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A Media Violence-Inspired Juvenile Sexual Homicide Offender 13 Years Later*

ABSTRACT: No follow-up studies exist on how minors who commit sexual homicides adjust once released back into the community. This is an important question given the extreme nature of their crimes, lack of recidivism data, and the expectation that one-half of them will be freed from prison by mid-life. Likewise, no studies exist on the role our culture's pervasive media violence plays in these offenses. This report describes a 13-year-old boy who committed a witnessed media violence-inspired sexual homicide. Follow-up information is provided on his community adjustment as an adult four years after release from prison. He had multiple indicators of brain dysfunction, and watched a "slasher" film just before committing the blitz style crime upon a female neighbor. Media violence literature is reviewed—against a backdrop of developmental abnormalities, neuropsychiatric vulnerabilities, family dysfunction, and mental illness. This case illustrates how the confluence of such variables, combined with the tinder of erotic screen violence, may lead to sexual murder.

KEYWORDS: forensic science, media violence, sexual homicide, youth, adolescent, crime

"With the death of each criminal, each whore, each worthless life, man becomes one step closer to purity. The bones cracked, the muscles torn, her eyes pleaded for mercy. But there is none."

(From the movie *Fear City*, as scenes switch back and forth between the killer writing in his journal and beating a woman to death.)

Sexual Homicide

Sexual homicide is a complex phenomenon, with psychological, family, social, cultural, biological, and evolutionary underpinnings (1). This type of crime is usually committed by males in their 20's or 30's upon female strangers or casual acquaintances (2,3). Whereas most murders in general are accomplished by firearms (66%), the opposite is true for sex-related killings: 91% in which a weapon is able to be identified are carried out by the use of personal weapons (hands, fists, etc.), knives or cutting instruments, blunt objects, strangulation, or asphyxiation (4). Similarly, 88% of juveniles from a sample of 16 who committed sexual homicides or near-homicides used personal or non-firearm weapons (1). Such weapons allow for close interpersonal contact during the kill, presumably providing more intense sadistic fulfillment for some offenders than could be achieved with firearms. They have the additional advantages of being readily available and relatively quiet, and therefore they are less likely to draw attention to the crime

scene as the offense is occurring, allowing the perpetrator to carry out his acts at leisure if so desired.

Sadistic satisfaction is a primary element of the offender's motivation. The sexual component may be overt (e.g., rape) or symbolic (e.g., sexual posturing of the victim's body). Sadistic fantasy of a longstanding nature is a common finding in this population, more so for the organized than disorganized type of killer (5). Playing a role in spawning these repetitive, sexually violent thoughts are the DSM-IV disorders known as Personality Disorders and Sexual Sadism; both are common psychiatric disorders in these offenders. The personality disturbance is often evidenced by psychopathic, antisocial, narcissistic, schizoid, schizotypal, or sadistic traits (1,2). For juveniles, a diagnosis of Conduct Disorder on DSM-IV's Axis I is nearly always present as well (6).

Sex murders are comparatively rare crimes, accounting for only 0.6% of the 12,943 U.S. murders in 2000 with known data on the murder circumstances (out of a total of 15,517 reported murders for this year) (4). A one-state analysis of the incidence of juvenile sexual homicide over a 10-year period is consistent with this national data; the youth in this study under age 18 committed the same proportion of sex murders to all murders: 0.6% (1). In terms of the actual number of these crimes per year, FBI data indicate there were only 73 murders with probable sexual motivation reported for the year 2000 (as indicated by the murder circumstances of "Rape," "Prostitution and Commercialized Vice," or "Other Sex Offenses"). Specific data addressing youth under age 18 are not provided, but it can be extrapolated that juveniles committed about seven of these 73 sexual homicides, given that they are responsible for 10% of all murders annually.

Media Violence

The American Medical Association's (AMA) *Physician Guide to Media Violence* (7) notes the "enormous role" television and other forms of visual media play in the lives of youth. It is estimated the average American child spends 21–28 h a week watch-

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ing television, more time than he or she will spend in a classroom during the same period (7,8). And virtually no child in the United States is immune from the effects of television; 99% of homes contain one or more television sets. Strasburger and Donnerstein (9) estimate that, once video game and videocassette use are added, teenagers may spend as many as 35 to 55 hours weekly in front of a television set. Even more alarming are statistics indicating that the average American child will witness over 200,000 acts of violence on television, including 16,000 murders, before he or she reaches age 18 (7). The AMA's Commission for the Prevention of Youth Violence (10) has recommended seven priority areas for the implementation of a violence prevention agenda; Priority #6 states: "Reduce exposure to media violence."

Concerns about the consequences of violent television are not new—they have been raised in the medical literature for over 50 years. The evidence directly linking media violence to aggressive behavior by children and adolescents is now considerable (11,12); over 1000 studies in the last three decades alone have confirmed this link (13). This latter author lamented, "As a nation, we are awash in a tidal wave of electronic violence." Furthermore, research has shown that exposure to violent media has a robust effect not only in the laboratory but also in the real world (14), at times provoking "immediate violent behavior" (15).

How media violence contributes to childhood aggression can be explained by a combination of factors. These factors include desensitization to violence (e.g., reduced physiological arousal and emotional disturbance following repetitive exposure); loss of sympathy for victims; increased feelings of hostility; violence portrayed as a solution to problems; the trivialization of injuring or killing others; and the internalization of violent role models (12,16). Pennell and Browne (17) have proposed additional reasons for how media violence contributes to youth violence: cue-triggered aggression, cognitive neoassociation, and social cognitive theory modeling. However, not all youth are affected similarly or to the same extent by media violence (18). For example, children who are characteristically aggressive, delinquent, or have mental illness may be particularly vulnerable (19,20). Moreover, Huesmann and Eron (21) found that children who are of lower SES and score lower on IQ tests—two variables each associated with an increased likelihood of aggression in youth—watch more television and more violent programming.

There are also research findings indicating media violence can contribute to the occurrence of sexually violent crimes. Sexual aggression is commonplace in movies, with approximately one out of eight Hollywood films depicting a rape (22). Portrayals of women abused without an erotic element have been shown to increase aggression, but not as strongly as when the abuse is combined with eroticism (23). Exposure to violent erotica and "slasher" films can cause some viewers to become desensitized to sexual violence and less sympathetic to rape victims (23,24). Along these lines, Centerwall (25) has postulated that if television didn't exist, there would be 70,000 fewer rapes and 10,000 fewer homicides per year in the United States.

Meloy and Mohandie (26) note that although the effect size is small for what they term "screen violence," the relationship is "both significant and causal." These authors wrote about a crime by a 13-year-old boy who killed a 14-year-old female family friend within an hour of viewing the movie *Demolition Man* for the second time (denoted as "repetitive viewing" by these authors). Their parents had gone out to socialize, and the children were left together. The boy tried to fondle the girl as she slept, but she rebuffed his advances. He then stabbed her 74 times. The attack included the enu-

cleation of her eyes with a knife, a behavior also portrayed in *Demolition Man*. In proposing a direct relationship between the crime and the preceding screen violence, the authors noted the "temporal proximity" and the reproduction of eye enucleation in his victim—the latter an example of what they have termed "scene specificity."

Background information on sexual homicide and media violence has been presented. The authors will now describe a witnessed case of juvenile sexual homicide that adds support for a connection between such sexually aggressive crimes and erotic media violence. Additionally, follow-up information is provided on this youth's readjustment into society four years after his release and 13 years after his crime.

Case Report

Background Information

Abel, a 13-year-old boy, had a chaotic home life. His grandmother raised him for the most part due to the mother's instability and alcoholism. Both of these maternal figures physically abused him. His biological father had neglected Abel since toddlerhood, and he was in prison when his son was arrested for murder. At the time of his arrest, Abel was living with his mother and her boyfriend. The paramour was also an alcoholic, and he and the mother engaged in frequent verbal and physical fights witnessed by Abel. A neighbor once remarked when hearing one of their fights, "They are killing each other!" Abel's mother accrued a charge of aggravated assault during one altercation. Abel and his stepfather did not get along particularly well, and had come close to attacking each other with weapons. Abel denied a history of sexual abuse.

Abel's early development was marred by neuropathic events that likely contributed to his later signs of brain dysfunction. He was heavily exposed in utero to ethanol and tobacco. At two years of age he required prolonged hospitalization for a high fever caused by a severe allergic reaction to an insect bite. As a grade school age child he twice suffered head trauma leading to concussions: one from being punched in the head during a fight, and the other from being struck in the head with a bottle.

From a psychiatric perspective, Abel had a longstanding history of impaired attention, hyperactivity, enuresis, trouble getting along with peers, difficulty controlling his temper, and aggressiveness. His behavior problems had an early onset. For instance, a school report when he was age 6 noted that he "continually disrupts the classroom by outbursts of uncontrollable behavior." His angry outbursts were often severe. He had frequently been suspended from school for fighting, hitting other students, and mischievous behavior. He repeated the 5th grade because of academic and behavioral problems, and for years had been in classes for the emotionally disturbed.

Abel's behavior toward others was especially tumultuous during the six-month period preceding the murder. He had robbed and beaten a fellow student. Two weeks later he was in trouble for punching another classmate. Other episodes followed, including a major outburst at school that required the intervention of half a dozen adults to restrain him. In spite of this show of force by school personnel, Abel's outburst continued unabated. He threatened to kill himself and the staff, and was finally transported by ambulance to the local emergency room; there he required placement in 4-point restraints for combativeness, intractable rage and suicidal threats. Shortly thereafter he was moved to a new school, but the change of venue provided no relief in his behavior problems.

A review of his childhood mental health evaluations over the years documented the presence of a prominent personality disturbance combined with marked neuropsychiatric deficits. Some

highlights from these evaluations revealed:

- an explosive temper and unpredictable behavior
- a tendency toward rigidity, fixational thinking and fantasy
- difficulty distinguishing fantasy from reality
- feelings of persecution
- projection of blame
- inappropriate sexual remarks and gestures
- feelings of anger and negativity toward maternal figures
- a low average IQ; yet three grade levels behind in reading, vocabulary
- diffuse deficits in the right and left hemispheres on neuropsychiatric testing
- deficits in visuomotor perceptual integration skills

Despite him having severe, persistent emotional and behavioral problems for years, he had only been briefly treated with several sessions of outpatient counseling while in grade school—he had received no other mental health treatment prior to his homicide arrest.

Pre-Crime Events

Abel awoke on the day of the crime in the late morning, made his bed, and watched television. He viewed television extensively, and he would routinely turn it on after awakening and fall asleep in front of it at night. He had intended to go outside to play, but his mother forbade him; as a result, they argued and Abel became angry. Abel later denied having feelings of anger, anxiety, or depression on this day, but his mother stated otherwise. She noted that on this day he seemed different—“very restless.”

That afternoon, Abel went to the mall to play video games with a friend. At the mall, he encountered an ex-girlfriend. He informed her that she would not have to follow her new boyfriend around “like a dog” if she were still with him. (During a later interview he explained he no longer needed her because he had other girls in his life). After returning home, Abel watched more TV, and then called a girl he occasionally saw on a romantic basis. While on the phone, he asked a teenage female relative to tell the girl on the phone that she was also dating Abel. He supposedly orchestrated this ruse so that this girl he had called would leave him alone, even though he had initiated the conversation.

During the evening he watched TV as usual, specifically *Fear City* for the second time, a cable channel movie he had previously seen and enjoyed. At one point he became nauseated and vomited, but then returned to watch TV. Once his mother and her boyfriend retired to bed, Abel decided to go outside, simply “to be out there.” His mother later commented that this was uncharacteristic behavior for her son.

Abel left home that night with a kitchen knife he had placed in a knee brace he was wearing for an injury, and proceeded to his neighbor’s home. He explained that he was carrying the knife with him in case he decided to make another peanut butter and jelly sandwich, and it was just “luck” that he happened to have it on his person when the victim was killed. He denied the use of alcohol or drugs on the day of the murder, and there was no history of substance abuse.

The Murder Reconstructed from Crime Scene Evidence and Witness Reports

Abel approached the front door of the victim’s home that night under the cover of darkness and knocked loudly on her door. She asked who was there, didn’t get a reply, and attempted to identify the visitor by looking out of a window without success. She opened the door and, according to her daughter who witnessed the attack,

the neighbor boy “jumped in the house” and began stabbing her mother “real quick” with a “big knife” in a blitz style attack, while simultaneously attempting to push her toward an adjoining bedroom. The daughter further noted that Abel was laughing during the attack, and stabbed her mother so many times that he bent the knife blade. The disarray of items and blood spatter throughout the living room indicated signs of an intense struggle (Fig. 1). Abel pursued her and she desperately tried to defend herself from his repeated overhand thrusts with the knife. At some point she turned away from him and received further stab wounds to the rear of her head and back. The knife was found on the bedroom floor with the blade bent at a 90-degree angle (Fig. 2). This blade failure appar-



FIG. 1—Disarray indicating signs of an intense struggle.



FIG. 2—Bent murder weapon found on bedroom floor.

ently aborted the attack, and probably occurred during a downward thrust onto her skull. Abel exited from the house by the rear door. The victim stumbled over to a neighbor's front porch to seek help, and then collapsed into unconsciousness from blood loss behind some nearby shrubbery. A large pool of blood was present on this neighbor's front porch.

Back home, Abel removed his bloody clothes and hid them in a drawer in a sibling's room. He then went to bed. Soon thereafter the police arrived at his home and arrested him; they noticed several drops of blood on the blanket he had wrapped himself in—his own blood from a hand cut he received during the attack.

The Aftermath

Autopsy results indicated he had stabbed the victim 18 times, primarily in the upper torso and back regions. The cause of death was exsanguination, primarily from the laceration of her left subclavian artery.

Abel explained to police that the victim, whom he knew only as an acquaintance, summoned him over to her house. They had a brief conversation, and then she reportedly began "acting fresh," grabbing and squeezing his genitals. He recalled feeling the need to protect himself and began "jigging" her with the knife—"I had cut her and she kept on coming," "I was trying to get away from her." Abel then went back to his house, washed off the blood, changed clothes, and put the bloodied ones in a sibling's drawer. He repeated this account of the attack essentially verbatim during later prison interviews following his conviction. (A plea-bargain arrangement, agreed to by the prosecution due to his young age, resulted in Abel receiving a 15-year sentence for manslaughter to be served in a youthful offender program.)

Abel's story was contradicted by substantial evidence, including testimony given by the victim's young daughter. This child had witnessed the beginning of the attack before she ran and hid under a bed in another room.

Victim-Offender Relationship and the Presence of Sexual Fantasies

Abel's few contacts with the victim had been casual and fleeting. She would occasionally visit his mother; they babysat for each other's younger children. Abel and the victim knew each other's name, but he "ignored her" when she came over to his family's home. Abel's mother told police that he was "always teasing the girls" (referring to the victim's daughters). For example, soon before the murder, Abel was heard telling the victim's young daughter, "You're fat and you're mama's ugly."

In addition to Abel's projection of his sexual fantasies onto the victim while describing the crime antecedents, there was also evidence he had pre-existing sexual fantasies toward the victim one month before the murder. She had reported to police that her bras, panty hose, and underwear had been stolen from her clothesline at that time. The theft occurred shortly after Abel and his family moved into the neighborhood. This thievery was never officially solved, but the victim suspected Abel was the culprit. A neighbor commented that the surrounding families had not experienced thefts from their clotheslines in the past.

Of note, Abel first engaged in sexual intercourse with a female teenager when he was 12 years old, and he had been with a total of four or five sexual partners. He denied a history of deviant sexual interests or behaviors.

Abel's Post-Crime Psychiatric Diagnoses

A psychiatric evaluation of Abel eight months after his arrest, at age 14, revealed the DSM-III-R diagnoses of Conduct Disorder, ADHD, Reading Disorder and Developmental Articulation Disorder. At age 18, while in prison, Abel was administered the Schedule for Nonadaptive and Adaptive Personality (SNAP) (27). The SNAP provides a dimensional approach to the assessment of personality disorders, including Sadistic Personality Disorder. Abel did not meet full criteria for any DSM-III-R Personality Disorder diagnoses.

A Summary of Fear City

The plot of *Fear City* (1984) involves the tribulations of strip club managers whose dancers are being stalked, assaulted, and killed by a serial killer. In the world of *Fear City*, women are portrayed as sex objects and the measure of manhood is the willingness to resort to violence. In fact, the hero, Michael Rossi (played by Tom Berenger,) is in some ways portrayed as the most disturbed character of them all. His flaw lies in a reluctance to resort to violence, the result of a boxing match where he literally beat his opponent to death, flashbacks of which are shown recurrently. This issue is highlighted early in the movie when Rossi's manhood is challenged with the taunt, "It ain't that you're afraid of the sight of blood?" At another point, Rossi's best friend pulls out a gun and says, "We can blow the son of a bitch's head right off," to which the hero responds, "You gonna take this to somebody's head and pull the trigger? You got the balls to do that? Then you do it!" The issue is not whether the use of deadly violence is right or wrong, but whether a person is "man" enough to do it.

The tone is set early in *Fear City*, as the opening scene features a provocative strip tease dance with partial nudity; such scenes are depicted many more times throughout the movie. Such eroticism is quickly and repeatedly paired with sadistic violence as the movie unfolds. Within the first ten minutes, a scene is shown which alternates back and forth between a striptease dance at the club and a brutal scissors assault on one of the dancers in an adjacent alley where the perpetrator has her pinned to the ground. She is left convulsing on the ground as the scene ends. We later learn two of her fingers were clipped off with the scissors.

Fear City features *ad nauseum* portrayals of no less than seven brutal assaults on women, with such weapons as a razor blade, a knife, nunchaku, and a sword. Graphic assault and murder scenes are often classically paired with erotic scenes of striptease. The killer, who happens to be a martial arts expert, is portrayed as skilled, strong, purposeful, and virile, while the hero is troubled and ineffectual. The movie shows multiple murders, including a gratuitous slow motion scene of two men who are riddled to death by machine gun fire. Another male character is later shown hanging by the neck from the side of a building.

Despite his reluctance to resort to violence, the hero still does so on several occasions. At the beginning of the film, when he is at his least violent and most ineffectual, he states of his love interest (played by Melanie Griffith), "I'd like to kick her ass down to the battery," with no associated provoking factors demonstrated. By the end of the film, Rossi is transformed into a violent avenger who slays the perpetrator in hand-to-hand combat. The movie ends with the following exchange with a detective (played by Billy Dee Williams) who has been an antagonist to the hero throughout the movie:

Cop: "You think you're a hero Rossi?"

Rossi: "Not by a long shot."

Cop: "Maybe you are. . . ."

Abel's Adjustment Three Years After His Release from Prison

Abel was released to the community on probation after serving nine years of his 15-year sentence. Living at home was one of the probation requirements. His new start in life did not go smoothly from the beginning. Within several months of his release he violated his probation. He was riding as a passenger in a car with a friend and they were pulled over by the police. A gun was found in the car. Abel denied it was his weapon, but nevertheless he spent the next nine months in jail before the prosecution dropped the charges.

Abel had a dating relationship during the three-year follow-up period. Within 30 days of meeting this young woman, he had decided they were going to get married. They were of different races and backgrounds, increasing the challenge they faced in making it as a couple. Abel became increasingly possessive. As his girlfriend tried to slow things down, he began stalking her. She broke up with him in response. The police became involved and he was charged with stalking which again violated his probation. However, the girlfriend declined to press charges.

Abel did satisfactorily in the employment arena in spite of not having received a high school diploma. He worked at several jobs, one for two years, performing unskilled manual labor. He was considered a reliable worker. An aspiration he had held for at least a couple of years was to travel to New York, contact and audition for a certain celebrity TV show host, and then sing on this host's show as a means to launch his rap star career. Based on reports of his musical talent level, this plan was bordering on being a grandiose delusion, or at least a sign of an excessive reliance on fantasy thinking. For the past year he has been off probation and has not been re-arrested.

Discussion

This case of juvenile sexual homicide appears to have been catalyzed by Abel's viewing of *Fear City*—a sexually sadistic slasher movie. The presence of *temporal proximity*, *scene specificity*, and *repetitive viewing* (26) support this contention. Abel viewed this movie just before the crime, and then acted in a nearly identical fashion to those scenes in *Fear City* that involved an assault with a cutting instrument carried out in a blitz attack style. The incendiary psychological components for violence in Abel were already in place: DSM-III-R mental disorders (Conduct Disorder, ADHD, Reading Disorder, Developmental Articulation Disorder), neuropsychiatric vulnerabilities, a history of emotional and physical child abuse, an escalating pattern of characterological violence, evidence of hostility toward female figures since childhood, and family dysfunction including the parental role modeling of violence. Each of these is an independent risk factor for aggressive behavior in youth. Furthermore, Abel had been experiencing sexual fantasies toward the victim based on his presumed theft of the victim's undergarments weeks before the crime, and his explanation for his murderous acts revealed the projection of his own violent sexual fantasies onto the victim. We are aware of only one other case report specifically linking the viewing of a slasher movie with an ensuing sexual homicide in a minor (26).

One can argue that many youth have the same predisposing traits to violence and criminal behavior as Abel did, yet don't commit sexual homicides. What sets Abel and others like him apart from the violent delinquent who doesn't commit a sadistic offense? Available data (1) suggest two characteristics, in combination with the aforementioned risk factors identified in Abel that are also routinely found in serious delinquents, may potentially be differentiat-

ing factors: the presence of sexually sadistic fantasies and Cluster A personality traits. Myers (1) found that 71% of his sample of juvenile sexual homicide offenders admitted to violent sexual fantasies, and 67% had at least one personality disorder diagnosis, most commonly either Schizoid or Schizotypal. Abel had recurrent evidence of DSM-III-R Schizotypal Personality traits since childhood, to wit an excessive reliance on fantasy, paranoia, rigid thinking, impaired reality testing, inappropriate sexual remarks and gestures, and an odd interpersonal style (e.g., idiosyncratic, dismissing, and hostile attitudes and behaviors toward others, particularly females). Although he did not formally meet DSM-III-R diagnostic criteria for any personality disorder on the SNAP, he clearly had ongoing clinical traits of Schizotypal Personality functioning that persisted into adulthood. The SNAP results may not have detected Abel's personality pathology because he took it in the highly controlled, socially artificial environment of a prison, and the test questions are not specifically designed to assess a person's functioning in this setting. Moreover, he may have answered the test questions in such a way as to present himself in an overly positive light (the Social Desirability validity scale was elevated by just over one standard deviation), given that his discharge was looming in the not too distant future, and it was dependent on his prison adjustment. Lastly, he may only have had a subclinical form of Schizotypal Personality Disorder.

Abel's first serious relationship following his release from prison was pathological, and may be reflective of the underlying dynamics that led to his crime of murder. He developed a rapid, needy attachment to this girlfriend, suggesting powerful, unresolved dependency needs. He became increasingly distressed by her reaction of pulling further and further away from him the more he tried to possess her. His digression into stalking behavior, ultimately requiring police intervention, further betrayed his underlying hostility toward women. His apparent hostility toward female figures was evident even when he was a young boy. Soon after he started grade school, feelings of anger and negativity toward maternal figures were discovered on projective testing. He was also described as being sexually inappropriate at times during these early years. His hostility, linked with sexuality, continued to be expressed during his early adolescence through his disrespectful actions toward girlfriends, his theft of undergarments from the eventual victim and the sexual homicide, and then in adulthood by his stalking behaviors.

Neuropsychiatric vulnerabilities are a common finding in delinquent juveniles, even more so for those who are violent (28–30). Not unexpectedly, Abel had multiple signs of brain dysfunction, with a history of neuropathic insults beginning with intrauterine exposure to alcohol and nicotine. Consequently, his level of cognitive disinhibition was significant. This is consistent with Abel's crime having been an "Explosive Type" (1) of sexual homicide. This type of sexual killing is based on primitive feelings to sexually dominate and destroy a female, qualitatively different from anger (as suggested by Abel's reported laughing affect during the attack). Such crimes are committed spontaneously—more so on an emotional than cognitive basis—and thus are poorly planned. Usually a convenient victim close to the offender's home is chosen (i.e., a neighbor). Pre-existing sadistic fantasies and overkill are not uncommon. A unique aspect of the case at hand was the presence of a witness who was able to provide firsthand testimony about Abel's actions and emotional state while committing this type of sexual homicide. Crime scene investigation is a distant second to what we can learn from direct observations, especially pertaining to motivation as revealed in facial expressions and accompanying emotions.

Remarkable in retrospect is the extent of problems Abel was having in his academic and social adjustment, his escalating pattern of serious violence, the repeated documentation of these findings by mental health professionals over the years, and yet there was not one person who heeded these warning signs and took the initiative to see that he received mental health treatment. The school and juvenile justice systems, and his family, simply let his condition go untreated until disaster struck.

In conclusion, we believe Abel's case further demonstrates how sexually sadistic screen violence can incite an act of sexual homicide in minors. Researchers such as Phillips (14) and others have shown that the real world response to media violence can be immediate and extreme. *Fear City* is precisely the type of medium that would be predicted to provoke such a response in a vulnerable individual like Abel. This movie sends the message that violence is rewarded and admired, and that women are appropriate targets for sexual aggression. These messages are repeatedly reinforced as scene after scene couples extreme violence with eroticism and sexual arousal through classical conditioning.

What is Abel's prognosis now that he is free in the community without supervision? Because of the rarity of sexual homicides by minors, there is virtually no outcome data available to apply toward an individual case. The rehabilitation potential for sexual murderers who commit their crimes as adults is assumed to be dismal (31), particularly if their crimes were serial in nature. Some professionals state they are untreatable and recommend life imprisonment to protect the public (32). Along these lines, two adult serial sexual murderers evaluated by author WCM within the past year informed him that they were certain they would continue killing if released from prison. One of these offenders had even managed to kill two more people after he was already in prison. Research in the area of prognosis is needed for both adults and minors who have committed sexual homicide. This is more so the case for juvenile than adult offenders; a one-state decade long study found that one-half or more of these youths will be freed from prison by mid-life due to the more lenient sentencing of minors in these types of cases (1). Such research would be especially helpful in providing guidance to courts during the sentencing phase for juvenile sexual killers.

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Additional information—Reprints not available from author.

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