

Malignant Sex and Aggression: An Overview of Serial Sexual Homicide

Wade C. Myers, M.D., Lawrence Reccoppa, M.D., Karen Burton, M.D., and
Ross McElroy, M.D.

Serial murderers have attracted considerable attention in the popular press and criminal justice field, but scientific literature about these individuals is limited. This article provides an overview, from a psychiatric perspective, of serial sexual homicide, one type of serial killing. Characteristics of this type of murder and of these offenders are discussed. Defining qualities and diagnoses applicable to serial sexual killers are reviewed. Various etiologic theories are discussed, with emphasis on the role of fantasy and psychodynamic explanations. Governmental agencies involved in combating this type of crime, along with the role of mental health professionals in criminal profiling, are presented. Finally, the authors explore the reaction of society to this phenomenon.

Serial murder has been receiving an increased amount of attention by popular and law enforcement media, but psychiatric literature on this topic, with a few notable exceptions, remains relatively scarce. The literature on serial sexual homicide is even more limited; furthermore, the majority of studies do not differentiate between sexual and nonsexual homicide.¹ According to Dietz,² a possible explanation for this dearth of literature is that these homicides “occur with a frequency too low to permit the ordinary research habits of psychiatrists to elucidate their characteristics.”

This article will present an overview

of one type of serial homicide—serial sexual homicide. Occasionally, reference will be made to literature on serial homicide alone, when appropriate, in order to supplement the limited data on serial sexual homicide. As stated in the following section, most serial killers are serial sexual killers, thus at times we have extrapolated from the serial murder literature in an attempt to fill information gaps.

Prevalence and History

As many as 4,000 to 5,000 Americans each year may be victims of serial killers.^{3,4} The FBI calculates that there are approximately 35 of these killers presently operating in the U.S.³ However, many criminologists consider this a gross underestimation, suggesting that a

Address correspondence to: Wade C. Myers, M.D., Division of Child and Adolescent Psychiatry, Department of Psychiatry, University of Florida, Box 100256, Health Science Center, Gainesville, FL 32610-0256.

figure of 100 is more accurate.⁵ These figures pertain to serial murder, and not specifically to serial sexual homicide. However, it is generally believed among law enforcement officials and clinicians alike that most serial killers are serial sexual killers.^{1,4,6} Unfortunately, no exact figures on the incidence and prevalence of serial sexual homicide are available.

Much debate persists in the literature regarding the scope of this problem in our society. In 1966, only six percent of homicides had no apparent motive. By 1985, this figure had risen to 20 percent.³ During the period from 1977 to 1984, murders with unknown motives increased by 270 percent while all murders rose by only 12 percent.⁷ From 1971 to 1988, there have been at least 49 "extreme" (10 or more victims) cases of serial murder.⁸ There has been a nearly 10-fold increase in the number of serial murder cases in the last two decades in comparison with the previous two centuries.⁴ Some pundits believe that serial murder is stable in rate and any "increase" is a result of enhanced reporting procedures by the media.⁷

Only three states—Hawaii, Iowa, and Maine—have remained free of documented serial killers.⁴ These offenders are not just a problem for western societies. A man was recently executed in Harbin, China, for dismembering and murdering seven women; many if not all of these victims were prostitutes.⁹ Three of the victims were unable to be identified due to missing body parts.

To date, Henry Lee Lucas, who brutally murdered over 140 victims in the

Southwest between 1976 and 1982, is believed to be the most prolific serial murderer in U.S. history, although some law enforcement agents believe Theodore Bundy may have killed more than 300 young women.³

Recent works have shown that serial homicide is by no means a new phenomenon. In his review, Jenkins⁸ found 24 instances of "extreme" cases in the U.S. from 1900–1940 and some cases tracing back to the 18th and 19th centuries. In Europe, there are reports of criminals who lived in much earlier times but committed atrocities similar to those of contemporary serial murderers. For example, Gilles de Rais, a 15th century French nobleman, tortured, raped, and killed hundred of children. Peter Stubb, a 16th century "werewolf," raped, sexually tortured, and cannibalized a number of girls and women.⁴ Fritz Haarman, "the ogre of Hanover," sodomized, murdered, and cannibalized scores of young boys in 19th century Germany.³ Probably the most infamous serial murderer in history, Jack the Ripper, terrorized England in 1888 by butchering five or six prostitutes. Similar cases have occurred in 20th century England.

Definition

There is no single, generally accepted definition for serial homicide. Egger⁷ gives the following definition:

Serial murder occurs when one or more individuals commits a second murder and/or subsequent murder; is relationshipless (victim and attackers are strangers); occurs at a different time and has no connection to the initial (and subsequent) murder; and is frequently committed in a different geographic location.

Malignant Sex and Aggression

Although this definition implies that a series of two murders is sufficient, most sources use higher minimums, ranging from four¹⁰ to five,² or even greater.

Central to the definition of serial homicide is its differentiation from "mass" homicide, another form of multiple killing. Dietz² defines mass murder as "offenses in which multiple victims are intentionally killed by a single offender in a single incident." Similarly, another definition of mass murder describes "... a single incident within a short span of time ...," while defining the time element for serial murder as having "... time breaks between murders, as minimal as two days to weeks or months" (11).

The National Center for the Analysis of Violent Crime at the FBI Academy in Quantico, Virginia, divides serial murder into two types: "spree" and "classic."¹² Spree serial killings involve two or more murders at separate locations with no cooling off period between acts. The time interval between murders can be minutes or days, and the offender tends to have a high excitation level and may be a fugitive. Classic serial killings require at least two separate murderous episodes, usually by one offender, separated by a period of hours to years. Typically, a predatory/stalking method is employed and crime scene evidence reflects sadistic, sexual overtones.

A variety of synonyms have been coined for the sexual type of serial killer, including lust murderer (from the German "lustmorder"⁸), sadistic murderer,¹³ compulsive murderer,¹⁴ sexually sadistic murderer,² and erotophonophi-

lia.¹⁵ The distinction between serial sexual murder and other types of serial murder is important in regard to demographics, diagnosis, and etiologic theories of this type of murder. Dietz² has divided serial killers into five categories: (1) psychopathic sexual sadists; (2) crime spree killers (kill repeatedly in series motivated by excitement, money, and valuables; the "Bonnie and Clyde" criminals); (3) organized crime members (i.e., the Mafia, street gangs); (4) custodial poisoners and asphyxiators (e.g., serial killings in nursing homes); and (5) "supposed psychotics" (for murderers like David Berkowitz, the "Son of Sam," who claimed a neighbor's dog had directed his killings). The first category, "psychopathic sexual sadists," correlates with serial sexual murderers. Jenkins'¹⁰ study of serial murder in England excluded politically motivated and professional "contract" killers.

After separating sexual from other serial homicides, further distinctions about this type of offender can be made. Important dichotomies include the geographically stable versus transient³ and the organized versus disorganized¹⁶ typologies. The geographically stable killer is one who permanently resides in and kills his victims within a particular area. Examples of this type are John Wayne Gacy in Chicago and Wayne Williams in Atlanta. The other type of killer is the geographically transient. Ted Bundy's roving murders occurring in such states as Washington, Utah, Colorado, and finally Florida fall in this category; he admitted to murders in six states.³ The transient killer is by no means a product

of the modern interstate highway system, as shown in the murder "career" of the 1920s' serial killer Earle Nelson. From February 1926 through June 1927, Nelson committed 21 murders in nine states, ranging from California to New York, and Canada.

Another important dichotomy in typing serial sexual killers is the organized/disorganized descriptor¹⁶ used to classify the crime scene and life history variables of offenders. In one study of 36 convicted sexual murderers, organized murders were twice as common as disorganized murders.¹⁶ Organized crime scenes show evidence of repetitive, well-planned, and executed "productions" that are distinguishable from spontaneous, chaotic murders committed by disorganized killers. Organized serial killers are believed to take great pride in the "expertise" with which they plan and stage their murders, and these killers seem to be strongly driven by fantasy as compared with disorganized killers who kill more impulsively. In brief, organized offenders are more likely to: (1) plan, (2) use restraints, (3) commit sexual acts with live victims, (4) show or display control of the victim, and (5) use a vehicle. Disorganized offenders are more likely to: (1) leave a weapon(s) at the scene, (2) position the dead body, (3) perform sexual acts with the dead body, (4) keep the dead body, (5) try to depersonalize the body, and (6) not use a vehicle.¹⁶

Interestingly, the murder career of many organized killers tends to become more disorganized over time. For example, toward the end of Theodore Bun-

dy's career he drank heavily, capriciously used stolen credit cards, and seemed to be experiencing increasing paranoia and desperation, unlike his former, more-controlled self.⁴

Other characteristics important for describing serial sexual homicides are types of victims, modus operandi (method of killing), and crime scene variables. In general, victims of serial killers tend to have two characteristics, vulnerability and ease of control.¹⁷ Sadistic killers often prey on one type of victim: young women, children, prostitutes, and vagrants are frequently targeted.³ Ted Bundy targeted young women with long dark hair, while Wayne Williams chose young black males.

In contrast to other homicides, where firearms are the most common weapon, serial sexual offenders often kill by "hands-on" methods, i.e., asphyxiation (a relatively uncommon murder method¹⁸), beating, or multiple stab wounds. "Seldom will the last murderer use a firearm to kill, for he experiences too little psychosexual gratification with such an impersonal weapon."¹⁹ In a series of 159 serial murderers collected from 1795 to 1988, the following were several of the more common methods used during the process of inflicting death: (1) mutilation (55%), (2) strangulation/suffocation (33%), and bludgeoning (25%).⁴

Serial sexual homicide victims are often mutilated, which is an uncommon feature in regular homicides. Most commonly, the breasts, genitals, rectum, and/or abdomen will be mutilated.¹³

Malignant Sex and Aggression

Bite marks are frequently found, and evidence of vampirism and cannibalism are at times reported.²⁰ The killer may or may not have sexual intercourse with the victim; he also may masturbate beside or upon his victim.

Eckert *et al.*²¹ reviewed a number of cases of sex-related violence, injury, and death from the perspective of forensic pathology, and a significant portion of their article addresses the mutilatory and murderous behaviors of serial sexual killers. They provide a classification of sexually related injuries and deaths comprised of: (1) conventional sexual activity (i.e., vascular collapse secondary to a cerebrovascular accident during sexual activity); (2) criminal sexual activity (this category encompasses serial sexual murderers under a homicide subcategory); and (3) other sexual activity (i.e., anorectal fisting, bestiality, pedophilia).

Commonly, the serial sexual killer will arrange the body in the position in which the murder took place. Many offenders seem to take special pride in the theatrics of their offenses, “. . . as if there were a deliberate attempt to offend modesty.”¹³ Evidence of bondage and other paraphilias is frequently found; Dietz¹⁸ studied the crimes of 30 multiple sexually sadistic offenders and found that 23 had used bondage in their offenses. He also reported that many of these offenders had prepared a stage, props, costumes, and sometimes even a script for their crime.

A final characteristic is that the crime scenes of many killers tend to be similar; that is, the killer will use the same method of killing and similar crime

scene arrangements in subsequent killings.

Characteristics

Brittain¹³ cautioned other clinicians about generalizing from his “clinical description of the sadistic sexual murderer.” However, different studies^{1,18,22,29} have revealed that serial sexual killers do share a number of characteristics.

In contrast with virtually all other violent crimes, the great majority of offenders and victims are white.^{4,9} Although there have been isolated cases of female serial killers,⁸ there is no record of female serial lust murderers. Carol Wuornos, a 35-year-old prostitute, was charged with killing by gunfire five men in Florida after having sex for hire with each of them. Although her motivation will probably never be known for certain, one might speculate that her criminal behavior represents a form of serial sexual homicide by a female.

These offenders are usually less than 35 years old and often begin their “careers” in their 20s.³ These careers last roughly four years in England, but are often longer in the United States.¹⁰ In a series of 222 classic serial murderers collected by The National Center for the Analysis of Violent Crime,¹² the mean age of their first murder was 27.5 years. The NCAVC has identified a total 357 serial killers since 1960 through a computer search of various informational sources.¹² These offenders have filled or are suspected of killing a total of 3,169 victims, an average of nine victims per offender.

Killing by the serial sexual murderer

as a juvenile may not be unusual. Burgess *et al.*²³ reported that 10 of 36 (28%) men convicted of sexual homicide committed murder as juveniles. Author W. C. M. evaluated two male youths, ages 13 and 16 years, who may have been manifesting the onset of precocious serial sexual homicidal behavior. The first boy attacked a neighborhood female baby sitter unknown previously to him, and told her he was going to rape her as he repeatedly stabbed her with a knife. She survived, in spite of suffering a pneumothorax, a puncture wound to the eye resulting in unilateral blindness, and multiple other stab wounds. The second boy killed a middle-aged female next-door neighbor by strangulation, and then had intercourse with her corpse. Both boys were tried in adult court and received lengthy sentences; the natural course of their future behavior will never be known. Neither one would or was able to disclose his fantasies leading to the murderous behavior, but it is presumed that powerful sadistic fantasies were at play. Reluctance on the part of those who commit sexual homicide to discuss their associated fantasies is common.¹⁸

Offenders generally commit their offenses while alone; only one-quarter to one-third have one or more partners.⁴ Many are born out of wedlock and suffer physical, emotional, or sexual abuse as children.^{3,18} In a series of 30 sexually sadistic offenders, with 22 (73%) having committed at least one murder, one-fifth had been physically abused and nearly one-half had been sexually abused.¹⁸ In another series comprising 36 men who

had committed at least one sexual homicide (29, or 81%, had killed more than one victim), 42 percent had been physically abused, 74 percent emotionally abused, and 43 percent had been sexually abused.⁶

Retvitch¹⁴ described an extremely ambivalent relationship to the mother characterized by either maternal overprotection, infantilization and seduction, or outright rejection of the son. Also, maternal promiscuity, real or fancied, is common.¹⁴ The father may be cold, distant, authoritarian, and punitive.¹³ Physically, these criminals appear "normal" and are not disfigured "hulking brutes."¹³ This attribute of having a normal appearance may add to the hysteria of the public when the actions of a serial sexual murderer have been identified, similar to the fear and suspicion of one's neighbors prevalent during the Salem witch trials of the late 17th century.

Some studies^{22,23} have shown that, unlike other killers, roughly 80 percent of serial sexual killers possess average to superior intelligence. Nevertheless, Hickey⁴ states that the offender's ability to kill without being caught is "more a function of cunning and deceit than intellectual abilities." In general, organized serial sexual murderers have average to above-average intelligence, while disorganized sexual murderers are often below average in intelligence.⁶

Only 20 percent of serial murderers have a history of psychiatric treatment.⁴ However, Burgess *et al.*²³ found that 70 percent of men who had committed sexual homicide (81% having committed more than one murder) had undergone

Malignant Sex and Aggression

“some type of psychiatric assessment or confinement as a child”; yet the presence of overt mental illness in such offenders does not appear to be common. Furthermore, Ressler *et al.*¹ found that a family history of psychiatric disturbance was present in one-half (53%) of these cases. Family problems with alcohol (69%), drug abuse (33%), and criminality (50%) were also common.¹

A significant number of these men have no prior criminal records or only convictions for nonviolent crimes at the time of their apprehension. However, 60 percent of serial murderers have some form of criminal history.⁴ Moreover, about half (44%) of 42 serial murderers in one series had previously committed sex-related offenses.⁴ In Ressler *et al.*'s study¹ on those having committed sexual homicide, conduct disorder symptoms such as stealing (81%), lying (75%), and assaultiveness toward adults (84%) to name a few, were extremely common in adolescence. As adults, such antisocial behaviors continued to be reported, i.e., stealing (56%), chronic lying (68%), and assaultiveness toward other adults (86%).

In terms of sexual orientation, most are heterosexual, but some have a history of homosexual activity. The prevalence of sexual dysfunction and nonsadistic paraphilias (e.g., transvestism, voyeurism, fetishism, exhibitionism) appears high. In one report on sexual murderers,¹ almost half of the offenders reported “an aversion to sex.” Interestingly, 81 percent of these offenders rated pornography as their highest ranking sexual interest. Prentky *et al.*²² found

that serial sexual murderers in comparison with single sexual murderers had significantly higher paraphilias, particularly fetishism (71% versus 33%) and cross-dressing (25% vs. 0%). Dietz¹⁸ found an average of 2.7 paraphilias in 30 sexually sadistic offenders (22 had committed murder), concluding that “contrary to what is often taught, paraphilias are rarely isolated in sexually sadistic offenders.”

The serial sexual murderer has a psychological need to have absolute control, dominance, and power over his victims, and the infliction of torture, pain, and ultimately death is used in an attempt to fulfill this need.¹⁷ In the words of Roy Norris, who along with Lawrence Bitaker kidnapped, raped, tortured, and murdered five teenage girls, “the rape wasn't really the important part, it was the dominance.” These men cultivate rich fantasy lives and will masturbate to recurrent sexually sadistic themes.²⁹ Those who have been married (as high as 50%) may enact these fantasies with their spouse or children.²²

Some have stable employment records and hold white-collar jobs. They often pursue occupations that bring them into contact with injured/suffering animals or people over whom they exert control.¹³ Hospitals, correctional facilities, mortuaries, and butcher shops are attractive locations for these men. In the U.S., security guard appears to be the most prevalent line of work.² A history of extreme cruelty to animals is common. The incidence of drug and alcohol abuse in sexual killers is controversial. Some studies report an incidence as high

as 50 percent.^{13,18} They are known to collect material containing violent pornography, police paraphernalia, and even written accounts of their own crimes and those of their predecessors. Often they show an avid interest in Nazism, black magic, torture, monsters, and particularly weapons.¹³

Their personalities have been described as well-mannered, gentle, reserved, timid, religious, prudish, inadequate, studious, obsessional, and hypochondriacal.¹³ Of note, often they will not display their temper to others although some may admit a hatred of women. Liebert²⁰ postulated that "no lust murderer has been in intensive psychotherapy," partly because they are incapable of genuine intimacy.

After apprehension, these men are often "model" prisoners/patients according to staff. However, they may be unaccepted, detested, and even attacked by peers, as in the case of Albert DeSalvo, "the Boston Strangler," who was stabbed to death by another inmate.¹⁷ History indicates that they are extremely recidivistic.¹³ One serial sexual killer warned authorities never to release him from prison, as he was certain he would reoffend.

Diagnostic Considerations

According to Orne *et al.*,²⁴ "It is a widely held view that anyone who commits a series of heinous, apparently senseless murders must ipso facto be considered insane." Generally, studies^{25,26} do not support the stereotype of schizophrenic persons as violent and dangerous. Bloom²⁷ noted that some

schizophrenics, particularly the paranoid subtypes, present "real risks," but even these individuals most frequently attack acquaintances (e.g., family members, hospital staff, fellow patients), not strangers. In the case of serial sexual murderers, it is unlikely such offenders, if psychotic, would have "the wherewithal repeatedly to escape apprehension."² In his 1965 study, Retvitch¹⁴ made the diagnosis of "clinical schizophrenia" in nine of 43 male gynocidal offenders, several of whom had committed murder more than once. It is unknown whether these nine men would have met current DSM-III-R criteria for schizophrenia, particularly in view of the past tendency to overdiagnose schizophrenia. Moreover, not enough information is provided to determine how many of these subjects were serial sexual murderers. Nevertheless, there have been some celebrated cases of serial homicide in which the perpetrator likely suffered from a schizophrenic disorder.

Jenkins¹⁰ reported that the insanity defense was employed in eight cases of serial murder in England between 1940 and 1985, but only one successful. Even in other cases with convincing psychiatric evidence of paranoid schizophrenia (e.g., John George Haigh in 1949, Peter Sutcliffe in 1980), the defendants were deemed "sane" and found guilty. Of note, in the Haigh case, prosecutors argued that any statement by the accused was invalid because he had "so strong an interest in saving his life" (thereby, effectively excluding the majority of psychiatric testimony).¹⁰ In the trial of Peter Sutcliffe, the "Yorkshire Ripper" who

Malignant Sex and Aggression

mutilated 13 prostitutes after incorporating them into his paranoid delusional system, and judge simply overruled several expert witnesses' testimonies and found him fit to stand trial, which resulted in a life sentence.

There has been a similar lack of success with the "not guilty by reason of insanity" (NGRI) defense in U.S. courts, and some experts attributes this to the hostile public opinion associated with these cases. For example, despite the fact that several psychiatrists diagnosed severe "paranoid psychosis" in Albert Fish, who savagely murdered many children in the Northeast in the 1920s and 1930s, he "fell short of the legal definition of insanity" and was executed.⁸

Mental health professionals have typically categorized these men as psychopaths. As Levin and Fox¹⁷ suggested in their review of mass killers:

Though their crimes may be sickening they are not sick in either a medical or a legal sense. Instead, the serial killer is typically a sociopathic personality who lacks internal control—guilt or conscience—to guide his own behavior, but has an excessive need to control and dominate others.

Clifford Olson, Canada's "most notorious and reviled criminal," was sentenced to life imprisonment in 1982 for the torture and killing of 11 or more male and female children.²⁸ Hare *et al.*²⁸ described his personality structure as that of a typical psychopath. He had an inflated sense of self-worth, a violent temper, an ability to manipulate and deceive others, a lack of guilt, glibness and charm, and was a pathological liar. He outraged the public by arranging for the Crown to pay his family \$100,000 in

return for his disclosure of where he had hidden seven of the bodies. Following his imprisonment, he continued to torment the families of his victims by mailing from comments about their children's murder.

It has been proposed that the "supposed psychosis" seen in some of these individuals is merely the product of malingering by a cunning sociopath.² However, Brittain¹³ concluded that it is "useless" and incomplete to "simply label such a person a psychopath." Money,¹⁵ a forensic sexologist, added that such a diagnosis is "judicially irrelevant," as there is no precedent in which it has absolved a criminal sex offender from being legally responsible for his conduct. Moreover, by the absence of lengthy criminal records, substance abuse, and unstable employment, many of these men are not necessarily "typical" sociopaths.

Most experts in this field agree that these criminals are sexual sadists, defining sadism as the repeated practice of behavior and fantasy which is characterized by a wish to control another person through domination, humiliation, or inflicting pain for the purpose of producing sexual arousal.²⁹ MacCulloch *et al.*²⁹ suggested that even if a psychotic illness is present, it may be parallel and unrelated to their sadism. Money¹⁵ claimed that although a criminal sex-offense is antisocial, it is not necessarily a symptom of the "diffuse disease of antisocialism."

The possibility of an organic dysfunction in these murderers has been questioned. Some authors discuss isolated

cases in which the perpetrators had a history of serious head trauma and abnormalities on CT, EEG, and neuropsychological testing.^{2,15} Money¹⁵ has postulated a parallel between the “paraphiliac attacks” in serial lust murderers and psychomotor seizures in temporal lobe epileptic. No comprehensive studies exist that have included thorough organic work-ups (i.e., CT or MRI scans, electroencephalograms (EEGs), androgen and neurotransmitter levels) on a sample of serial sexual murderers.

In some cases, most notably in that of Kenneth Bianchi, the “Hillside Strangler,” the diagnosis of multiple personality disorder (MPD) has been raised. Some clinicians have found an association between criminality and MPD; and they note that reports of amnesia (a cardinal feature of MPD) after homicide are frequent, ranging from 40 to 70 percent.³⁰ However, Orne *et al.*²⁴ stated that caution must be used in diagnosing MPD in situations involving secondary gain because some individuals can effectively simulate hypnotic states and MPD. In such instances, independent corroboration of the preexistence of “distinct, autonomous personalities with specific behavior patterns and social relationships” is essential.²⁴ Bianchi, who brutally strangled at least 10 women in the Los Angeles area from 1977 to 1978, displayed marked inconsistencies in his clinical presentation and could not provide essential corroborating evidence, thereby failing to convince the court that he had MPD.²⁴ To date, there are no well-documented cases of MPD in serial sexual killers.⁴

Although several lust murderers equate their acts to overwhelming compulsions with repetitive, ritualistic features, and describe severe anxiety on attempts to resist these needs, these activities are not true compulsions (as in obsessive-compulsive disorder) because “the person derives pleasure from the particular activity and may wish to resist it only because of its secondary deleterious consequences.” Professionals with a more analytical approach have been prone to consider severe borderline or narcissistic personality disorders in these cases due to specific abnormalities in the ego functioning of these individuals.

In summary, when applying DSM-III-R nomenclature to serial sexual murderers, most clinicians diagnose sexual sadism on Axis I and antisocial or mixed (“cluster B”) personality disorder on Axis II.

Etiology

What causes some individuals to become serial sexual killers? Just as forensic experts disagree about the diagnostic labels for these individuals, there is widespread difference of opinion about etiology. It has been said that the etiology of serial murder is in its “infancy.”⁴ Theories posited about causality include sociocultural explanations, psychological factors, psychodynamic models, and organic or biological etiologies.^{1,4}

Studies of psychologic factors active in serial sexual homicides date back at least as far as 1886, when Kraft-Ebing in his text *Psychopathia Sexualis* described case studies of German serial killers to illustrate sadism, lust murder,

Malignant Sex and Aggression

and sexual violence.⁸ More recent writings on psychologic motivation for sexual killings have focused on the critical role of fantasy in this offense^{13, 14, 22, 29} and the compulsive nature of these acts.^{14, 20}

Brittain's classic description of sadistic murderers emphasized the importance of fantasy, "He is typically a daydreamer with a very rich, active fantasy life . . . his fantasy life is in many ways more important to him than his ordinary life."¹³ Revitch¹⁴ described the presence of a "violent fantasy life" in his paper on sexually motivated murderers.

Burgess *et al.*²³ have proposed a motivational model for sexual homicide that is based on the role of fantasy. The model suggests that five factors (impaired early attachments, early psychologic trauma, patterned responses that generate fantasy, a violent fantasy life, and a "feedback filter" that nourishes repetitive thinking patterns) are causative in sexual homicide. A study by Prentky *et al.*²² suggested the importance of fantasy as an internal drive mechanism for repetitive sexual violence. Serial sexual killers were compared with subjects who had killed a single victim. A significantly higher prevalence of violent fantasies (86% versus 23%) was found in the serial murderers. Prentky *et al.*²² also examined the issue of crime scene organization and found that serial sexual killers were significantly more likely to have organized their crimes than single murderers (68% versus 24%). They further proposed that a classical conditioning model may partially explain the driving power of fantasy in

serial sexual murders, suggesting that ". . . the selective reinforcement of deviant fantasies through paired association with masturbation over a protracted period" contributes to repetitive sexual homicides. Although not expressly studied, their findings lend support to the conclusion that killers who are motivated by a rich, violent fantasy life are more likely to translate these ideas into organized, repeated offenses (i.e., "staged" murder productions) than are disorganized, spontaneous killers.

A British study by MacCulloch *et al.*²⁹ also focused on the role of fantasy in sadistic offenses. Sixteen forensic hospital patients, each who had been diagnosed as having psychopathic personality disorder and had committed violent sexual crimes, were interviewed about their crimes and their fantasy life. A striking finding from this study was that in 13 of the 16 offenders, the crimes were specifically linked to prior fantasies; these offenders had engaged in progressively active behavioral try outs of their fantasies that finally culminated in the offense for which they were apprehended. In the index crime of these 13 offenders who had rehearsed their offenses, there was no identifiable external precipitant to the violent behavior. In contrast, in the remaining three offenders (those without related fantasies), the crime followed an unsuccessful sexual advance.

MacCulloch *et al.*'s²⁹ finding of an "escalating sequence of sadistic behavior," from progressively sadistic fantasies to increasingly active "*in vivo* trials" and then the ultimate acting out of the entire

fantasy, is related to the concept of "compulsive" murders proposed by Revitch.¹⁴ Revitch¹⁴ described a spectrum of motivational stimuli in the murder of women by men: (1) environmentally stimulated crimes; (2) situational crimes; (3) impulsive crimes; (4) catathymic crimes (referring to a release of accumulated psychic tension through an aggressive catharsis); and (5) compulsive crimes, with most sexually motivated murders falling into this latter "compulsive" category. "In these cases the need to commit the act is compelling and with a strong potential for repetition . . . some of these offenders attempt to resist the need, and this usually brings on severe anxiety with somatic manifestations."¹⁴

The psychological formulation proposed by Liebert²⁰ is the most in-depth exportation of the compulsive nature of serial killings. Liebert offered a psychodynamic explanation of the "restorative function of violent sexual impulses" described by Revitch¹⁴ and others. He postulates that most serial sexual killers have a borderline or narcissistic personality structure along with an antisocial, sadistic impulse disorder. In these individuals, the aggressive/destructive elements of the early mother/child relationship are introjected as "unmetabolized" (dissociated) elements. These individuals split the introjected "badness" from self and project it onto the female victim. This is the concept developed by Otto Kernberg in his discussion of "characterological sadism," in which "... primitive aggression is directly infiltrated into the pathological, grandiose self..."²⁰ Liebert²⁰ summarized his

model: "It is the fusion of destructive impulses from disorganized sexual impulses evolving out of the preoedipal matrix of these individuals, together with the incapacity for empathic bonding typical of the sociopath . . ."

Weinshel and Calet³² hypothesized about the psychodynamic underpinnings of the bizarre mutilations often found in serial killings, "... in some of these cases the wish to re-enter and to explore the interior of the mother's body may be an important ingredient. . . ."

Pornography and the issue of cultural acceptance of violence have been mentioned as contributing to the phenomenon of sexual killings. There are no studies that specifically address the effects of pornography on crimes such as serial sexual homicide, nor that relate these effects to personality types.⁵ However, many authorities^{2, 3, 5, 13, 14, 29} who have studied case histories of serial killers suggest that violent pornography may contribute to the final act of murder in the predisposed individual. On a larger scale, it also has been suggested that widespread acceptance and broadcasting of violence through the mass media (television, movies, videos, popular music) may contribute to this extreme form of sexual violence. In his paper on serial killers who target children, Wilson⁵ proposed that "... contemporary video material, popular music, or at least sections of it, add to a milieu where violence and the premature extermination of life are increasingly taken for granted."

Others have approached the linkage of sex and aggression in serial sexual killers from a biologic perspective.

Malignant Sex and Aggression

Money¹⁵ takes the extreme position that sexual killing (and other forms of sexual sadism) is not a type of antisocial behavior, but rather a "specific sexological disease." According to Money,¹⁵ in this disease "... the brain becomes pathologically activated to transmit messages of attack simultaneously with messages of sexual arousal and mating behavior." As does Revitch,¹⁴ Money¹⁵ cites Maclean's³³ elucidation of the proximity and interconnection of limbic structures linked to feeding/aggression (the amygdala) with structures controlling sexual functions (the hippocampus and septum). Money¹⁵ further draws "a parallel between the episodic seizures of sexual sadism" and temporal lobe epilepsy. He also proposes a five-part "clinical sexology workup" in explaining the contributory changes of sexual sadism in serial killers: (1) hereditary predisposition, (2) hormone functioning (prenatal and current), (3) pathological relationships, (4) history of sexual abuse, and (5) symptoms of other syndromes.

The role of individual hormones and neurotransmitters in serial sexual killers has not been specifically investigated. Studies of the role of testosterone in sexual violence show conflicting results.^{34,35} The possible role of serotonin in violent killings is another area of interest, with one study³⁶ finding that subjects who had killed a sexual partner had significantly lower levels of CSF 5-HIAA, a metabolite of serotonin.

The National Center for the Analysis of Violent Crime/Criminal Profiling

The National Center for the Analysis of Violent Crime (NCAVC), located at

the FBI Academy in Quantico, Virginia, was established in 1984 through funding from the National Institute of Justice, and is now completely supported through the FBI budget. The NCAVC serves as "a law enforcement oriented behavioral science and data processing center designed to consolidate research, training, and investigative/operational support functions for the purpose of providing expertise to any law enforcement agency confronted with unusual, bizarre, and/or repetitive crimes."³⁷

A subunit of the NCAVC, the Violent Criminal Apprehension Program (VICAP), became operational in 1985. This program receives criminal reports from the United States, Canada, and other countries "in an effort to link homicides committed by serial violent offenders."³⁷ In addition to providing investigative support, VICAP aims to alert and inform various law enforcement agencies that might be attempting to capture the same offender who has committed crimes in their separate jurisdictions. VICAP has a growing staff that includes crime analysts and case specialists in its effort to assist homicide investigators from around the country. At the end of 1992, over 7,000 cases (involving nearly 8000 victims) had been entered into the VICAP system.

Another subunit of NCAVC is the Criminal Investigative Analysis Program (CIAP). One of the functions of Special Agents assigned to this program is criminal profiling, which was previously referred to using the terms "psychological profile" or "criminal personality profile."³⁸ The profiling process is a tech-

nique used to identify major personality and behavioral characteristics of the offender based upon an analysis of the crime(s) committed; it is not able to provide the identity of a particular offender.³⁸ There are typically seven steps in the profiling process: (1) evaluation of the criminal act itself, (2) comprehension evaluation of the specifics of the crime scene, (3) comprehensive analysis of the victim, (4) evaluation of preliminary police reports, (5) evaluation of the medical examiner's autopsy profile, (6) development of profile with critical offender characteristics, and (7) investigative suggestions predicated on construction of the profile.³⁸

The psychological profile may provide useful in narrowing down the range of aspects, but is not designed to pinpoint one particular subject. Swanson *et al.*³⁹ states that the goal of the profile is to "provide enough information to investigators to enable them to limit or better direct their investigations. In one survey, FBI profiles were only successful in 17 percent of cases in directly identifying a suspect; but in three-fourths of solved cases the profile helped to focus investigative efforts.¹⁷ Professional opinion on the utility of psychological profiling is mixed; and at its current stage of development, it remains an art rather than a service.^{4,17}

Addressing the issue of profiling, Liebert²⁰ cautions that a generalized profile may blind investigators to the unique identity of a given serial murderer. Brittain¹³ also cautioned that "... no one should be ruled out as a suspect because of preconceptions ... for the

acts of such a murderer reflect the deviations of his mind and these he conceals as best he can from others. . . ." Liebert²⁰ suggested that the psychiatric consultant can be of most use in helping investigators study the biographies of suspects to look for "... overt but, perhaps, subtle antisocial, polymorphous perverse and sadistic trends not registered often on police records." He noted the resistance among many investigators to uncovering the sexual motivation for this type of crime, and believes that psychiatrists can play an important role in education to overcome this resistance. The sexual nature of these murders is not always apparent, as conventional evidence may be lacking at the scene of the crime,¹ thus raising the risk of the offense not being categorized as a sexual homicide.

Impact on Society

Despite the figures presented in this paper, many feel the significance of serial murder remains uncertain. For example, even the FBI's highest estimate of annual victims represents less than 10% of automobile fatalities per year.⁷ Yet, the government has allocated considerable research, manpower, and funds to the investigations of these homicides. For instance, the "Green River Killer," who has claimed possibly 30 victims in Washington State since 1982, has been the focus of an ongoing, intense investigation costing well over \$20 million. The financial burden placed on society once a serial murderer has been apprehended is also staggering, and trial costs easily run into the millions of dollars. Initial defense costs of \$1 million

Malignant Sex and Aggression

are projected for the trial of Danny Rollings, who is charged in the 1990 serial sexual murders of five University of Florida students. Ted Bundy's trial and appeals totaled roughly \$9 million.⁴

Liebert²⁰ asserted that "the excitement generated within a community upon identification of serial murder far exceeds its morbidity and mortality risks." One possible explanation for this reaction is the vast publicity or even sensationalism given to this phenomenon by the media and entertainment industry. Some fear the influence or disinhibiting effect that such coverage has on potential serial killers in our society. Of note, investigations have shown that some killers tend to study and imitate other celebrated cases.¹⁰ Egger⁷ suggested that a community's anxiety level rises after an apparently "motiveless" murder because, unlike other "routine" homicides, "everyone is at risk."

The psychological impact of serial sexual homicide on a community can be profound. In the fall of 1990, Gainesville, Florida, police discovered the murdered, mutilated bodies of five college students. Herkov⁴⁰ surveyed area residents to determine the community's response to this violence. One hundred sixty-four Gainesville residents were surveyed at three time periods (initially, nine months, and 18 months following the murders) regarding their psychological distress, coping responses, and perceptions of police and media performance. Nearly half (46%) of residents reported moderate to severe disruption of their daily lives and one-third (35%) indicated that they felt panicked or fright-

ened in the weeks following the murders. Large numbers of residents also reported experiencing a number of "post-traumatic stress disorder" symptoms including increased startle response (36%), distressing thoughts (35%), sleep difficulties (19%), and concentration difficulties (10%). Those residents most affected were female students living close to the murder sites. The psychological distress tended to decrease over time with most residents reporting little distress at 18 month follow-up. However, anxiety and fear symptoms were the most persistent with 10 percent of residents reporting increased startle response and seven percent reporting distressing thoughts 18 months after the murders. Residents attempted to deal with these stresses through a number of coping responses including increasing home security (84%), avoiding traveling alone (29%), and purchasing/carrying a firearm (11%). Media coverage of events was generally criticized as being sensational. In fact, one-third (36%) of residents reported that hearing about the body mutilations caused them to become more frightened.

Sociologists⁴¹ theorize that these crimes carry such a substantial impact because they violate traditional taboos in western society, namely murder and illicit sexual relations. From a psychoanalytic level, perhaps the most unsettling aspect of these crimes is that they divulge an extremely potent, destructive id residing in "normal" humans. Is our tendency to view these serial sexual homicides as the product of "madness" an

attempt to reassure ourselves that we are incapable of such evil?²

References

1. Ressler RK, Burgess AW, Douglas JE: Sexual Homicide. Lexington, MA, Lexington Books, 1988
2. Dietz PE: Mass, serial and sensational homicides. *Bull NY Acad Med* 62:477-91, 1986
3. Holmes RM, DeBurger JE: Profiles in terror: the serial murderer. *Federal Probation* 49:29-34, 1985
4. Hickey EW: *Serial Murderers and Their Victims*. Pacific Grove, CA, Brooks/Cole Publishing Company, 1991
5. Wilson PR: "Stranger" child murder: issues relating to causes and controls. *Forensic Sci Int* 36:267-77, 1988
6. The National Center for the Analysis of Violent Crime: *Criminal Investigative Analysis/Sexual Homicide*. Federal Bureau of Investigation, U.S. Department of Justice, 1990:115-22
7. Egger SA: A working definition of serial murder and the reduction of linkage blindness. *J Policy Sci Admin* 12:348-56, 1984
8. Jenkins P: Serial murder in the United States 1900-1940: historical perspective. *J Crim Just* 17:377-91, 1989
9. The Gainesville Sun, Friday, July 16, 1993
10. Jenkins P: Serial murder in England 1940-1985. *J Crim Just* 16:1-15, 1988
11. Geberth VJ: Mass, serial and sensational homicides: the investigative perspective. *Bull NY Acad Med* 62:492-6, 1986
12. The National Center for the Analysis of Violent Crime: *Serial, mass and spree murderers in the United States: Search of major wire services and publications on offenders operating from 1960 to the present*. October, 1992
13. Brittain RP: The sadistic murderer. *Med Sci Law* 10:148-207, 1970
14. Retvitch E: Gynocide and unprovoked attacks on women. *Corrective & Social Psychiatry* 26:6-11, 1980
15. Money J: Forensic sexology: paraphiliac serial rape (biastophilia) and lust murder (erotophonophilia). *Am J Psychotherapy* 44:26-36, 1990
16. Ressler RK, Burgess AW, Douglas JE, Hartman CR, D'Agostino RB: Sexual killers and their victims: identifying patterns through crime scene analysis. *J Interpersonal Violence* 1:288-308, 1986
17. Levin J, Fox JA: *Mass Murder: America's Growing Menace*. New York, Plenum Press, 1985
18. Dietz MP: Sexual sadism and serial crime. Conference of Sexual Sadism and Serial Murder sponsored by the American Academy of Psychiatry and the Law, Tri-State Chapter and the New York Criminal and Supreme Court Forensic Psychiatry Clinic. New York, January 20, 1990
19. Hazelwood RR, Douglas JE: The lust murderer. *FBI Law Enforcement Bulletin*, April, 1980
20. Liebert JA: Contributions of psychiatric consultation in the investigation of serial murder. *Int J Offender Ther Compar Criminol* 29:187-200, 1985
21. Eckert WG, Katchis S, Donovan W: The pathology and mediolegal aspects of sexual activity. *Am J Forensic Med Pathol* 12:3-15, 1991
22. Prentky RA, Burgess AW, Rokous F, Lee A, Hartman C, Ressler R, Douglas J: Presumptive role of fantasy in serial sexual homicide. *Am J Psychiatry* 146:887-91, 1989
23. Burgess AW, Hartman CR, Ressler RK, Douglas JE, McCormack A: Sexual homicide: a motivational model. *J Interpersonal Violence* 1:251-72, 1986
24. Orne MT, Dinges DF, Orne ECC: On the differential diagnosis of multiple personality in the forensic context. *Int J Clin Exp Hypnosis* 32:118-69, 1984
25. Phillips MR, Wolf AS, Coons DJ: Psychiatry and the criminal justice system: testing the myths. *Am J Psychiatry* 145:605-10, 1988
26. Teplin LA: The criminality of the mentally ill: a dangerous misconception. *Am J Psychiatry* 142:593-99, 1985
27. Bloom JD: The character of danger in psychiatric practice: are the mentally ill dangerous? *Bull Am Acad Psychiatry Law* 17:243-53, 1989
28. Hare RD, Forth AE, Hart SD: The psychopath and prototype for pathological lying and deception, in *Credibility Assessment*. Edited by Yuille JC. Hingham, MA, Kluwer Academic Publishers, 1989
29. MacCulloch MJ, Snowden PR, Wood PJW, et al.: Sadistic fantasy, sadistic behavior and offending. *Br J Psychiatry* 143:20-29, 1983
30. Coons PM, Bowman ES, Milstein V: Multiple personality disorder: a clinical investigation of 50 cases. *J Nerv Ment Dis* 176:519-27, 1988
31. *Diagnostic Statistical Manual of Mental Dis-*

Malignant Sex and Aggression

- orders (3rd ed. rev.) Washington, DC, American Psychiatric Association, 1987
32. Weinschel E, Calet V: On certain neurotic equivalents of necrophilia. *Int J Psychoanal* 53:67-75, 1972
 33. Maclean PD: New findings relevant to the evolution of psychosexual functions of the brain. *J Nerv Ment Dis* 135:289-301, 1962
 34. Zeiss CA: Hypothesis on sexual violence "not convincing.": *Am J Psychiatry* 141:1133, 1984
 35. Raboch J, *et al.*: Sexual aggressivity and androgens. *Br J Psychiatry* 151:398-400, 1987
 36. Lidberg L, Tuck JR, Asberg M, Scalia-Tomba BP, Bertilsson L: Homicide, suicide and CSF 5-HIAA. *Acta Psychiatr Scand* 71:230-6, 1985
 37. The National Center for the Analysis of Violent Crime: 1992 Annual Report. Quantico, VA, FBI Academy
 38. Douglas HE, Burgess AE: Criminal profiling: a viable investigative tool against violent crime. *FBI Law Enforcement Bulletin*, December, 1986
 39. Swanson CR, Chamelin NC, Territo L: *Criminal Investigation*. New York, Random House, 1984
 40. Herkov MJ: Community reactions to serial murder: a guide for law enforcement. National Institute of Justice Contract. Grant No. 90-IJ-R035, 1992
 41. Swigert VL, Farrell RA, Yoels WC: Sexual homicide: social, psychological, and legal aspects. *Arch Sex Behav* 5:391-401, 1976