

CASE REPORT

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Serial Murder of Six Victims by an African-American Male

REFERENCE: Leach G, Meloy JR. Serial murder of six victims by an African-American male. *J Forensic Sci* 1999;44(5):1073–1078.

ABSTRACT: A case of a 22-year-old African-American male who sexually assaulted and murdered six African-American females who were strangers to him is reported. Formal study of the subject eight years after the homicides revealed a mildly mentally retarded individual who had, at various times, diagnosable anxiety and depressive disorders. His diagnosed paraphilia was sexual sadism. He also met criteria for both Antisocial and Schizoid Personality Disorder, which are discussed in the context of the comorbidity of psychopathy and schizotypy among some serial murderers. Traumagenic events from his childhood and adolescence included an absent father, sexual and physical abuse, the witnessing of adult sex, and the viewing of violent pornography.

KEYWORDS: forensic science, sexual homicide, homicide, psychopathy, sadism, serial murder

One of the false assumptions concerning serial murder cases in the United States is that a disproportionate number are committed by Caucasian males (1–2). In one of the largest studies of serial murderers to date, Geberth and Turco (3) were able to document 387 subjects, of whom 61 (15.8%) were African-American when race was known: a number which closely corresponds to the proportion of African-American males in the population of the U.S. They operationalized a serial murderer as “an individual who, either alone or with a partner, is suspected of killing at least three people, over a period of time with time breaks between the murders (p. 54).”

Of greater import was their finding that every subject for whom they had complete protocols ($N = 68$) met diagnostic criteria for sexual sadism and antisocial personality disorder (DSM-IV, 4); and the majority of subjects ($N = 248$) sexually violated their victims (3). Sixty percent were 30 years of age or younger when they committed their first murder.

Despite the plethora of clinical literature on serial murder and sexual homicide (5), there are few published reports of cases in which the perpetrator's subjectively reported experiences of killing have been combined with psychological test data and crime scene data to paint a complete phenomenological portrait of such gross human abnormality. We present such a case with the fully informed consent of the subject.

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Received 14 Sept. 1998, and in revised form 31 Dec. 1998; accepted 15 Jan. 1999.

Serial Offenses

The first victim was found under the bushes at the end of a paved driveway at 1:20 p.m. on Sept. 16, 1989. The victim was a completely nude 33-year-old black female lying on her back. Discoloration was observed under both eyes, and very faint ligature markings were on the right side of her neck. Her right upper front tooth was missing, and there were bruises, minor lacerations, and swelling on her interior upper lip. Deep bruises were present in the left kidney area, inner right calf of her right leg, and inner right elbow. She had numerous scars on her legs, arms, and upper body. Her clothes were scattered over a wide area, and there were apparent drag marks in the gravel toward where the body was found. Cause of death was strangulation.

The second victim was found four days later at 11:30 a.m. She was a completely nude 22-year-old black female except for a little clothing, a white pair of woman's blood stained panties with the crotch torn out, around the lower half of her face. Beneath the panties investigators found that the victim was gagged with a white bra, the ligature tied just below the woman's left ear. The victim was supine on her back with her head next to a tree. There was a dirty imprint of a shoe between her breasts, with the heel of the shoe print closest to her abdomen. Abrasions and bruises were noted on her left collarbone, right shoulder, and the left side of her neck. Numerous pieces of grass and other fibers were clutched in her hand. Bruises on the inside of her right bicep and outside of her left bicep were ¼ in. and circular in shape. Her knees were dirty as though she had knelt in the mud, and the inside of her thighs were smeared with fecal material. Her clothing was scattered over a wide area, and the cause of death was strangulation.

The third victim was found 32 days later at 3:15 p.m. on October 22, 1989. She was a 21-year-old black female. Unlike the first two victims, her legs were intentionally spread wide apart. She was also lying on her back. The victim was completely nude, except for a blue shirt which was tied in a loose knot around her neck and a blue sash which tightly covered her eyes. Several abrasions were observed on her back. The remainder of her clothing, like the previous victims, was scattered over a 20 ft. area. The cause of death, once again, was strangulation.

Victim number four was found six days later. She was a 36-year-old black female, lying on her back on the ground and completely nude. There was blood around the outside of her vagina. She had five puncture wounds above and below her left eye, and there were numerous abrasions on her left and right arm, and left buttock. The cause of death was strangulation.

Victim number five was discovered 82 days later at 11:15 a.m. on January 18, 1990. She was a 23-year-old black female, completely nude except for a piece of white cloth wrapped around the upper portion of her chest. She was lying on her back with her legs purposefully spread wide apart (see Fig. 1). Based on the positioning of the legs and the disturbance of the mud between her legs, the posing of the body appeared intentionally demeaning. Consistent with this hypothesis, mud was packed tightly into the victim's mouth, wedged under her tongue, and forced to the rear of her throat. Both nostrils and eyes were also completely packed with mud, and it was also smeared on her upper thighs. Ligation marks were found on her neck. Blood smearing and abrasions were found on her left thigh, and blood was noted which had flowed from her vagina and rectum onto the ground. A tree branch with apparent blood on it was found lying on the ground beneath the victim's legs. Personal clothing, a red lighter, and a crack pipe were found next to the victim. There was evidence of blunt trauma to the head, anterior left chest, the left breast, and the thighs. Although the vagina was not injured, there was a $\frac{1}{4}$ in. tear to the rectal mucosa. There were additional abrasions to her forehead, abdomen and back; and small cuts on both index fingers. Cause of death was listed as asphyxiation due to throat and nose being packed with mud.

Victim number six was found 77 days later at 8:00 a.m. on April 5, 1990. Once again, she was a 22-year-old black female lying on her back, completely nude, with her legs spread wide apart. Blood was apparent in the right corner of her mouth and her right cheek. Her left eye was bruised and swollen. Her neck was also abraded. A small, 2-in. round glass vial was found next to her. A shirt was

shoved into her vagina, and the remainder of her clothing was scattered over a wide area. The cause of death was strangulation.

Victim number seven, a 29-year-old black female, escaped. The subject had enticed her into the same wooded area where he had killed victim number six four days earlier, and began to choke her with an arm bar. He pulled her into the bushes as she struggled, she fought hard, but was overcome by his strength and found herself face down on the ground. A neighbor walking his dog interrupted him, the dog barked and scared the subject, and she escaped. She later identified the subject in a police lineup.

Behavioral inferences from the forensic evidence in this case indicated that: the subject preferred young black females who were prostitutes, or drug addicts, or both, placing themselves at increased risk for sexual assault or murder; the preferred method of killing was strangulation with or without a ligature; the subject assaulted the victims with his fists not only to control them, but to injure them in the service of rage, pleasure, or both; all victims were completely undressed by the subject, likely after death, and their clothes were strewn afar for some unknown psychosexual reason; the victims were intentionally left, or posed, on their backs, rather than their stomachs, the most likely position of death while being choked; the genital demeaning of the victims did not begin until victim three, and then continued, probably because the subject found it gratifying; injury of the victims, and perhaps rage toward them, increased over time; the frequency of killing may have occurred in pairs, with a cooling off period of one to three months between pairings (he may have only been psychosexually gratified after two sexual killings in rapid succession); the strangulations and blunt force trauma of each victim may have been simultaneous or



FIG. 1—Victim number five in a series of six sexual murders.

alternated, depending on the consciousness of the victim and the pleasure enhancement of the perpetrator; no weapon was brought to the scene other than the perpetrator's own strength; the victims were likely "blitz" attacked in a sudden and explosive manner after being enticed or lured to an isolated, wooded location to secure sexual favors or drugs; the victims were left where they were killed, intentionally displayed, and there was no attempt to hide or transport the bodies.

Physical evidence of sexual arousal and ejaculation by the subject was equivocal. All victims had been recently sexually active, although the subject's semen was found on only victims one and four. He subsequently claimed to have had sex with all of the victims, but was unclear as to whether the sexual activity was consensual or forced, premortem or postmortem, and oral, anal, or genital.

Clinical Findings

The subject at the time of arrest was a 22-year-old mesomorphic African-American male, 5 ft. 10 in., 180 lb. Psychiatric diagnosis at the time of sentencing indicated no Axis I disorder; an Axis II diagnosis of borderline mental retardation or mild mental retardation; and no Axis III diagnosis (DSM-III-R). Over the seven years of incarceration prior to our study, the subject was diagnosed on Axis I with major depression, sexual sadism, and alcohol and marijuana abuse by history. Axis II diagnosis was antisocial personality disorder. Our formal study of the subject—eight years after the last serial murder—was based upon extensive clinical interviews by the first author, psychological testing, interviews of collaterals, and a complete review of the records.

The subject has a verbal IQ of 66, a performance IQ of 74, and a full scale IQ of 69 (WAIS-R). The Peabody Picture Vocabulary Test-Revised produced a raw score of 103, which converted to a receptive language equivalent of nine years, seven months, and a standardized score of 58. The Bender-Gestalt test did not indicate any major perceptual-motor problems. There was no neurological or neuropsychological testing done. The subject produced two invalid MMPI-2 profiles, and a valid Millon Clinical Multiaxial Inventory-III profile. This latter test suggested an Axis I diagnosis of generalized anxiety disorder and posttraumatic stress disorder (DSM-IV). Axis II findings suggested Schizoid Personality Disorder (BR 89) with self-defeating (BR 84), passive-aggressive (BR 83), and schizotypal (BR 78) features. The subject self reported problems with antisocial behavior and sex. He also elevated on the antisocial scale 6A (BR 74), but did not substantially elevate on the aggressive (sadistic) scale 6B (BR 63). The computer based test interpretation wrote, in part, "he exhibits a quiet, inexpressive, dependent way of relating to others. His marked deficit in social interest is notable, and he may also exhibit frequent behavioral eccentricities, occasional magical thinking, and depersonalization anxieties. This intensely introversive pattern may coexist with a general lack of energy and social initiative. He is likely to be uninterested in stimulus-seeking behavior, and he may evince an impoverished affect as well as peculiar or confused interpersonal thinking. . . He may be characterized as a detached observer of the passing scene, one who is typically self-belittling. He probably possesses an image of himself as a weak and ineffectual person. Rather than venture outward, he defensively retreats, becoming increasingly remote from potential sources of growth. . . His frequent estrangement from others may lead him to lose touch with reality on occasion. . . His seemingly cold and distant affect may stem from an inability to display enthusiasm or to experience pleasure.

He may exhibit periods of dysthymia mixed with intense anxiety. . . he may appear to be an unobtrusively strange, disconnected, and lifeless person."

The subject also produced a valid, although constricted ($R = 16$) Rorschach. These test data indicated that he simplifies visual stimuli and is highly defended against his own affect; but when it is felt, it is coarse, unmodulated, and explosively expressed. His volitional psychological resources are within the normal range, and there are no data that indicate an impulse control problem. He is chronically emotionally detached from others, but unlike the self-report findings of the MCMI-III, he shows no indices of anxiety, dysphoria, or painful emotion.

The subject has both a tendency to isolate and be dependent on others, an inherent conflict. He also has a capacity to represent others as whole, real, and meaningful objects, more so than is commonly found in other antisocial individuals (6). He shows no obvious signs of pathological narcissism, and generally compares himself negatively to others, a cognitive pattern that contains within it a deeply felt sense of being injured and damaged.

He approaches being hypervigilant, searching the stimulus field for every relevant detail; but in a larger sense, his aspirations far outstrip his abilities. Although there is no evidence of formal thought disorder, his reality testing is at times psychotic, particularly when sexual/aggressive imagery is evoked. He is sexually preoccupied, and has a tendency to abuse fantasy, which in this case may suggest rehearsal fantasy (7), at least after the first killing, which then likely increased in frequency.

Although he is positive for the Rorschach constellation that measures schizophrenia (SCZI), this is statistically a likely false positive. He is an individual organized at a severe borderline level of personality who has more than adequate resources to plan his killings, mesmerized by his own fantasies, but then psychotically disorganizes when actually sexually and aggressively stimulated, resulting in explosive rage that is also felt as pleasurable as the victim is completely dominated. The Rorschach data also suggest that he would be prone to confusion during the killing and his postmortem masturbation, the latter being both disorienting and euphoric, as he viewed what he had done and felt his domination (separation) from the woman. There is a clear Rorschach pattern of loss of reality testing when he perceives morbid sexual content, and then he rapidly recompensates. His response to the final card X is illustrative: "Looks like flowers; looks like a lady lying in flowers with her legs spread apart." (He turns the card upside down and becomes very agitated).

The subject was also scored on the Psychopathy Checklist-Revised by both authors. This unidimensional measure of psychopathy yielded a score of 34, placing him in the severe or primary psychopathy range. This places him at the 94th percentile when compared to other male inmates (8). On factor 1, a measure of aggressive narcissism, he scored 16, placing him at the 100th percentile for male inmates. On factor 2, a measure of chronic antisocial behavior, he also scored 16, placing him at the 91st percentile for male inmates. Severe or primary psychopathy is expected in serial murderers (9).

The overall psychological testing indicated a mildly mentally retarded psychopathic and schizoid male who dwelt in an internal world of sexually aggressive fantasy: grandiose ideational compensation for very low self esteem and the lack of any real, affectional connections with others. He exaggerated his currently felt level of anxiety. When actually sexually stimulated by a woman, he would be prone to emotional explosiveness and brief psychotic regression which would, at once, be both disorienting and euphoric.

There were no indications of an inability to organize his behavior in a predictable manner.

The subject, despite his intellectual limitations, had complete memory for the homicides. Nearly a decade later he could accurately remember the clothing of each victim: a phenomenon which strongly suggests the subject's repetitive recall of each homicide, perhaps in the service of masturbation. Although he denied sex with any of the victims at the time of his confession, he now reports, as we noted earlier, sex with all of the victims. Masturbation on the victims after death, however, the most likely ejaculatory act given the evidence, is adamantly denied.

He characterizes the homicides as "an urge that I had to do," suggesting a compulsivity absent in the psychological testing. He denies any provocation by the victims. He describes in detail how he put "the arm bar" on them and took great pleasure in "watching them squirm." He smiles as he recounts this, and speaks proudly about "popping them" with his fist after they were strangled. He would become very upset when they would bleed from the mouth or nose, or when they would soil themselves after death, as if his neatness had been violated. He never took anything that belonged to the victims.

The subject committed all seven crimes in the same manner. He would approach each woman by foot, stalking her or meeting her in a crack house, with the question, "Hey, baby, do you want some crack?" When the response was positive, he would direct them, "come with me, I can get some. Let's get high." When his ruse got them to a suitable, isolated, and wooded location, he would move behind the woman and place an arm bar across her throat. When she lost consciousness, he would beat her, and when she regained consciousness, he would choke her to death with a ligature or his hands.

The one exception to this method of death was victim number five, who was asphyxiated with mud and anally assaulted with a tree branch. There were other variations to his killing behavior. Victim number three had her eyes covered because, "her eyes wouldn't close and I couldn't stand to have her looking at me." There was urination next to victim number four. And victim number six had her blouse forcefully shoved into her vagina. Between killings, "I just visited other people and played. . . I felt bad." Other sexual activity during the eight month period of the killings included failed attempts to pick up several women, visiting a female neighbor considerably older who would have sex with him for money or drugs, and regular masturbation. His visual stimuli for the latter were nude pictures of women.

Although he states that he "felt bad" about the killings, there was no evidence of this before he was arrested; and, more importantly, he does not appear to feel any guilt or remorse when recalling his crimes. He could not articulate a reason for the serial nature of his killings, other than he felt like he "had to take a walk at night." He said these walks, which culminated in kills on six occasions, were to expiate his guilt for the previous crime.

The subject readily acknowledges that if he were out of prison he would kill again. He denies a prior history of sexual sadism, and denies use of alcohol at the time of the crimes. The subject believed in a "saving religion," meaning that evil will be punished and only the good will survive. This belief did not appear to be a rationale for the murders, that is, prostitutes or drug users are evil and must be eliminated, and in fact, no justification for his acts seemed necessary, perhaps a product of his very low intelligence. The most obvious conscious motivation seemed to be the pleasure derived from his complete dominance and degradation of the victims.

The subject was the first of two siblings—he has a sister one year

younger—shifted back and forth between his biological mother and maternal grandmother, the latter his only safe attachment. He was born and raised in an economically impoverished urban area of the United States. His biological father was completely absent since age two. He viewed his grandmother as a good woman that cared for him and would never hurt him—in contrast to his mother who was very promiscuous and had over a dozen boyfriends. He hated her for this.

As a child he suffered physical abuse at the hands of his mother and her boyfriends, beaten many times with a belt and other instruments. He was sexually abused by his stepfather on two different occasions at age nine. His mother reacted by "kicking the man out," but allowed him to return. He was also sexually abused by a female neighbor when he was 11, apparently while his mother was present in the house. Other aberrant sexual experiences included the witnessing of his mother having sex with one of her boyfriends when he was nine years old; he stood by the livingroom door and watched, befuddled by his mother lying under a man who was bouncing up and down on her. He was also exposed as a child to pornography—both violent and nonviolent—by his grandfather. He was enuretic until age 16.

His juvenile delinquent history included property damage and theft with friends—they broke a plate glass window and stole three bicycles; abusing animals by baiting birds into a circle and then shooting them with a BB gun; setting fires, including a mattress and boxing gloves; and physical violence—assaulting his sister and others with his fists and witnessing a gunfight because of a drug deal that went bad. Although the subject met criteria for conduct disorder (DSM-IV), there is no history of a diagnosis of attention-deficit hyperactivity disorder (DSM-IV).

The subject began masturbating in childhood, and states he cannot remember when he did not masturbate. He reports using pornography and what he calls "jack books" to masturbate until the time of his arrest; and at age 16, he was chased from a park near a school for masturbating while reading one of his books. It was also suspected at the time that he had killed a security officer, but proof was insufficient and he was never charged.

His sexual fantasies involve making love to women, but then afterward he has to kill them. He reports that his sexual fantasies have never changed. This psychosexual dynamic was reflected in the behavioral signature of his crimes: the particular ways in which the victims were displayed, posed, and degraded. Since imprisoned he has been written up for sexual acts with another man, and he himself was raped.

In his late adolescence, his grandmother began to insist that the subject be responsible and pay his way. In return, he stole money from her and she told him to leave. He went to his mother, who also rejected him. She was married at the time, and he said to her, "you mean you are going to keep him here and kick your own son out?" After he moved into his own apartment, he was charged with minor assault on two occasions toward females. Four days after the second assault was reduced to disturbing the peace, he killed his first victim eighteen blocks from his grandmother's house. Just prior to his beginning to kill he had impregnated five different women, who all had subsequent abortions.

Discussion

The clinical data on this subject are, not surprisingly, much more complex than one would assume after reviewing the available research on serial murder. Extant group studies indicate that individuals who commit such acts are both sexually sadistic and antisocial

personality disorders, diagnoses that are both met in this case, but cannot discern the individual differences in each case that make the subject disturbingly human.

Our study of this man illustrates a personality configuration that is occasionally mentioned in the serial murder literature, most recently by Stone (10): the comorbidity of psychopathy and schizotypy (or what we would descriptively diagnose as severe antisocial personality disorder and schizoid personality disorder according to DSM-IV). Our psychometric approach emphasizes the measurability of such constructs, suggests a genotypic core for both of them (11), and documents a case in which they are criminally manifest in extreme sexual aggression toward female strangers.

The crime scene evidence in this case, when analyzed in the context of the FBI Behavioral Science Unit's organized-disorganized typology (12), reveals a predominantly disorganized sexual homicide series, with some organized characteristics (e.g., planned offense, targeted strangers). Without reviewing these well known criteria, this case adds confidence to our opinion that: a) this classification warrants further validation study; and b) its present usefulness lies in it being treated as a continuum, with disorganized and organized representing two opposite ends of an ordinal measure. It is not, and should not be viewed as a categorical imperative.

The subject does meet criteria for sexual sadism as defined in DSM-IV in that over a six month period of time, he engaged in recurrent acts in which the psychological and physical suffering of his victims was sexually exciting to him. His sexually sadistic fantasies also preceded his first killing by several years, a finding consistent with research (13–14). What is unusual in this case is that most sexual sadists will commit organized serial homicides and will intentionally torture their victims, usually binding their victim and recording the offense. Most sexual sadists in published studies are also Caucasian males (15–16). This subject is not only racially unusual as a sexual sadist, but comes from a much more abusive and neglectful background than most sexual sadists. As Meloy wrote, "the banality of their known histories (is) only surpassed by the extraordinary cruelty of their offenses (17, p. 632)." There is also suggestive evidence of an additional paraphilia, exhibitionism, a finding predicted by the research of Abel and others (18).

One of the most interesting clinical findings in this case is the arguable presence of post-traumatic stress disorder. It prompts us to proffer an unusual, and some would judge abhorrent, hypothesis: some individuals who commit sexual homicide, or even serial sexual homicide, could induce traumatic symptomatology in themselves given the horrible acts that they commit. Although one could contend that there is no life threatening event for the perpetrator, and therefore the diagnosis of PTSD is irrelevant, it is our experience that dissociation is quite common among homicide perpetrators as a result of, and during, their act; and that traumatic symptoms do appear in some homicide perpetrators following their act(s). Notwithstanding our speculation on this matter, other factors could contribute to, or cause, PTSD in this subject, such as a reactivation of childhood trauma, the vulnerability of a constitutional borderline personality disorder to further adult trauma, or an interaction effect of both (19–22).

One study suggests that the phenomenology of sexual homicide involves: a) grandiosity and entitlement; b) rage; c) formal thought disorder; d) borderline or psychotic reality testing; and e) abnormal attachment (either detachment or affectional hunger) (23). Our subject meets all these psychometrically measurable criteria, except for formal thought disorder. Moreover, the genesis of this intrapsy-

chic response, particularly in the midst of sexual arousal to a woman, often appears to be transferentially based in hatred of the mother. As many researchers have noted, sexual homicide is oftentimes a displaced matricide (24). We think this is the case with our subject, brought about by two traumagenic paths in his life: the absence of a father with whom he could form a positive masculine identification; and his dependency on a sexually promiscuous mother who physically abused him and could not protect him from the sexual abuse of others, including developmentally inappropriate exposure to highly arousing pornographic stimuli, which at times were classically paired with violence. Although a hostile-dependency toward women is clearly not predictive of sexual, or serial homicide, in many cases it appears to be a necessary developmental and emotional substrate, when coupled with maternal sexual arousal and ambient violence, that disinhibits, given the right precipitants, a primitive childhood desire to separate through cruelty and domination—as a boy through sexually violent fantasy and acting out against persons and objects; and as a man, in some extraordinarily infrequent cases, through the sexualized killing of a woman. Both Stoller (25) and Lindner (26) touched upon these developmental themes in earlier papers. Meloy (27) noted that mutilation of the female genitalia can also be an expression of disgust, an emotional defense against perceived erotic control by the woman.

Case studies are inherently interesting, but also have their limits. We recognize that they do not allow for inferential comparisons, and therefore generalization to other cases is not possible. They also magnify individual differences, sometimes at the expense of more valuable nomothetic truths. In this case we also did not have the extensive medical workups we would have liked, such as a neurological consult or neural imaging: an important limitation given the likelihood of neurological impairments among both serial murderers and sexual sadists (28); the absence of such biological data, however, does not negate the importance of psychological data, and both often complement each other. With these limitations in mind, we think this case offers some insight into the psychological reality of one serial murderer, who happens to be an African-American and also a sexual sadist.

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