Mysopedia: An Introduction to High-Risk Sexual Predators of Children

Eric W. Hickey, Ph.D. & Jerrod Brown, Ph.D.

Criminal profilers refer to sadistic sexual interest of children as mysopedia. Mysopeds can be distinguished from their peers in that they have a genuine sexual preference for children, tend to target strangers, and are not developmentally fixated on childhood (Holmes & Holmes, 2002). These individuals tend to be serial offenders who proactively plan their acts of violence with a modus operandi involving mutilation and occasional cannibalism. Indeed, their M.O. appears to become their signature (crime scene fantasy fulfillment). As their interest in children does not lie in developing emotional attachment but rather on the sexual gratification created by carrying out violent acts against juveniles, it has been argued that mysopeds are less pedophilic and more “pure” child molesters (Hickey, 2016). The sadistic dimension of mysopedia is particularly relevant when assessing criminal risk. Individuals diagnosed with sadism are at higher risk of first-time sexual offending and sexual recidivism (Berner, Berger, & Hill, 2003; Gmür, 2013; Kingston, Seto, Firestone, & Bradford, 2010). Mysopeds lack emotional attachments necessary to develop social bonds and empathy and to care for others (Hickey, 2016).

While many paraphilias are not criminal (toe sucking, sexual gratification wearing latex, bondage, etc.), mysopedia is criminal as it involves the suffering of children. Criminal paraphilia, such as mysopedia, have three core components: etiology, fantasy and behavior. Where does the paraphilia originate, what are the fantasies associated with the
paraphilia and what are the specific behaviors used to act out those fantasies? Sadism is a complex paraphilia because it can be understood by itself as a paraphilia or as a criminal paraphilia integrated into other types of criminal paraphilia. For example, a man may be sexually aroused by fantasizing about the suffering of children. However, the crime begins when he acts upon those fantasies and engages in Anthropophagolagnia (rape and cannibalism) or Dippoldism (corporal punishment of children) to harm them for his own sexual gratification (Hickey, 2016). John Joseph Joubert IV tortured and killed 3 boys ages 11-13 in Maine and Nebraska. Steven Smith from Ohio raped and murdered a 6-month-old baby. In New York City, Pedro Hernandez abducted a 6-year-old boy and killed him. In Oregon, Manuel Cortez abducted, raped, tortured, and killed two 11-year-old girls. Jesse Timmendequas, a convicted child molester, abducted, raped, and murdered a 7-year-old girl in New Jersey.

Profile: Case of Westley Allan Dodd, Sadistic Child Killer*

Westley Allan Dodd began sexually abusing children in 1974 when he was 13 years old. The abuse started when he began exposing himself to young girls and boys around his neighborhood. Dodd claims that he was driven to act out as a child because his parents fought constantly and did not provide him with emotional support. When his parents divorced, Dodd’s behaviors escalated, and he began molesting children. He sought out children whom he knew and were close to him. At the age of 14, he molested his cousins who were 8 and 6 years old. Dodd sought out situations where he would have access to children such as babysitting neighborhood kids and serving as a camp counselor.

By the age of 18, he was seeking out stranger children to molest. Dodd eventually joined the Navy and was stationed in Bangor, Washington, and he preyed on children who lived on the base. He made trips to Seattle where he approached children in movie theater restrooms. Dodd started using money to lure children to secluded places where he would order them to take down their pants. Dodd was eventually arrested, discharged from the Navy, and arrested again after accosting a young boy. Dodd served 19 days in jail. Throughout the next few years, Dodd continued to act out on children and was arrested but spent little time in jail.

By 1986, Dodd had sexually assaulted at least 30 children. Despite court-ordered counseling, he made no attempt to control his behavior and was indulging in fantasies of murdering children (Hickey, 2013). In 1987, Dodd attempted to murder his first victim, an eight-year-old boy whom he had met while working as a security guard, when he asked the child to help him find a “lost boy.” The boy, sensing danger, told Dodd that he was going home and would be right back. The boy’s mother called the police and Dodd was jailed for 118 days.

He moved to Vancouver in 1989 and began stalking victims in David Douglas Park. On September 4, Dodd accosted two brothers, molested, and stabbed them to death. He found he now felt more gratification in killing than molesting. On October 29, 1989, Dodd lured a child away from a schoolyard and took him to his apartment, where he bound the boy, molested him, and later strangled him while he was sleeping. After the murder, he hung the child in a closet and took pictures of him. The boy’s body was found by Vancouver Lake.

Shortly after his third murder, Dodd was arrested after trying to abduct another boy from a movie theater restroom. Dodd finally confessed to the three murders and was charged with first-degree murder and attempted kidnapping of the boy in the theater restroom. He pled guilty to all charges, was sentenced to death, and was hanged on January 5, 1993.

Classifying Mysopeds

Mysopeds can be distinguished from other child molesters in that they have a genuine sexual preference for the suffering of children. They tend to target strangers and appear developmentally fixated on childhood (Holmes & Holmes, 2002), though the exact definition of childhood may be vague to some, the authors contend that mysopedia does include both pre- and postpubescent minor victims. Most often, these serial offenders tend to be males who plan ritualized acts of violence with a strong modus operandi involving mutilation, necrophilia, and occasional cannibalism towards children. Mysopeds do not groom their victims but instead stalk and abduct children by force from playgrounds, schools, shopping centers, or other places when they can gain easy access to a child. They have been referred to in the literature by many names (see Table 1).

**TABLE 1. MYSOPEDS: ASSOCIATED TERMS FOUND IN THE LITERATURE**

<table>
<thead>
<tr>
<th>Aggressive Child Offender</th>
<th>Sadistic Child Offender</th>
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<tbody>
<tr>
<td>Aggressive Pedophiles</td>
<td>Sadistic Child Serial Killer</td>
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<tr>
<td>Child Rape Murderer</td>
<td>Sexually Sadistic Child Killer</td>
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<tr>
<td>Homicidal Child Molesters</td>
<td>Vicious Pedophile Killer</td>
</tr>
<tr>
<td>Preferential Sadistic Child Molesters</td>
<td>Vicious Sadistic Sex Murderer</td>
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<tr>
<td>Sadistic Child Homicide Perpetrators</td>
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Sometimes, they lure minors to their deaths, as in the case of John Wayne Gacy (Hickey, 2016). As such, these cases typically generate significant media attention and create great public fear (Spehr, Hill, Habermann, Briken, & Berner, 2010). (See Table 2 for a list of mysoped characteristics).

**TABLE 2. COMMON CHARACTERISTICS IN MYSOPEDIA**

<table>
<thead>
<tr>
<th>Anti-Social Personality traits</th>
<th>Necrophilic acts common</th>
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<tbody>
<tr>
<td>Cannibalism may occur in some cases</td>
<td>Sexual arousal is derived from extreme forms of violence</td>
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<tr>
<td>Crimes are premeditated and ritualistic</td>
<td>Stalking and force more common than seduction</td>
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<tr>
<td>Desire is to harm children</td>
<td>Substance misuse history</td>
</tr>
<tr>
<td>Gratified by the suffering of victim</td>
<td>Utilization of overwhelming physical force</td>
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<td>Humiliation of the victim is an intended goal</td>
<td>Victims are usually strangers</td>
</tr>
<tr>
<td>Lack any attachment toward victim</td>
<td>Victims fear is sexually arousing and stimulating</td>
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<tr>
<td>Likely unmarried</td>
<td>Victims often mutilated</td>
</tr>
<tr>
<td>Limited contact with children outside of crime</td>
<td>Victims tortured pre- and postmortem</td>
</tr>
<tr>
<td>Majority of cases involves a male perpetrator</td>
<td>Victims most often school-age children</td>
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<td>Maladaptive early childhood experiences</td>
<td>Rated high in psychopathy</td>
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<tr>
<td>May present as outcasts from conventional society</td>
<td>High recidivism – little or no effective treatment</td>
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Thus far, research and case study observations have provided important insights into psycho-social and behavioral characteristics of mysopeds:

**EXTREME SEXUAL VIOLENCE**


**DISRUPTED ATTACHMENT**

It is likely that a high percentage of sexual murderers of children suffer from dysregulated attachment patterns (Beauregard, Stone, Proulx, & Michaud, 2008).

**ABDUCTION LOCATIONS**

Unlike other pedophiles, mysopeds rarely seduce or groom their victims (Hickey, 2006). Many mysopeds rarely have contact with children outside of their criminal acts. Rather, they engage in stalking behaviors that can result in the abduction of a child by force. Common abduction locations include playgrounds, schools, shopping centers, and other sites where children are frequently present (Holmes & Holmes, 1989).

**SOCIAL COMPETENCE**

Impaired social competency has been noted to be a common factor among some individuals classified as mysoped (Lanning, & Burgess, 1995).

**SEXUAL FANTASIES**

It is believed that intense sexual fantasies are at the core of crimes involving a mysoped. Mysopeds appear to have experienced many years of intense fantasizing that became increasingly extreme and violent, culminating in murder. For example, a mysoped will most likely begin to fantasize about killing a child many years prior to the actual act. However, no one can be certain as to when these fantasies begin and what are the deciding factors or mechanisms that lead a mysoped to begin killing children. As a mysoped becomes more extreme in his sexual fantasies and behavior he is often more compelled to repeat the act, or "perfect" the act, add to it, or push it even farther. As a mysoped becomes more compulsive, they are often driven toward increasingly extreme sexual acts. From this perspective, the mysoped represents not only the most extreme form of sexual depravity but also the most extreme kind of sexual drive or compulsion.

**PORNOGRAPHY**

Masturbating to violent fantasies and pornography may play a major role in some of these cases that lead up to murder. In fact, individuals classified as mysopeds usually have had a history of excessive pornography viewing during various stages of their life.
TORTURE

Mysopeds are generally aroused or excited by the torture and terror of a child, and often taken to the point of mutilation, usually with a sharp-edged weapon. While mysopeds are also not just sexually aroused by extreme violent acts toward children, they appear to be motivated by a genuine hatred of children and want to punish and inflict as much pain on them as possible. For the mysoped, torture of the victim equates to sexual pleasure (Holmes, & Holmes, 1994; Lanning, 1994).

TREATMENT

Some experts believe that mysopeds are resistant to treatment or generally receive longer sentences, resulting in their receiving a lower priority for intervention. Should mysopeds be willing to participate in therapy, clinicians are advised to be wary that this willingness may be due to enjoyment in recounting their crimes in detail, hence reliving the deviant experience. In addition, mysopeds may be master manipulators and attempt to con/manipulate professionals into believing they have been rehabilitated.

Suggestions for Further Research

We have much more to learn about the topic of mysopedia. What is the incidence and prevalence of mysoped-related offenses? What evidence, if any, exists regarding juvenile mysopedia or female mysopedia? Do the demographics of race, culture, religion, or age play any role in the development of mysopedia? More research is needed to validate current behavioral profiles of mysopeds. Does the mysoped label fit an offender who purposefully harms children for sadistic pleasure but does not kill his victims? For example, a dentist performed fillings and extractions on children without the use of local anesthetic. A licensed pediatrician raped toddlers when he performed physical examinations. A physician’s assistant videotaped himself performing oral sex on children while they were being prepped for surgery. A school teacher blindfolded his class of third-graders and videotaped himself spoon-feeding them his own semen. Sadism is fueled by violent sexual fantasies and its application and manifestation in various criminal paraphilia. What are those specific paraphilia and how does an offender escalate and expand them as he progresses toward killing minors? Indeed, a systematic review of existing case studies examining common themes and characteristics will undoubtedly shed additional light on such egregious and evil behavior.

References


Author Biographies:

Dr. Eric Hickey is a senior core faculty member in Walden University’s Forensic Psychology graduate program. As the former Dean of the California School of Forensic Studies at Alliant International University and Professor Emeritus at California State University, Fresno, Dr. Hickey has taught many courses involving the psychology of crime, criminal paraphilia, sexual predators, crime scene investigation, psychopathy, threat assessment, and violence prevention. An international survey (2014) identified Dr. Hickey as one of the top 30 active forensic experts in the world. He has conducted seminars in countries throughout Europe, Asia and North and South America. His expertise is chronicled in dozens of television documentaries. He consults with private agencies and testifies as an expert witness in both criminal and civil cases involving sex crimes against children and adults, criminal paraphilia, stalking, homicide, domestic violence, and serial crimes. He also consults for the U.S. Department of Defense.

Jerrod Brown, Ph.D., is the lead developer for the Master of Arts degree in Human Services with an emphasis in Forensic Behavioral Health for Concordia University, St. Paul, Minnesota. Jerrod has also been employed with Pathways Counseling Center in St. Paul, Minnesota for the past fifteen years. Pathways provides programs and services benefiting individuals impacted by mental illness and addictions. Jerrod is also the founder and CEO of the American Institute for the Advancement of Forensic Studies (AIAFS) and the Editor-in-Chief of Forensic Scholars Today (FST). Jerrod is certified as a Youth Firesetter Prevention/Intervention Specialist, Thinking for a Change (T4C) Facilitator, Fetal Alcohol Spectrum Disorders (FASD) Trainer, and a Problem Gambling Treatment Provider. Jerrod has completed four separate master's degree programs and holds graduate certificates in Autism Spectrum Disorder (ASD), Other Health Disabilities (OHD), and Traumatic-Brain Injuries (TBI).