings in three cases of adolescent sexual homicide. Two of the three boys were diagnosed with conduct disorder, and all three had signs of neuropsychiatric dysfunction (e.g., learning disabilities, past encephalopathic events).

This purpose of this current research was to systematically study as large a sample of juvenile sexual murderers as possible in order to increase our understanding of the psychopathology, personality characteristics, and criminal patterns underlying their offenses. This study was undertaken knowing that such crimes are rare, and that a large sample would not be obtainable. According to the 1995 Federal Bureau of Investigation (FBI) Uniform Crime Reports,²⁰ there were approximately 25,000 murders committed in the United States in 1994, and less than 15 percent of these killings were carried out by juveniles under than 18 years of age. Only .5 percent of these 25,000 crimes involved rape or other sex offenses as a component of the murder circumstances. These figures demonstrate the rarity of sexual homicides by juveniles.

Methods

Subjects A state department of corrections (DOC) computer search identified 14 offenders who had entered the prison system between January 1990 and January 1996 (72-month period), and had simultaneously committed sexual assault and homicide/attempted homicide while under 18 years of age. This sample was

culled from approximately 1,500 youths under the age of 18 who had committed homicide during this same six-year time period. Several cases in which the victim survived were included because the intent of the offender was clearly to kill and the victim's survival was by chance (e.g., survival of the victim after suffering repeated vigorous neck slashings with a knife). Mean age of the sample at the time of the crimes was 15.2 years (range, 13 to 17 years) and mean age at follow-up assessment was 18.8 years (range, 16 to 23 years). Seven were white (50%) and seven were black (50%). All were male. Average IQ was 101.4 (range 78 to 119). Hollingshead and Redlick Two Factor Index for social status averaged 3.93 ± 0.62 (range III to IV), placing these youths in the lower range of socioeconomic status.

Instruments To assess Axis I disorders, The DSM-III-R Diagnostic Interview for Children and Adolescents (DICA-R)²¹ was administered. This is a structured diagnostic interview that covers the major psychiatric disorders of childhood. The author (W.C.M.) has successfully used the DICA-R with other samples of juvenile murderers.^{10, 11}

Subjects were administered the Schedule for Nonadaptive and Adaptive Personality (SNAP), a true/false 375-item self-report inventory designed to assess the psychopathology associated with personality disorders.²² The SNAP allows for the diagnosis of the 13 DSM-III-R personality disorders and has acceptable validity and reliability.²³ This inventory has three groups of scales: (1) validity scales, including an inconsistency scale and rare virtues scale; (2) DSM-III-R per-

sonality disorder scales, including sadistic and self-defeating; and (3) normal personality scales. The normal personality scales are organized to measure three of the "big five" personality dimensions that have been identified in trait approaches to the measurement of personality. The three dimensions assessed on the SNAP are Negative Temperament (Neuroticism), Positive Temperament (Extraversion), and Disinhibition. Within each major dimension there are subscales (e.g., subscales of Negative Temperament include "manipulativeness" and "eccentric perceptions"). The normative group used in these analyses comprised 251 college males attending Southern Methodist University.²²

The Revised Psychopathy Checklist (PCL-R)²⁴ was used to measure psychopathy dimensionally. The modified scoring procedure for youth as described by Forth *et al.*²⁵ was used. This instrument yields a psychopathy score ranging from 0 through 40, with a score of 30 or above generally used to identify the psychopathic personality. The mean PCL-R scores of younger male prison inmates with conduct disorder range between 23.2 and 28.6.^{26, 27}

A five-page author-designed clinical interview was used to cover the areas of family background, medical history, education history, child abuse, sexuality, crime variables, violent sexual fantasies, and victimology. Correctional files for each of the subjects were also reviewed.

One youth (No. 14) declined to participate in the clinical interview portion of the assessment procedure, but completed the psychological testing portion of the

study and allowed his correctional files to be reviewed. Therefore, certain percentages in the results will reflect a denominator of 13 instead of 14 when the information on subject 14 was unavailable.

Procedure This study was approved by the University of Florida Institutional Review Board. Written informed consent was obtained from all subjects after the nature and purpose of the project was explained to them. They were informed that the research results would not be available for parole or appeal purposes. One of the authors (W.C.M.) carried out the clinical assessment procedures at the several correctional facilities housing these youth.

Results

Psychopathology Table 1 lists Axis I diagnoses for the sample at the time of their crimes and personality disorders and psychopathy scores at follow-up. Twelve youths manifested one or more Axis I diagnoses at the time of the crimes, with conduct disorder being the most common ($n = 12$; 86%). Other Axis I diagnoses included substance abuse disorders in six subjects (43%), attention deficit hyperactivity disorder (ADHD) in three (21%), anxiety disorders in three (21%), and dysthymia in two (14%). The sample averaged 2.3 Axis I disorders per individual (range, 0 to 6).

None of the youth were found to have a current or past psychotic disorder, such as schizophrenia or a delusional disorder, by DICA-R or clinical interview. However, a history of psychotic symptoms, assessed by the DICA-R, clinical interview, and a review of their records, was

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TABLE 1
Axis I Disorders Present at the Time of the Crimes and Personality Disorder Diagnoses and Psychopathy Scores at Follow-Up

Subject	DICA Diagnoses	SNAP Diagnoses	PCL-R Scores
1	Conduct disorder	Schizoid, schizotypal, avoidant, sadistic	28.2
2	Conduct disorder Dysthymia Alcohol abuse Marijuana abuse	Borderline, sadistic, passive-aggressive	28.2
3	Conduct disorder Alcohol abuse Marijuana abuse Hallucinogen abuse	Schizoid, schizotypal, avoidant	20
4	None	None	7.1
5	Conduct disorder ADHD	None	28.2
6	Conduct disorder	Paranoid, schizoid, schizotypal, antisocial, sadistic, passive-aggressive	27.1
7	Conduct disorder ADHD Snake phobia	Sadistic	30.6
8	Conduct disorder ADHD, OCD Bipolar disorder Overanxious disorder Separation anxiety disorder	Paranoid, schizotypal, avoidant, dependent, self-defeating	22.4
9	Conduct disorder Dysthymia	None	20
10	None	None	9.4
11	Conduct disorder Alcohol abuse	None	24.7
12	Conduct disorder Marijuana abuse Roach phobia	Schizoid	20
13	Conduct disorder Marijuana abuse	Schizoid, schizotypal	25.9
14	Conduct disorder Marijuana abuse	Invalid profile	NA

found in 11 (85%) of the youth. Most common was paranoid ideation, usually described as feeling as if one is being watched, talked about, or plotted against ($n = 8$; 62%). Other psychotic symptoms were auditory hallucinations ($n = 4$; 31%); blurring of boundaries between fantasy and reality (e.g., encounters with phantoms, paranormal convictions, empowerment by God to predict the future) ($n = 5$; 38%); ideas of having one's mind read ($n = 4$; 31%); ideas of reading other's minds ($n = 2$; 15%); and visual hallucinations ($n = 1$; 8%). Although these symptoms were common in the sample and of sufficient magnitude to warrant documentation, they were not reported as being consistently experienced or leading to a major disturbance in psychosocial adaptation to justify a psychotic disorder diagnosis.

The SNAP results were valid for 13 of the 14 young men who took this test. The one youth with an invalid profile endorsed an unusually large number of items on the Rare Virtues and the Deviance scales. The expectation was that these offenders would demonstrate a high degree of personality disorder psychopathology, particularly antisocial, borderline, and perhaps sadistic symptomatology.

As shown in Table 1, 8 of the 13 subjects (62%) met the SNAP criteria for at least one personality disorder. Diagnoses were made conservatively, with a t score > 65 used as the cut-off criterion. Contrary to expectations, however, antisocial and borderline diagnoses did not occur frequently. In fact, these youths demonstrated more DSM-III-R cluster A

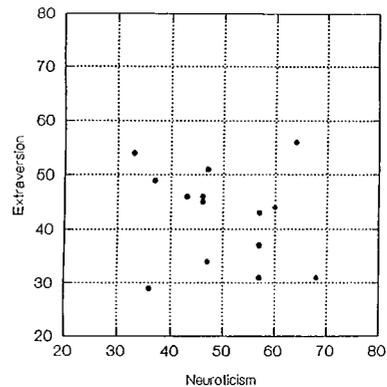


Figure 1. SNAP personality dimensions: extraversion versus neuroticism.

symptomatology (the paranoid, schizoid, and schizotypal personality disorder spectrum) than cluster B (the antisocial, borderline, histrionic, and narcissistic personality disorder spectrum). Five individuals had t scores higher than 65 for schizoid (38%), and five were higher than 65 for schizotypal (38%). Consistent with expectations, 4 of the 13 had t scores higher than 65 for sadistic (31%). Overall, the sample averaged 1.9 personality disorder diagnoses per individual (range 0–6).

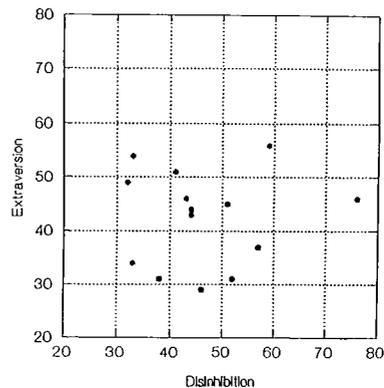


Figure 2. SNAP personality dimensions: extraversion versus disinhibition.

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Figures 1 and 2 present the SNAP results on the three normal personality dimensions. Figure 1 shows the plot of the subjects' *t* scores on the dimensions of neuroticism (negative temperament) and extraversion (positive temperament). High scores on the neuroticism dimension would be associated with the type of symptomatology leading to cluster B diagnoses, whereas low scores on the extraversion dimension would be more consistent with cluster A diagnoses. As shown in Figure 1, these youth scored in the range typical for college student males; three subjects had *t* scores lower than 40 and two had *t* scores higher than 60. On the second dimension, however, most of the 13 subjects had scores below average ($t < 50$); there was only one subject with a *t* score above 55, whereas 5 of the 13 had *t* scores lower than 40. Figure 2 plots the *t* scores for extraversion versus disinhibition. Overall, these subjects had low scores on both dimensions.

Taken together, Figures 1 and 2 suggest that the 13 youth were reporting themselves as being relatively introverted and inhibited. This pattern on the normal personality dimensions was consistent with the dominance of cluster A symptomatology shown by these subjects. The only exceptions to this pattern were subject 2 (who was slightly elevated on both extraversion and disinhibition) and subject 6 (who had a very high *t* score on disinhibition). Subject 2 assisted a friend in sexually assaulting and killing the friend's girlfriend who had become pregnant. The victim was an acquaintance of subject 2. Subject 6 raped and shot his

stepsister while baby-sitting her, reportedly because she was pestering him.

The mean PCL-R score for the group was 22.4 (range, 7.1 to 30.6). Those with conduct disorder had scores that averaged 25.5, which is similar to the aforementioned samples of young prison inmates with conduct disorder. Meloy²⁸ considers a PCL-R score between 20 and 29 to indicate a moderate psychopathic disturbance. Moreover, the 12 subjects with conduct disorder clustered together fairly closely.

As shown in Table 1, two of the youths clearly differed from the rest by having low psychopathy scores (7.1 and 7.1). In addition to not having a conduct disorder, they were without a personality disorder diagnosis on the SNAP. Moreover, they were the only two in the sample who were functioning relatively well at school as judged by their grades (at least until the year of the crime, when their grades deteriorated), not having failed a grade, not manifesting serious behavior problems at school, and not being in special education classes.

One of the 20 PCL-R categories is "lack of remorse." Fifty percent ($n = 7$) of the sample, when questioned, reported feeling little or no guilt over their crime. They responded with such statements as "I've never really felt guilt," "I have no guilt," "I don't feel guilt," and "I don't let it oppress me, I'm more *mad* at myself for the crime."

Victimology The mean age of the 12 victims was 24.2 years (range, 10 to 37 years). There were a total of 12 victims, as two cases involved two offenders operating together. Seven of the victims

were white (58%) and five were black (42%); all were female. Two-thirds ($n = 8$) of the victims were known by the offenders, while one-third ($n = 4$) were strangers. The most common relationship category was that of acquaintance, which described one-half of the offender-victim relationships. The victims all lived in the same city or town as the offenders and in the same neighborhood in a majority of the cases ($n = 7$; 58%). Most ($n = 9$; 75%) of the crimes occurred within the offenders' neighborhoods, and one-half ($n = 6$) occurred in the victims' homes.

Victims were classified according to whether they were high risk or low risk victims. High risk victims are those whose life circumstances and behaviors would increase their risk for becoming victims of violent crimes, such as prostitutes or those with a crack cocaine addiction. Low risk victims included those who were attacked in their homes, by a family member, or by an acquaintance whom they had no reason to fear. Nine (75%) of the 12 victims were low risk victims.

Offender Background Information

A chaotic family system was present in 13 members (93%) of the sample. This was defined as parental abandonment or neglect, child abuse, unstable living arrangements with frequent geographical moves, parental incarceration, parental substance abuse, and/or serious parental arguing/fighting. Twelve (86%) of these boys had been abandoned or neglected by their fathers. The most common type of abuse was physical ($n = 10$; 69%), followed by emotional ($n = 9$; 62%) and sexual ($n = 2$; 15%). Additionally, family violence was present in 86 percent ($n =$

12) of the youths' homes. This was defined as physical abuse of the child, physical abuse of one spouse by another, or physical fighting between parents or adult family members witnessed by the child.

Thirteen (93%) of the sample had a history of violent behaviors toward others before committing their crimes. This ranged from using weapons in fights to mugging to committing previous sexual assaults. The two most prevalent antisocial behavior markers were fighting (86%) and prior arrests (86%), each found in 12 of the youths. Common reasons for arrest included battery, theft, and burglary.

The mean school grade completed for the sample at the time of arrest was 9.0. All 14 of the youths had experienced significant academic problems, including a history of truancy ($n = 13$; 93%), suspensions ($n = 10$; 77%), learning disabilities ($n = 8$; 57%), and having failed at least one school grade ($n = 7$; 54%). Six (46%) had been in some form of special education classes, such as classes for the emotionally handicapped or the learning disabled, or in alternative schools for students with severe conduct problems.

On a positive note, eleven (79%) of the subjects had been officially employed one or more times during their lives. Common jobs included restaurant work, lawn/landscaping, and manual labor of various types.

Sadistic Fantasy All but 1 of the 14 youths were willing to be asked whether they experienced violent sexual fantasies antedating their crimes. One subject refused to answer questions regarding fantasies. Eight of the 12 youths (67%) ques-

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tioned admitted to having violent sexual fantasies. Two had fantasized about crimes of rape and murder using a knife; one fantasized about raping, mutilating, and cutting out the victims' internal organs; one projected his sexually violent fantasies onto his victim, explaining that he had to repeatedly stab his victim to protect himself from her aggressive sexual advances; one had mentally planned out the kidnapping and rape-murder on the morning before the crime; one had aggressive thoughts towards prostitutes; and two had rape fantasies.

Crime Characteristics The majority ($n = 8$; 67%) of these crimes was committed by one juvenile acting alone. Six of the 14 subjects (43%) were under the influence of mind-altering substances at the time of the crimes, either marijuana or alcohol alone or a combination of the two. Twelve (86%) of the fourteen youths choose a victim of the same race. Vaginal intercourse was the most common form of sexual assault, carried out by nine (64%) of the group. Other sexual components of the crimes included attempted vaginal rape, oral rape, a threat of rape, and the fondling of victims. Weapons were used by all but 1 of the 14 youths as part of the physical attack, and 11 (79%) of the offenders had taken a knife to the crime scene. The most common weapon used by these boys in the attack of the victim was a cutting instrument ($n = 9$; 64%), usually a knife, but in one case a pair of offenders used a shard of glass to cut the victim's neck. The second most common method of attack was the use of bludgeons ($n = 6$; 43%), followed by strangulations ($n = 4$; 29%), guns ($n = 2$;

14%), attempted neck-breaking ($n = 2$; 14%), and impalement ($n = 1$; 7%). These percentages add up to more than 100 percent because multiple attack methods were used in half of the cases (50%). Overkill, the use of excessive trauma beyond that necessary to cause death, was present in four (33%) of the crimes. For example, in one case the victim underwent a cutting of the throat, stabbings, strangulation with a cord, and bludgeoning with different objects.

These sexual homicides were categorized using the organized/disorganized dichotomy of the FBI Crime Classification Manual.¹ Six (43%) of these crimes were classified as the organized type. Evidence was available to show that these offenders planned the murders, targeted their victims, and displayed control at the crime scene. Five (36%) cases were classified as the disorganized type. In these crimes it was evident that the offender committed an unplanned, spontaneous act, usually against a known victim. The remaining three cases (21%) were the mixed type, containing elements of both the organized and disorganized type of sexual homicide. No relationship was found between the organized/disorganized classification and Axis I disorders, personality disorder diagnoses, psychopathy scores, presence of sexual fantasies, and sexual assault patterns. Admittedly, the small sample size lacked sufficient power to confidently accept these negative findings; a much larger sample (N) would be desired in testing such associations.

Discussion

As expected, juvenile sexual homicide in this study was a rare crime, accounting for less than one percent of all juvenile murders in one state over a six-year period. The results of this study suggest that most juvenile sexual murderers, like other juvenile murderers, are an emotionally and behaviorally disturbed population of youth with identifiable psychopathology and personality disturbances. Yet, even in the highly specific population that this present study examined, a heterogeneous diagnostic picture was found. Whereas most of these youth had findings on both the Axis I and personality disorders classification system of DSM-III-R, two subjects (No. 4 and No. 10) unexpectedly were without detectable mental illness or psychopathy score elevations. The only possible harbinger of their crimes was the presence of preexisting rape fantasies in both of them and two previous sexual assaults in one (subject 10). Curiously, this latter boy was not prosecuted for these assaults because they involved only the groping of two female strangers' breasts and buttocks, and his juvenile record was otherwise without a blemish.

On the SNAP, it was interesting to find that these young men were not demonstrating symptomatology suggestive of Cluster B personality disorders, particularly antisocial and borderline. Moreover, only one youth met the criteria for antisocial personality disorder, an unexpected result in view of the brutal nature of these crimes. However, the PCL-R captured the psychopathic qualities present in the great majority of their personalities.

Instead of cluster B personality diagnoses, a preponderance of these young men reported Cluster A symptoms including odd beliefs, behaviors, and experiences, interpersonal detachment and withdrawal from others, and suspiciousness. In addition, most of these young men reported themselves as being relatively inhibited in their expression of emotions. This was an unexpected finding, as prisoners tend to be more extroverted than normal adult populations.²⁹ This overall pattern was exemplified by subject 8, who met SNAP criteria for three personality disorders including schizoid, schizotypal, and avoidant. He had committed his crime in response to violent sexual fantasies, had known for weeks beforehand that his crime would be "bloody," and freely discussed being preoccupied with his sadistic fantasy life.

The high prevalence of a history of psychotic symptoms in these youths was not explained by the presence of major psychotic disorders, and it is unlikely that these symptoms were prodromal symptoms of schizophrenia or related conditions. Instead, what appears to explain these symptoms is the frequent finding of Cluster A personality traits and disorders (the "odd, eccentric" category) in tandem with histories of child abuse, substance abuse, chaotic environments, and post-traumatic phenomena, all of which can contribute to unusual thoughts and perceptual experiences.³⁰⁻³²

As in adult sexual murderers, violent sexual fantasies appeared to play a significant role in the criminal actions of at least two-thirds of these young offenders. This is a much higher figure than the 23

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percent prevalence of rape and/or murder fantasies found by Prentky *et al.*³³ in adult single sexual murderers (one killing); instead, it more closely approximates their finding of violent sexual fantasies in 86 percent of adult serial killers. Whether this reflects developmental variations or methodological differences (archival data were relied upon to determine whether fantasies were present in the majority of the adult single sexual murderers), or suggests that sexual homicide committed earlier leads to a higher risk of recidivism, is unknown.

Given the sexual aspects of these crimes, the *a priori* expectation was that many of these young men would have been sexually abused themselves. This was not the case, in contrast to the Ressler *et al.*² study of 36 adult sexual murderers, of whom 43 percent reported childhood sexual abuse.

Another notable difference was found in contrasting these youths with the adult sample of adult sexual murderers studied by Ressler *et al.*² Their adult study population was 92 percent white, while only 55 percent of the juveniles in the current study were white. Sexual homicide has been considered a crime customarily committed by white offenders.⁸ Aside from the age difference, another possible explanation is that the sample assessed by Ressler *et al.*, by their report, was not randomly selected.

One set of findings in our current study is particularly disturbing from the standpoint of recidivism. These 14 boys received prison sentences ranging from 4 to 50 years, with an average sentence of just less than 20 years. Only two received multiple life sentences. Thus, with gain

time nearly all of them will be released from prison by middle adulthood, and some by their early to mid-twenties. Two-thirds of these youths admitted to violent sexual fantasies, and one-half admitted to feeling little or no guilt over their crimes. This is a deadly combination, particularly when one realizes that this sample will receive virtually no treatment during their incarceration, and instead will complete their adolescent development and personality maturation in a prison setting surrounded by antisocial role models.

Although we are only beginning to understand the nature and motives of sexual homicide, instances of its occurrence have been found in literature for centuries. For example, this form of sadistic behavior was described by Voltaire³⁴ in his novel *Candide*, originally published in 1759. Candide, the protagonist of this work, observed the following scenes of "heroic butchery" after a battle: ". . . Here old men, covered with wounds, looked helplessly on, while their wives were dying with their throats cut, and still holding their infants to their blood-stained breasts . . . young girls, ripped open after satisfying the natural wants of several heroes, were breathing forth their last sighs; while others again, half roasted, cried out for someone to put them out of their agony."

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