

Sexual Sadism in Sexual Offenders and Sexually Motivated Homicide

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KEYWORDS

- Sexual sadism • Paraphilic disorder • Sexual homicide • Diagnosis • Assessment • Treatment

KEY POINTS

- Distinguish sexual sadism disorder from consensual bondage & discipline, dominance & submission, sadism & masochism (BDSM) practices.
- The categorical diagnosis of sexual sadism has weaknesses in reliability and validity.
- In the forensic context, dimensionally and behaviorally oriented assessment procedures are helpful.
- Sexual sadism increases the risk for reoffending in sexual offenders.
- Therapy for sexual sadistic offenders is a specific challenge with particular treatment goals and treatment approaches.

NATURE OF THE PROBLEM

Problems have been identified surrounding the definition, operationalization, and assessment of sexual sadism that have clouded our understanding of it. There is a wide range of normal sexual expressions, and there are only normative criteria for a distinction between healthy and nonhealthy forms of sexual behavior; this can lead to confusion between (1) variants of behavior, (2) problematic or deviant behaviors, and (3) disorders.

BDSM (bondage & discipline, dominance & submission, sadism & masochism) is characterized by consensual sexual preferences and activities. Criticism of BDSM

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Abbreviations	
BDSM	Bondage & discipline, dominance & submission, sadism & masochism
DSM	<i>Diagnostic and Statistical Manual of Mental Disorders</i>
ICD	International Classification of Diseases
MSI	Multiphasic Sex Inventory
PPG	Penile plethysmography
SES	Sexual Experiences Survey
SORAG	Sex Offender Risk Appraisal Guide
SSSS	Severe Sexual Sadism Scale

activists, and of scientists, is accompanied by the demand to remove the criteria of sexual sadism from the diagnostic systems and accept BDSM as sexual practice.¹ In a representative Australian study, 1.8% of sexually active individuals (2.2% men, 1.3% women) were engaged in BDSM practices in the previous year.² BDSM practitioners did not reveal increased dissatisfaction, anxiety, or sexual problems. In a study by Connolly,³ no differences between BDSM practitioners and the test norms of 7 psychometric tests for the assessment of mental disorder was found. Therefore, it is extremely important to differentiate sexual sadism as a disorder from the pathologizing and stigmatization of BDSM practices. However, some men and, more rarely, women consult professionals because their sexual sadistic interests or practices cause distress and/or impairment, that is, by leading to conflicts between fantasies, behaviors, and values of the individual.

Clinically more important is the relationship between sexual sadism disorder and sexual offending, especially the relevance for very violent forms such as sexual homicide. Sexual homicide is a very rare and peculiar offense with some characteristics that differ from other forms of violent or sexual crime. This specific offense confronts relatives, perpetrators, and experts with the finiteness of life and thereby with existential questions. Above all there is no direct witness to report the offense, so knowledge is limited to what perpetrators say and what one can evaluate from the crime scene. Despite its scarcity, sexual homicide, especially against children, is the crime that causes the vast bulk of negative reporting about sexual offenders in the lay press. Thereby, despite its relative rareness, it may correlate with the extremely negative perception of sexual offending in general and child sexual abuse more specifically. Other characteristics of sexual homicide correspond to sexual or violent offending in general. Sexual sadism in relation to sexual homicide has been discussed since the early descriptions of von Krafft-Ebing⁴ or those of the “typical” sadistic (sexual) murderer by Brittain⁵ as a weird, emotionally detached, isolated person. Rare but extreme and very severe forms of disturbed behaviors often illuminate the less severe forms. At the same time, there seems to be some kind of mystification of the most awful incidents and perpetrators that may lead to emotional, subjective, and less scientific views concerning the problem.

The aim of this article is to give a clinically oriented narrative overview about the forensically relevant forms of sexual sadism disorder and its relationship to a specific type of offense: sexual homicide.

DEFINITION
Sexual Sadism

In the International Statistical Classification of Diseases and Related Health Problems (ICD-10⁶), sexual sadism is conceptualized as a paraphilia with “a preference for

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