PAPER

PSYCHIATRY AND BEHAVIORAL SCIENCES

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Sexual Homicide by Older Male Offenders

ABSTRACT: Recent research has expanded our understanding of sexual homicide offenders (SHOs). However, little exists beyond case reports for older SHOs. We characterized male SHOs ≥ 55 years, comparing them to typical adult male SHOs who are in their 20s. Analysis of 37 years (1976–2012) of US Supplementary Homicide Reports data provided a large SHO sample (N = 3453). Three case reports provide clinical context for the diverse nature and patterns of older SHOs. Only 32 older male SHOs and no older female SHOs were identified. Murders by older SHOs accounted for only 0.5% of US sexual homicides. Unlike typical SHOs that generally target young adult females, over two-thirds of older SHO victims were ≥40 years, and one-third were ≥55 years. Sexual homicides by older SHOs, like sexual homicide in general, decreased over the study period. These crimes, while exceedingly rare, do occur, warranting special consideration.

KEYWORDS: forensic science, sexual homicide, murder, older offender, geriatric, crime

Indications that a killing is a sexual homicide include evidence of sexual activity or motivation at the crime scene. This may include adjustment or removal of the victim's clothing, seminal fluid on or near the body, sexual injury/sexual mutilation, sexualized positioning of the body, foreign object insertion, and overkill type of injuries (1,2). A forensically concise definition is that employed by Meloy (3). He proposed that a sexual homicide is one in which there is physical evidence of sexual activity that has occurred in close temporal and physical proximity to the murder or when there is a legally admissible statement by the perpetrator of sexual activity.

Nevertheless, there are problems inherent in both defining and studying sexual murder. Many murders that appear sexual in nature are not actually sexually motivated, and conversely, many sexual murders are not overtly sexual. The distinction between a sexual homicide and a homicide with sexual behavior is often blurred, and relevant national crime statistics do not exist (4). Although such crimes generate significant attention, empirical data are lacking. This is a critical gap in our forensic knowledge that has both clinical and law enforcement implications. Fortunately, relatively recent research efforts have begun to define different categories of sexual homicide offenders (SHOs), such as those who kill children, strangers, the elderly, and same sex victims (5–9). The ability to begin understanding the pathogenesis and etiology of such crimes, combined with typical victim–offender characteristics, can permit risk stratification and thus is of particular clinical

and investigative importance (10,11). Despite this recent progress, over the last two decades there have been fewer than 40 empirically published studies on sexual homicide (6), and none of these characterized older SHOs specifically as an independent class of murderers. One relevant case report, however, was found in the literature. Reavis (12) described the case of a 61-year-old black male Baptist minister who sexually assaulted and killed four victims of different ethnicities and genders. This man was diagnosed with psychopathic personality and sexual sadism, along with other disorders. Although informative, an individual case report does not allow general conclusions to be made about this SHO group.

The purpose of this study was to examine empirically the available data for older male SHOs (age ≥ 55) in the United States using the largest national database available, the Supplementary Homicide Reports (SHR), so that basic characteristics of these SHOs and their victims can be quantitatively defined in a manner useful to clinicians and investigators. The study period spanned 37 years (1976–2012). No older female SHOs were documented in the SHR during the study period, so by default, we focused on male offenders only. We undertook three specific aims: (i) to explore the demographics, victim–offender relationship, crime characteristics, and incidence trends over time for older male SHOs, (ii) to compare and contrast these findings with typical adult male SHOs who are on average in their 20s and generally target young adult females (13), and (iii) to provide several detailed case reports from the literature and the authors' files to provide greater clinical context to the diverse nature and patterns of older male SHOs. We anticipate that older male SHOs comprise a unique subgroup of SHOs with specific victim–offender characteristics compared to other SHO subgroups. Such differences would warrant further detailed study.

Methods

Thirty-seven years (1976–2012) of the FBI's *Supplementary Homicide Report* data (14) were used in this study. This

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database contains demographics, victim–offender relationship, and crime characteristics for homicidal events that were reported to the FBI by participating law enforcement agencies across the nation. The source data are anonymous and freely available in the public domain.

Sample subjects included in this study were individuals arrested for homicide with an associated sexual component (i.e., the killings occurred in tandem with a rape or other sexual offenses). Of a total of 709,075 individuals arrested for homicide over the 37-year data period reviewed, 5955 (0.84%) of cases with pertinent offense-related information were categorized as sexual homicides.

The age of the SHO was one of the two primary offender variables examined in this study. Various organizations nationally and abroad have referred to 50–65 as the age range in life when one becomes an "older person" (15). Adult SHOs were defined as age 18–54 years, whereas older SHOs were defined as ≥55 years. This age cutoff we used to define "older" or "elderly" was somewhat arbitrary and partly based on practicality. We considered setting the "older" age cutoff at 60 or 65. However, the SHR data set only contained eight offenders ≥65, and this number grew to a mere 14 offenders by lowering the age cutoff to ≥60. By dropping the age cutoff further to age 55, we achieved an N of 32. We believed this N was sufficient for the purposes of this study, while at the same time, it did not venture below the generally agreed upon age territory that embraces the concept of an older person (16). While we could have set the cutoff age lower than 55 and achieved an even greater N, we did not want to do so at the risk of including individuals who arguably might be considered "middle-aged" rather than "older."

Five categories were created for victim type according to age: (i) child, age 12 and below; (ii) adolescent, age 13–17; (iii) young adult, age 18–39; (iv) middle-aged adult, age 40–54; and (v) older adult, age 55 and above. As coded in the SHR, offender and victim racial background was identified as White, Black, American Indian, Alaskan Native, and Asian and Pacific Islander. Investigation into race differences for the sample was confined to those who were White or Black because these two race categories together comprised virtually all arrests for sexual homicide in the United States (98%) over the study period.

In this study, descriptive statistics (e.g., number of cases, percentages, and bar graphs) are presented. The descriptive statistics of older SHOs (aged 55+) were compared with those reported for all other adult SHOs (aged 18–54). Given the large difference in number of cases between older and other adult SHOs, no additional statistical analyses were performed, with the exception of an independent samples t-test for the victim mean age. All statistical calculations were performed with SPSS 22.0 (IBM, New York, NY, USA).

Results

Older SHO Sample and Adult SHO Comparison Group Demographic Information

Older SHO Sample—Age and race information for the older SHO sample and the adult male SHO comparison group are summarized in Table 1. The mean age of the older SHO sample was 60.50 years (SD = 5.20, median = 58.50, mode = 55.00, range = 55–75). Only one older SHO was in his seventies (he was 75). Most of the older SHOs, 56.2% (N = 18), were age 55–59 years, with the remaining 43.8% (N = 14) age 60 years

TABLE 1—*Offender age and race information for the 32 Older SHO sample and the adult male SHO comparison group from the uniform crime reports [United States]: Supplementary Homicide Reports, 1976–2012.*

Variables	All Older SHOs (Aged 55+) N (%)	All Adult SHOs (Aged 18–54) N (%)
Offender age	N = 32	N = 3441
Age 18–54 years	0 (0)	3441 (100)
Age 55–59 years	18 (56.2)	–
Aged 60 years and above	14 (43.8)	–
Offender race	N = 32	N = 3421
White	19 (59.4)	2008 (58.7)
Black	12 (37.5)	1339 (39.1)
Other	1 (3.1)	74 (2.2)

SHO, sexual homicide offenders.

and above. Figure 1 displays the age of arrest for older SHOs in 5-year blocks. The majority of the older SHO sample was identified as White (59.4%) or Black (37.5%), with only 3.1% designated as another race.

Adult SHO Comparison Group—As shown in Table 1, the offender racial distribution for the adult male SHO sample (aged 18–54 years) was similar to the older SHOs, with most of this adult SHO sample consisting of White (58.7%) and Black (39.1%) murderers, followed by those of other racial backgrounds (2.2%).

Victim Demographic Characteristics

As shown in Table 2, nearly four-fifths (78.1%) of the victims of older SHOs were females, with male victims constituting 21.9% of the sample. This distribution parallels the victims of adult male SHOs, in which 82.7% were female victims and 17.3% were male victims.

The mean victim age significantly differed between older (M = 47.44, SD = 23.38, range = 1–87) and adult (M = 32.05, SD = 20.20, range = 0–99 or above) male SHOs (two-tailed t-test; $p < 0.001$). To illustrate how this difference in means manifested, most victims of older male SHOs were older adults
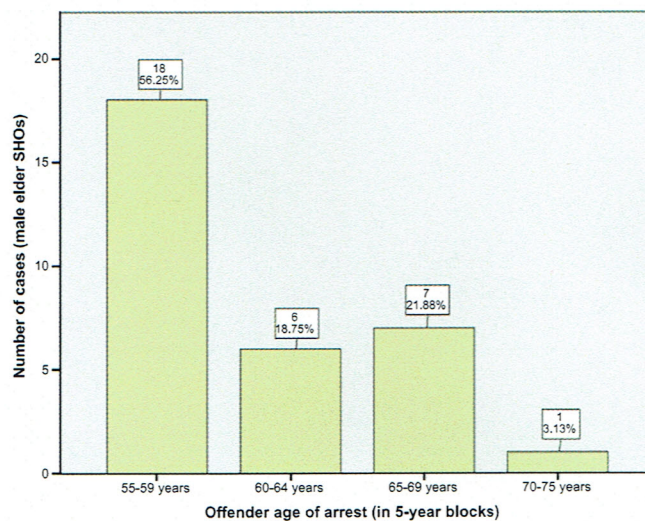

FIG. 1—*Age of arrest for older SHOs depicted in five-year age blocks. [Color figure can be viewed at wileyonlinelibrary.com]*

TABLE 2—*Victim demographic characteristics for older and adult male SHOs.*

Variables	All Older SHOs (aged 55+)	All Adult SHOs (aged 18–54)
	N (%)	N (%)
Victim sex	N = 32	N = 3441
Male	7 (21.9)	594 (17.3)
Female	25 (78.1)	2847 (82.7)
Victim age group	N = 32	N = 3413
Child (≤12)	3 (9.3)	226 (6.9)
Adolescent (13–17)	1 (3.1)	396 (12.1)
Young adult (18–39)	7 (21.9)	1689 (51.3)
Middle-aged adult (40–54)	7 (21.9)	456 (13.9)
Older adult (≥55)	14 (43.8)	519 (15.8)
Victim Mean Age*	47.44 ± 23.38	32.05 ± 20.20
Victim race group	N = 32	N = 3422
White	21 (65.6)	2465 (72.0)
Black	10 (31.3)	863 (25.2)
Others†	1 (3.1)	94 (2.8)

SHO, sexual homicide offenders.

*$p < 0.0001$.

†American Indian and Asian and Pacific Islander.

(43.8%), with the proportion of their victims decreasing as the age of the victim decreased: 21.9% of victims were middle-aged adults, 21.9% were young adults, 9.3% were children, and 3.1% were adolescents. Victims of adult male SHOs, however, were largely young adults (51.3%), followed by older adults (15.8%), middle-aged adults (13.9%), adolescents (12.1%), and children (6.9%).

The mean victim age differences are also highlighted by looking at the proportion of elderly victims for the older and adult SHOs. In the older SHO group, it was found that 28% ($N = 9$) of victims were ≥65 and 19% ($N = 6$)] were ≥70. In contrast, for the adult SHO group, only 10% ($N = 328$) were ≥65 and 8% ($N = 269$) were ≥70.

Concerning victim racial background, older (65.6%) and adult (72.0%) male SHOs killed White victims primarily, although more Black victims were killed by older than adult SHOs (31.3% vs. 25.2%). Victims from other races were infrequent (about 3%).

Weapons Used and Victim–Offender Relationship

Table 3 indicates the types of weapons used by older and adult male SHOs. The majority of older SHOs employed either personal (28.6%) or edged (28.6%) weapons in killing their victims, while nearly half of the adult SHOs used personal weapons (41.5%) to murder their victims. Regarding victim–offender relationship, slightly more than half of the victims for both older (58.6%) and adult (53.1%) SHOs consisted of friends, acquaintances, and others with a known relationship. Strangers constituted about one-quarter of the victim population for older SHOs (27.6%) and about one-third for adult SHOs (37.4%). Intimate partners and family members were relatively unlikely to be murdered by older or adult SHOs, with both victim groups falling below 10% for this form of victim–offender relationship.

Offense Incidence Trends over time for Older and Adult SHOs

Table 4 lists offense trends over time for older and adult SHOs. About one-half of the offenses for the older and adult SHOs occurred during the first decade of the 37-year study period. A notable decrease in offenses with time is apparent for

TABLE 3—*Offending characteristics of older and adult SHOs.*

Variables	All Older SHOs (aged 55+)	All Adult SHOs (aged 18–54)
	N (%)	N (%)
Murder weapon type	N = 28	N = 3277
Personal weapon	8 (28.6)	1363 (41.5)
Contact weapon	4 (14.3)	428 (13.1)
Edged weapon	8 (28.6)	939 (28.7)
Firearm	7 (25.0)	523 (16.0)
Other weapon	1 (3.5)	24 (0.7)
Victim–offender relationship	N = 29	N = 3160
Intimate partner	2 (6.9)	126 (4.0)
Family member	2 (6.9)	174 (5.5)
Friend/acquaintance/other known	17 (58.6)	1679 (53.1)
Stranger	8 (27.6)	1181 (37.4)

Murder weapon types

- personal weapon: killing with hands and feet, strangulation, beating, asphyxiation, drowning, and defenestration [the act of throwing someone out of a window]
- contact weapon: blunt objects; edged weapon (knives, cutting instruments)
- firearm: handguns, shotgun, rifles, and other guns
- other weapon: drugs, fire, poison, explosives, and other types of weapons

Victim–offender relationships

- intimate partner: current, common-law, and former husband and wife, and boyfriend and girlfriend, including homosexual relations
- family member: biological mother, father, daughter, son, brother, and sister, in-laws, step-family, and other family-related individuals
- friend/acquaintance/other known: neighbor, employee, employer, and others with known relationship; and stranger: no prior relationship or contact

TABLE 4—*Offense trends over time for older and adult SHOs.*

Variables	All Older SHOs (aged 55+)	All Adult SHOs (aged 18–54)
	N (%)	N (%)
Offense time period	N = 32	N = 3442
Year 1976–1985	17 (53.1)	1602 (46.5)
Year 1986–1995	6 (18.7)	1170 (34.0)
Year 1996–2005	6 (18.7)	462 (13.4)
Year 2006–2012	3 (9.4)	208 (6.1)

SHO, sexual homicide offenders.

both groups. Figure 2 graphically depicts the sexual homicide arrest incidence over time in 10-year blocks for the older SHOs.

Case Examples

Below are case summaries for older SHO crimes from the authors' files in order to add greater clinical context to the diverse nature and patterns of older male SHOs. The first two cases are obtained from the public domain, and the third case is summarized from previously published material (1).

Case 1. Clarence Leland Simmons—Serial Sexual Killer of Elderly Females

Muriel Ausley, age 65 at her death, lived on the 11th floor of a high-rise apartment building in the five-point section of
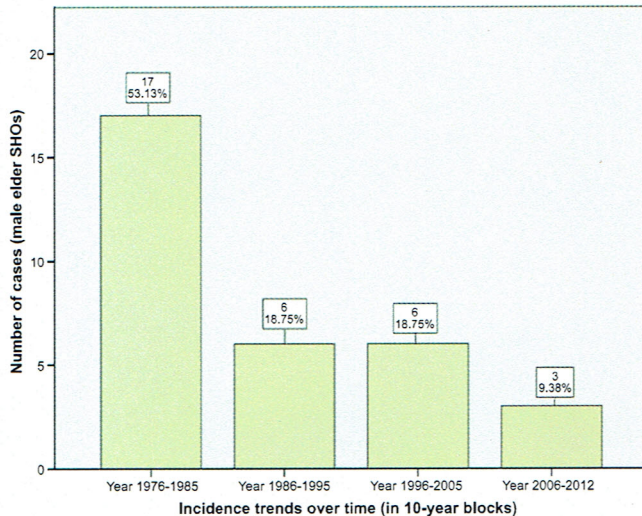
FIG. 2—*Older sexual homicide incidence over time in 10-year blocks.* [*Color figure can be viewed at wileyonlinelibrary.com*]

Birmingham, AL. Ausley was a widow with grown children living apart from her. She was reportedly mildly mentally handicapped and had been diagnosed with aphasia, the result of a brain aneurysm she suffered in the 1960s.

On January 2, 1996, Ausley walked to a pool hall she sometimes frequented several blocks from her residence. While at the bar, she met a stranger, 57-year-old Clarence Simmons. The two of them began drinking at the bar.

They drank together for approximately 3.5 h. During this time, Simmons got into an argument with a patron who had offered to buy Ausley a drink. Simmons brandished a knife and threatened the individual. One witness heard Simmons say he could "cut him up right there and get away with it" because he had previously been declared legally insane. The bartender threatened to call the police unless Simmons put the knife away and he eventually complied.

Ausley and Simmons left the bar around 4:30 p.m. Their decision to leave appeared to be mutual. They walked back to Ausley's apartment. They remained in the apartment building lobby for approximately 30 min. Several residents who observed the two together noted that it appeared they had been drinking. They had never seen Simmons before and described him as "that wild-eyed man."

At approximately 5:00 p.m., Ausley and Simmons entered the elevator. A maintenance technician happened to be on the elevator with them and observed that they were laughing and joking. This was the last time Ausley was seen alive.

Early the next morning, one of the same resident witnesses who had previously seen the two in the lobby heard an alarm indicating that someone had exited the rear door to the apartment complex. Police surmised Simmons inadvertently activated it as he left the building.

Later that morning, after trying several times to reach her mother by phone, Ausley's daughter called the front desk of the apartment complex and asked someone to check on her mother. A security officer proceeded to the 11th floor and upon entering, noted nothing out of the ordinary until she looked in the bathroom saw Ausley's nude body in a pool of blood. She secured the apartment and called 911.

Ausley was found nude lying on the floor of the bathroom with her body wedged between two walls. She had 73 stab

wounds. The medical examiner opined that the majority of her injuries occurred antemortem. She had been eviscerated from her sternum down through her vagina and rectum, then posteriorly to her tailbone. The destruction to her genital area was massive. Simmons had focused the majority of his stabbing injuries to the sexual areas of her body. After opening up her abdomen, he cut free several feet of her intestines and stuffed them into the toilet. His attempts to flush her entrails clogged the toilet. The tub revealed evidence that Simmons had cleaned himself up.

Police canvassed the area near the victim's apartment complex and learned about Simmons and his knife threat the day before. They discovered Simmons had a lifelong string of alcohol-related arrests and had been convicted 20 years earlier for attempting to rape an elderly woman. The victim in that case reported Simmons had held her upside down and was trying to force her to perform oral sex. Further, a few months prior to Ausley's murder, Simmons had been arrested by Birmingham Police outside the pool hall for disorderly conduct.

After pool hall witnesses identified Simmons, police searched his apartment and found a knife and pair of blue jeans with Ausley's blood/DNA on them. Inside the cuff of his pants were pieces of Ausley's entrails.

Simmons was arrested, and at the trial, his defense team argued he suffered from a mental defect—dementia caused by years of alcohol abuse, strokes, and seizures following a 1965 traffic accident. The defense argued that damage to the frontal lobe of his brain rendered him unable to tell right from wrong. A forensic psychologist testifying for the government testified that Simmons clearly knew what he was doing was wrong. Simmons was convicted of Ausley's sexual murder and sentenced to death.

In 2009, a capital murder charge in the 1983 Birmingham homicide of Gladys Burgess, 76, was filed against Simmons. DNA from the crime scene matched Simmons' DNA. Birmingham police were also looking at Simmons in the 1995 disappearance of a 73-year-old woman whom he had been dating and in the 1983 disappearance of two other elderly women. Simmons served over 16 years before dying in prison in 2013 at age 74. (case information provided by Author #4, public domain).

Case 2. Mr. E.—Domestic Sexual Homicide

Mr. E., age 82, killed his 77-year-old live-in girlfriend by repeatedly bludgeoning her in the head with a flashlight and a flashlight battery that came loose during the attack. This event occurred in the early morning hours shortly after he said he unexpectedly woke up. She was discovered naked on the floor by their bed. Her bloody nightgown had been pulled up entirely over her head. Mr. E. denied knowledge of how this might have happened. She normally slept in her nightgown. Prior to the crime, they were having increasing interpersonal strife and disagreements about money and wills, and his girlfriend was planning to leave him due to dissatisfaction with their relationship.

Mr. E. worked as an attorney until he retired. He had no history of arrests, violence, or substance abuse. He first experienced depression several years before the killing attributed to the stress of a protracted divorce. This condition resolved on its own once his divorce was finalized. In the 2 months leading up to the crime, Mr. E. had been successfully treated for a relapse of depression (termed a "reactive depression") with antidepressant medication. First citalopram was tried, and then, he was switched to mirtazapine to help target sleep troubles. His mood, sleep, and appetite all improved according to psychiatric

outpatient notes. Additionally, he also had been taking testosterone supplementation to augment his sexual functioning and thyroid medication for an underactive thyroid gland.

As to the murder, Mr. E. described being in an inexplicable rage when he woke up unusually early that morning (4:00 a.m.) and killed his girlfriend. Yet afterward, he showered, changed into clean clothes, and prepared a meal. Only hours later did he call emergency services and inform them of what he did. One of his recorded statements to the 911 operator was, "We had an argument and I solved it." Later, medical personnel who evaluated him at the emergency room described him as calm, alert, and oriented.

During subsequent interviews, he claimed he had undergone a "nervous breakdown" and was suffering from paranoid delusions when he killed his girlfriend, for example, that she had been trying to kill him by poisoning his food. However, an inpatient psychiatric evaluation beginning shortly after his arrest ultimately concluded he did not have a psychotic or cognitive disorder. At trial, Mr. E. raised a form of the insanity defense ("involuntary intoxication" from antidepressant medication), but this proved unsuccessful and he was convicted of murder (case information provided by Author #1, public domain).

Case 3. David Parker Ray—Psychopathic Sexual Sadist and Serial Killer

David Parker Ray's outward adjustment in life did not betray his sexually sadistic lifestyle. He had completed high school, received an honorable discharge from the US Army, and was working as a mechanic with the New Mexico State Parks Department when he was apprehended. Despite his seemingly normal social adjustment, he was believed to have been responsible for over 30 sex-torture murders. His sexual fantasies of raping, torturing, and murdering women reportedly developed when he was a teenager. Ray's arrest at age 62 came after a victim, whom he had kept as a slave for 3 days and who was placed in leather collar and chained to a pole naked, managed to escape.

On Ray's property was discovered a soundproof torture chamber created inside a cargo box along with extensive torture paraphernalia (gynecology chair, wires, chains, pulleys, jumper cables, electric shock devices, surgical tools, dildos, monitoring equipment, etc.). Instructions on how to handle captives were detailed on a sheet. Moreover, Ray had a fake law enforcement ID and he posed as a police officer when he captured victims. His girlfriend, daughter, and another accomplice were variously involved in the commission of some of his crimes.

According to Geberth (2010), there is no better source for understanding an offender's psychopathology than their own words captured on audio or video as well as in documents or diaries, which provide insight into their innermost thoughts. The essence of Ray's sexually sadistic nature—that he could not obtain sexual gratification unless he caused the woman pain—was contained in one of multiple audiotapes he played for his captives. In essence, David Ray made his own self-diagnosis of sexual sadism:

> In my case, I cannot get off with a girl unless I hurt her first. That's basically the reason I'm into rape and slavery, and the reason you are going to be subjected to a certain amount of pain.

In the end, no bodies were ever linked to Ray's crimes. He pled guilty to kidnapping and torture and was sentenced to an extensive prison sentence (case information from Geberth, 2010).

Discussion

To our knowledge, this is the first research project to systematically study the older SHO. Perhaps the most striking finding in this work was the rarity of sexual homicides perpetrated by older individuals. According to the SHR data we analyzed, only 0.5% of sexual homicides were committed by older SHOs. Indeed, our selection of an age cutoff of 55 rather than higher to define "older SHO" reflects the rarity of the older SHO. Had we selected an older cutoff age to define older SHOs, say 60, then they would have comprised just 0.2% of all SHOs. Putting this into broader context, sexual homicides by older offenders accounted for about one in 22,000 murders of any type during the study period.

These results also indicate the occurrence of sexual killings drop off precipitously with older age. Previous research has shown that about 75% of persons arrested for sexual homicide in the United States fall between the ages of 18 and 35, and over 90% of them were under age 40 (13). In the present sample of older SHOs, accounting for 0.5% of all SHOs, more than one-half of them fell between the ages of 55 and 59, a minority was in their 60s, and only one offender was in his 70s. This phenomenon may in part reflect physical limitations of older individuals, as these crimes tend to be characterized by marked violence and require a substantial output of energy, strength, and commitment to be carried out. Accordingly, older SHOs in this study relied more often on firearms and less often on personal weapons than adult SHOs (it being easier to kill others with firearms than personal weapons; see Table 3), although these differences did not reach statistical significance. This finding is in consistent with Chan and Heide's (17) physical strength hypothesis of sexual homicides in which the offender's choice of weapon is in part influenced by the offender–victim differential in physical strength. Additionally, from a population statistics standpoint, we might expect a smaller total number of older SHO offenders as they comprise a smaller proportion of the general population being they are in the upper tail of age distribution.

Another notable finding was that older SHOs were more likely to seek out older victims relative to all adult SHOs. The mean age of the victims for older SHOs was 15 years higher than for the victims of adult SHOs (47 years ["middle-aged adults"] vs. 32 years ["young adults"]), a statistically significant difference. Further, older SHOs were nearly three times as likely to choose victims ≥55 as adult SHOs (43.8% vs. 15.8%). This may reflect the social circles and habits of older offenders that put them in more routine contact with an older pool of victims (in keeping with the "birds of a feather flock together" proverb). This would be consistent with Cohen and Felson's (18) routine activity theory, as older offenders' selection of victim was likely influenced by the convergence in space and time of the daily routines of both the offenders and their victims (see 5,19 for details). Alternatively, older SHOs may choose older victims due to physical strength limitations of older SHOs who presumably are less able than younger SHOs to attack and subdue younger, stronger, more agile victims. This would be supported by the physical strength hypothesis (17) as there was somewhat higher use of firearms by older SHOs as compared to younger SHOs. Finally, the selection of older victims by older SHOs may reflect Western cultural influences that tend to discourage intimate

relationships with large age disparities, although intimate partners constituted only 7% (two of 29) of victims. Further study will be essential in elucidating the degree of influence of these factors in the older SHO.

A number of similarities were observed when comparing older SHOs to adult SHOs. The percentage of female victims for both groups was approximately 80%. This finding in older SHOs of one in five victims being male is consistent with past research on sexual homicide in which a higher proportion of these murders are homosexual in configuration than would be predicted by the percentage of homosexuals in the general population, which falls at 1.8% for men (20). Offender and victim race proportions were also largely congruent between the SHO groups. The ratio of White to Black offenders was roughly 3:2 for both groups. And in both SHO groups, there was a predominance of White victims, with approximately two-thirds of victims being White. Furthermore, personal and edged weapons were the most commonly used methods of killing for older and adult SHOs, and most of their victims fell into the "Friend/acquaintance/other known" category. Also notable was that a significant proportion of victims of older SHOs (about one-quarter) and adult SHOs (about one-third) were strangers. These findings are relatively in line with the extant literature on sexual homicides, in which most offenders and victims were White (21–25), personal and edged weapons were the most commonly used killing method (17,26,27), and a large majority of the victims were nonintimates or nonfamily members (28,29). Finally, the incidence trends over time for sexual homicide in both samples decreased dramatically over the 37-year period examined, which is consistent with the analysis conducted by Myers and colleagues (13) for a 32-year period between 1976 and 2007.

Turning to the three case reports, while extreme violence and/or sadism were common to all three, there was marked diversity in their backgrounds and modi operandi. In Case 1, a psychopathic serial killer primitively expressed his sexual sadism and long-standing perverse predilection for elderly victims. In Case 2, a retired, heretofore law-abiding lawyer with no known prior history of violence killed his girlfriend due to conflict and her impending abandonment of him. The dynamics of his case suggest the sexual component of his crime may have been at least partly motivated by his need to symbolically control and dominate his uncooperative, rejecting girlfriend. The fact that he had been started on antidepressant medication relatively recently and also was receiving testosterone supplementation at the time of the killings raises the question of what if any biological effects these agents may have had on his mental state. However, an involuntary intoxication defense raised at trial was unsuccessful and he was found guilty of murder and imprisoned. In Case 3, a sexual sadist and probable serial killer obsessively engaged in his elaborate paraphilic activities while continually refining his procedures for carrying them out. Particularly remarkable is the coloring of his crimes by an obsessive-compulsive personality style with associated features of perfectionism and a preoccupation with rules and order.

There are two main limitations to this study, and the results should be interpreted accordingly. First, SHR data provide only basic information on murders, for example, offender and victim age, sex, race, ethnicity; type of weapon used; and victim–offender relationship. Thus, a comprehensive examination of individual and motivational factors in the older SHO, such as psychosocial influences, IQ, mental illness, degree of psychopathy, and paraphilic disorders, was unfortunately not possible. This limitation restricted us to reporting descriptive, phenomenological findings. A second limitation is that the data compiled in the SHR are imperfect and may contain reporting errors, misclassifications, or omissions by law enforcement agencies during any given year (13,30). For example, the erotic component of some sexual homicides is likely overlooked or undetectable to investigators, and thus, such killings will not be accurately classified. On a positive note, the SHR data set is the largest information bank on US homicides available, and although the data are basic, it still has allowed some important conclusions to be drawn about older SHOs.

To close, findings of this study indicate that sexual homicides by older offenders do occur, although very rarely. These findings also advance the forensic sciences aim to achieve a more accurate epidemiology for sexual homicide, which are of relevance to the clinical, law enforcement, and government communities. Perhaps the most salient finding from an investigative perspective is that older SHOs showed a predilection for older female victims, whereas typical adult SHOs generally target young adult females. Despite the advanced age of these offenders, the case reports demonstrated that older SHOs are capable of extreme degrees of sexual violence and sadistic fantasy. As in Case 1, investigators might logically but erroneously have assumed that the offender was a young adult male based on the crime scene actions and extensive victim mutilation present. Our results will help minimize the chance of such potential errors in the future, which will aid law enforcement and forensic investigations. Future researchers should consider exploring the possibility that some older SHOs may offend due to the persistence of a high degree of sexual sadism, and for others, there may be biological contributions to their crimes from the effects of the aging brain, mental illness, and associated treatments. Future studies specifically quantifying various SHO subgroups—including older male SHOs—are clearly needed and would allow more detailed statistical analyses with a larger, adequately powered sample. Fortunately, our results indicate the incidence of sexual homicide in older offenders, consistent with recent research on SHOs in general, has declined substantially over the past four decades.

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