

7. Sexual Homicide

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Abstract

Aggression and sex represent the two drives in (human) behaviour. Both are involved in sexual homicide, considered as an extreme crime and extremely feared crime.

After an introductory explanation in this chapter a few comparisons will be made: sexual homicide of children will be compared with sexual homicide of adults. Special attention is paid to killing of prostitutes and to juvenile offenders. Multiple sexual killings show other patterns than the single sexual killings. Questionable is the difference in institutions the perpetrators are locked in: prison or forensic mental hospital. The isolated position of the perpetrator and the diagnosis psychopathy appear to be a crucial factor in these cases. Short case vignettes illustrate the text.

Résumé

L'agressivité et la sexualité constituent les deux forces motrices du comportement humain. Toutes deux sont impliquées dans les homicides à caractère sexuel, lequel est considéré comme étant un crime extrême et très fortement craint. Après une introduction à visée explicatrice, quelques comparaisons seront faites : les homicides sexuels perpétrés contre des enfants seront comparés aux homicides sexuels commis contre les adultes. Une attention toute particulière sera portée à l'assassinat de prostituées et aux agresseurs mineurs. Les homicides sexuels multiples révèlent d'autres tendances que les homicides sexuels uniques. Plus douteuse est la distinction entre les institutions où les auteurs sont enfermés : prisons ou hôpitaux psychiatriques. La position isolée de l'auteur et un diagnostic de psychopatie semblent constituer les facteurs cruciaux dans de tels cas. De courtes études de cas illustreront nos développements.

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1 Introduction²

Sexual killing is the intentional killing of a person during which there is sexual by the perpetrator (before, during, after or throughout the act). In the recent century different terms were used in order to refer to sexual homicide: lust murder (Krafft-Ebing, 1886; Hazelwood, 2001), sadistic lust murder (De River, 1958), sadistic murder (Douglas et al, 1992), lust killing (Malmquist, 1996), sex murder (MacDonald, 1986), erotophonophilia (Money, 1990), sexual murder (Grubin, 1994), sexual homicide (Ressler, Burgess & Douglas, 1988).

It is estimated that less than 1.0% of homicides may be sexual in nature³, however by definition the size of the dark number is unknown. Sexual homicides usually evidence a modus operandi (dynamic) and sometimes evidence a signature (static). Adolescents appear to commit sexual homicide at approximately the same rate as adults (Meloy 2000; Meyers 1994).

Sexual homicide is a specific category of fatal offences, but it is also hidden under other categories, e.g. under serial murder, killing of prostitutes, killing of gay/lesbian persons, killing of neighbours, killing of (ex)spouse, killing of children (by outsiders), killing of parent⁴.

Offenders are mostly males under the age of 30 who victimize female strangers or casual acquaintances, usually of the same race. Sexual homicide perpetrators often exhibit an abnormal personality structure, including being chronically angry, pathologically narcissistic, abnormal bonding, impaired reality testing, and having a formal thought disorder. Most sexual homicide perpetrators are not psychotic and do not have a diagnosable psychotic disorder if evaluated, particularly in organized sexual homicides. Virtually all sexual homicide perpetrators evidence narcissistic and psychopathic personality traits. Fantasy appears to play a central role in sexual homicide, especially organized sexual homicide (Prentky et al. 1989). Sexual homicide perpetrators are often diagnosed with other paraphilias.⁵ There is no evidence of biological anomalies, but there are disparate findings that do suggest biological substrates that may contribute to sexually homicidal behaviour. Offenders grow up in chaotic family environments and exhibit abnormal,

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³ In Germany in 2005 approximately 2% (Habermann, 2008, p. 12); in England and Wales in 1998-2008 1.5% (Soothill et al, in press) in The Netherlands in 1992-2006 3% (Nieuwbeerta et al, 2007); in Switzerland in 1980-2004 1% with prostitution-related homicides excluded (Markwalder, in press).

⁴ E.g. Hoekstra, 1969, p. 245-249.

⁵ Paraphilic behaviours have a number of essential components, including fantasy, compulsive masturbation, and facilitators and they are rooted in early childhood development (Arrigo et al 2001).

usually antisocial behaviour in childhood and adolescence. A substantial minority experienced physical and sexual abuse. Often there was an early retreat into fantasy and also pairing of sexual arousal and extreme violence towards women is very often present (Meloy 2000).

Sexual homicides create a great deal of fear because of their apparent random and motiveless nature. The sexual nature is not always immediately obvious; conventional evidence of a sexual crime may even be absent. Based on an extensive analysis of 36 cases Ressler et al (1988) conclude that the offenders were preoccupied with family and personal problems. The ineffective social environment extends to outside interveners; teachers, juvenile authorities, clinicians who evaluate troubled children. Two thirds of the perpetrators had a psychiatric assessment as a child or adolescent. Many people, including family, ignored the boy's behaviour: they were non-intervening and non-protective and supported the development of cognitive distortions. Their thinking patterns contained negative attitudes and beliefs that provided justification for violent acts.

An important distinction between two types of sexual murderers can be made (Canter et al. 2004; Ressler et al. 1988).

The *Compulsive types* leave behind an organized crime scene, are usually diagnosed with sexual sadism and antisocial/narcissistic personality disorders. They are chronically emotionally detached, often primary psychopaths, and the majority did not experience early trauma. Organized sexual homicide usually involves an obsessive-compulsive pattern of behaviour and is significantly more likely to be perpetrated by a sexual sadist.

The *Catathymic* murderers, on the other hand, leave behind disorganized crime scenes and are usually diagnosed with a mood disorder and various personality disorders. They are hungry for attachment, only moderately psychopathic, and have a history of physical and/or sexual trauma. The catathymic process is highly symbolic, transference-based and is likely to be a displaced matricide (Wertham 1941; Meloy 2000; Schlesinger 2004).

The distinction is relevant for crime scene investigation from a criminalistic point of view in order to find the perpetrator, but also for the assessment of the accused person.

<u>Organized</u>	versus	<u>Disorganized</u>
Crime-scene Behaviour		
Plan in great detail		Do not plan
Choose low-risk abduction		Choose high-risk abduction
Display control during crime		Behave haphazardly
Cleverly manipulate victim		Rarely manipulate victim
Transport body		Leave body where killed
Bring restraint devices		Do not bring them
Torture before death		Mutilate after death
Stage the crime scene		Do not stage crime scene
Often inject themselves into investigation		Rarely do that
Geographically mobile		Geographically stable

	<u>Personality Characteristics</u>
Psychopathic, antisocial, narcissistic	Borderline, schizoid/phrenic
Pleasant looking and physically attractive	Strange looking, often odd, unkempt, dishevelled
Have wives, girlfriends, experience with females	Little experience
Live with a woman	Live by themselves or family members
Good verbal skills	Poor verbal skills
History of behaviour problems and Conflicts with authority	History of psychiatric treatment and suicide attempt

A bio-socially oriented learning theory model of sexual aggression is developed by Marshall & Barbaree (1990). The basis of the model are two biological factors: the disposition to sex and the disposition to aggression. Childhood experiences can be negative, e.g. (inconsistent) violent style of education, lack of confidence, poor social capacity, sexual abuse and intimacy problems, and become an important factor for developing later sexual aggressive behaviour. The risk increases as a result of influences in the social cultural context: e.g. acceptance of interpersonal violence; acceptance of male dominance; negative attitude towards women; availability of aggressive pornography. On top of these factors other situational factors like availability of alcohol, anger and anonymity might make the individual more vulnerable in order to sexual aggression. This model is very much applied in forensic sexological assessment as well as in treatment. A useful instrument is the offense script (Van Beek 1999)

Chan et al. (2010) incorporate the works of Akers and Cohen and Felson regarding their social learning theory and routine activities theory, respectively, to construct an integrated conceptual offending framework in sexual homicide. They hold the opinion that their integrated model produces a stronger and more comprehensive explanation of sexual murder than any single theory thus far available.

2 Child versus adult victims

Case child victim

In 1934 a 21-year old man had already some convictions of child abuse (since he was 16 years) and after he was acquitted he was working in a department store in the centre of Amsterdam. He came across an 8 year girl, he did not know, promised her a few bananas if she would come inside. She did and he took her to the first floor, where she started crying. As soon as she did that he took her to the attic of the building where he laid on top of her and got an ejaculation. Because she resisted fiercely he killed her by strangulation with a cord. This caused a new

ejaculation. He put the corpse in a box of bananas and continued his work that afternoon.

He was considered diminished responsible, the court found him guilty and imposed a lifelong prison sentence. When he was 51 years old he died in a TBS-hospital for mentally ill offenders.

Case adult victim

On the evening of the crime, the perpetrator and the victim drank alcohol together in his room. Then they let out the dog. In the forest he cut the victim in the throat. He declared that he wanted her to be dead when they left home. The perpetrator vaginally and anally penetrated her on the floor after she fell from the stab wound. He stated that at that time the victim was still breathing. He recounted that the reason for killing her lied in rejection: he wanted sex and did not know how to ask. He felt disappointed and rejected.

If a child is killed in the majority of cases one of the parents is the perpetrator. In these cases, sexual motives are not issue. If however a child is killed by a stranger, in the majority of cases the homicide is sexually motivated (Alder et al, 2001; Beyer et al. 2003; Harris et al. 2007; Koenraadt et al. 2007, p. 11; Schmidt et al. 1999; Strang 1996; Stroud et al. 2001).

There are certain significant differences between perpetrators who sexually kill children and those who search for adult victims. In a study which compares those two groups, it is hypothesized that sexual murderers of children have more deviant sexual fantasies, sadistic behaviours, and share similar characteristics found in paedophilia than sexual murderers of adult women. From a developmental point of view, sexual murderers of children are significantly more inclined to report experience of sexual abuse in childhood, and deviant sexual fantasies. Also, they present significantly more prior convictions for sexual crimes without contacts as compared to sexual murderers of women. In the year prior to the crime, sexual murderers of children have significantly more problems of compulsive work, which prevents them from establishing/maintaining social relationships, they also reported more perceived rejection and generalized conflict. In the 48 hours prior to the crime, almost all (90.0%) report previous contacts with the victim, compared to 56,1 % of the sexual murderers of women. Also a significantly larger proportion of sexual murderers of children uses pornography and is unemployed prior to committing the crime. There are also differences in how the crime is committed. Sexual murderers of children more often premeditate their act and also use strangulation as well as dismembering and conceal the victim's body more often as compared to sexual murderers of women. After the crime, sexual murderers of children admit more often that they have a sexual problem than sexual murderers of women.

Perceived rejection and generalized conflict as well as more frequent childhood sexual abuse and more deviant sexual fantasies are placed in the

attachment model of the development of sexual deviance. (Johnson et al. 1997). But the apparently salient feature of sadism in sexual homicide of children is an issue that will require further investigation (Beauregard et al. 2008).

Sexual murderers with adult or child victims show more diagnostic similarities than differences, antisocial personality disorder and sexual sadism being among the most frequently diagnosed disorders. As expected, the groups differ most significantly in the diagnosis of paedophilia, with sexually motivated murderers of children showing a higher rate of paedophilia. In terms of criminal history, both groups tended to have criminal charges and convictions previous to the sexual homicide. However, the group with child victims demonstrated more sexual offenses against children and less violent offenses. The high prevalence of violence and antisocial personality disorder in both groups seem to be important risk factors for committing a (sexual) homicide and might have outweighed other differences (Spehr et al. 2010).

3 *Prostitute homicides*

Case: prostitute as a victim

A 51 years old man with a limited intelligence strangles a prostitute whom he had met before in a pub. He explains that she did not act according to the appointments they had made before and for which he had paid her.

His father was an aggressive person who abused alcohol and battered his wife and children furiously. His limited IQ meant that he could not come up to the expectations his father had of him. He started drinking at an early age. This diminished his anxiety and lowered the threshold for applying violence.

Marriage and the education of children was a too heavy burden on his shoulders. After the divorce he kept on stalking his ex-wife and children.

The victim took him to her apartment. The perpetrator tells that he had killed the victim out of anger against women in general and especially against his ex-wife. There are remarkable similarities between his father's and his behaviour pattern.

Between 1982 and 1992 eighteen prostitutes were murdered in The Netherlands (Van Gemert 1994). Often a relationship is assumed between a murder and street prostitution by drug addicts. In the past, however, comparable murders in the Netherlands have shown that neither problematic drug use nor street prostitution may be regarded as sure ingredients contributing to the murder of prostitutes. The term fantasy, as an incentive to the customers of prostitutes and murderers with sexual motives, has been given a central role here. The basic assumption is that there is a connection between the modus operandi and the perpetrator's fantasy. A number of fantasies are described which are believed to have played a role in the murders

under investigation. Five scenarios for the murder of prostitutes were written, in which the facts of the case and the way in which the murders were perpetrated were closely connected to how the victim was discovered. Each scenario had specific tracks and clues that may have been found at the 'scene of the crime'. The cause of death, weapons used, the nature of the violence used, the manner in which the body was left behind and the place where it was left (the site where a body is discovered is not necessarily where the murder took place) can vary considerably.

It is sometimes difficult to distinguish between sexually and non-sexually motivated homicide. One homicide may have an overtly sexual element to it, such as vaginal penetration or assault to the breasts, whereas another may show no such evidence but still be motivated by sexual drives. In some cases, it may even be that sexual behaviours are observed but that the crime was not sexually motivated (Schlesinger, 2007). In some of these cases, it is the offender's control of the victim, and her pain and humiliation that become linked to the offender's sexual arousal. Another difficulty may arise when a sexual assault, a rape for example, culminates in the victim's death, purely because the offender wants to eliminate a potential witness and not because the offender gains any sexual arousal from the killing itself (Salfati et al. 2010: 517).

One of the biggest questions remains whether violence against prostitutes is one of increased opportunity and easy availability or because they are prostitutes. Of particular question is whether violence against prostitutes is sexual or theft motivated, or whether they represent specific targets to the offender. To understand violence, and especially homicide, against prostitutes, it is therefore important to understand these crimes in the context of violence and sexual violence, and particularly homicide, against women in general (Salfati et al. 2010: 514).

It has been estimated that women involved in street prostitution are 60 to 100 times more likely to be murdered than are non-prostitute females. Salfati et al (2008) analyzed and compared forty-six cases of U.K. prostitute homicides to 59 male offender-female victim nonsexual homicide cases and 17 male offender-female victim sexual homicide cases.

Factors such as drug use and number of dependents, if any, may ultimately affect the prostitute's working habits. If the prostitute has a drug habit or children to support, then she may consequently take more risks in her work, making her more vulnerable to attack (Salfati et al. 2010: 510).

In prostitute homicides, the offender was most likely to be a stranger; in sexual homicides, the offender was most likely to be an acquaintance; and in nonsexual homicides, the offender was most likely to have had or to be in a sexual relationship with the victim. It was found that prostitute homicides differed from both sexual and nonsexual homicides in the frequencies of the crime scene behaviours. Comparing the results to both the general literature and the empirical comparison to other subgroups of homicide allows for a first step in understanding prostitute victims as both vulnerable and available victims, as well as specific targets (Salfati et al. 2010: 539).

4 *Non-serial and serial sexual killings*

In an attempt to create a typology of non-serial sexual homicides, two distinct pathways were found, the sadistic and the anger pathway.

In the sadistic pathway, the murders are premeditated, victims selected and humiliated. To control the victim physical restraints are used. Also there is mutilation of the victim and often hiding of the bodies afterwards. This type of killings last longer than 30 minutes.

The anger pathway shows killings which are unplanned and victims who are not preselected. There is less humiliation, physical restraint or mutilation. In most cases, the body of the victim is left at the crime scene. These killings have a shorter duration. Anger perpetrators experienced problems with loneliness (significantly more than the sadistic group). Anger murderers feel anger before the crimes, whereas sadistic murderers have a positive affect.

After the crime offenders in the anger profile give themselves up to the police, collaborate during investigation and admit all the acts committed and their responsibility more often than do offenders in the sadistic profile (Beauregard et al. 2002).

With respect to serial sexual murderers Stone (2001) reviewed 99 biographies to discuss the factors predisposing to serial sexual homicide. The more of the relevant factors were present in a given individual, the more at risk that person was of committing sexual crimes. But no causal inevitability can be drawn. There are biological factors, such as head injury, serious mental illness and substance abuse. Also psychological factors come into play, such as parental brutality and humiliation, inappropriate sexual patterns and fatherlessness. Because of the dramatic increase in the number of serial sexual murderers in de mid-1960, also sociological factors can play a part in predisposing persons to serial sexual homicide. This can be explained by the culture of narcissism, the lessening of inhibitions about sex and a greater sense of freedom and entitlement about the right to sexual fulfilment (Stone 2001).

Serial sexual murderers engaged in more rape fantasies than non-serial sexual murderers (Maniglio 2010; Myers et al. 2006; Prentky et al. 1989; Warren et al; 1996).

Holmes et al. 1988 made a typology of serial murderers and explained four types (Holmes et al. 1994). The first three types are relevant here for sexual homicides.

The *visionary* serial killer is impelled to murder because he has heard voices or seen visions demanding that he kills a certain person or category of persons. For some the voice or vision is perceived to be that of a demon; for others it may be perceived as coming from God.

The *mission* serial killer has a conscious goal in life to eliminate a certain identifiable group of people. He does not hear voices or see visions. He has a self-imposed duty to rid the world of a group of people who are 'undesirable' or 'unworthy' to live with other human beings.

The *hedonistic* serial killer kills simply for the thrill of it, because he enjoys it. The thrill becomes an end in itself. The lust murderer can be viewed as a subcategory of this type. Because of the sexual enjoyment experienced in the homicidal act.

The *power or control* serial killer receives gratification from the complete control of the victim. This type of murderer experiences pleasure and excitement not from sexual acts carried out on the victim, but from his belief that he has the power to do whatever he wishes to another human being who is completely helpless to stop him.

In a German research project on sexual homicide perpetrators high lifetime prevalence rates were found for substance abuse or dependence, paraphilias (especially sexual sadism), sexual dysfunctions and personality disorders (especially antisocial, borderline, sadistic and schizoid). In the multiple sexual murderer group sexual sadism, voyeurism, sadistic, antisocial and schizoid personality disorders were more frequent than in the single-victim group; none of the multiple offenders was diagnosed with a mood disorder. It appears that multiple sexual murderers are characterized by disorders in three major psychopathological domains: sexual as well as 'character' sadism, antisociality and schizoid personality. A thorough diagnostic evaluation of Axis I as well as Axis II disorders should be part of risk assessments in sexual homicide perpetrators (Hill et al. 2007; 2008).

5 Juvenile offenders

Case of young offender with multiple killings

The offender was the youngest child in a family of eight children. His father was indifferent in his position towards wife and children, his mother strict and heartless. His contact with her was very ambivalent: he was his mother's darling, often slept in her bed on the other hand she controlled and abused him physically. At the age of 6 he strangled his sister out of jealousy. At school he was aggressive and restless. He was looking for confirmation. Since the age of 13 he masturbated a few times per week in connection with sadistic fantasies. In his puberty he was stubborn and rebellious towards his mother. He withdrew from others, was very inhibited and had no close friends. He was never invited to parties. His first sexual homicide took place when he was almost 16 years old because the victim called him names. Within two years he committed a second sexually motivated murder after the victim resisted and tried to escape. In both cases he attacked the women, threatened them with a knife, tied them up and required oral sexual contact.⁶

⁶ Haberman 2008, p. 59.

Among sexual homicide offenders the group of juvenile perpetrators is rare. Nevertheless did the German research group identify 19 perpetrators in their database. They compared these 19 juvenile perpetrators with 120 adult perpetrators of sexual homicide (Haberman 2008). Based on a qualitative case comparison the author found three development types:

a) primarily dissocial development, b) primarily paraphilic development, c) a development characterized by a continuing emotional lability or puberty crisis on the road to the crime. These patterns did not differ much from those for the adult perpetrators.

From the perspective of the motives for the offence the author shows two patterns: one with an aggressive and impulsive breakthrough, in the majority of cases without a planning for the offence, and once more the result of paraphilic influences, where sexual deviant (sadistic) fantasies and planning played a certain role (Haberman 2008). The risk of relapse for juvenile sexual murderers is significantly higher than those for juvenile sex offenders.

6. Sexual murderers in prisons or in forensic mental hospitals

Empirical data are lacking that might answer the question of how sexual murderers detained in forensic mental hospitals can be differentiated from those sentenced to prison. The Hamburg research group compared psychiatric court reports and national criminal records on sexual murderers detained in a forensic mental hospital (n=45) with those of prisoners (n=89) regarding diagnostic, criminological, and prognostic characteristics and criminal recidivism rates after detention. Sexual murderers detained in forensic mental hospitals were characterized by higher psychiatric morbidity and slightly higher risk of future sexual and non-sexual violence. They were released from incarceration less often than the prison inmates but did not show higher sexual or nonsexual violent recidivism rates than those from the prison group (Ujeyl et al. 2008).

However, this comparison reflects much more the national or domestic administrative and bureaucratic selection and organisation of the penitentiary and forensic mental health systems rather than the individual differences of the sexual murderers.

7 Loneliness and social isolation of the perpetrator

It seems a consistent characteristic of the sexual perpetrator that he is somehow isolated from the 'normal' world. Often the victim of childhood trauma, the perpetrator might develop feelings of helplessness, inadequacy, inferiority, and inability to control events in the real world. Those feelings might lead to difficulties in relationships and an alienation from others (Milsom et al. 2003). In comparison to sexual offenders who did not murder their victims, sexual murderers reported significantly higher levels of peer group loneliness in adolescence. No significant difference was found in terms of adult emotional loneliness, but in comparison with non-offending men sexual

murderers had significantly higher scores, whilst rapists had only marginally significantly higher scores. This result indicated that emotional loneliness was prevalent in adulthood, as reported by Grubin 1994 (Milsom et al. 2003).

Sexual murderers of children experienced more loneliness and social isolation, and reported more perceived rejection than murderers of adult women (Beauregard et al. 2008).

8 The role of psychopathy

Virtually all sexual homicide perpetrators evidence narcissistic and psychopathic personality traits (Meloy 2000). In a study by Porter et al. (2003) most of the sexual murderers scored in the moderate to high range on the PCL-R, drawing a link between the features of the disorder and the act of sexual murder. The question can be raised whether there are behavioural differences between psychopathic and non-psychopathic offenders who commit sexual homicide. Offender age at the time of the homicide did not differ significantly between psychopaths and non-psychopaths. However, psychopaths were more likely to have committed sexual homicides than their counterparts. They also use a significantly higher level of both gratuitous and sadistic violence. The psychopath may try to optimize the pleasure and the damage inflicted during the homicidal act. Although non-psychopaths also often commit sadistic violence, there doesn't seem to be a preference for this behaviour as with the psychopaths.

Pathological narcissism, formal thought disorder and borderline level reality testing are characteristics that sexual homicide perpetrators share with non-sexually offending psychopaths and with nonviolent paedophiles. Sexual homicide perpetrators and nonviolent paedophiles have in common that they have an interest in others. Where non-sexually offending psychopaths show a lack of interest in and attachment to others and appear to experience a very dysphoric internal world, sexual homicide perpetrators exhibit high levels of obsessional thought and an inability to disengage from environmental stimuli (Gacono et al. 2000).

9 Other offences and other sources

Comparison of sexual homicide cases with the domestic homicides reveals that the great majority of sexual homicide perpetrators are male, whereas the victims are mainly female. Among the murderers of children extra-familial killing of a child was relatively rare compared to killing by the parent (Somander et al. 1991). Compared to cases of domestic homicide the sexual homicide group appear to be far more lethal. The methods to commit the sexual homicide are mainly hands on. In contrast to domestic homicide cases homicide-suicide rarely happens in sexual homicide cases (Liem 2010). Psychopathology is present in the majority of cases/motives. Psychosis is rarely diagnosed in the sexual homicide group. We mainly saw personality disorders and psychopathy in this group.

The group of female victims consists in, to an important degree, of prostitutes and minors. The sexual homicide group is estimated to be extremely dangerous; if they are considered to be dangerous as a result of a mental disorder the Dutch court will often impose a special sanction for treatment of mentally ill offenders in a special hospital (a so called TBS measure). Whereas the domestic homicide group has a good prognosis, the sexual homicide group has the worst. This might, if a special TBS-sanction is imposed, imply that the perpetrator is finally referred to a long stay ward of a TBS-hospital (Koenraadt et al. 2010).

Some publications have appeared in recent decades that, like forensic mental health reports, are designed to portray the defendant or offender as a person. These case studies (Bénézech et al. 2001; 2003; Bodon-Bruzel et al. 2001; Carabellese et al. 2008; Ducrocq et al. 1999; Marneros 2000; Petrunik et al. 2005.) or biographies/autobiographies have different purposes (non-professional or from another professional perspective,⁷ or intended as ego documents). The texts give more of an insight into inmates' lives and their motives from their point of view (De Vries 1994; Van Ree 1984; Van Weringh 1995; Van der Zee 2003). In her dissertation, Vitt-Mugg (2003) analyses in depth four cases of well known sexual sadistic serial murderers: Jurgen Bartsch, Ted Bundy, Edmund Kemper and Jeffrey Dahmer. She concludes that specific personality factors and the individual history of socialisation might generate an increased risk. As a result of limited coping competencies and negative conceptualisations the offenders were not able to overcome the chronic burden on their own. In connection with lacking external support and their increasing vulnerability they developed an early massive disturbance in their ability to connect and to bond with other persons, finally resulting in a destructive urge to kill.

⁷ As a journalist (Van Gestel 2002; De Vries 1994; Van der Zee 2003; 2006), as a lawyer (Vermassen 2004) as a criminologist (Van Weringh 1995).

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