1	Abstract
2	The aim of the current study was to compare and contrast non-cannibalistic from cannibalistic
3	serial killers. Using case study data, the present study assesses common patterns among the life
4	histories of cannibalistic serial killers compared to a controlled sample of serial killers. These
5	include but are not limited to childhood experiences, socio economic status, biological
6	abnormalities, life events, etc. results may be used to identify potential warning signs or triggers
7	for cannibalistic behaviour. Results indicated that factors which may differentiate cannibals from
8	non-cannibals likely result from childhood influences, rather than influences at the time of the
9	kill.
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11	KEYWORDS: Homicide; Serial killers; cannibalism; risk factors; profiling

## An investigation into the association between cannibalism and serial killers

Homicide is a global term used to describe the unlawful taking of a person's life. Though a relatively rare form of homicide (Hodgkinson, Prins, & Stuart-Bennett, 2017), serial killing is pervasive in media representation and remains one of the most violent and extreme forms of human crime (Flowers, 2002; Palermo & Kocsis, 2005; Simpson, 2017). While it has been suggested that serial homicide accounts for less than 1% of all homicides, worldwide, this may not be a true reflection of base rates, given the number of unsolved homicides and missing person's cold cases per annum. A significant number of serial killers demonstrate post-mortem manipulation, mutilation, and/or cannibalism of their victims (Ressler & Schactman, 1997; Wiest et al., 2016). Thus, researchers and profilers have been building profiles or typologies to group offenders accordingly. An understanding of these crime scene behaviours and characteristic signatures from the victims' bodies aid law enforcement officers in the detection and apprehension of serial killers (Douglas, Ressler, Burgess, & Hartman, 1986; Wiest et al., 2016). The focus of the current paper is on a specific sub-group of serial killers that are known to eat parts of their victim, commonly referred to as cannibalism (Berry-Dee, 2011). The current study highlights the similarities and differences between serial killers that engage in cannibalism with those that do not.

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Within different countries, and even States, exact definitions of homicide may vary, including first- and second-degree, or manslaughter, as well as types of homicide, like mass, spree, and single offenders. The legal intricacies of homicide is beyond the scope of the current paper, suffice to say that the broad definition of the illegal act of taking another person's life will be used. Defining *serial* homicide, however, is another contentious issue in the literature (Dietz,

1	1996; Hale, 1998; Holmes & DeBurger, 1998; Ferguson et al., 2003; Canter & Wentink, 2004).
2	Several researchers have suggested that the taking of 3 lives, with a cooling off period between
3	kills is what constitutes serial homicide; however, the Federal Bureau of Investigation (FBI)
4	began using 2 victims as a criterion level (FBI, 2008, p. 12). Further classification criteria, to
5	distinguish serial homicide from other forms of mass killing (e.g., spree killing or mass murder)
6	include a cooling off period in which the killer returns to their daily life schedule, before killing
7	again. Recently, other researchers have suggested further classification criteria, such as focusing
8	on the psychological elements of criminals (Reid, 2017). For the purpose of the current research,
9	a serial killer was defined as an individual that killed 2 or more people on separate occasions,
10	with the separation being marked by a return to the killer's daily routines (Ressler, Burgess, and
11	Douglas 1988).
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13	Fascination of serial killers has become deeply embedded in Western cultures (Aliverti et
14	al., 2006; Grover & Soothill, 1999; Schmid et al., 2008). In fact, several scholars have described
15	the "celebritization" of serial killers across mass media (Beasley et al., 2004; Caputi et al., 1993;
16	Eschholz & Bufkin, 2001). Research has shown that the depiction of serial killers usually falls
17	under one of two categories; serial killers as wicked monsters, or celebrities (Egger et al.,1998;
18	Vronsky et al., 2007). For example, the case of Ed Gein who wore the skin of his victims
19	inspired the character of "Buffalo Bill" in the movie "Silence of the Lambs" (LaBrode et al.,
20	2007) II
	2007). However, despite the evident fascination and entertainment appeal of serial murder,
21	public fear of serial killers is second only to public fear of terrorism (Schlesinger et al., 2000).

1 Additionally, serial killers typically continue to kill unless they die or are apprehended 2 (Bureau of Justice Statistics, 2003; Chan & Heide, 2009; Flowers et al., 2002; Palermo and 3 Kocsis, 2005). Thus, research aiding the detection and apprehension of serial killers is crucial for 4 prevention. Advancements in policing techniques such as the use of profiles or typologies to 5 group offenders has led to an increase in the number of serial killers being identified and 6 captured. Profiles consist of aggregated data collected from several sources, which combine to 7 indicate specific characteristics relevant to the offender (Douglas, Ressler, Burgess, & Hartman, 8 1986). 9 10 When Law Enforcement Organisations (LEO) or researchers investigate a homicide, they typically begin by looking at the actions performed at the scene of the crime. The 11 12 behaviours performed at a crime, which are necessary to complete the crime are referred to as the 13 modus operandi (MO). Every crime has a related MO that details the crime commission process; 14 however, it has been widely noted that serial killers also engage in extra-criminal behaviours, 15 which are not necessary for the completion of the crime, per se (Promish & Lester, 1999). These 16 behaviours reflect a personal motivation, fantasy manifestation or ritual, and are termed 17 signatures (Promish & Lester, 1999; Seltzer, 1998). Several signatures have been suggested, 18 including neck-breaking and decapitation, asphyxiaphilia, overkill/mutilation, and cannibalism ( 19 Benedetti, 1972; Keppel, & Birnes, 2008). The importance of identifying and studying signatures 20 is that while MO may be malleable or more likely to change depending on the context or 21 environment of the kill; the signature is less likely to change and may be used to link crimes 22 (Miller, 2014). As well as giving us insight into the psychological fantasy of the offender, 23 understanding the differences between signatures may be useful for investigations. When law

1	enforcement investigates a crime, if they have indication of cannibalism, it would help to
2	understand better the background of individuals who have engaged in this type of behaviour

### Cannibalism

Cannibalism in humans is the act or practice of humans eating the flesh or internal organs of other human beings. Although formerly believed to be a rare and/or 'abnormal' human behaviour (Stoneking et al. 2003), it is well established that cannibalism was common practice among our ancestors (Ferna & Rosell, 1999; Lindenbaum 2004; Marlar et al. 2000). Although several forms of cannibalism have been acknowledged, most anthropologists agree on the classification of three main types of cannibalism in humans: ritual, survival, and pathological (Lindenbaum et al., 2004)

Ritual cannibalism involves the ingestion of human beings by tribal groups as a result of belief systems. For example, the Wari' tribe in western Brazil would cannibalise their fellow tribe members after they had passed, as they believed that the consumption of a deceased group member would transfer their spirit into the bodies of the living (Conklin et al., 2001). Survival cannibalism results from the fundamental human instinct to survive by any means. Survival cannibalism is committed by individuals who believe they have no other options and would normally be averse to the idea, such as in situations of acute starvation, such as famines, military sieges, or shipwrecks (Price, 2004; Byard & Maxwell-Stewart, 2018). Famous examples exist, such as the Uruguayan national rugby team plane crash in the Andes in 1972 and the Donner

1 Party in 1846. Survivors in both instances admitted to resorted to eating those who had died 2 (Dixon et al., 2010). The consumption of human flesh has also been documented in France, 3 china, and Cambodia during periods of famine (Becker et al., 1999; Kristof et al., 1993; Rawson 4 et al., 2001). Pathological cannibalism is rare and involves an individual voluntarily consuming 5 the flesh, body parts, and/or organs of another human being. Cases of pathological cannibalism 6 attract a great deal of media attention and is strongly condemned by society (Raymond, Léger, & 7 Gasman, 2019). Famous cases include that of as F. Haarmaan who was convicted of killing and 8 selling the body parts of 24 boys as food (Pfäfflin et al., 2008), and J. Dahmer who murdered and 9 cannibalised 17 men (Jentzen et al., 1994). Serial killers who engage in cannibalism of their 10 victims' bodies are classified as pathological cannibals. 11 12 13 Lester, White, and Giordano (2015) examined a sample of 345 serial killers, 31 of whom had 14 engaged in cannibalism. Those who engaged in cannibalism typically grew up in adverse 15 environments, often experiencing physical abuse, family-member suicides, psychiatric illness of the mother, etc. Cannibalism was also associated with existing psychiatric problems including 16 psychiatric diagnoses and psychiatric hospitalizations. In terms of profiling, cannibalism can be 17 18 used to identify a certain crime signature, which may help to link crimes. However, due to its 19 rare occurrence, limited scientific research exists regarding cannibalism among serial killers. 20 21 22 23

## The present study

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To understand why a serial killer may cannibalise their victims, it is important to understand better the common patterns or themes among cannibals, and how these differ from non-cannibals. Thus, the aim of the present study is to explore multiple risk-factors and events in the life histories of cannibalistic serial killers, to identify potential warning signs or triggers for cannibalistic behaviour. The current study provides one of the largest investigations into cannibalistic and non-cannibalistic serial killers, involving multiple possible risk-factors. The current research is important not only in showing which risk-factors are predictive, or indicative of later cannibalism, but results can be used a posteriori to narrow down suspect lists when investigators arrive at a crime scene. If cannibalism is suspected or shown at a crime scene, the current research will show which life-history events to use to narrow down a suspect list. As the current research is exploratory in nature, no formal hypotheses are made. However, considering previous literature into physical abuse leading to later violent behaviour (Widom & Wilson 2014; Wilson, Stover & Berkowitz, 2009), the experience of physical abuse is expected to be increased in the cannibalistic sample (it is unclear whether it will be significantly different between cannibals and non-cannibals. Furthermore, taking into consideration biological explanations for cannibalism (Soldevila et al., 2005), it is expected that there will be an increase in biological abnormalities in the cannibal sample compared to non-cannibals. Due to the lack of empirical research, it is not possible to make assumptions on behavioural or social influences.

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21 Methods

Sample

1 An all-male sample of 42 serial killers who cannibalised their victims was compared to a 2 sample of 42 serial killers who did not cannibalise their victims. The year the serial killers were 3 active ranged from 1939-2009 in several different countries; Australia (N=1), Canada (N=1), 4 China (N=2), England (N=2), France (N=2), Germany (N=2), Hungary (N=1), India (N=3), 5 Japan (N=1), Khazikstan (N=1), Poland (N=1), Russia (N=5), South Africa (N=1), South Korea 6 (N=1), Spain (N=2), Turkey (N=1) and U.S. (54). 7 For the cannibalistic serial killers, the average age at first kill was 29 (SD=9.8), and the 8 average age at last kill was 35 (SD=11.8). For the non-cannibalistic serial killers, the average age 9 at first kill was 28 (SD=8.1), and the average age at last kill was 34 (SD=9.9). The average 10 number of victims across the cannibalistic sample was 15 (SD=31.9), compared to an average of 11 5 (SD=3.6) in the non-cannibalistic sample. Data was unavailable on whether the sample of 12 cannibals cannibalised their victims in every case, thus the inclusion criteria for such group was 13 the cannibalisation of victims in at least one case. The inclusion criteria for the opposing group 14 was no evidence of cannibalism in any case.

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### Materials

Information about the sample was generated via a number of databases as well as online and offline resources (e.g., lexisnexis, documentaries, media reporting, [auto-] biographies, court and declassified police documents). In all cases, information for each killer was gained from multiple resources and cross-checked for validity. This approach has been used in previous studies using similar datasets and offers a reliable, valid approach to information gathering of real-world cases.

### Variables:

- 1 A number of variables were investigated in relation to cannibalism:
- 2 *Childhood abuse*: The presence/absence of abuse during childhood was recorded for killers.
- 3 Three main types of abuse were explored; Psychological, physical and sexual abuse.
- 4 **Biological abnormalities**: The presence/absence of any brain abnormalities was recorded. This
- 5 also included whether or not the killer had any kind of head Injury, and if they had a medical
- 6 complication at birth.
- 7 **Background Factors**: The background factors of the subjects were examined, such as the killer's
- 8 Education Level Prior to killing. This included but was not limited to; no education, drop Out,
- 9 bachelor's degree and diploma. In this section, it was also recorded whether or not the killer had
- been orphaned or abandoned by a parental figure.
- 11 Socio-economic status in Youth: The SES of the killer during their childhood and adolescence
- 12 was recorded.
- 13 Family history: The criminal histories of close family members were recorded, this included
- 14 whether the killer had any relatives who were murderers, and if their parents had been
- incarcerated for any offence.
- 16 *Criminal History*: The criminal histories of the subjects were recorded, this included whether or
- 17 not the killer had a juvenile record, and if the killer had any non-convicted offences in his youth.
- 18 *Mental health*: The mental health of subjects was recorded, this included whether the killer was
- 19 diagnosed with a mental disorder following the arrest.
- 20 **Deviant sexual interests**: The presence of any paraphilia's were recorded, this included but was
- 21 not limited to; sexual sadism, chronophilia and paedophilia, etc.

1 Alcohol and Drugs: Alcohol and drug use was noted from a variety of sources. This was

2 measured during their youth and during the period of their first kill. These were recorded

3 separately.

5 Results

# Analysis

The study contains data from serial killers who have cannibalised their victims and those who have not cannibalised their victims. Common patterns were assessed in the life histories of serial killers who cannibalise their victims; taking into consideration multiple interacting variables. An identical process conducted on an equal control sample of serial killers who did not cannibalise their victims.

Overall differences between cannibal and non-cannibal serial killers were analysed with a Chi-square ( $\chi^2$ ) test,  $\chi^2(26) = 41.39$ , p = .023. Therefore, there were significant differences in the overall model comprising all of the variables related to cannibal and non-cannibal serial killers. To explore where these main differences were, adjusted standardised residuals were calculated, and the results are shown in Table 1. Several variables were significantly different between cannibal and non-cannibal serial killers: brain abnormality, medical complications at birth, low Social Economic Status (SES) during their youth; and abandonment by a parental figure. Across all of these variables, the scores were significantly higher in the cannibal serial killer group, than the non-cannibal serial killer group. Indeed, across every variable in the study, the cannibal group scored higher than the non-cannibal group, except variables related to sexual abuse in

1	childhood and all of the paraphilias (sexual, chronophilia, and paedophilia. This may indicate
2	that cannibalism is markedly separate from other paraphilias, and is not comorbid.
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7	A distinction in the SES of serial killers during their youth was found between those who
8	cannibalised their victims and those who did not. Although there was no difference in high SES
9	between the two groups, there was a dramatic increase in those from low SES in cannibals. This
10	indicates a possible social influence of cannibalism. This supports research suggesting that social
11	exclusion may be concerned in the cause of cannibalisation (Young et al., 1999).
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14	Discussion
15	The aim of the current study was to elucidate the differences between cannibal and non-
16	cannibal serial killers. This is the first study to compare real life case studies of serial killers who
17	cannibalised their victims and those who do not, whilst taking into consideration biological,
18	behavioural, social and parental influences. These include but are not limited to: biological
19	abnormalities, Social Economic Status, life events, childhood, deviant sexual interests, etc. The
20	clear and simplistic presentation of data allows for an instant understanding of the similarities
21	and dissimilarities between the two groups. This is important given the vast number of
22	influencing factors suggested throughout literature (Obeyesekere et al., 2005; Murphy &

Mallory, 2000; Andrews & Fernández-Jalvo, 2003).

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increased prevalence of biological abnormalities in paraphilic serial killers, when they were cannibals compared to the non-cannibal sample. Thus, a biological explanation for sexual deviance is assumed in such sample. This supports research on the biological foundations of paraphilias (Langevin et al., 1992). Some research studies of testosterone levels in paraphilic individuals with deviant sexual interests suggest that elevated testosterone levels may be correlated with violent sexual behaviour (Rada, Laws & Kellner 1976). However, this specific hypothesis cannot be supported by the results of the current study, as testosterone levels were not investigated. Rather, results of the current study support research into the neurological systems of the body being implicated in the cause of paraphilia's (Briken, Habermann, Berner & Hill 2005). However, the correlation between sexual deviance and biological abnormalities were not investigated thoroughly enough in the present study to make any formal assumptions. Therefore, future research should conduct an in-depth analysis on the correlation between deviant sexual interest and biological abnormalities in serial killers who cannibalise their victims. The experience of abuse was slightly increased in those who cannibalised their victims compared to those who did not. The prevalence of psychological abuse and particularly physical abuse was increased; however, experiences of sexual abuse were slightly decreased in cannibals. Considering this and the decrease in all other sexual interests in cannibals compared to noncannibals (sexual sadism, chronophilia and paedophilia), it is unclear whether cannibalisation of victims stems from a sexual desire. Furthermore, due to the increase in family members who committed murder in cannibals, it is possible that there may also be a hereditary or early socialised influence of general

criminality. Although cause and effect cannot be established by the data provided in the current

Several significant patterns were shown in the current data. For example, there was an

- study, results do support a biological causation for crime (Brookfield et al., 2003). However,
- 2 taking into consideration the decrease in SES in cannibals compared to non-cannibals, it is also
- 3 possible that the increase criminal histories may be due to the social circumstances, rather than
- 4 inherited factors. Clearly, a complex set of variables are risk factors for cannibals, and further
- 5 research is required to elucidate the interaction between risk factors.

Patterns in the criminal histories of cannibals and the criminal histories of family members was found. In the sample of non-cannibals, there were no cases in which the killer had any relatives who were murderers. Although, the criminal histories of cannibals were increased compared to the non-cannibal sample, this included both the presence of a juvenile record and any non-convicted offences in youth. Moreover, in the sample of cannibals who had relatives who were murderers, all also had non-convicted offences in their youth. This would suggest a heritability of general criminality in cannibals, or the effects of shared developmental upbringing. It may be that the childhood of cannibal serial killers also leads to other criminal behaviours of their siblings. Further temporal research focusing on life histories of serial killers would help to clarify this (Marono et al., 2020; Keatley, et al., 2018).

Although the prevalence of substance abuse in serial killers is decreased in those who cannibalised their victims compared to those who did not, the prevalence of a substance abuse issue in youth is increased. This is consistent with research suggesting that early substance abuse can result in later violent and aggressive behaviour (Boles & Miotto, 2003). Furthermore, literature on extreme violence seems to suggest that the origins tend to be found in adverse life experiences in childhood (Anda et al. 2005), inclusive in this is low SES in youth (Ellickson, & McGuigan, 2000), parental abandonment (Chapple, Tyler & Bersani, 2005) and childhood abuse (Lansford et al. 2007). This was supported in several cases of non-cannibalistic serial killers,

killers, possibly using temporal frameworks (e.g., Keatley et al., 2018).

however the prevalence of multiple adverse childhood experiences increased in the cannibalistic sample. Importantly, the number of adverse life events existing at the time of the kill (aka. drug or alcohol abuse issue) was not increased in the cannibal sample. This Indicates that factors which may differentiate serial killers who cannibalise their victims from those who do not likely result from childhood influences, rather than influences at the time of the kill (De Zulueta et al.

A strength of the present study was that it allowed for a wider scope of all interacting and contributing factors. However, due to the cross-sectional nature of the data, a limitation was that it is not possible to establish cause and effect of influences, only that there is a difference between cannibals and non-cannibals across certain variables. Clearly, follow-up studies should focus on establishing causal relationships in the life history of cannibal and non-cannibal serial

2006).

## **Conclusions**

The aim of this paper was to compare some of the demographic and life history variables of serial killers that engaged in cannibalism with those that did not. Analyses indicated that various risk factors were associated with both cannibal and non-cannibal serial killers (e.g., being a victim of childhood abuse; head injuries; and alcohol and drug abuse). There were, however, a number of risk factors that occurred statistically significantly more times for cannibal serial killers (e.g., brain abnormalities, low social economic status, and abandonment by a parental figure). This shows the overlap between the types of serial killer and presents areas for further research to understand the temporal effects of risk factors.

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