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# Sexual homicide attempt: A case report and a short review of the literature

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**SUMMARY**
The broad spectrum of sexual crime and violence includes several entities, including rape and sexual homicide, despite being legally conceived as distinct, non-correlated crimes. In some cases, rape and sexual murder are conceptualized as a continuum of violence, being sexualized and escalated due to situational and personal factors in the crime scene. The authors describe a case of sexual assault and attempted murder by a male offender against an adult female victim. The authors intend to shape the offender's psychological profile, behavioral strategies, key motivations and diagnoses. Relevant literature is reviewed briefly so that the incident be studied and discussed in correlation to the existing knowledge on the issue.

**Keywords:** Forensic Science – Forensic Psychiatry – Legal Medicine – Sexual Violence

## Pokus o sexuálně motivovanou vraždu: Popis případu a přehled literatury

**SOUHRN**
Sexuální násilí je předmětem nepřetržitého výzkumu v oblasti forenzních i právních věd při určování profilů pachatelů a obětí a rozpoznávání okolností, které v daném okamžiku částečně odpovídají za vyjádření základních pobídek a podnětů.
Široká škála sexuálních zločinů a násilí se týká například sexuálního útoku, znásilnění a sexuálního zabití, které sice sdílejí některé podobné rysy, ale z právních důvodů jsou považovány za samostatné trestné činy. Znásilnění a sexuální zabití jsou některými odborníky vnímány jako různé úrovně sexuálního násilí. Příspěvek popisuje případ sexuálního napadení a pokusu o vraždu mužského pachatele spáchaný na dospělé ženě. Ačkoliv psychiatrická anamnéza pachatele byla zčásti známa, psychiatrická diagnostika byla komplikovaná, protože existovalo mnoho náznaků přítomnosti různé psychopatologie (schizofreniformní porucha, porucha osobnosti, alkoholismus), v osobní anamnéze figurovala hospitalizace s paranoidními bludy následovaná dlouhými obdobími relativně vysoké funkčnosti bez medikace, koordinovaného jednání navzdory konzumaci alkoholu i zhoršeného sebeovládání, ale s náznaky částečné promyšlenosti. Tento příspěvek by měl pomoci k lepšímu pochopení sexuálních zločinů a pachatelů.

**Klíčová slova:** soudní věda – forenzní psychiatrie – právní lékařství – sexuální násilí

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Sexual violence has been diachronically a major issue for investigation in the field of forensic psychiatry, in terms of shaping the offenders' and victims' profiles and enlightening the specific circumstances leading to the criminal outcome. Through the extensive discussion and review, broadly accepted terms and definitions are still being shaped in the international literature.

Rape is defined in most jurisdictions as sexual intercourse, or other forms of sexual penetration, committed by a perpetrator against a victim without their consent. The definition of rape has varied historically and culturally.

The definition of sexual homicide has been evolving during the last decades (1). Previously, the involvement of sexual assault during the action of killing was not a prerequisite to define a murder as "sexual homicide," given the fact that an underlying sexual conflict, sadism or activity were identified as part of the killing. However, the latest re-defined terms, exclude from the classification of sexual homicide any instances that do not include evidence of sexual assault. Based on recent literature definitions, sexual assault on genital areas associated with the sequence of events leading to murder constitutes the key element of sexual homicide. The lack of solid classification criteria and their evolution has led to significant discrepancies between different studies over the years, and thus accurate epidemiologic data are difficult to obtain. Over the years, classifications have been created with increasingly credible methodological data and more specificities at sample selection, examined parameters and classification criteria.

The broad spectrum of sexual crime and violence includes several entities, including rape and sexual homicide, which despite being conceived as distinct, non-correlated crimes, especially due to limitations posed by law and its enforcement, do share similarities (2). Many investigators attribute the divergence between rape and murder to the existing variations of individual

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aggressive strategies and behaviors (2). In some cases, rape and sexual murder are conceptualized as a continuum of sexual violence, being escalated by specific behavioral strategies used by the perpetrators on the crime scene (2).

## METHODOLOGY

The authors describe a case of sexual assault and attempted murder by a male offender against an adult female victim. The sequence of events is presented in detail. The authors intend to shape the offender's profile, diagnosis, underlying motivations and behavioral strategies. Nevertheless, a short descriptive review of the literature is conducted in order to study and discuss the incident in comparison to the existing knowledge on the issue. The following case study is written in compliance with the Helsinki Declaration of 1975, as revised in 1983. The complete anonymity of the victim and the offender has been assured.

## CASE PRESENTATION

### The offender's demographic characteristics, educational and marital status

The offender was a 49-year-old male at the time of the assault. He had two siblings, a brother and a sister. His educational status was relatively low, since he graduated primary school and attended only two years of secondary school, when he discontinued education. He served at the commercial navy for nine years in order to financially support his family, and then, served his military duty ordinarily. Subsequently, he was employed as a car driver. The nature of his relationships with his parents was unknown, while his father was not mentioned at no time and seemed to be absent since his teenage life and thenceforth.

The offender married a Greek female and had two children. They divorced ten years later, and their children moved permanently in Germany with their mother. His brother was also living permanently in Germany. Three years after the divorce he immigrated there, as well, and got occupied as an employee to his ex-spouse's restaurant. After the rapprochement, the couple got re-married, leading however to a new divorce three years later.

During the following three years, he led a rather unstable lifestyle, as he successively moved between Greece and Germany. In 1991, he got married to a woman, who permanently resided in Stuttgart and was the owner of two restaurants. The offender was employed in one of her restaurants. Despite that they eventually ended up living separately, he continued to have partial employment to her restaurant in order to get by. He was also allowed to dwell in a room, located in the loft above it.

### The victim

The victim was a 35-year-old woman from Checz Republic, who arrived in Stuttgart in 1997. Mutual acquaintances brought the victim and the offender in contact due to the fact that she was searching for occupation. The perpetrator offered her a post as a waitress in his ex-spouse's restaurant, as well as accommodation in the floor above it.

### Background of the incident

Four days after the victim's employment in the restaurant and following the consumption of a large amount of alcohol by the offender, he ordered her to be "more delightful" to the customers, wear a skirt and remove her underwear and let them touch her body. The woman was insulted by his statement, refused and distanced herself by staying for most of the time away from the customers during the shift. Apart from the customers, the perpetrator's wife and nephew were also present in the scene at that time.

The victim's refusal for obedience triggered the perpetrator's rage, who became increasingly frustrated and aggressive during the night. However, the victim followed the advice of the perpetrator's spouse, who told her that her husband would calm down if she also remained calm and polite. A few hours later, the victim went to the kitchen and started preparing a meal for herself, when the perpetrator approached her, dragged the plate out of her hands, smashed it on the wall and rebuked her for taking a break instead of working. Following that incident, the victim told the offender's spouse that she refused to continue working under those circumstances and wished to go upstairs, pack her bags and leave. As soon as the perpetrator's wife conveyed that piece of information to him, he immediately grabbed victim's room key, put it in his pocket and left the restaurant along with a customer.

Approximately an hour later, the perpetrator returned to the restaurant leading an outrageous conduct towards the customers, overturning the tables, throwing down the customers' plates, glasses and bottles. The vast majority of the customers were irritated and started leaving the place one by one. The perpetrator subsequently sat next to a friend of his and started chatting while drinking heavily. The victim was waiting sited at a remoted table of the restaurant, when the perpetrator invited her to join their company and offer sexual gratification to his friend. When his companion immediately stated that he was opposed to that statement, the perpetrator started swearing and slapping him.

The victim, who felt more and more intimidated by the perpetrator's unpredictable and unstable conduct, begged his spouse to go with her to her home, but her request was immediately rejected. Subsequently, the victim begged the perpetrator's spouse and nephew to help her recover her room key, which was still in the possession of the perpetrator. Both witnesses, however, refused to support her in fear of the offender's violent conduct. When the offender comprehended that the victim wanted to go to her room and pack her belongings, he left his company and physically assaulted the victim with a forceful kick at her tibia, which caused her fall to the ground while banging her head against the restaurant counter.

### Sexual assault and homicide attempt

Later, as soon as the victim saw the offender take her key out of his pocket and lean against the counter to put beer in the glasses from the barrel, she seized the opportunity to recover it, ran upstairs and stayed locked in her room. Only a few minutes later, however, the perpetrator appeared outside the victim's door and started kicking it hard in order to break it. As the door seemed ready to fall apart, the victim unlocked trying to avoid an imminent escalation of his rage. The perpetrator rushed into her room, punched her chest, grasped her hair and dragged her down the staircase. He afterwards slapped her so hard that her mouth and nose bled.

The victim continued begging the three witnesses (wife, nephew and friend) to help her out, but no-one reacted. The offender requested that his wife and nephew left the restaurant and they obeyed in fear. The victim once again begged the perpetrator's wife to let her get into her taxi, but she refused with a nod. The victim tried to run behind the taxi, but the perpetrator stopped her by giving her such a powerful hit on her face that threw her to the ground. Then, the perpetrator tried to force a broom inside the victim's vagina. As the victim reacted and avoided his actions, he engaged in hitting her multiple

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times by kicks. Thereafter, the offender described in detail to the victim his sexual fantasy and all the sexual actions that he was intending to enact.

After a while, the defendant remembered again that his friend was still present in the restaurant and told the victim to perform fellatio to him. The victim refused, while the witness said he did not wish that to happen if the victim did not participate voluntarily. Subsequently, the offender began slapping the witness again. He pushed him violently out of the restaurant and told him that since he did not want to participate he was a useless coward. Afterwards, the perpetrator locked the door of the restaurant so that the victim could not leave and turned off the lights. He continued describing in detail to the victim his sexual fantasies and what kind of intimidating consequences her refusal would have.

The victim attempted once again to escape and started shouting for help. The offender tightened a towel around her neck to force her silence, and at the same time revealed his penis out of his trousers in order to force it into her mouth, while holding her lip downwards with his other hand. He was trying to subdue the victim with verbal and physical threats. He multiply lit cigarettes and extinguished them by pressing them onto her body. He also threatened that if she screamed, he would burn her eyes with them. Finally, he pushed her off while calling her an "ugly whore, who could not manage to give him sexual arousal."

As the victim managed to gain some distance, he threw her a chair from the restaurant bar that hit her back, and afterwards, he grasped a knife. He approached her again and waved the knife in front of her face. Under the threat that he would lacerate her breasts and face with the knife, the perpetrator commanded the victim to remove her clothes, with the intention to engage in anal sexual intercourse with her. As the victim seemed to disobey, he tried to undress her by ripping her clothes with the knife, causing her a sharp laceration of about 30cm length at the area of the left breast. The victim reacted and managed to abstract the knife from the offender's hand, but meanwhile, he pulled down her underwear and pantyhose to her knees and pinched her nipples very hard in order to overpower her. The woman fell to the ground due to the extremely painful stimuli. He subsequently commanded her to clean up some broken glass from the floor and attempted to copulate with her anally while she was lying on the floor. The victim managed to kick and repel the offender and, finally, succeeded to escape from the back door of the restaurant into a side alley with the perpetrator running after her.

The victim hid behind the parked cars along the road and started to ring the bells from the nearby houses. As the perpetrator realized that the nearby residents were awaken and were watching from the windows, he returned into the restaurant. The police were informed and more than one hour later finally tracked the perpetrator, who lied locked inside a wardrobe in his room at the floor above the restaurant.

The victim was hospitalized for two weeks. Apart from the thermal burns and the 30-cm-long chest laceration, upon examination, permanent cutaneous sensory disorder was detected in her finger-extremities due to dorsal spinal nerve injury by the thrown chair.

**Forensic evaluation of the perpetrator**

After his arrest, the perpetrator did not justify his act and did not confess the motive of the crime. He claimed that he experienced a memory gap from 22:00 to 04:00 that day (the violent incident occurred between 00:00 and 04:30). He also added that he had been experiencing frequent memory gaps and occasional memory loss since 1993 (four years previously), when a car accident occurred. He also claimed that after the car accident, he experienced a behavioral change, felt nervousness while being among people, experienced bursts of anger and his conduct was occasionally uncontrollable.

The offender's blood alcohol content at the time of the arrest was 21.2 mg/dL, but with analogue methods it was calculated that the peak of the concentration occurred around 01:30 am at approximately 358.28 mg/dL (toxic concentration), indicating that the perpetrator asserted that he consumed 4.5 liters of beer less than he actually did.

The relevant persecutory authorities and court-appointed experts who investigated the case examined the offender's files from the Hohenasperg Prison in Germany, where he was detained upon arrest. In these the offender was reported to suffer from an undefined chronic schizophreniform psychosis with significant residual status. The perpetrator was transferred to the prison hospital, where during his stay he was reported to have been experiencing auditory hallucinations, paranoid ideation, fear of being poisoned, persecutory delusions, displayed depressed affect and difficulty in controlling aggressive impulses. He then reported that for many years he had been suffering from depression with intense anxiety and fear in closed and narrow spaces, often perceived other people as enemies, and often spoke with Christ, who warned him not to eat food offered from other people. He also reported experiencing auditory hallucinations of a voice that sometimes commanded him to commit suicide. In addition, he was uncooperative. Psychometric or imaging exams could not be performed.

Evidence from former hospitalizations indicated that, in 1972, the offender had been hospitalized for a 2.5 months' duration in a psychiatric clinic in the United States, as during a voyage in his employment as a sailor in the commercial navy, he had been expressing delusional ideas of persecution and influence (he believed someone was trying to poison him). In 1973, after having attempted to commit suicide, he had spent six more months in a psychiatric ward in Greece.

During 1980's, he had been four times deported from Germany due to illegal entry and accommodation. At that time, he had also claimed to have served a prison sentence during 1970's for assaulting his ex-mother-in-law. In 1985, he had been diagnosed with paranoid - illusory schizophrenia and had been then hospitalized in a closed psychiatric department of the Dusseldorf State Hospital, when during his arrest and temporary detention for illegal entry in the country the offender hit another inmate in the posterior side of the head with a pot of hot water, because he had believed that the other man wanted to harm him, and afterwards, during his temporary detention the offender had injured himself. Due to the unshakeable belief of someone intending to poison him in prison, he did not eat for 15 days, while causing himself bite injuries on both his arms and cutting injuries in the abdominal area so that the supposed poison would run out of his body.

From the family history it was acknowledged that his mother and sister had also been hospitalized for mental illness. Their exact diagnoses never became known.

The offender was convicted in Stuttgart for violating articles 309 and 336 of the Penal Code (sexual coercion and assault as well as causation of dangerous bodily harm / attempted homicide). The relevant authorities and court-appointed experts concluded that due to chronic schizophreniform psychosis, the offender could insufficiently control his aggressive emotions and impulses in acute psychotic states, while new psychotic episodes were expected to emerge in the future without his adherence to the appropriate medication. It was also decided that the defendant was not in a state of acute alcohol intoxication

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during the crime, as there was no evidence of impairment in his reflexes, attention, balance or coordination. He was considered dangerous to the public and was deemed unpunished for his offenses. He was imposed the security measure of imprisonment in a psychiatric clinic, as the necessary administration of psychiatric medication could only be ensured under permanent supervision, since the offender discarded all medications that were given to him in prison and lacked insight.

The perpetrator was transferred from the German psychiatric foundation to Greece in continuation of the legal security measures according to the Strasbourg declaration five years after conviction and was admitted to the Department of Forensic Psychiatry in Thessaloniki (in January 2002). He was uncooperative and broke away from the department one month later, was re-admitted in June 2003 and escaped again in August of the same year. His diagnosis in the Department of Forensic Psychiatry was chronic alcohol abuse disorder and undefined recurrent schizophreniform disorder on the ground of impulsive borderline personality disorder. The total duration of his confinement in Greece lasted for only three months and thereafter he was never re-arrested. He was found dead in 2012 aged 64 in his proprietary house in Greece. The forensic examination revealed that the cause of death was abdominal aortic aneurysm rupture.

## DISCUSSION

The present case is important to be thoroughly examined as the victim survived with dangerous bodily injury and thus it was possible to fully describe the incident to the investigative authorities. In addition, the perpetrator was a patient of the Department of Forensic Psychiatry and his full records are available.

According to Ressler et al. (3), the offenders of sexual homicides of mixed victim types are categorized in two distinct categories: "organized" and "disorganized" offenders. The former enact in terms of premeditation and self–control. This type of offenders has a high level of functionality in everyday life and "construct" an organized crime scene without profound self-incriminating evidence. In contrast, the latter act on impulse without former planning and do not eliminate the existence of incriminating data on the crime scene. The present case has characteristics of a disorganized offender.

Keppel et al. (4) classified four different types of sexual killers of mixed victim types, based on their modus operandi: (i) the power-assertive (ii) the power-reassurance (iii) the anger-retaliation and (iv) the anger-excitation type. In the present report, the perpetrator seems to fall into the second type of power-reassurance. Although he might have intended the rape itself, the killing of the victim (in this case, attempted and not realized) seemed not to have been premeditated. The perpetrator seemed initially motivated by the idea of power and dominance though sexual activity on the victim who refused to comply to his initial commands, a behavior perceived as disrespectful by the offender. The sexual assault of the victim had a punitive character (attempt for anal and oral intercourse, attempt for vaginal insertion of a broom) and verbal humiliation along with the idea of sexual fantasy. The continued resistance of the victim and reluctance to fulfill his fantasy (to react in the way she was supposed to according to the offender's expectations) pushed the perpetrator to escalate physical violence in a feeling of rage due to failure to regain control of the situation and overpower the victim. The means of bodily damage infliction are also suggestive of this type. The action of killing was not planned, and therefore the perpetrator did not have a pre-decided weapon. At first, he attempted a kind of "controlled" strangulation by using a towel and afterwards grasped a knife, which was incidentally present in the restaurant. The multiple thermal burns inflicted by cigarettes as well as the physical pain and agony caused during the incident had a punitive and power-reassurance character with sadistic traits referring to sexual fantasy as well as the fact of the offender describing his sexual fantasies during the attempt to overpower the victim. The long duration of pain and bodily injuries was also consistent with sadistic traits. It seemed however that the purpose of the aforementioned was to intimidate the victim in order to comply to sexual activity rather than the offender gaining sexual satisfaction through sadism, as he immediately afterwards began to rage for not being offered sexual stimulation. In addition, the perpetrator displayed reduced effectiveness in establishing intimate relationships.

Beech et al. (5,6) studied the typology of sexual killers of mixed victim types according to their motivation and concluded on the existence of three distinct motivational patterns (i) calculated pain infliction to the victim (prototypical sexual killer) (ii) grievance driven murderer (iii) rape plus murder. In the present report, the perpetrator seems to be falling into the second type of grievance driven offender, as the sexual dominance and not the murder itself was intended to provide sexual gratification. The motivation of the assault was the offender's grievance towards his victim (also consistent with poor self-control and anger outbursts). The "overkill" pattern is usually observed in realization of the murder due to emotions of rage and reduced impulse control.

The taxonomy of sexual killers of mixed victim types in catathymic and compulsive was established by Meloy in 2000, and thereafter was broadly used in forensic psychiatry (7,8). The main distinction is made on the different clinical judgement of the offenders. It is difficult to place the offender of the present case in a category according to this taxonomy, as there is a frequent co-occurrence of diagnoses and continuum of clinical profiles. The perpetrator of the present case seemed to be falling closer to the unplanned compulsive sexual offender, but also shares traits from other categories as well. The chronic catathymic offenders are described to be driven by negative emotions of anger and sexual inadequacy, while experiencing obsessional thoughts, depression, and even suicidal ideation. The feeling of anger bursts hetero-destructively when homicidal obsessional thoughts become uncontrollable, and self-destructively unless the tension is released. In the present case the offender went to hide in the closet and did not engage in any self-destructive actions immediately after the offence. However, he suffered suicidal ideation and displayed depressed affect during his hospitalizations, while he had carried out self-destructive actions with paranoid justification. Acute catathymic offenders are motivated by anger, jealousy and fear that stem from underlying sexual conflicts. Strangulation and dissection often occur during and after the crime. These offenders victimize mostly strangers and leave behind a disorganized crime scene. Unplanned compulsive offenders, on the other hand, are sexually motivated and experience gratification through violence. They exhibit lower levels of premeditation and target their victim opportunistically due to an internal impulse. They are often socially immature individuals with disorganized personalities (borderline, schizotypal, schizoid personality disorder or personality traits), schizophrenia or psychotic disorder.

While the aforementioned taxonomies are associated with sexual perpetrators with mixed victim types (males, females and children included), Beauregard and Proulx focused on the cases of non-serial sexual murderers targeting exclusively adult female victims and analyzed parameters such as offenders' characteristics in precrime, crime, and postcrime phases and modus

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operandi (9). The sadistic and anger patterns are classified according to the existence of premeditation, motivation, quality characteristics of the action and organization. In this case, the offender did not seem to be falling into a certain category, as he expressed anger through sadism, pain infliction, and humiliation towards the victim. The victim's mental and physical suffering was extensive in time. In addition, there were many elements of premeditation, but in the context of insobriety and bursts of anger. Sadistic traits were sparsely present aiming at the intimidation and punishing of the victim, and assurance of power by the offender, rather than achieving sexual gratification through sadism.

Concerning the classification of rape offenders, no homogeneity exists as well, as varied mental disorders and multiple motivations may lie underneath such complex behavioral disorders.

There are many available taxonomies, among which the most robust, widely used, and methodologically sound typological systems to date is the Massachusetts Treatment Centre Rapist Typology: Version 3 (MTC:R3) which examines multiple motivating dimensions according to both theory and empirical data in order to address the meaning of aggression and sexuality in the offences (10-14). The examined parameters include juvenile and adult antisocial behavior, offense planning, global or pervasive anger, overt / muted sadism, sexualization (sexual thoughts and fantasies, paraphilic behaviors), and hostility towards women. In the present case, the primary intent of the perpetrator's sexual behavior was to express anger and rage, rather than being sexually motivated, while aggression was intended to harm the victim physically and psychologically. The pervasively angry rape offender is driven by extreme gratuitous aggression, severe violence, and has a history of past illegal or violent acts, while serious physical injury is inflicted to the victim (10-13). Sparse sadistic traits did exist, however, through fantasies of humiliation, power and control over the victim and prolonged pain infliction. The perpetrator's rage was also physically manifested towards both sexes. Low levels of premeditation were observed in the description of the incident. Neither psychotic nor paranoid symptomatology was evident prior or during the offense. In addition, high levels of impulsivity were noted in the perpetrator's life style. People around him seemed to feel fearful and were acquainted with his violent behavior. He also seemed quite manipulative, as even though his relationships were dysfunctional, he managed to survive and reserve occupation, habitation, nutrition and alcohol. Abnormal attachment with his family was also suspected, even though the perpetrator never shared any information about them.

Although the offender primarily expressed rage through physical violence and sexualization, the categorization was challenging as there was multiple evidence of psychopathology on multiple axes, personal history of hospitalizations with paranoid delusions and incoherence followed by long periods of relatively high functionality without adherence to medication, coordinated mode of action despite toxic levels of alcohol consumption, high levels of impulsivity and lower levels of premeditation, as well as multiple underlying motives.

Borderline personality disorder, also known as an emotionally unstable personality disorder, is a long-term pattern of dysfunctional conduct characterized by unstable and chaotic interpersonal relationships, distorted self-image, and emotional lability. There is frequently impulsive or dangerous conduct, hetero-destructive actions and self-damaging behavior. The patients experience bursts of anger, emotions of emptiness, fear of abandonment, dissociation and splitting. Symptoms may be triggered by confrontation and stressful situations, but also by seemingly normal events perceived negatively. Dysfunctional behavior usually becomes apparent from early adulthood. The causes are unclear, but appear to be multifactorial, as genetic, neurological, environmental and social factors have been associated. Adverse life events and childhood trauma also appear to play a role. Borderline personality disorder is frequently accompanied by depression, anxiety, anger, substance abuse, or rage. In addition, recent findings indicate that about 20–50% of patients with borderline personality disorder report experiencing psychotic symptoms. Hallucinations imitate those in patients with psychotic disorders in terms of phenomenology, emotional impact, and persistence over time (15).

## CONCLUSION

Sexual violence has been a subject of timeless research in the field of forensic psychiatry in shaping the profiles of offenders and victims and identifying the specific circumstances that at a time contributed to the expression of the underlying motives. This article describes a case of sexual assault and attempted murder by a male offender against an adult female victim. Although the psychiatric history of the perpetrator was partially known, the categorization was intricate, as there were multiple indications of psychopathology in multiple axes (schizophreniform disorder, personality disorder, alcoholism), personal history of hospitalizations with paranoid delusions and inconsistency followed by long periods of relatively high functionality without compliance to medication, coordinated mode of action despite alcohol consumption, impulsivity but with signs of premeditation and multiple underlying motivations. Personality traits play a pivotal role in obtaining an effective insight into the incident.

### CONFLICT OF INTEREST

The authors declare that there is no conflict of interest regarding the publication of this paper.

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