

Natural Born Killers?: The Development of the Sexually Sadistic Serial Killer

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Today's society seems enthralled with serial killers in the news and the media. Forensic psychiatrists often interview serial killers after they have been caught. There are retrospective studies and case reports of individuals who have committed sexually sadistic serial murders. However, there exists a dearth of case reports on adolescents who have expressed serious fantasies about becoming serial killers prior to actualizing their fantasy. This article presents nine clinical cases of 14- to 18-year-olds who have clinically significant fantasies of becoming a serial killer. Similarities exist in these adolescent cases when compared with retrospective studies and case reports of serial killers on the role of sexually sadistic fantasies and actual killings. Since it has been established that sexual paraphilias may develop at a young age, one can surmise that sadistic paraphilias may also develop in some adolescents. The question is posed, can we predict which of these adolescents may go on to actually become serial killers? This article focuses on how the sexually sadistic fantasy can eventually be acted out and possible motives for the act to be repeated multiple times. Finally, recommendations are made about assessing and treating a youngster who expresses violent sexually sadistic killing fantasies so that attempts can be made to interrupt the progression to actual killing.

Mickey and Mallory were young socio-paths in love, driving throughout the country and leaving dozens of bodies strewn along the way. The movie, *Natural Born Killers* (Warner Bros., 1994), inferred that these two were the product of their culture. They were killers with childhoods of physical and sexual abuse, bad parenting, and poor education. They

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were portrayed as being the product of "bad genes" and a "bad environment."

There is still little in the literature in regard to the understanding of those who commit homicide. Even less is known about a select subgroup, those who commit serial homicide. Case studies have been collected on a small number of "serial killers," but we have not learned much that is applicable clinically. For example, we know little about identifying those children and adolescents who are at high risk for becoming a serial killer. Are there certain biologic predispositions and sociocultural influences that help the cli-

nician identify children who will grow up to become serial killers?

As one looks back at the childhoods of such notorious killers as Ted Bundy, John Wayne Gacey, Dennis Nilsen, David Berkowitz, or Jeffrey Dahmer, it is important to see whether there were clues early in their lives that would have helped identify their homicidal tendencies before they had committed violent crimes. Although many would believe that a serial killer may not be treatable once he or she has begun to kill, one wonders whether, if they had been identified early enough, treatment might have succeeded in preventing them from actually starting their streams of killing.

It appears that children and adolescents are committing more and more violent crimes at an earlier age.¹ The authors would propose that many adolescents are developing fantasies at early ages about committing violent crimes such as murder. As will be initially presented in case examples, there are adolescents who are even experiencing fantasies of becoming serial killers. One would wonder if these individuals are at a high risk for acting out their homicidal fantasies.

Case Presentations

Nine adolescents who expressed a desire to commit serial killings have been identified. Most of these youth were referred to the authors for a forensic evaluation after having committed a legal offense. A few were referred, secondary to a mental health worker becoming concerned about an unusual behavior, for a psychological or psychiatric evaluation. None were referred for having already

expressed homicidal fantasies to a prior evaluator.

Case 1 L. was a 14-year-old white male who was admitted to a psychiatric unit after attempting suicide by hanging. He reported feeling depressed and said, "I feel like I'm going crazy . . . every day I have to decide if I should live or kill myself."

Although initially hesitant, L. began to speak about why he felt he was "going crazy." He reported having obsessional thoughts of killing other people. In fact, he admitted to having a plan of breaking into a strange woman's house, capturing her, raping her, and then stabbing her to death. He said, "I want to be a serial killer."

L. admitted to using his BB gun as a teenager to kill various animals in the area around his house. At the time of his admission, he had been killing up to 10 animals per day including birds, rabbits, cats, and dogs. He would shoot them, drown them, stab them, or light them on fire while they were alive, to kill them.

L. was intelligent, having tested at an IQ of 122. Despite his high IQ, he did poorly in school. The evaluators felt that he was a clean-cut and attractive young man and very likable. He had fantasies of killing his mother by blunt force to the head with a hammer until "her brains were completely exposed." He also discussed a recently released movie, "Silence of the Lambs" (Orion Pictures, 1990). He identified himself with the character Hannibal Lecter, seeing the portrayed serial killer as having "total control over other people." He went on to express that he wanted to be like him, killing over

Natural Born Killers?

100 people, being apprehended, going to prison, and seeing himself on TV. He said, "then, I'd be famous." He denied any sexual excitement when having thoughts of killing and denied any paraphilic fantasies or behaviors.

Case 2 S. was a 16-year-old white male who was referred by a concerned social worker after he had admitted to multiple animal killings. He gained an interest in dissecting animals following a worm dissection exercise in his sixth grade science class. In the eighth grade, he stole a fetal pig from his biology class and dissected it on his own. He became curious about the textures of the animal tissues, tasted parts of it, and recalled becoming sexually excited by the dissection. S. volunteered at an emergency room near his house where he eventually asked to witness a human autopsy, but this experience was denied him. He had a juvenile court history including shoplifting and runaway.

S. tested at an above-average IQ of 125, although he did relatively poorly in school. He abused alcohol, sleeping pills, and marijuana when he became a teenager.

At the age of 15, S. began to kill animals. First, he killed a cat, and went on to kill rabbits, birds, dogs, ducks, and other cats. He usually killed via strangulation or stabbing. The animals skulls were prepared and proudly mounted as trophies in his bedroom. On one occasion, he became sexually excited while killing an animal and placed his erect penis inside the open wound of the animal and masturbated.

S. admitted to fantasies of killing humans including recurrent thoughts of rape

ending in strangulation, necrophilia, and body mutilation. He fantasized about keeping the sexual organs and skulls as trophies. He also described other sexually sadistic fantasies that always ended in death. Additional paraphilic fantasies included voyeurism, exhibitionism, urophilia, fetishistic cross dressing, frotteurism, and bestiality. He had a long history of masturbation to pornographic materials.

Finally, S. had a long history of mild depression, and vague paranoid delusions and described occasionally hearing ill-defined voices.

Case 3 D. was a 17-year-old Hispanic male who claimed a history of ingesting human blood. He liked to prick his own finger or lick the bleeding wound of a friend or family member. He had a substantial history of assaulting other adolescents and adults, explaining that such situations made him feel in "total control."

D. reported being rather intelligent but dropped out of school secondary to poor grades. He denied being depressed but admitted to having frequent thoughts of death. He had a questionable history of panic attacks or possible dissociative episodes. Additionally, he had an extensive history of polysubstance abuse including paint sniffing.

D. recalled seeing the movie "Silence of the Lambs" where he became very emotionally "excited" by the scene showing a human that had been cut open, hung up, and the internal organs of the body displayed. Since then, he admitted to having become enthralled by the viscera of humans.

D. described having fantasies of killing

multiple people in a fashion like "Dahmer." He discussed fantasies of cutting them open, playing with the viscera, cutting the appendages off, and burying the various body parts in specific locations around the town in which he resided. Furthermore, he had fantasies of eating parts of the corpses.

D. became sexually active at the age of 12 and had had over 100 sexual partners. He denied any history of sexual paraphilias.

Case 4 B. was a 14-year-old Hispanic female who was referred for a presentencing evaluation for grand theft auto and runaway. She expressed that one of her goals in life was to become the "first teenage serial killer."

B. had been previously diagnosed with bipolar disorder, although the diagnosis appeared to be questionable given her history and presentation. It was apparent that she suffered from dysthymia and had low self-esteem and a history of occasional suicidal ideation. Furthermore, she was diagnosed with a conduct disorder and cannabis dependence. There was no history of psychosis.

B. had been an average student in school and had never undergone any type of psychological testing. She became sexually active at the age of 12 and admitted to a history of frotteurism with many boys. She also enjoyed watching sexually explicit movies. She reported that her best friend was a 40-year-old woman who allowed her to watch as she engaged in lesbian sexual encounters.

B. reported having a recurrent dream about someone trying to chase her and stab her repeatedly with a knife. In real-

ity, however, she had experienced a significant history of abuse including being sexually molested by her mother's boyfriend at the age of 6 and raped by an adolescent boy at the age of 13. As a child, she witnessed her father brutally rape and beat her mother including forceful insertion of foreign objects into her mother's vagina and anus. Her father served time for attempted murder and had a significant history of killing neighborhood dogs by running them over on purpose.

B. expressed having fantasies of wishing to "tar and feather" others until they died or tying individuals up to a tree, cutting and peeling their skin off with a knife while they were alive. She also fantasized about killing people by stabbing. She denied ever becoming sexually excited by these fantasies and denied that she had ever killed any animals.

Case 5 S. was a 14-year-old white male who had been showing aggressive behaviors since the age of four. He was diagnosed with attention deficit/hyperactivity disorder and was reported to have suffered from frequent mood swings.

At the age of 12, he developed homicidal fantasies about killing multiple people via strangulation or purposefully fracturing as many of their bones as he could until they died.

S. was the product of a pregnancy caused by rape. His biological father became angry when his mother refused to have any continued relationship with him and followed her around the country stalking her.

S. did rather well in school, receiving above-average grades in most of his

Natural Born Killers?

classes. He began to abuse alcohol and marijuana.

At the age of 14, S. began to stalk a female peer. Although she asked that he not follow her, he referred to her as his girlfriend and did such things as follow her home or befriend her mother in order to gain entrance to her home. He admitted to stealing her underwear, which he would use when he masturbated. He also admitted to numerous situations of frotteurism. Finally, he admitted that he had become sexually active at the age of six and recalled having been involved in sexual activity with two other females since that time.

S. admitted to having killed two dogs by snapping their necks while they were alive. However, he reported that his continuing fantasies were about killing humans rather than animals.

Case 6 M. was an 18-year-old white male who had been diagnosed with attention deficit/hyperactivity disorder (AD/HD) and treated with Ritalin since an early age. As an adolescent, he began to abuse the Ritalin, often crushing the tablets and sniffing it. He admitted to having feelings of depression. He was an above-average student.

M. began to develop homicidal fantasies at the age of 12; they involved killing multiple humans via stabbing or strangulation. He admitted that he was masturbating approximately 15 times a day while fantasizing about bondage, control, and killing.

At the age of 15, M. broke into the home of a strange woman and attempted to rape her. He wore a mask so as to not be identified. He was unable to penetrate

her as he had wished, because she fought back. He grabbed a knife, stabbed her, and attempted to kill her. At the age of 16, he engaged in his first consensual sexual activity which he described as "bondage" and "sadistic acts" with a slightly older female.

Case 7 H. was an 18-year-old white male who had suffered from AD/HD and chronic depression. He was of below average intelligence with possible learning disabilities. At an early age, he recalled having been severely physically abused by his mother, including beating and whipping. Furthermore, he recalled his mother being very sexually provocative throughout his youth, exposing herself to him or watching him undress and making erotic comments. His parents once engaged in sexual intercourse in front of him, and he recalled his mother moaning in what he felt was a haunting and death-like manner.

At the age of 14, H. began to fantasize about having sexual intercourse with his mother while listening to her moan, killing her, and continuing to have intercourse with her corpse. He admitted that he was masturbating approximately eight times a day to this fantasy, often using his mother's underwear as an erotic aid.

He expressed confusion as to sexual orientation, but generally preferred heterosexual activities. He had had over 100 female sexual partners, often exchanging money for sex. He had also been sexually abused by a 16-year-old baby sitter at the age of 10. He admitted to fantasies or prior acts of voyeurism, fetishism, cross-dressing, sadism and rape. He had a significant history of alcohol and drug

abuse. He had been diagnosed with a borderline personality disorder. He denied any history of killing animals.

At the age of 17, he committed his first killing of an unknown woman via strangulation and continued to commit necrophilic acts with the corpse for at least three days.

Case 8 K. was a 14-year-old white boy who was referred for a presentencing evaluation for charges of disorderly conduct, criminal damage, theft, carrying a concealed weapon, runaway, and domestic violence. He had a poor relationship with his mother and indeed had attempted to hit her and threatened to kill her on many occasions. He had lit many fires as a youngster and hid a knife under his bed at all times. He was diagnosed with a conduct disorder, alcohol dependence, cannabis dependence, and a possible depression. At the time that he entered puberty, he admitted having developed fantasies of "mass murder," but he described having thoughts of killing many people over time (i.e., serial killing).

K. fantasized two to three times a day about killing. His fantasies increased during times when he was angry or depressed. His killing fantasies included shooting other people or tying people up and cutting their fingers, toes, or other limbs off while they were alive. He admitted to killing by gunshot another adolescent who was in an opposing gang. He denied becoming sexually excited when thinking about his fantasies or about prior acts of killing.

K. reported having been molested at the age of eight by a 30-year-old homosexual relative who later died of AIDS. K.

reported having become sexually active at the age of 13 and having had between 10 and 15 sexual partners. He denied any history of paraphilic fantasies.

Case 9 T. was a 17-year-old white male referred for a psychiatric evaluation after having admitted to experiencing auditory and visual hallucinations of "demons and the devil." He reported hearing voices instructing him to kill other people and, by the age of eight, felt that if he did not follow through with these promptings, he would be hurt or would kill himself. He then attempted to kill his brother, but only stabbed him in the arm. At about that time, he was abandoned by his biological parents and grew up in foster homes.

T. reported that he had the desire to kill many people; he again attempted to kill another person at the age of 13 but merely cut the person with a knife under the armpit. On another occasion, while living in a group home, he attempted to kill his roommate, but missed and cut the roommate's hand with a knife. Finally, he unsuccessfully attempted to kill his foster mother, chasing her with a butcher knife and a hatchet.

T. had occasional feelings of paranoia and often felt that the television instructed him to kill other people. At times, he had feelings of depression and in the past had been diagnosed with AD/HD.

T. claimed that he had been sexually molested at the age of six and suffered from recurrent dreams about the molestation until just a few years prior to his psychiatric evaluation. He admitted that as a teenager he enjoyed watching sexually explicit movies that depicted indi-

Natural Born Killers?

viduals who were eventually killed. He fantasized about exhibitionism and voyeurism. He admitted to becoming sexually excited while watching "horror movies" that depicted naked women.

At the age of eight, T. began to kill snakes with a knife and later went on to killing rabbits and searching for animals that had previously died or been killed on the side of the road. He enjoyed looking at the internal organs or cutting them open. He reported that he would not feel guilt or shame if he were to kill a human. In fact, he went on to say that he would "laugh at the body and then leave it to rot."

Sexually Sadistic Serial Killing: The Literature

Do any of these adolescents show any of the same characteristics as those who have actually committed serial killings? There appears to be a surge of publications and films in the popular media about serial killings in today's society. Articles in detective magazines, comic books, and even serial killer trading cards are dedicated to the topic of serial killers. It has been said that "a significantly prolific murderer is likely to find a good agent more valuable than a good lawyer."²

One well-known serial killer commented on the portrayal of Hannibal Lecter, a fictitious serial killer, in the book *Silence of the Lambs*. He stated that the depiction was a "fraudulent fiction," explaining that portrayal of a serial killer who has power and manipulation may please the public, but is not accurate. He said that his own offenses arose from a "feeling of inadequacy."³

Dietz⁴ believes that before a man becomes a serial killer, the offense has already been committed in fantasy in his own mind. He states that the fantasy may originate in things that have happened to him, things he imagined happened to him, or things he has seen. When killers are young, Dietz believes, they may express their early aggression by torturing animals or being exceptionally cruel to other children, showing that they are already thinking about committing adult-like violent acts. A few of the cases presented here demonstrate those tendencies.

The serial killer is often identified as an offender who kills others in three or more separate incidents.⁵ This is distinguished from a mass murderer who kills multiple victims during a single incident.⁶ In the 1980s, the Federal Bureau of Investigation calculated that there were approximately 35 serial killers operating in the United States. Others have estimated, however, that there may be as many as 300 serial killers at large in the United States alone.⁷ Although the United States has only about five percent of the world's population, some feel it may have as many as 75 percent of the world's serial killers. Many debate the hypothesis that the United States is a breeding ground for serial killers, while others believe there is no empirical evidence that the frequency of serial killers is increasing or is higher in the United States than in other countries.^{5, 7} Despite the latter views, the number of male serial killers captured and recorded as such in the United States has been increasing in recent years⁸; this could be due to better crime-solving and

profiling techniques or to a true surge in the actual number of offenders.

There have been a number of different serial killer typologies proposed in the literature.^{7,9} Although each can be helpful in gaining perspective and insight into this small population of offenders, the typology proposed by Dietz⁶ appears most helpful. He identified the following five categories: (1) psychopathic sexual sadists (i.e., Ted Bundy, John Wayne Gacey); (2) crime spree killers (i.e., Bonnie and Clyde); (3) functionaries of organized criminal operations (i.e., contract killers, gangs); (4) custodial poisoners and asphyxiators (i.e., nurses and physicians); and (5) probable psychotics (i.e., David Berkowitz). In fact, although some older reports state that sexually motivated killers are often psychotic,¹⁰ newer evidence shows the only true category of a prolific serial killer is likely to be the sexually sadistic serial killer.⁵ Dietz said, "these men enjoy killing people."⁶

As early as 1886, Richard von Krafft-Ebing¹¹ described many sexual perversions in his book *Psychopathia Sexualis*. He was the first to describe the terms "lust murder" and "murder through sadism."

Years later, in his classic article "The Sadistic Murderer," Brittain¹² attempted to draw a profile of the sexually sadistic killer in hopes of beginning to identify unique characteristics of sexual murderers. He felt that the more precise the description could be, the greater the likelihood that sadistic murderers could be identified before they had killed. Although warning all involved professionals to refrain from preconceived notions

about what a sexual murderer looks like or how he/she behaves, Brittain retrospectively saw many similarities based on his clinical observations. In his study, many sexually sadistic killers had developmental histories demonstrating an ambivalent relationship with their mothers, authoritarian fathers, and social ineptness. Their personalities were often introspective, solitary, studious, obsessional, prudish, vain, and hypochondriacal. Although they rarely showed outward violence, there was evidence of deep hidden aggression. Sexually, many felt inferior, were often impotent, and had a rich fantasy life. Cross-dressing and fetichisms were not uncommon, and a number engaged in homosexual activities. There were commonalities in some killers such as an interest in power, enjoyment of cruelty as depicted in books or films, an overt interest in weapons, and a history of cruelty to animals. Many had an interest in werewolves, vampires, black magic, Naziism, torture, and "escapology." Most had experienced little or no psychiatric intervention, and although a few suffered from depression or anxiety, most could not be diagnosed with schizophrenia.

The sexual killers were more likely to offend when their self-esteem was low. They often planned their crimes, which frequently included killing via asphyxiation or stabbing. Physical injury to the sexual organs and engaging in violent sexual acts were not uncommon. Brittain wrote that although the sexual killer may be a model patient or prisoner, given the opportunity, he is "likely to murder again and he knows this."¹²

MacCulloch *et al.*¹³ identified the ex-

Natural Born Killers?

perience of power and control in the act of sexually sadistic killings to be the most important factor. They proposed that "the wish to control another" by such means as "domination, denigration, or inflicting pain" is what produces the sexual arousal for a sadist. Thirteen of the 16 cases that they reviewed had fantasized about their sadistic offense prior to its actuality. They often masturbated to thoughts of rape, kidnap, sodomy, bondage, whipping, torture, or fantasies of killing many times prior to committing their first actual offense. Interestingly, the mean age that these fantasies occurred was 16 years (range, 13 to 20 years old), and each subject had an increase in his masturbatory activity once his fantasies took on a sadistic content. The acting out of the fantasy occurred less than one year after the development of the sadistic fantasy in 11 of the 13 cases. The authors proposed that if a person begins to try out his sadistic fantasy little by little in actuality, there is a higher risk for it to progress toward the act of killing as part of the eventual sexual act.¹³

Levin and Fox¹⁴ concluded that most serial killers are male, Caucasian, and in their 30s. They demonstrated that most serial killers did not have a conviction record and in fact were arrested for the first time for their serial murders. Hickey¹⁵ found that of identified serial killers from 1800 to 1980, 14 percent were female. Ressler *et al.*¹⁶ studied 36 sadistic killers who had murdered a total of 118 people. Of the 36, all were male, 33 were Caucasian, 20 were the eldest son, and 27 had an average or greater than average intelligence. Many had family

histories of psychiatric, criminal, sexual, or alcohol or drug abuse problems. Many had a personal history of physical, sexual, and psychological abuse. Most importantly, most of them demonstrated a history of suffering from multiple sexual paraphilias. In adolescence, 75 percent of the 36 cases reported histories of day dreaming, compulsive masturbation, isolation, chronic lying, rebelliousness, stealing, and assaults on adults. Over 50 percent had a history of enuresis, nightmares, destruction of property, fire setting, cruelty to children, and poor body image. Nearly one-half of them demonstrated a history of cruelty to animals.

Dietz⁵ concluded that serial killers often kill by strangulation, beating, or stabbing. He attributes these choices to the greater "intimacy" demonstrated with the use of contact weapons, which in turn reflects the sexual component of the killer's motivation. He stated that, based on his own clinical experience, prolific serial killers are usually male and can be diagnosed with antisocial personality disorder and sexual sadism.⁶ Furthermore, Dietz *et al.*¹⁷ concluded that most sexually sadistic criminals carefully plan their offenses in detail, even to the point of preparing a "torture kit" to use on their victim. They also stated that personal items of the victim may be kept that could be used as stimuli for future arousal. Douglas *et al.*¹⁸ categorized sexual homicides as organized, disorganized, or mixed. The organized crime is highly planned and may include staging the crime scene, whereas the disorganized is spontaneous and may represent youthfulness, use of alcohol or

drugs, mental deficiency, or lack of sophistication of the offender.

Prentky *et al.*¹⁹ compared 25 serial sexual murderers with 17 sexually motivated murderers who killed only once. The serial murder group was almost exclusively Caucasian, while only 80 percent of the single murder group was Caucasian. Fifty-eight percent of the serial killers compared with 29 percent of the single killers had a higher than average IQ. They proposed that intelligence may somehow influence how well the sexually sadistic paraphiliac fantasy is translated into actual behavior. This may explain how well thought out and organized many sexual killer's crimes really are. Eighty-six percent of the serial killers had fantasies of rape, murder or both, compared with 29 percent of the single killers. Seventy percent of the serial killers had a history of compulsive masturbation, 75 percent had a history of voyeurism, 71 percent had a history of fetishism, and many had a history of cross-dressing. Although members of both groups had equally planned their crimes, the serial killers often had more organized crime scenes.

Prentky *et al.*¹⁹ proposed that when a sexually sadistic fantasy has been acted out for the first time, the offender is likely to engage in a series of sexually sadistic acts. Each sexual act comes closer to actually enacting the particular paraphiliac fantasy. However, since it is difficult to ever exactly match the sadistic fantasy, there is an impetus to begin restaging the fantasy over and over, each time reinforcing the deviant fantasy with orgasm. The fantasy could eventually develop to include paraphilias with violence that could

possibly even end in killing the sexual partner. Prentky *et al.* also refer to sexual homicide as an actual paraphilia, making it easier for one to see that, as with other paraphilias, the experience is often repeated over and over. In fact, Warren *et al.*²⁰ proposed that actual murders likely become the fantasy material for subsequent masturbation, reinforcing the sadistic arousal pattern. Those ideas likely give a more probable explanation than psychodynamic theories offered about serial killers.^{21, 22}

Langevin²³ compared sexual killers with sexually aggressive nonkillers as well as with nonsexual killers. The victims of sexual killers were more often strangers and had been killed via strangulation. He proposed the use of strangulation to be a means of prolonging the sadistic suffering of the victim and in turn causing a prolonged feeling of pleasure and control by the offender. This may be due, in part, to the offender's own narcissistic needs. In fact, this could be consistent with Hazelwood's¹ belief that the most common three personality disorders seen in serial killers are narcissism, paranoia, and antisocial.

Drukteinis²⁴ sees sexual sadism as a spectrum that goes from mild forms of "culturally sanctioned rituals" to "bizarre and grotesque" serial killings. The element of total control that a sexually sadistic killer has over his victim may be a critical piece to the puzzle.²⁵ Brittain¹² interviewed sadists who had interest in things that mixed cruelty, sex, and power over others. One sexually sadistic serial killer interviewed by one of the current authors said: "It's the killer's need to

Natural Born Killers?

have ultimate control over his victim that causes the sexual excitement. He probably does this because of his own poor feelings of self-worth and inadequacies. Complete control is the only way to overcome this inadequacy." The issue of control may lead to the sexual excitement and the actual death itself could be anticlimactic. Langevin²³ states that the offender can "do what he wants" including mutilation and sexual abuse, demonstrating an "ultimate control" over the victim. Hazelwood *et al.*²⁶ quoted an offender who stated, "the pleasure of the complete domination over another person is the very essence of the sadistic drive."

Biological predispositions may also be a contributing factor. Langevin²³ showed it to be more common in both sexual killers and in sexually aggressive nonkillers to have abnormalities in the right temporal horn area of the brain as seen on scans. He also noted elevated testosterone in both of these groups. Gosselin and Wilson²⁷ argued that left hemispheric dysfunction was more commonly seen in individuals who suffered from deviant or bizarre paraphiliac fantasies. However, Langevin²⁸ noted temporal horn lobe damage in many individuals who suffer from fetishism and cross-dressing, the two paraphilias that Prentky and Burgess²⁹ saw more commonly in serial killers. Prentky and Burgess also proposed the coexistence of dominant hemisphere dysfunctions in the limbic system as a possible contributing factor. Money³⁰ proposed a relation between lust murders and temporal lobe seizures. Many known serial killers have suffered from head injury or trauma when younger.³¹ New re-

search is linking recurrent or obsessional paraphilic fantasies with low serotonin levels.³² Bradford³³ and others have actually shown the use of selective serotonin reuptake inhibitors as being helpful in some individuals who suffer from paraphilias. Also commonly used are antiandrogens for the treatment of paraphilias.³⁴ Others³⁵⁻³⁷ have seen improvement with use of other psychotropics such as carbamazepine, buspirone, or lithium.

Abel *et al.*³⁸ have shown that it is generally common for an individual to suffer from multiple paraphilias rather than just one. Additionally, they showed that paraphiliac behaviors often begin prior to 18 years of age.³⁹ Therefore, multiple sexual paraphilias can and often do develop during adolescence. There is evidence based on the cases presented in this article that the paraphiliac fantasy of sexual homicide may also develop in some adolescents. This supports the assumption others have made who have interviewed serial killers and claimed that their killing behaviors began in adolescence.^{7, 40, 41} Furthermore, there have been a few case studies in the literature of juvenile homicides that have included a type of sexual contact before, during, or after the killing.⁴²⁻⁴⁵ However, the circumstances of these murders and whether or not they were secondary to a sexually sadistic fantasy is unclear.

Discussion

It is important to ask adolescents who have been referred for violent crimes or sexual offenses about the nature of their sexual fantasies and to take a very thorough and detailed sexual history. This

history should include asking whether the adolescent becomes sexually excited when experiencing or fantasizing about violence. The subjects should also be questioned about fantasies or actions involving sexual sadism and killing. Maskel⁴⁶ recommends that the interviewer be familiar with paraphilias, comfortable with listening to material presented, and should allow for ample time when interviewing adult sexual sadists. The authors believe this should also apply when interviewing youth. Once the adolescent realizes the interviewer is comfortable with the topic, they are often willing to talk openly and divulge information that has been bothering them for a prolonged period of time. However, this may not occur if the interviewer is unfamiliar with what questions to ask or cuts the interview off prematurely because of time constraints. Nevertheless, even the best interviewers may have difficulty eliciting the complete truth in many cases.¹⁷

Many "normal" people experience deviant sexual fantasies,⁴⁷ including sadism. However, not everyone who suffers from sexually sadistic paraphilic fantasies goes on to act them out. Brittain said that most sadists restrict themselves to fantasy alone.¹² Few take their fantasies to the point of murder and even less to the point of multiple murder.

Hellman and Blackman⁴⁸ discussed the triad of enuresis, fire setting, and animal cruelty as predictors of youth violence. Lewis *et al.*⁴⁹ found that juveniles who murder are often more neuropsychiatrically impaired when compared with non-violent delinquents. Langevin *et al.*⁵⁰

summarized that some juvenile killers demonstrated animal cruelty, suffered from stuttering or impulse control, or had run away. Malmquist⁵¹ discussed adolescent pre-killing prodromal signs such as behavioral changes, "cries for help," use of drugs, adolescent losses, "threats to manhood," somatization, an "emotional crescendo," and homosexual threats. Finally, Cornell *et al.*⁵² identify three groups of adolescents at high risk for homicidal behaviors: psychotic adolescents, those engaged in interpersonal conflict, and those who commit homicide in the course of committing another lesser crime. Despite the above guidelines, Holmes and Holmes⁷ do not believe there is a presently clear set of indicators that help one identify children who will kill.

The authors would propose that the evolving nature of the sexually sadistic fantasy often begins in adolescence and is a possible key factor that must be looked for in identifying youth who are at risk for becoming sexually sadistic serial killers. Adolescents who demonstrate sexually sadistic fantasies, especially of a violent nature that end in killing, should be "red flagged," followed closely, and offered treatment to help extinguish or control the deviant fantasy before it becomes a reality. If cognitive/behavioral and psychopharmacologic treatment is offered early enough in the development of the sexually sadistic and homicidal fantasy, one would hope to decrease or prevent the eventual possible outcome of serial homicide.

One cannot assume that the adolescents in the cases presented in this article will actually become serial killers. However,

Natural Born Killers?

it is evident that they are showing behaviors and fantasies at an early age that are similar to the behaviors, studied retrospectively, of actual serial killers—there are many obvious similarities.

Conclusion

The study of the development of sexually sadistic paraphilias that lead to serial killing is still in its infancy. Children and adolescents who develop sexually sadistic fantasies and talk about single or serial killings need to be followed over time in a prognostic manner to help researchers and clinicians better understand the developing nature of the sexual serial killing fantasy. In doing so, one would hopefully begin to better understand whether there are specific subtleties that would help one identify those who go on to kill and those who would not. Further studies will need to occur to help identify whether standard treatment for sexual offenders, or a modified version thereof, could be helpful in treating this specific population.

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