AN EXPLORATION OF SADISTIC SEX OFFENDING: PHENOMENOLOGY AND MEASUREMENT

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July 2006
Note of caution

The reader is advised that this thesis includes some material of a sensitive nature, including descriptions of sexual offence behaviours, which some individuals may find distressing.
Abstract

Research has suggested that individuals engaging in sadistic sex offending pose a significant risk of harm to others. However, there is a lack of clarity regarding its definition and uncertainty concerning the underlying structure and nature of sadistic offending. This has resulted in problems measuring the construct reliably and has impeded understanding of how best to address the issues of clinical assessment, treatment and risk management.

By exploring sadistic sex offending behaviour and its underlying components a greater understanding regarding its nature can be reached. This thesis addresses current deficiencies by developing a checklist to measure sadistic behaviour.

The generation of checklist items was undertaken by identifying features deemed relevant to sadistic offending from research literature and expert practitioners, through a modified Delphi procedure. Items were operationalised in a 25-item Checklist of Sadistic Behaviours (CSB), which was used to rate the files of 100 mentally disordered offenders (MDO), and 100 non-mentally disordered offenders (NMDO). Offender and offence features previously highlighted as relevant to sadistic offending were collected and examined in relation to the CSB. The psychometric properties of the checklist were also investigated.

A multi-method analytic procedure was adopted as a form of triangulation. Findings were broadly consistent across methods and research samples, indicating that sadistic behaviour is a higher-order unidimensional construct with underlying qualitatively distinct components of control, humiliation and physical and psychological cruelty or torture. The CSB demonstrated acceptable reliability and validity, and it contributed to previous theoretical and empirical work, including the role of deviant sexual interest, and developmental and interpersonal factors, although differences between MDO and NMDO were observed. For example, a history of aggressive sexual fantasies predicted higher scores in the MDO sample whilst empathy deficits, grievance thinking and risk-taking were predictors in the NMDO sample.
This thesis has laid the foundations on which further work can be carried out, as it enables the identification of individuals engaging in sadistic offending, for research and clinical purposes.
Acknowledgements

I would like to thank:

- My supervisors, Prof. Jennifer Brown and Prof. Derek Perkins, for their continued support, guidance and encouragement. Jennifer, thank you particularly for your insightful comments and your ability to help me remain positive in difficult times. Derek, thank you for investing your time in me and for your invaluable advice throughout, which has been an inspiration to me.

- The National Programme on Forensic Mental Health for funding my research and providing me with the opportunity to undertake this thesis.

- HM Prison Service for allowing me to carry out my research using prisoners’ files. In particular, thanks are extended to Dr. Ruth Mann for providing practical advice on location of prisoners, Adam Carter for organising access to prisoners’ files and helping in identifying relevant cases, to Alistair McMurdо, the Head of Lifer section at HM Prison Service for allowing me to undertake my research in the lifer section, and to all of the staff who facilitated with obtaining prisoners’ files.

- Expert practitioners who participated in the study for their time and kindness in responding to my request for assistance in my research.

- Broadmoor Hospital for allowing me to undertake my research there. In particular, thank you to the medical records department for your assistance in identifying patients’ files, Dr. Daz Bishopp, for your support, statistical advice and ability to make me laugh when times have been difficult, to the Case Register Unit, and to the Psychology Department for your continued support and encouragement.

- The Psychology Department at the University of Surrey. In particular thanks are extended to Marilyn Drue for helping in data collection at Broadmoor Hospital, Chris Fife-Schaw for statistical advice, and Carole Bollingmore for the support given to me.

- To my family and friends. Thank you to everyone who has supported me throughout my thesis. In particular, to Emily for your practical advice and ability to reassure me when I have questioned myself, to Emma and Terri for your
support from the beginning, to Anna and Mark for being there for me, and to Mum and Dad who have given me more help and support than they can ever know.

- Jon. Thank you for your patience and love, and for always being there; whether through reading my work and offering your advice and support, or through the knowledge that you truly believe in me.

The research upon which this publication is based has been supported by funding from the National Programme on Forensic Mental Health R&D. However the views expressed in this publication are those of the authors and not necessarily those of the Programme or the Department of Health.
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Chapter 1- Thesis Overview

This thesis examines the concept of sadism in the context of sexual offending and derives a checklist by which to measure sadistic behaviour. The checklist provides a means to identify individuals engaging in sadistic offending for research purposes and clinical assessment and treatment intervention.

When examining the research literature it became apparent that there was a lack of consensus and clarity in the definition 'sadism' and 'sadistic' in reference to sexual offending. This has impeded understanding of the nature and structure of the construct of sadism and, as a result, there has been inadequate and unreliable means of measuring it. This lack of measurement has implications for the identification, assessment, treatment and management of sadistic offenders. If we are unable to identify what sadism is, we cannot identify individuals for whom it is an issue, and hence cannot address relevant issues of risk assessment and management, and meeting treatment needs.

Despite relatively little empirical research in this area of sex offending, the findings that have emerged have raised concerns regarding the potentially high risk posed by individuals engaging in sadistic offending behaviour. More specifically, research findings suggest that this group of offenders may be at particular risk of sexual recidivism and for their offences to display escalating levels of violence (e.g. MacCulloch, Snowden, Wood & Mills, 1983). Furthermore, within the research literature, it is hypothesised that deviant arousal and psychopathy, which have been observed to be the two best dynamic predictors of sexual recidivism (e.g. Hanson & Harris, 1998), are pertinent to sadistic offending (e.g. MacCulloch et al, 1983; Barbaree, Seto, Serrin, Amos & Preston, 1994; Holt, Meloy & Strack, 1999). Thus a further rationale for exploring sadism is the high levels of harm offenders cause and their potential high risk of recidivism.
This thesis aims to address the deficiencies in understanding, and the present inadequate measurement of sadism in sexual offending. The main goals are:

- to delineate the phenomenology of the concept and
- to operationalise the identified constituents into a checklist with which to rate sexual offenders.
- To establish the reliability and validity of the checklist
- To add to an understanding of the processes implicated in sadistic sexual offending

In order to be able to:

- to enable the identification of individuals for whom sadistic offending is an issue, so that further research can be undertaken into its nature and prevalence and
- to aid assessment and treatment of sadistic sexual offenders.

The generated checklist will draw upon extant definitions in the research literature and rely on expert ratings by clinical practitioners currently working with sadistic sexual offenders. The present research will undertake empirical work to validate the checklist.

The key research questions this thesis seeks to answer are:

- What are the underlying dimensions of sadistic behaviour?
- What are the constituent elements that make up sadistic behaviour and can these be operationalised into a reliable and valid measurement?
- What support is observed for previous research and theory?

Chapter Two begins with an historical overview of the concept of sadism and highlights the definitional problems that have made previous operationalisation problematic. This includes charting the lack of agreement regarding the main focus of the concept and the use and misuse of the term. This chapter continues with a brief examination of the link between sadistic offending and risk, and the relevance of the concept in current legislation. The remainder of the chapter examines what is known about the prevalence
and nature of sadistic fantasy and behaviour. This is firstly considered in non-offending populations, in order to provide a context for understanding the characteristics and role of sadistic fantasy in sex offenders and then addresses the more extreme behaviours evident in sadistic sexual offending.

Chapter Three considers the theoretical and conceptual issues relevant to sadistic offending. It starts with an examination of theoretical debates relevant to sadistic sex offending, and then considers explanations for sadistic sexual offending, in terms of theological and typological accounts, as well as the theoretical models that provide a framework for understanding the development and maintenance of sadistic offending.

Chapter Four highlights the main issues in measuring sadism in sex offenders. Firstly, it is argued that the lack of clarity regarding its definition makes operationalisation problematic. Secondly, it demonstrates that few attempts have been made to measure the construct. The chapter then examines the issues and limitations of the existing tools with regard to their psychometric properties. From the examination of measurement issues, it is shown that there is a need for a reliable and valid means of assessing sadistic offending. The remainder of the chapter considers the psychometric requirements when developing a new measure.

Chapter Five outlines the proposed research and provides a rationale for the methodology to be employed. It summarises the state of definitional, theoretical and measurement knowledge. The chapter charts how the thesis will address the knowledge deficiencies by clarifying the definition, extending conceptual understanding and developing a reliable and valid measure. The methodology used to explore these aims is set out and the rationale for sampling is also discussed.

Chapter Six describes study one which involves the generation of checklist items from the analysis of the research literature and expert practitioners' opinions. The aim is to derive a set of items that sufficiently describe the construct of sadistic offending. This chapter presents the identification and quantification of features indicative of sadistic
offending from the research literature (using content analysis) and responses from expert practitioners (generated in stage 1 of a Delphi Technique). Following the amalgamation of these into a single list of features, experts were asked to rate the relevance of each feature to sadism in sex offenders (stage 2 of a Delphi Technique) to enable relevant and non-relevant items to be identified. The chapter also describes how the items were amended and ends with an explanation of how the checklist items were defined and scored.

Chapter Seven describes study two, the application of the checklist to a mentally disordered (N=100) population. The aims of this study are outlined, which are to explore the themes underlying sadistic behaviour (as measured by the Checklist of Sadistic Behaviour- CSB), observe consistency of themes across methods (triangulation), assess the psychometric properties of the CSB and investigate theoretically and conceptually pertinent variables by observing whether they can differentiate between low and high sadistic scorers. The results are presented and the implications are discussed in terms of its contribution to definitional, theoretical and measurement issues. An initial operational definition of sadistic behaviour derived from the findings is then presented.

Chapter Eight describes study three, which validates the CSB in a non-mentally disordered population (N=100). It demonstrates the application of the checklist to a different sample with the aim of investigating whether the underlying structure of sadistic behaviour is equivalent to that identified in the mentally-disordered sample (study two), thus lending support to the initial operational definition generated in chapter 7. In addition to this, this chapter explores the extent to which the checklist supports theoretically and conceptually relevant variables. This chapter ends with a discussion of the findings in relation to previous theory and research.

Chapter Nine draws together the findings of the thesis. It summarises the argument presented in this thesis that by examining the previous literature, the deficiencies in understanding sadistic offending from a definitional, theoretical and measurement perspective have been identified. It re-states the aims of this thesis, which were to
address these deficiencies, and then evaluates the successes of the presented studies in achieving these aims and addressing the research questions. The contribution of the thesis towards improving knowledge and understanding regarding definitional and theoretical advances are evaluated, including presenting the Control Restoration model of sadistic sex offending. This chapter also considers the strengths and weaknesses of the set of studies undertaken, and suggests further research to address this. Finally, potential applications of the thesis findings are presented.
Chapter 2: Definitional issues

This chapter considers sadism and sadistic behaviour by taking an historical overview of the concepts. The aim of the chapter is to discuss definitional issues and provide a description of sadistic fantasy and behaviour. The present research undertakes a thorough and exhaustive exposition of features said to make up sadistic behaviour. This phenomenological work is the precursor to establishing a checklist of the necessary variables that are sufficient to describe sadistic behaviours.

There are serious shortcomings and limitations to our current definitions of sadism, which have been highlighted by Marshall and colleagues (e.g. Marshall & Kennedy, 2001, 2003) who confirmed the difficulties in definition, arising from the focus on inferring arousal in offending. There is no consensus as to what are the necessary and sufficient constituent behaviours and there remains differing emphases for the main dynamic (control, infliction of pain, undue force, repetition). It is crucial to have a clear definition for several reasons:

- In relation to justice and the law, courts need to have a common understanding of what sadism is so that they can effectively and consistently assess its relevance in offending for sentencing.
- In terms of clinical assessment and treatment, a clear and consistent definition is the basis for assessing treatment needs.
- In research, the lack of consistent and clear definitions, and subsequent adoption of varying criteria, has led to difficulties in comparing research and inhibits the cumulative development of knowledge arising from studies.

Developing a clear, empirically derived definition of sadistic behaviour would allow for research to increase our understanding of the phenomenon, including its prevalence. This then impacts upon clinical applications, and can aid identification of treatment and management needs, and inform evidence-based practice.
The objective of this chapter is to achieve an itemising of the key constituent features of sadistic offending, rather than a definition per se. This will be achieved through the empirical investigations detailed in chapters 6-8.

2.1 Historical overview

The term sadism is coined from Donatien-Alphonse-François, the Marquis de Sade (1740-1814) whose infamous writings depicted the use of torture, humiliation and cruelty for sexual gratification. He was imprisoned and later sent to a mental asylum for sexual crimes including kidnap and sexual assault (Baeza & Turvey, 1999).

The first documented case of sadistic sex offending was in the 15th century. A French nobleman, Gilles de Rais, reportedly tortured and raped child victims before killing them (Hickey, 1991).

'Sadism', used to describe the fusion of sexual pleasure and cruelty in French literature, was first applied in the psychiatric field in the 19th century by Krafft-Ebing in *Psychopathia Sexualis* (Krafft-Ebing, 1934). In this he described several sexual perversions including "fetichism" [sic] and masochism, as well as sadism. He defined sadism as:

> the experience of sexual pleasurable sensations ... produced by acts of cruelty, bodily punishment afflicted on one’s own person or when witnessed in others, be they animals or human beings. [sadism] may also consist of an innate desire to humiliate, hurt, wound or even destroy others in order thereby to create sexual pleasure in one’s self (Krafft-Ebing, 1934, p.80).

Krafft-Ebing believed that sadism could be used to describe both criminal and non-criminal acts, and could be sub-divided into several categories, including injury to women, defilement of women, ideal sadism (fantasy), sadism with children and animals, mutilation of corpses and lust murder (Krafft-Ebing, 1934). Later, Baeza & Turvey...
(1999) proposed that whilst Krafft-Ebing’s supposition that all sadistic murders could be thought of as lust murders, not all lust murders are sadistic.

The ideas of Krafft-Ebing were expanded by Stekel (1929), leading to the use of the term sadism in the clinical field (Marshall & Kennedy, 2001, 2003).

Brittain (1970) was one of the first clinicians to present a detailed description of the characteristics and motives of sadistic murderers from clinical observations. He described them as socially withdrawn, obsessional, remorseless, narcissistic, and ‘strange’, interested in Nazism and black magic, with multiple paraphilias and a notably rich fantasy life. His observations lay down the foundations upon which further research into sadistic sex offenders would build.

2.2 Definitions

The term sadism has been employed to describe a wide range of aspects and behaviours by a variety of authors and thus resulted in many definitions. Consequently, no precision has been achieved when describing and defining the concept (Bishopp & Palmer, 2004).

It is accepted that the term sadism has been loosely applied and that it could be argued that behaviours labelled sadistic are simply representing severe behaviours on a continuum of aggression. If this is so, the concept of ‘sadism’ as a means of understanding the co-occurrence of certain clinical and offence features may not be useful. However, it is argued in this thesis that there are distinctive features present to justify the use of the term ‘sadistic’.

The present chapter undertakes more detailed consideration of the various dimensions implied by the different definitions offered. It should be remembered that this discussion of sadism is taking place within the context of sexual offending rather than a broader reading of sadism per se.
A widely used definition of sadism is the Diagnostic and Statistical Manual’s (DSM) psychiatric clinical diagnostic criteria for sexual sadism. This is given below.

The current DSM diagnostic criteria (DSM-IV) for sexual sadism are:

a) Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving acts (real, not simulated) in which the psychological or physical suffering (including humiliation) of the victim is sexually exciting to the person

b) The fantasies, sexual urges, or behaviors cause clinically significant stress or impairment in social, occupational, or other important areas of functioning DSM-IV (American Psychiatric Association, 1994, p. 530).

In DSM-IV-Text Revision (2002) part b) has been amended to state that “the person has acted on these sexual urges with a non-consenting person, or the sexual urges or fantasies cause marked distress or interpersonal difficulty” (p. 574) [emphasis added].

The International Classification of Diseases (ICD-10), which is another diagnostic framework used in psychiatry, offers an alternative definition of sadism. The ICD-10 definition is “A preference for sexual activity that involves bondage or infliction of pain or humiliation” ICD-10 (World Health Organisation, 1992).

The ideas embedded in these definitions are repetition and imposition of cruelty or pain for achieving sexual pleasure. MacCulloch et al (1983, p.20) provide a definition which is often employed in the context of research, incorporating these notions, but including additional aspects of fantasy and control.

The repeated practice of behavior and fantasy which is characterized by a wish to control another person by domination, denigration or inflicting pain, for the purpose of producing mental and sexual arousal... in the sadist.
An interesting description of a sadist given by the offender himself (reported in Dietz, Hazelwood & Warren, 1990) stated:

The wish to inflict pain on others is not the essence of sadism. One essential impulse: to have complete mastery over another person, to make him/her a helpless object of our will, to become the absolute ruler over her, to become her God, to do with her as one pleases. To humiliate her, to enslave her, are means to this end, and the most important radical aim is to make her suffer since there is no greater power over another person than that of inflicting pain on her to force her to undergo suffering without her being able to defend herself. The pleasure in the complete domination over another person is the very essence of the sadistic drive (taken from Dietz et al, 1990, p. 165) [Emphasis in the original].

This places emphasis on the idea that it is mastery and control which is a significant feature of sadism, and that it is suffering through the imposed humiliation which brings about pleasure.

Marshall & Kennedy (2001, 2003) note there is general agreement that a key feature of sadism is sexual arousal or gratification in response to either the features of the offender’s behaviour or features of the victim’s response. There are differences in terms of the emphasis placed on other significant features and also the completeness of features needing to be present for a definition of sadism to be valid.

Power (1976), Seto & Kuban (1996) and Smith (1999) all emphasise the infliction of pain as the salient feature of sadism. Power (1976) defined sadism as “the derivation of sexual pleasure from the infliction of pain on others” (p. 111). However, this author specifies further that “sexual pleasure means sexual orgasm” (p. 111) which appears to be at odds with literature on sadistic sex offenders, where a significant proportion is reported to suffer from sexual dysfunction during the offence (Dietz et al, 1990; Gratzer & Bradford, 1995). Authors have suggested that this is because the arousal is to the suffering of the victim and not to the sexual act per se. For example, Storr (1991) noted that “In the majority of examples of sadistic behavior ….the establishment of dominance was seen to be more important than obtaining sexual release, although the two may combine in some instances” (p.76).
Seto & Kuban (1996) defined sadistic sex offenders in their study as those who had used greater force than necessary and causing serious harm to the victim. Marshall & Kennedy (2001, 2003) argue that this is too vague a description, and, potentially, it could describe any particularly violent sex offence. Smith (1999) looked at the aggressive sexual fantasies of psychotic men who had committed contact sexual offences against adult females. He defined sadistic sexual fantasies as those where there is excessive force, infliction of pain or domination and humiliation during non-consensual contact sexual acts. Again, as with Seto & Kuban (1996), Smith's emphasis on the use of excessive force to inflict pain could include any violent sexual offender.

Money (1990) and Dietz et al (1990) have highlighted the importance of victim suffering or humiliation. Money (1990) conceptualised sadism as “obsessive and compelling repetition of sexual thoughts, dreams, or fantasies that may be translated into acts (where) the mental or physical suffering of a victim is intensely sexually arousing” (p. 27). Dietz et al (1990) defined sadism in their research as evidence of “arousal to images of suffering or humiliation” (p. 166). They used information taken from interviews with offenders as well as records of offending behaviour. Therefore, unless an offender had disclosed their fantasies or thoughts at the time of the offence, the authors had to infer arousal to images through the offending behaviour and crime scene information.

Definitions by MacCulloch et al (1983) and the sadistic sex offender quoted in Dietz et al (1990) (presented earlier) both emphasise the need for mastery and control over another as the essence of sadism. Both definitions also highlighted suffering and humiliation as means to achieving a sense of complete control. Storr (1991) saw sadomasochistic (SM) behaviours “acted out” in sexual offences as indicative of the dimension of dominance / submission and not a sexual dimension per se. Like the sadistic sex offender quoted by Dietz et al (1990), Storr (1991) believed that the primary interest of the sadist is the complete submission of the victim, and pain and suffering etc are secondary concerns.
An issue with these differences in definitions and variously identified criteria for sadism is the difficulty in comparing findings from the research literature on sadistic sex offenders (Langton & Marshall, 2001). Differing terminology and inconsistencies in ranges of behaviours and emphasis of salient features in both the research and clinical literatures make direct comparisons problematic, and questions the equivalent status of conclusions from studies within these two domains. The different purposes for research or clinical investigations and the variety of approaches taken within studies make extracting common features and contextualising distinctive features difficult.

When comparing the definitions of sadism it is clear that they vary in relation to specificity and subjectivity. For example, the DSM psychiatric diagnostic criteria are very specific in terms of evidence required in order to define an individual as sadistic. Other definitions, such as Seto & Kuban’s (1996) have much less specific criteria. This suggests that an individual defined as sadistic using one definition will not necessarily be defined as sadistic using another. This has been illustrated by Langevin (2003), who suggested that less than five per cent of sex offenders would be defined as sadistic using the DSM criteria but up to half of all sex offenders would be using Krafft-Ebing’s less specific criteria.

Regarding subjectivity, many definitions or criteria for sadism rely on the need to establish the perpetrator’s sexual arousal at the time of the offence, such as the DSM criteria. Unless the perpetrator admits to it or the victim’s statement includes this information, sexual arousal must be inferred, which is difficult to achieve objectively. Marshall & Kennedy (2001, 2003) note that this leads to subjective and hence unreliable conclusions. This issue is explored further in chapter four.

Furthermore, some of these definitions focus on one feature to represent sadism (e.g. inflicting pain- Power, 1976) whilst others suggest a more diverse range of features as indicative of sadism (e.g. bondage, infliction of pain, humiliation- ICD-10).
Important aspects of a good definition include being clear and objective, specific and inclusive (i.e. it can sufficiently describe the domain of interest). From a consideration of the definitions available to date it appears that none meet these criteria sufficiently.

2.3 Use/misuse of the term sadism

When examining the literature on sadistic sex offenders, problems can be located with loose or inappropriate use of the term ‘sadism’ (Berger, Berner, Bolterauer, Gutierrez & Berger, 1999). Some authorities use sadism to describe sexual homicide (e.g. Burgess, Hartman, Ressler, Douglas & McCormack, 1986), and others use the term interchangeably with ‘lust murder’ (e.g. Arrigo & Purcell, 2001). Yet others use the term only in cases when it is explicit that the offender had been sexually aroused (e.g. Baeza & Turvey, 1999), others do not (e.g. Marshall & Kennedy, 2001, 2003).

Clinicians have labelled cases of enjoying acts of cruelty as ‘sadistic’ (Baeza & Turvey, 1999). In some cases, anger or revenge motivated offending has been confused or conflated with sadism (Baeza & Turvey, 2002). Storr (1991) noted that the term ‘sadistic’ has often been misused when pertaining to cruel and violent acts, with the suggestion that there is a sexual motivation. However, he viewed “true” sadism only when the infliction of pain and humiliation are integral to sexual gratification. Power (1976) distinguished cruelty from sadism by noting that gaining pleasure from a victim’s suffering or humiliation defines cruelty. However, the focus for the sadist is not inflicting the cruelty but “to provide himself [sic] with the particular stimulus which arouses him to sexual pleasure” (p. 112). The problem in distinguishing cruelty from sadism as an outside observer lies in the difficulty of accurately establishing the presence or absence of sexual arousal.

Arrigo & Purcell (2001) used the term lust murderer and sadist synonymously. However, as noted earlier, Krafft-Ebing (1934) used the term lust murder to describe murders that included cruelty towards the victim for sexual gratification, and although he stated that all sadistic murderers could be thought of as lust murderers, not all lust
murderers were necessarily sadistic homicide offenders (Baeza & Turvey, 1999). An example given by Krafft-Ebing (1934) of a lust murderer who was not sadistic is the case of ‘E’. ‘E’ had previously attempted to sexually assault a six-year old girl “to satisfy his lust with her” (p. 530) but had been prevented from doing so. Later, ‘E’ enticed an eight-year old boy into a wooded area, and became “taken with a desire to abuse him” (p.528). Following the victim’s protestations, ‘E’ stabbed him in the neck and made an incision to imitate female genitals as a means to sexual gratification. However, he realised that the boy was dead and desisted from continuing the act, through guilt and fear. This suggests that the murder committed by ‘E’ was not sadistic.

Confusion has also arisen over post-mortem mutilation and whether this indicates that an act may be sadistic. Several authors make this assumption. For example, Birnes & Keppel (1997) stated that “if the crime scene looks as though the killer spent time sexually manipulating the victim after death, then he was probably an excitation [sadistic] killer”. However, other authors argue that sadistic acts can only be carried out on conscious, living victims and believe it would be incorrect to label a post-mortem act as sadistic (e.g. Baeza & Turvey, 2002). Baeza & Turvey (2002) state that “by definition unconscious or deceased victims cannot give a sadist the type of feedback required for sexual arousal. Therefore, post-mortem acts, or acts committed on an unconscious victim, cannot be accurately described as sadistic.” (p. 448).

Proulx, Blais & Beauregard (2006) find the work of Hazelwood, Dietz & Warren (1992) helpful in clarifying the extent to which sadism is indicated in offending behaviour by proposing that only behaviour enacted on a conscious victim can be considered sadistic. However, their earlier findings (Proulx, Blais & Beauregard, 2003) appear to contradict this as they reported that sadistic offenders committed significantly more post-mortem intercourse and mutilation than non-sadistic offenders. Their study used scale A and B of the Massachusetts Treatment Center Rapist Typology version 3 (MTC-R3, Knight & Prentky, 1990) sadism scale to identify offenders as either sadistic or not. This allows for an individual to be judged sadistic on the basis of post-mortem intercourse or mutilation, alone. The issue that arises is that they have already proposed that post-
mortem acts cannot be sadistic, but present criteria which could identify an offender as sadistic on the sole characteristic of post-mortem mutilation / intercourse.

While the proposition by Birnes & Keppel (1997) that all offenders who engage in post-mortem sexual activity are sadistic, may be an over generalisation, behaviours could, theoretically, be sadistic in cases where the victim is unconsciousness. If the definition of sadism were to focus on notions of control relating to the response of offenders rather than their victims (i.e. the emphasis is on offenders' perceived control and humiliation of their victims rather than whether victims were actually humiliated or suffered) then it could be possible for them to have control over or humiliate an unconsciousness or dead victim. For example, having control over someone's consciousness or life could be seen as having ultimate control and power over another in terms of life or death. Also, if an offender mutilates a victim post-mortem with the intent of humiliating them, or leaves the body in a degrading and humiliating manner for the person finding the body, then this could be viewed as sadistic as it is still fulfilling the offender's purpose of creating a circumstance for another's (the body's finder) discomfort. It is suggested that the crucial element is the intention of the offender and not the actual response of the victim.

Taking into consideration the issue of reliability, in that measures assessing subjective features of sadistic offending such as inferring sexual arousal and fantasy have reported inadequate levels of reliability, and the importance of context, it is suggested that a more reliable measure of sadism would involve rating behaviours (Marshall & Kennedy, 2001, 2003).

2.4 Prevalence

In terms of the prevalence of sadism in sex offenders, it is difficult to compare findings as authors have employed different definitions of sadism and criteria for sampling inclusion. It is therefore important to be clear when reporting research what definitions authors have employed. The reported frequency of sadism in sex offenders has ranged from less than 5% (e.g. Langevin, Lang & Curnoe, 1998) to over 80% (Fedora, Reddon,
Morrison, Fedora, Pascoe & Yeudall, 1992; MacCulloch et al, 1983) (see table 2.1). It is probable that the large discrepancy between these figures can be attributed, at least partly, to how sadism was defined in each case. For example, Langevin (2003) commented that although estimates of a diagnosis of sadism in sex offenders is between 2-5%, previous work has suggested that using the broader definition employed by Krafft-Ebing, identifies up to 50% of sex offenders as exhibiting aspects of sadism (Langevin, Bain, Ben-Aron, Coulthard, Day, Handy, Hearsman, Hucker, Purins, Roper, Russon, Webster & Wortzman 1985).

Table 2.1 Prevalence of Sadism in the Research Literature

<table>
<thead>
<tr>
<th>Measure</th>
<th>Prevalence</th>
<th>Definition</th>
<th>Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fantasy content (self-report)</td>
<td>81%</td>
<td>The repeated practice of behaviour and fantasy which is characterised by a wish to control another person by domination, denigration or inflicting pain, for the purpose of producing mental and sexual arousal</td>
<td>MacCulloch et al (1983)</td>
</tr>
<tr>
<td>Phallometry</td>
<td>45%</td>
<td>Arousal to non-sexual violence against females</td>
<td>Fedora et al (1992)</td>
</tr>
<tr>
<td>Psychiatric Diagnostic criteria (DSM-IV) for sexual sadism</td>
<td>&lt;5%</td>
<td>Recurrent, intense sexually arousing fantasies, urges or behaviours involving acts in which the psychological or physical suffering of the victim is sexually exciting</td>
<td>Langevin et al (1998)</td>
</tr>
<tr>
<td>MTC:R3</td>
<td>16.5%</td>
<td>Evidence of at least one of the following: intense and recurring sexually aggressive fantasies, pre-mortem torture, ritualised violence, post-mortem intercourse or mutilation OR at least two of: violence to sexualised body parts, burns victim, insertion into body cavities</td>
<td>Smith (2000)</td>
</tr>
</tbody>
</table>

It is worth noting that, as well as employing differing definitions of sadism, these studies also looked at very different populations. For example, MacCulloch et al (1983)

1 More details are available in the following text
investigated offenders detained in a high secure psychiatric hospital under the diagnosis of psychopathic disorder. The high percentage of sadism reported could reflect the criteria they used to identify participants that explicitly attempted to maximise sadistic offenders (e.g. no history of psychosis, detention under psychopathic disorder, index violent sexual, or sexually motivated offence). Smith (2000) looked at psychotic sex offences against adult women detained in high secure psychiatric hospital and found, using the MTC:R3 (Knight & Prentky, 1990) that of the 16.5% identified as sadists, 9% were ‘overt’ sadists and 7.5% ‘muted’ sadists. Fedora et al (1992) studied a sample of sexual offenders who had been referred for sexual preference testing at a psychiatric hospital and compared them to community controls. They divided the sex offenders into ‘aggressive’ and ‘non aggressive’ sexual offenders on the basis of offending behaviour and amount of damage inflicted on the victim, and reported that 45% of aggressive sexual offenders were sadistically aroused, compared with 8% of non-aggressive sexual offenders.

As the previous examples illustrate, an accurate prevalence rate of sadism in sex offenders is currently not available due to differences in definition measurement, although conservative estimates suggest a prevalence of about five per cent.

2.5 Sadistic offending and risk

Research aiming to identify and understand risk factors in sex offending has grown with the dramatic increase observed in the imprisoned sex offending population in the last twenty years, alongside the awareness of the prevalence and re-offending rates of sex offenders (Mann & Riches, 1999). However, it has been suggested that official statistics under-estimate the rate of sexual offending because many offences go undetected or unreported (Hanson & Thornton, 1999). Although still an under-estimation of the prevalence of sexual assault, a marked increase in the incidence of sex offences reported in recent years has been observed (Friendship & Thornton, 2001).

It is important to consider rates of re-offending in sex offenders as research has suggested that sadistic sex offenders are at high risk of recidivism (e.g. MacCulloch et
al, 1983; Barbaree et al., 1994; Turvey, 2002). Recidivism is costly not only in terms of the burden on the criminal justice system but also the physical and psychological toll on victims and potential victims. Research into re-offending is crucial in observing who is at greatest risk of recidivism, so that it can inform risk assessment and management of sex offenders.

Results from recent studies suggest that sexual recidivism rates are relatively low compared to general recidivism rates in sex offenders. For example, a meta-analysis of reconviction studies with a follow-up of between 4 to 5 years found the average sexual reconviction rate was 13.4% (Hanson & Bussiere, 1998). Hagan & Gust-Brey (1999) followed up a group of adolescent sex offenders upon return to the community for 10 years in the US and reported that 90% had reconvictions for any offence, whilst only 16% were reconvicted of a sexual offence. Friendship & Thornton (2001) reported low rates of sexual recidivism in untreated sex offenders released from prison in England and Wales (5%). However, not all research supports this.

In a study looking at recidivism in sex offenders released from Special Hospitals in England and Wales, over half had re-offended generally and over a fifth re-offended sexually (Hui, 1991). Looman, Abracen & Nicholaichuk (2000) have also reported comparatively high recidivism rates for both treated and untreated sex offenders in Canada (23.6% and 51.7%, respectively).

Explanations for the disparity in rates of re-offending recorded above could include employing different definitions of recidivism, variations in Countries’ populations and criminal justice systems, and length of time offenders were followed up for. For example, Greenberg (1998) found that the longer sex offenders are followed up for, the higher the reconviction rate observed. Another reason could be the varying levels of risk in different samples. This last point is important because sex offenders are not a homogenous population, and include offenders who have committed wide-ranging offences, against different victim types, and who have diverse offence histories. Looking
at re-offending rates of all sex offenders collectively does not consider the full picture as some offenders have been shown to present a greater risk of recidivism than others.

Extensive reviews of research and meta-analyses of risk factors in sexual re-offending have highlighted deviant sexual preference and arousal as measured by penile plethysmograph (PPG), psychopathy, as measured by the PCL-R (Hare, 1991), and previous sexual/violent offences, as some of the best predictors of risk of re-offending (Rice, Chaplin, Harris & Coutts, 1994; Hanson & Bussiere, 1996; Perkins, Hammond, Coles & Bishopp, 1998; Hanson & Harris, 1998). Relatively little empirical research has been carried out with sadistic sex offenders (Grubin, 1994), although opinion and limited research suggests this type of sex offender is at high risk of re-offending and escalation of dangerousness.

Although caution must be applied when considering findings from less well developed research areas, and from research with relatively small samples, the risk factors that have been indicated in sadistic sex offenders from such work which have also been highlighted above as predictors of recidivism in sex offenders, include:

- Deviant sexual arousal to sexually aggressive and sadistic material (Langevin, Bain, Wortzman, Hucker, Dickey & Wright, 1988; Barbaree et al, 1994)
- Serial nature of offending (e.g. Hare, Cooke & Hart, 1999; Turvey, 2002) / escalation of violence in offending (e.g. MacCulloch et al, 1983)
- Clinical psychopathy (e.g. Holt et al, 1999)

From this it can be seen that sadistic sex offenders may indeed present a high risk of future offending. It is therefore important to gain a greater understanding of sadism and sadistic sex offenders if we are to address the potentially high risk of sexual re-offending this group presents.
New legislation in the form of the Criminal Justice Act (2003) is particularly pertinent in highlighting the need for a clear and consistent definition of sadism. This Act stipulates a minimum tariff in relation to mandatory life sentences (schedule 21, section 269) for certain offences, including those deemed 'sadistic'. Offences that carry a whole life order (in the 'life means life' sense), include “the murder of two or more persons, where each murder involves any of the following- a substantial degree of premeditation or planning, the abduction of the victim, or sexual or sadistic conduct”, and “the murder of a child if involving the abduction of the child or sexual or sadistic motivation”. Offences that determine a minimum term of 30 years imprisonment include “the murder of two or more persons” and “a murder involving sexual or sadistic conduct” [emphasis added]. Not only does the Act specifically mention 'sadistic' offending, another criterion used to justify a mandatory life sentence is if the offender has been convicted of serial and / or sexual murder. These features have previously been linked to sadism (e.g. see Prentky, Burgess, Rokous, Hartman, Ressler & Douglas, 1989). However, the Act does not define “sadistic conduct” or “sadistic motivation”. Personal communication with the Home Office confirmed that they do not provide a definition of ‘sadistic’. If there is no commonly used definition (regardless of its (in) appropriateness) this could lead to inconsistencies in sentencing offenders with serious implications for disposal of offenders. Yet, as discussed above, there is currently no consensus as to what sadism is. Additionally, if defendants are to be sentenced on the basis of the motivation for or conduct of their offence, then this must be clearly defined and transparent to be fair. Otherwise, such sentencing must be open to challenge. Furthermore, it is unclear why the phrase ‘sadistic motivation’ is used with regards to offences against children but not adults. It also raises the question of how ‘sadistic motivation’ is measured, as there is currently no adequate measure of sadism available.
2.7 Sadistic fantasy and behaviour in non-offending and sex offending populations

As previously stated, this chapter examines deviant and sadistic fantasy and behaviour in sex offenders. However, before this is presented, the research literature on deviant and sadistic fantasy and behaviour in non-offending populations is considered. This is so that the findings relating to sex offenders can be placed in a wider context.

2.7.1 Sadistic fantasy in non-offending male populations

Sexual fantasies are "almost any mental imagery that is sexually arousing or erotic to the individual" (Leitenberg & Henning, p. 471). They are thought to play an important role in the development and maintenance of normal sexual behaviour (e.g. Swaffer, Hollin, Beech, Beckett & Fisher, 2000) and serve many functions. These include sustaining and increasing arousal (Plaud & Bigwood, 1997), and acting as a means of escaping from reality or releasing anger (Deu & Edelmann, 1997).

It has been observed that between 47% and 100% of males report having sexual fantasies, with the percentage ever having experienced sexual fantasies in any context generally over 95% (Leitenberg & Henning, 1995). A review of sexual fantasy research by Leitenberg & Henning (1995) revealed that factor analyses of sexual fantasies have consistently highlighted a sadomasochistic theme involving submission and dominance.

Sexual fantasies of sadomasochistic and more coercive themes have been observed in non-offending populations. Fedora et al (1992) found that domination and the wish to control were common fantasy themes among adult male controls, with 5% having 'clinically significant' penile circumference responses as measured by penile plethysmograph (PPG) to sadistic stimuli. In line with this is Gosselin & Wilson's (1980) observation that non-offending male controls fantasise more about dominance than submission. For example, they found that individuals fantasised more about forcing someone to do something than being forced, tying up someone rather than being tied up, and whipping or spanking someone than being whipped or spanked themselves.
Leitenberg & Henning (1995) reviewed previous literature and found that the documented number of (non-offending) men reporting fantasising about forcing someone to have sex ranged from 13% to 54%, with an average of 31%. Crepault & Couture (1980) described similar findings, with approximately a third of their male student sample reporting having had rape fantasies, and 18% reporting fantasies involving the humiliation, aggression towards and physical abuse of women.

Dean & Malamuth (1997) theorised that those men who have a proclivity for sexual aggression against women but possess inhibitors for this behaviour, such as empathy, may express it in other ways, such as through fantasy. They divided their sample of 323 male college students into either a 'self-centred' or 'sensitive to feelings of others' group. Those in the former group sexually aggressed more than the latter group, although both groups reported high levels of fantasised sexual aggression. This suggests that the ability to empathise is important as a barrier to offending.

The research discussed here has concerned sadomasochistic and coercive fantasies in relation to the activity fantasised about. However, it is worth noting that there has also been research carried out concerning deviant fantasies regarding age of person being fantasised about. These have shown that non-offending populations have also reported sexual fantasies involving pre-pubescent and pubescent children (see Leitenberg & Henning, 1995 for a review).

Research into non-offending populations' sexual fantasies has also included investigating sadomasochists. Although there is no widely accepted definition of sadomasochistic (SM) sex (Sandnabba, Santilla, Alison & Nordling, 2002), Gosselin & Wilson (1980) defined it as when "the dominant and submissive accompaniments of lovemaking are separated off, stylized and explored" (Gosselin & Wilson, 1980, p. 12). The common features in consensual SM sex have been identified by Townsend (1983) as the notion of dominance and submission, the use of fantasy and role play, inflicting pain that is pleasurable to both partners, humiliation, activities of a ritualistic nature, and acts involving a fetishist component. Gosselin & Wilson (1980) studied the fantasies of
a sample of SM practitioners using the Wilson Sex Fantasy Questionnaire (Wilson, 1978) to explore their 10 most popular fantasies. They found that although the top three fantasies related to SM behaviour, other more ‘conventional’ fantasies such as “intercourse with loved partner” and “kissing passionately” were included. It has been documented that SM devotees fantasise more than transvestites, fetishists and control samples about sadomasochistic themes (Plaud & Bigwood, 1997; Gosselin & Wilson, 1980). Furthermore, they also report higher levels of total sexual fantasising than the other groups (Plaud & Bigwood, 1997).

The role of fantasy has also been considered in non-offending paraphilic sadists and noted that “the presence of fantasy in fuelling the paraphilias has long been recognised” (Branaman, 1996, p. 40).

To summarise, research suggests that a high percentage of the non-offending male population have sexual fantasies, many of which involve elements of sadomasochism or behaviour that, if enacted, would be illegal. However, Leitenberg & Henning (1995) suggest that “unless the boundary between fantasy and behaviour have been crossed or other risk factors for committing a sexual offence are evident, occasional experiences of fantasies such as these are not by themselves signals of significant danger” (p. 491). Previous research findings have put forward the notion that empathy might act as an inhibitor to exercising fantasies (e.g. Dean & Malamuth, 1997), and highlighted the release of tension as one of the functions of fantasy (e.g. Deu & Edelmann, 1997), which suggests that fantasy does not necessarily act as a medium for rehearsal. It has also been noted that many individuals act out sadistic fantasy in ‘consenting’ relationships. This may be seen as providing a barrier to acting deviant fantasy out non-consensually, although this would presume that the wish for SM sex and sadistic offending behaviour had the same origins (see chapter three for a consideration of this).
2.7.2 Sadistic behaviour in non-offending male populations

Having looked at deviant and sadistic fantasising in non-offending populations, it is also relevant to consider the nature of sadistic behaviour enacted within this group.

Storr (1991) observed the widespread interest in SM in western society, evidenced by the amount of SM pornography and mainstream films with SM themes, such as Saló and The History of O. Although willingness to experiment with SM behaviours has been reported in both popular and research literature (e.g. Thompson, 1994), most of the research into practising sadistic sexual behaviour has emerged from the literature on SM practitioners. Gosselin & Wilson (1980) studied subscribers to a SM publication. They found SM behaviours included beating, blindfolding, humiliation and administering pain. It was, however, noted that that the pain was administered by mental rather than physical means, with most not wishing to hurt their partner. For example, one participant remarked “Of course, he doesn’t really hurt me. I mean, quite recently he tied me down ready to receive ‘punishment’, then by mistake he kicked my heel...I gave a yelp, and he said, ‘sorry love- did I hurt you?’” (p.51) [original emphasis].

A more recent review of SM behaviour looked at data from Finnish SM practitioners. Sandnabba et al (2002) found that the ten most frequent behaviours engaged in SM sex, were: oral sex, bondage, flagellation, anal intercourse, handcuffs, rimming, dildos, leather outfits, chains and verbal humiliation (Sandnabba et al, 2002). They acknowledged that some of the behaviours, such as oral sex and anal intercourse were not specific to SM, and that the higher frequency of anal than vaginal intercourse was a reflection of the sample, in that the majority had a mainly homosexual orientation. Further research was conducted to observe the underlying structure of the behaviours. Four qualitatively different elements emerged for SM sex: hyper masculinity, administration of pain, humiliation and physical restriction (Santtila, Sandnabba, Alison & Nordling, 2002). The four factors were found to have partially-ordered cumulative structures. For example, in the element relating to administration of pain, behaviours
were ordered as to intensity of pain, so that spanking preceded a more severe behaviour (caning), and use of clothes pins/clamps preceded the use of electrical stimulation.

In terms of the extent to which SM devotees engage in SM behaviour, it is reported that the majority do not practise SM exclusively. For example, almost 90% of Sandnabba et al's (2002) sample had practised non-SM sex before engaging in SM sex, with over 95% continuing to practise 'ordinary' sex. In an earlier study, Spengler (1977) observed the sexual habits of a group of German SM practitioners and reported that the average number of times they engaged in SM sex was five times a year. It is also worth noting that the desire for SM sex was of concern to only 10-15% of samples studied (Spengler, 1977; Gosselin & Wilson, 1980), although perhaps this could be accounted for with the finding that these people also reported feeling most isolated from the SM scene (Spengler, 1977).

In summary, sadomasochistic or SM sex is practised by both non-offending non-SM populations and non-offending SM devotees, engaging in a variety of behaviours, the most popular of which is bondage and corporal punishment (Thompson, 1994). Research also suggests that SM practitioners do not engage in SM sex compulsively, and the relative frequency of SM sex is low compared to 'ordinary' sex. Its relationship to offending sadistic behaviour is considered in chapter three.

2.7.3 Sadistic fantasy in sex offending populations

There has been inconsistency in the reported number of sex offenders that fantasise about sadistic or otherwise deviant behaviours or acts. Some research has found no difference when comparing sex offenders and non-sex offenders on amount of aggressive sexual fantasies (e.g. Rokach, Nutbrown & Nexhipi, 1988). Other research has produced varying reports of deviant or sadistic fantasy within different types of sex offender. For example, Milton (1973) reported that two thirds of a sample of convicted rapists reported daydreams involving sadistic, non-consensual acts. Langevin et al (1998) investigated the level of deviant fantasy in different types of sex offender (e.g.
sexual aggressives, paedophiles, exhibitionists). ‘Deviant’ fantasies were defined as those which significantly deviate from social norms, and divided them into two categories: deviance in terms of age of person fantasised about (i.e. children) and in terms of act fantasised about (e.g. exhibitionism, sadomasochism). It was reported that deviant age fantasies discriminated between paedophiles and controls. In terms of deviant acts fantasised, sexual aggressives reported higher levels than other sexual offenders (58% had experienced them) but less than heterosexual controls (77%). Langevin et al (1998) speculated that the relatively low level of deviant fantasy in sexual aggressives could be an outcome of the possible low prevalence of sadism in the sex offending population. The findings could also be explained by the definition used for ‘deviant’; perhaps there would be a distinction between sexual aggressives and non-sexual aggressives (and controls) if fantasies were classified as deviant using a definition capturing only the more severe end of the spectrum (i.e. that if acts fantasised about were enacted they would be illegal, or cause injury).

Marshall, Barbaree & Eccles (1991) observed that over half of their sample of child molesters reported fantasising about children, with over a fifth reporting the fantasies to have commenced prior to the commission of their first offence. Swaffer et al (2000) also looked at the sexual fantasies of child molesters and found that the time spent fantasising by the offenders about children before their offence ranged from less than one hour to more than eight years. Triggers for deviant fantasising were identified by the offenders as contact with children and negative emotional states. Looman (1995) also reported similar findings, where fantasies involving children were more often engaged in following feelings of rejection, depression or stress. Furthermore, negative emotional states have been shown to be a precursor of sexual recidivism (Pithers, Beal, Armstrong & Petty, 1989; Hanson & Bussiere, 1998). This suggestion that negative moods lead to deviant sexual fantasies and offending will be considered further when looking at whether sadistic offending is linked to situational or personality features (see chapter three).
Deviant sexual fantasy in mentally disordered sex offenders has also been considered. Smith (1999) investigated the relationship between recorded aggressive sexual fantasies of psychotic sex offenders against adult women and offending behaviour. He found that almost a quarter of the sex offenders were recorded in files as engaging in aggressive sexual fantasies leading up to and/or at the time of the offence. Sixteen per cent of those with aggressive sexual fantasies were deemed to have fantasies that were defined as sadistic in nature. Sahota & Chesterman (1998) also investigated mentally disordered sex offenders' fantasies, and found that they reported more fantasies than non-offending populations, as well as high levels of sexual dysfunction and obsession.

One explanation for the disparity between results of the prevalence of sex offenders who fantasise about deviant and sadistic fantasies is that sex offenders, as highlighted earlier, are not a homogenous group. Whilst they may not, as a whole report more, or different fantasies from control populations (e.g. Langevin et al, 1998), it may be the case that aggressive or sadistic sexual fantasy is more common among individuals whose offences are sadistic in nature.

The research literature suggests a strong link between fantasy and behaviour in sex offenders, and fantasy is theorised to play an important role in offending for those who commit sadistic sexual acts (e.g. MacCulloch et al, 1983, Burgess et al, 1986, Grubin, 1994- see chapter three for explanations for sadism and sadistic conduct). Abel & Blanchard (1974) observed that there is a "high concordance between the presence of deviant fantasies and the occurrence of deviant behaviours" (p. 468). Deu and Edelmann (1997) investigated the role of criminal fantasy in 'predatory' and 'opportunistic' sex offenders. They defined predatory sex offenders as those who had committed more than one of the same type of sexual offence, had pre-planned the offence, carried it out in an organised manner and had chosen the victim prior to the offence. Opportunistic sex offenders were defined as having committed only one known offence, did not appear to have planned their offence, committed the offence in a disorganised manner and did not chose their victim prior to the offence. The definition of the predatory offender has similarities to features of sadistic offenders observed in previous research (e.g. planning
of offence, rehearsal leading to serial nature of offending). Deu & Edelmann (1997) measured criminal fantasy through employing a projective test known as the Criminal Fantasy Technique (Schlesinger & Kutash, 1981). This is a projective technique in which cards are presented to a participant depicting various crimes either about to take place, taking place or just taken place. The participant is asked to describe what is happening in the picture with responses supposedly reflecting an individual's own fantasies. Responses were assessed as either 'pathological' or 'not pathological' depending on the nature of the response. They found that predatory sex offenders were more organised and elaborate in their criminal fantasies than opportunists, and indicated that this strengthened the evidence toward the notion that fantasy provides a medium for prior rehearsal of premeditated and repetitive sexual offences. The implication of such research is that deviant or criminal sexual fantasy has a role in the development and maintenance of sadistic sexual behaviour (e.g. MacCulloch et al, 1983; Burgess et al, 1986; Smith, 1999; MacCulloch, Snowden & Watt, 2000).

Barbaree et al (1994) investigated 60 rapists and compared arousal to rape stimuli between the sexual and non-sexual sub-types of Knight & Prentky's (1990) MTC-R3 rapist typologies. They found that the sexual subgroups (sadistic and non-sadistic rapists) exhibited more deviant responses to the stimuli than the non-sexual groups. A non-significant difference in responses between the sadistic and non-sadistic rapists was also observed, with sadistic rapists responding in a more deviant manner than the sexual, non-sadists. They also reported that the sadistic subgroup had significantly higher PCL-R factor 2 scores (evidencing criminal lifestyle) than the non-sadistic sexual subgroup, and those rapists in the sexual subgroups were rated higher on social isolation. In addition to this, Seto & Kuban (1996) found, using phallometry, that sex offenders who admitted to having sadistic sexual fantasies produced more deviant responses, to rape, violent rape and non-sexual violence stimuli than community controls. Rapists and men with courtship disorders were not observed to have more deviant responses than controls. This suggests that sex offenders as a whole may not have more deviant responses to deviant material than non-sex offenders, but that those with sadistic fantasies produce more deviant responses. Indeed, Proulx (2001) investigated sexual
arousal in sadistic and non-sexual offenders against women (defined using the MTC-R3 sadism scale). They reported that sadistic sexual offenders showed greater response to physically abusive rape and humiliating rape than non-sadistic offenders. However, not all research supports this. Marshall, Kennedy & Yates (2002) reported that offenders rated by psychiatrists as sadistic had lower arousal to rape than those offenders rated as non-sadistic, although the authors themselves questioned the reliability of the diagnostic criteria. Proulx et al (2006) proposed that the most likely explanation for differences in findings regarding sexual arousal in sadists was due to issues in the definition of sexual sadism employed. They gave an example of research by Seto & Kuban (1996), whose definition of sadism was excess expressive violence, none of whom reported recurring deviant sexual fantasies. Proulx et al (2006) argued that the criteria utilised could have encapsulated several types of sexual offender.

One of the first studies that investigated the role of deviant sexual fantasy in violent sex offenders was that of MacCulloch et al (1983). They observed that their sample divided into two groups: sadistic, fantasy-led, and impulsive, aggression-led sex offenders. It was found, from interviews, that the group with a history of rehearsing sadistic situations reported creating fantasies prior to and at time of the offence that were partially or fully identical to their index offence. That is, it was suggested that sadistic sex offences were behavioural 'try-outs' or an enactment of sequences from their sadistic fantasies, and that these would escalate over time in order to maintain their efficacy (MacCulloch et al, 1983).

Hazelwood & Warren (2000) developed a model of sexually violent offenders from research and investigative experience, highlighting two major categories of offender: 'impulsive' (opportunistic and pervasively angry) and 'ritualistic' (paedophiles, sadists and power motivated offenders). These 'types' of sex offender appear similar to the organised / disorganised and opportunist / predatory dichotomy of sex offenders outlined earlier. Hazelwood & Warren (2000) reported that the focus of the ritualistic offender was the investment of time in developing and engaging in fantasies, and it was found that, particularly with sadistic sex offenders, their behaviour, both in 'consenting'
relationships and offending behaviour, was very ritualistic. An example of a particularly ritualised murder that was labelled ‘sadistic’ was a case study described by Simonsen (1989). The author described a man who slashed the victim’s body, including throat, and engaged in widespread careful mutilation of the body. This included cutting off a breast, opening up the abdominal cavity and inserting objects into the abdomen, vagina and mouth, removing organs and placing them by the body, as well as engaging in genital mutilation.

Indeed, it has been reported that much of the sadistic offenders’ ‘consenting’ behaviour within relationships is spent occupied in sadistic fantasy (Hazelwood & Warren, 2000; Warren & Hazelwood, 2002). Hazelwood & Warren (2000) viewed sadists’ offending behaviour as an enactment of fantasy. For example, the authors cite a case of a renowned serial killer, James De Bardeleben, who enacted the same fantasy with his partner and his victims. Sadistic sex offenders’ behaviour within ‘consenting’ relationships is discussed further in section 2.7.4.

It has been noted that serial sexual homicide offenders are more likely to be motivated by sadism than are single sexual homicide offenders. In a study comparing the number of sadistic sexual fantasies of single sexual homicide offenders and serial sexual homicide offenders, Prentky et al (1989) found that approximately half of all homicide offenders reported engaging in sadistic sexual fantasy. Significantly, when the sample was divided into single or serial offenders, 86% of serial but only 23% of single sex offenders reported such fantasies. It is noted that Prentky et al (1989) did not define what they meant by sadistic but defined a criminal fantasy as any fantasy that involved rape or murder in which the infliction of harm was “sadistic or sexually violent”. They also reported that serial sexual murderers had significantly more paraphilias and more organised crime scenes than single homicide offenders. The authors suggested that the findings implied a functional relationship between serial sexual homicide offending behaviour and fantasy. The link between sadistic offending and murder is considered in section 2.7.4.
From the literature considered above there appears to be a relationship between sadistic fantasies and sex offending behaviour. Theoretical explanations for this will be considered in chapter three.

As has already been acknowledged, many people who engage in deviant or sadistic fantasies do not go on to commit a sexual offence. However, a problem is that, as seen above, there are individuals for whom fantasy escalation leads to behavioural try-outs (i.e. offending). Several authors have addressed the issue of when fantasy should be sufficient to present a risk of offending. For example, Sturup (1968) suggested that some individuals with sadistic fantasies can go on to engage in sadistic behaviour in the absence of any other clinical features. He described the case of a man who sought help from his social worker for sadistic fantasies that he found disturbing. The social worker did not take any subsequent action and the man went on to kill a woman. It was later found that the man's fantasies had escalated over time, including images and drawings of a sadistic nature.

Langton & Torpy (1988) argued that it is also possible that the presence of fantasies does not imply increased risk. They presented a description of a man who sought psychiatric help because he was experiencing sadistic sexual fantasies, but unknown to the police, he had carried out several attempted assaults on women. The man had exposed himself as a teenager, tortured animals, participated in sadomasochistic practices, had an interest in death and attended the trial of a serial killer. It was also noted that he was very socially withdrawn. The authors argued that it was not necessary to breach the clients' confidentiality and report his fantasies to the authorities as an indicator of risk of re-offending because the client appeared to recognise when he was vulnerable and would seek help accordingly. They supported the decision not to inform authorities with the information that the client was followed up for a period of time in which he did not re-offend and sought support when he felt that his fantasies were escalating. This example illustrates that it is possible for a person to have deviant and sadistic fantasies without acting on them. This supposition is supported by the research findings that a proportion of non-offending males have deviant and sadistic fantasies.
However, although it may be that fantasy alone is not sufficient to make someone high risk of acting out sadistic fantasy, the case presented by Langton & Torpy (1988) had other risk factors present, such as having acted out his fantasies previously by attempting to assault women, and had engaged in cruelty to animals and indecent exposure. Unfortunately the authors did not report any factors that have been proposed to act as barriers to offending, such as empathy or the use of coping strategies, which could have helped explain why the client was no longer acting out his fantasies.

A further issue to consider when studying the fantasies of sadistic sex offenders is that they have been noted to be more willing to disclose information regarding their offending behaviour rather than the fantasies that drive it (e.g. Warren, Hazelwood & Dietz, 1996; Warren & Hazelwood, 2002). This relates back to the idea that looking at the offender’s account alone to determine motivation for offending is subjective. It also questions the reliability of definitions or criteria that rely on establishing sexual arousal to victim suffering from offender self-report.

2.7.4 Sadistic behaviour in sex offending populations

Motivation to offend considers what compels a person to commit certain behaviours. As discussed earlier, inferring this can lead to subjective conclusions. A more recent focus has been to look at the way an offence is executed by describing the offence characteristics, in order to be more objective. It is important to look at behaviour and consider the behaviours reportedly employed by sex offenders to build up a picture of what sadistic behaviour involves.

Cases of sadistic behaviour have been reported throughout the clinical literature, an example of which is the much-cited case of Neville G. C. Heath, (e.g. Cleckley, 1988; Baeza & Turvey, 2002). Mr. Heath was an Englishman who joined the Royal Air Force but was court-martialed. He murdered two women, although he was only charged with the first, and was executed in 1946. The behaviours he engaged in during the offences included binding the victim’s ankles, biting off her nipples, whipping, suffocation of
victim, forcing an instrument into her vagina, gagging the victim, keeping the victim alive for as long as possible, and pre-mortem mutilation.

Brittain (1970) was one of the first clinicians to write about the sexually sadistic offender using clinical experience. He highlighted the most consistent features of those clients he believed to be sadistic: careful planning, bringing equipment for the commission of an offence, exercising more force than necessary, use of asphyxia, gags, infliction of genital injuries, injuries to breasts and rectum, stab wounds, bite marks, and use of phallus substitute with great force. It should be noted that his observations were from sexual murderers, and therefore could be seen as describing those at the more severe end of the spectrum.

Developmentally, Brittain (1970) described sadists as having been withdrawn and having developed manifestations of perversions in childhood, and as having interests in violence, weapons and the occult. Langevin, Ben-Aron, Coulthard, Day, Handy, Heasman, Hucker, Purins, Roper, Russon, Webster & Wortzman (1985) reported that the sadistic offenders in their study had a greater history of suffering from enuresis as a child as well as temper tantrums, and collecting weapons, compared to non-sadistic sexual murderers and sexual aggressors. Eagan, Auty, Rowan, Miller, Ahmadi, Richardson & Gargan (1999) noted the evidence associating sadists with what they labelled ‘sensationalist interests’ (e.g. interest in the occult), and reported that, when comparing the sensationalist interests of controls and forensic in-patients, there was a significant difference, in that the latter had higher mean scores than the former. Proulx et al (2003) compared sexual offenders identified by the MTC-R3 as sadistic with those identified as non-sadistic. They found that, as children, more sadists experienced psychological abuse, viewed pornography, compulsively masturbated, had deviant sexual fantasies, had low self-esteem, experienced social isolation, and had temper tantrums, than non-sadistic offenders.

Although Brittain (1970) did not collect the information in any systematic way, the features he outlined from his observations of single case studies appear to correspond to
studies comparing larger samples of sadistic sex offenders. For example, Dietz et al (1990) used data from the National Center for the Analysis of Violent Crime (NCAVC) to identify those cases where there was a “presence of an enduring pattern of sexual arousal in response to images of suffering or humiliation” (p. 166). Thirty men were found to meet the criteria set out to identify sadistic sex offenders. In terms of offence characteristics, 93% were judged to have carefully planned the offences. This was evidenced through such features as carrying out surveillance on victims and stalking, bringing a weapon to the scene, constructing and bringing a ‘torture kit’ to the scene, wearing law enforcement clothing, modifying a vehicle to aid the offence, and bringing burial equipment to the offence.

Other offence behaviours that Dietz and colleagues (1990) reported included offenders taking their victims to pre-selected locations (over three-quarters of the sample) and using a ‘con’ method of approaching their victims (90%- e.g. pretended to be a policeman asking for information). In terms of behaviours engaged in during the offence, all of the offenders subjected their victims to intentional torture. Methods of torture engaged in included beating, biting and whipping, pulling out the victim’s hair, inserting objects with force, burning, bondage, asphyxiation and amputation. Almost ninety per cent used bindings, gags or blindfolds. Over three-quarters of the offenders subjected victims to sexual bondage, approximately three-quarters also engaged in anal rape, forced fellatio and vaginal rape, and almost 60% inserted foreign objects into their victims with force. Over half of the offenders recorded their offences, either at the time, for example, through video recording, or after the event, such as through keeping diaries. Approximately three-quarters of the offenders had murdered their victim, with nearly 60% having committed murder on three or more occasions. This figure supports the notion that offenders committing sadistic offences are at high risk of recidivism. Asphyxiation was the most common cause of death. Although the majority of offenders had victimised adults only, a quarter had offended against both adults and children. An issue with Dietz et al’s (1990) definition is its reliance on evidence to suggest an offender was sexually aroused to victim suffering. Proulx et al (2006) criticised Dietz et
Gratzer & Bradford (1995) compared the group of violent sadistic sex offenders described by Dietz et al (1990) above with a less violent group of 29 sadistic sex offenders, and also 28 non-sadistic sex offenders from a psychiatric hospital. They distinguished sadistic from non-sadistic sex offenders using the DSM III-R criteria for sexual sadism. Dietz and colleagues' (1990) sadists were significantly more likely to have been educated beyond high school level, been a ‘police buff’ and be perceived by their neighbours as a ‘solid citizen’. Both of the sadistic groups, compared to the non-sadistic sex offenders, were more likely to have pre-planned the offence, taken the victim to a pre-selected location, intentionally tortured the victim, beaten them and suffered sexual dysfunction during the offence, and anally raped victims. Marshall & Kennedy (2001, 2003) suggested that this may be an artefact of the way in which sadists and non-sadists were identified, in that it could be the product of the diagnostic criteria used to distinguish the two groups. The more violent group also engaged in more anal rape, binding and gagging and forced fellatio. Features that were exclusive to the more violent group were having a partner as an accomplice, keeping victims captive for more than 24 hours, keeping personal items from the victim, impersonating a policeman, keeping records of the offence, and verbally scripting the victim. All three groups were found to engage in vaginal rape and insertion of foreign objects. The method of torture was quite similar between the two sadistic groups, whilst the non-sadistic group appeared to use far fewer ‘instruments’ in their offending (Gratzer & Bradford, 1995). However, the more violent group almost exclusively carried out painful insertion of objects, electric shock, biting, burning and painful bondage. Although the data suggests that significantly more of the less violent sadistic group engaged in asphyxiation until the victim was unconscious, this may relate back to the inclusion criteria in the Gratzer & Bradford (1995) study, rather than reflect an actual difference. Baeza & Turvey (1999) noted that whilst Dietz et al (1990) excluded any offenders who rendered their victims unconscious before assaulting them because they viewed this as contra-indicative of sadism, Gratzer & Bradford (1995) included these cases, as well as cases
where sadism 'may be' present. The inclusion of offenders who had rendered their victim unconscious before assaulting them represents a significant theoretical difference between the two groups, and therefore makes comparison difficult. Furthermore, the inclusion of cases where sadism 'may' have been present by Gratzer & Bradford (1995) could have led to over-inclusion, whereby the sample could have included offenders without sadism.

Proulx et al (2003) found significant differences in offence characteristics between sadistic and non-sadistic sex offenders. Sadistic offenders had higher levels of the following: planning of offence, selecting of victims, kidnap and or confinement, tying up victim, bondage, use of a weapon, expressive violence, psychological and physical torture, sexual mutilation, and inserting objects into the vagina. There was no significant difference between sadists and non-sadists regarding sexual murder. Crime scene characteristics showed that significantly more sadists' victims were subjected to asphyxiation by strangulation, were completely stripped, and were subjected to post-mortem intercourse and post-mortem mutilation than non-sadists. These results are perhaps unsurprising, given that torture, sexual mutilation, insertion of objects into body cavities, and post-mortem mutilation and intercourse were criteria for identifying an offender as sadistic. Proulx et al (2006) indicate that the clearer picture of the differences between sadistic and non-sadistic offenders emerged because they only included offenders against adult female victims.

Marshall, Kennedy and Yates (2002) considered the offence characteristics of prisoners who had sexually offended and had undergone psychiatric evaluation to investigate differences between sadistic and non-sadistic sex offenders (defined by DSM sexual sadism criteria). Their results indicated that more non-sadists had putatively sadistic offence characteristics than sadists. These findings questioned the utility of the DSM psychiatric diagnostic criteria for sexual sadism.

A further study by Marshall, Kennedy, Yates and Serran (2002) investigated the factors that were important in diagnosing an offender as sadistic. They asked a group of experts
in forensic psychiatric diagnosis to look at a series of vignettes of case descriptions where the offenders had been diagnosed in a previous study as sadists or non-sadists. They invited the experts to make a diagnosis as to whether each case met the criteria for sexual sadism. Additionally, participants were asked to rate the relevance of features of the offender or offence to the diagnosis of sexual sadism. Regarding the latter instruction to participants, experts were asked to rate the relevance of offence/offender features in determining a diagnosis of sadism, from “Not relevant” (1) to “Crucial” (5). Table 2.2 shows all features that were rated by three or more experts as “not relevant”, “important” or “crucial” in diagnosing an individual as a sexual sadist.

Table 2.2 Experts’ Ratings of the Relevance of Offence and Offender Features to a Psychiatric Diagnosis of Sexual Sadism in Research by Marshall, Kennedy, Yates and Serran (2002)

<table>
<thead>
<tr>
<th>Features deemed “not relevant”</th>
<th>Features deemed “important”</th>
<th>Features deemed “crucial”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mutilates non-sexually</td>
<td>Control, domination, power</td>
<td>Control, domination, power</td>
</tr>
<tr>
<td>Has anal sex with victim</td>
<td>Humiliates or degrades victim</td>
<td>Humiliates or degrades victim</td>
</tr>
<tr>
<td>Inserts objects</td>
<td>Cruel to or tortures victim</td>
<td>Cruel to or tortures victim</td>
</tr>
<tr>
<td>Cross-dresses</td>
<td>Engages in ritualism</td>
<td>Deviant sexual arousal</td>
</tr>
<tr>
<td>Sets fire or commits arson</td>
<td>Clear pre-offence planning</td>
<td></td>
</tr>
<tr>
<td>Is socially isolated</td>
<td>Gratuitous violence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gratuitous wounding</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strangles, chokes or asphyxiates</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mutilates sexually</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mutilates non-sexually</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Keeps trophies of victim</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Keeps record of offence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Engages in bondage with partners or pornography</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chokes partners during sex</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is cruel to others</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is cruel to animals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deviant sexual arousal</td>
<td></td>
</tr>
</tbody>
</table>

Interestingly for this research, features that were deemed of “crucial” importance in diagnosing sadism to which more than two experts responded were: “exerts control, domination or power”, “humiliates or degrades victims”, “is cruel to or tortures victim”, and “experiences deviant sexual arousal to previous offence features revealed by a) phallometry or b) self-reports”.

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The authors also report that features rated by all experts as "crucial", "important" or "relevant" were: "exerts control, domination or power", "humiliates or degrades victims", and "is cruel to or tortures victim". Save for one expert in each case, all participants rated "experiences deviant sexual arousal to previous offence features" and "sexual mutilation" as either "crucial" or "important" in diagnosing sexual sadism.

Another finding to come out of this research was that although experts identified "exerts control, domination or power", "humiliates or degrades victims", "is cruel to or tortures victim" and "sexual mutilation" as essential in making a diagnosis of sexual sadism, they did not appear to have borne this in mind when making the diagnoses from the vignettes in the research (Marshall, Kennedy, Yates & Serran, 2002).

To a large degree, the findings regarding relevant features in diagnosing sexual sadism appear to correspond to the main features of sadism outlined in the research literature. However, the reliability and validity of the psychiatric diagnosis has been questioned. Therefore, either the features that are deemed important in defining sadism in the psychiatric diagnosis, or the way they are operationalised is problematic.

Dickey, Nussbaum, Chevolleau & Davidson (2002) investigated age as a differential characteristic in sadistic sex offenders, rapists and paedophiles. They identified sadists as sexual offenders who demonstrated a preference for inflicting suffering (either physical or psychological) on a victim. They found that sadists and paedophiles declined in their offending behaviour in a much less significant manner than rapists. That is, their offending behaviour was more stable over time. It was also noted that a third of the sadists, but none of the paedophiles or rapists had murdered their victim during their offence. However, the results from Dickey et al (2002) could be seen as a by-product of the definition used for sadism, as it was identified through degree of violence used. Langevin et al (1988) looked at the differences in diagnoses between sexual homicide offenders, non-sexual homicide offenders, and sexual non-homicide offenders. They reported that sexual sadism and Antisocial Personality Disorder were significantly more frequently diagnosed in the sexual homicide group. The sexual homicide group also
responded in a more deviant manner to sadistic stimuli than the other groups. Firestone, Bradford, Greenberg & Larose (1998) compared homicidal sex offenders with non-homicidal incest offenders on DSM-IV diagnoses. It was observed that there were significantly more diagnoses of sadism in homicidal sex offenders than non-homicidal incest offenders (75% and 2%, respectively) and more diagnoses of paedophilia and sadism in homicide as opposed to non-homicide offenders (39.6% and 2%, respectively).

Arrigo & Purcell (2001) argued that because sadistic sex offenders murder to attain sexual gratification they are likely to repeat the behaviour and therefore become serial offenders, to satisfy themselves sexually. They also link sadism with high risk of recidivism, which highlights the importance of gaining an understanding of what it is and how it is measured.

Langevin (2003) reported that 70% of sexual murderers in his sample had a history of sadism. When he compared sexual murderers to sadistic non-murderers and general sex offenders, the sexual murderers had a greater history of voyeurism and fetishism than the other groups. They also had similar levels of childhood animal cruelty to the sadistic non-murderers, which were greater than for general sex offenders. These studies support the finding that sadistic offenders are more likely to commit sexual homicide, and are potentially at higher risk of recidivism, than other offenders.

The results indicate that sadistic sex offenders are likely to have relatively stable patterns of offending across time, and their offending behaviour is likely to be serial in nature. Also, it suggests that there are more cases of sadism in homicidal sexual offenders than non-homicidal sexual, and homicidal, non-sexual offenders.

Hazelwood, Warren & Dietz (1993) and Warren & Hazelwood (2002) reported the accounts of seven women that were “consensually involved” (1993, p.474) and “voluntary partners” (2002, p.77) of sadistic sex offenders, which appears to provide a fascinating insight into the similarity between consenting and offending sexual
behaviour in the sadists. Hazelwood et al (1993) and Warren & Hazelwood (2002) looked at the physical, sexual and psychological abuse of the sadistic sex offenders’ partners. All of the partners reported physical abuse and experienced painful bondage (i.e. painful bindings and positions). The majority had experienced being beaten with a blunt object, had been strangled with loss of consciousness, had been whipped, had painful clamps placed on their bodies, and burned. The abuse was severe, and in one case a partner reported being kept captive for three days, bound from head to toe and physically assaulted. Another partner was suspended by her wrists and physically assaulted.

All women reported being sexually abused by their partners. The abuse included forced fellatio, painful insertion of foreign objects, ejaculation and urination on the face, rape by others in the presence of the offender, and one partner reported being forced to give themselves an enema. Perhaps of note, all partners reported that, for the offenders, sadistic sex took precedence over all other events. Also, all of the partners perceived the offenders as extremely sexually demanding.

All women also reported being subjected to psychological abuse. Examples include verbal abuse, ‘scripting’ of phrases to degrade themselves, forcing them to plead and to sign slavery contracts, and the sadist recording the behaviour and keeping them captive. Warren & Hazelwood (2002) emphasised the importance of these accounts as it gives a more objective insight into sadistic sex offenders’ behaviour than asking the offender for their own account of their behaviour, as all of the women were no longer involved with the offender at the time of interview.

This research by Hazelwood and colleagues (1993, 2002) also revealed how the offenders’ lives centred on their fantasies and dedication to their enactment.

On the surface these findings could support the notion that SM behaviour and sadistic offending behaviour are part of the same continuum, in that the offenders engaged in SM behaviour within relationships as well committing sexual offences. However, it is clear...
that although in a relationship with the offender (and in some cases, implicated in the offender’s crimes), and despite being labelled as “voluntary” partners, there is little evidence of consent regarding their abuse at the hands of their partners, or any of the other factors outlined by Thompson (1994) as distinguishing SM sex from offending behaviour. In fact, Hazelwood et al (1993) noted the transformation on being in a relationship with a sadistic offender from competent and independent women to “compliant appendages of their criminally active partners” (p.474).

Additionally, two issues raise the possibility that these findings may not be generalisable to men who commit sadistic offences in general. Firstly, the objectivity of the reports provided by the partners is brought into question, as several of the women were co-defendants in sexual assaults or murder. The implication is that they could have attempted to present themselves in a good light, and provided inaccurate information. Secondly, the sample of sadistic offenders the partners were describing appear to be at the more extreme end of the spectrum in terms of level of sexual and non-sexual violence used within their relationship (e.g. severe physical, sexual and psychological abuse) and offending (e.g. serial sexual murderers). Warren & Hazelwood (2002) themselves described the offenders as having acted out their urges “in the most brutal forms of violent criminality” (p.77).

2.8 Summary

Some consistency in terms of behaviours engaged in by sadistic sex offenders has been observed from research outcomes. These behaviours include sexual assault (including anal rape, fellatio and insertion of objects), sexual mutilation, bondage, torture, behaviours indicating a degree of planning (e.g. torture kit) and using excessive force. However, there appears to be a disparity between different groups of sadists, where those identified as more violent carry out more extreme and elaborate behaviours (e.g. impersonating a police officer, recording the offence). Research also suggests that sadistic offending is more stable over time and sadistic offenders are more likely to murder their victims than other types of sexual offender. Furthermore, it is suggested
that for some sadistic offenders, their offending behaviour is featured in their intimate relationships.

What can be concluded from the research on sadistic fantasy and behaviour in sex offenders is that its investigation remains problematic. This is because the research discussed above has employed different definitions of sadism and looked at different populations, which has made the comparison of findings difficult. Most studies have either employed the DSM psychiatric diagnostic criteria of sexual sadism to define or measure sadism (which has been shown to be unreliable e.g. Marshall, Kennedy, Yates & Serran, 2002), used non-empirically derived definitions, or not defined their criteria for sadism / sadistic behaviour at all. Because sadism and sadistic behaviours have not been explored in depth, there remains a need to further investigate what sadistic offending is.

Features that might reasonably be included in a definition of sadistic offending from the work reviewed thus far include infliction of pain and suffering, level of force used and injury to victim, humiliation and control.

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Chapter 3: Conceptual and theoretical issues

The previous chapter was concerned with definitional issues regarding sadistic offending, and provided a descriptive account of what is currently known in relation to sadistic fantasy and behaviour in non-offending and sexual offending populations.

This chapter considers the conceptual and theoretical issues that have arisen in relation to sadistic offending. The chapter is divided into two parts; the first section will examine conceptual and theoretical debates that surround sadistic offending, including whether sadistic offending behaviour is part of the same phenomenon as consenting sadomasochistic behaviour or are qualitatively or quantitatively distinct, and the role of state and trait in sadistic offending. The second section considers theoretical explanations for sadism and sadistic offending, and focuses on the underlying mechanisms that enable sadistic offending to occur. This includes examining theological and motivational explanations. Following this, the theories to be described articulate several concepts that are potentially pertinent to sadistic offending. These include notions of:

- Childhood trauma or abuse as a precursor to development of sadistic fantasy and behaviour
- Empathy deficits
- Stress reduction
- Interpersonal deficits and social / emotional isolation
- Deviant fantasy and arousal
- Behavioural try-outs and escalation of offending
- Physical/biological abnormalities
3.1 Conceptual / theoretical debates

3.1.1 Psychiatric distinctions between consenting sadomasochistic (SM) and sadistic offending behaviour

As discussed in the previous chapter, it is useful to distinguish between consenting sadistic and offending sadistic behaviour as the present study is interested in the exploration of sadistic behaviour in sex offending behaviour only. It is important to consider whether there is a psychological distinction between the two as it cannot be presumed that they have the same underlying mechanisms.

Grubin (1994) suggests that although it is a commonly held assumption that sadism in sadistic sex offenders is the same phenomenon as sadism in non-offending SM practitioners and the general population, little research has actually investigated whether they are from the same population or constitute two qualitatively distinct groups.

The Diagnostic and Statistical Manual of mental disorders (DSM) diagnostic criteria for sadism encompasses both the non-offending SM practitioner and the sadistic sex offender, suggesting an equivalent phenomenon deriving from similar psychopathology. The most recent revision of the DSM (DSM-IV-TR, American Psychiatric Association, 2000) does, however, consider whether the sadist acts out their sexual urges on a non-consenting victim or consenting participant. The criteria cover a range of scenarios including differentiating individuals who are troubled by their sadistic fantasies which come into play during sexual activity, and those acting out sexual urges either on a consenting partner or non-consenting other. Dietz et al (1990) differentiate a spectrum of sadism as ranging from “the innocuousness of those who only fantasize” or the “neurotically conflicted” to the “sadist unencumbered by ethical, societal, and legal inhibition” (p. 163).

Providing evidence towards two different phenomena, Grubin (1994) argues that the main emphasis of sadism in sex offenders is the complete mastery and control over
another. The SM practitioners (exemplified in Gosselin & Wilson’s research in 1980) did not evidence a wish to control another, and had clear boundaries set and had no inclination to actually hurt their partner. Gosselin & Wilson (1980) made the distinction between consenting SM behaviour and sadistic offending behaviour in their definition of non-offending sadomasochism as a sexual relationship “via a ritual whose outward appearance involves coercion, pain, restriction or suffering of some kind but which has been agreed upon, tacitly or overtly, between parties concerned and may in reality involve none of these constraints” (p. 93). Furthermore, Thompson (1994) also argued for a qualitative difference between non-offending and offending sadistic behaviour and provided the four main defining features, below, to distinguish SM behaviour from sadistic sex offending behaviour with the former:

- being consensual and involving agreeing to comply to boundaries established prior to engaging in a behaviour.
- emphasising the “fiction of complete submission or domination” (p. 137) i.e. it is symbolic rather than actual administering of pain.
- gaining pleasure from observing the pleasure experienced by the submissive, not from gaining pleasure from inflicting pain and suffering on a victim, as with the sadistic sex offender.
- showing a willingness to act out both the dominant and submissive roles.

One of the main arguments for the difference between SM and sadistic sex offending behaviour is the presence or absence of consent and mutually agreed boundaries, presuming that people do not consent to ‘sadistic’ sex willingly. However, the premise of this argument that consent implies lawful behaviour was challenged in the case of R v Brown (1993) (see section 3.1.2).

3.1.2 Legal concepts

In 1987, under the codename Operation Spanner, Police obtained videotapes showing homosexual men engaging in sadomasochistic sexual practices, including beating, branding and one instance of hammering a nail through someone’s foreskin. The men
involved were arrested and charged with, among other offences, assault and wounding. The major factor in the case was that the men objected to the charges on the grounds that the acts took place with their consent, and they had in place pre-agreed rules and a code word for stopping an act, if wished (Laskey, Jaggard & Brown v The United Kingdom, 1997). However, it was ruled that having consented to these acts was not an acceptable defence. Judge Mr. James Rant QC said "much has been said about individual liberty and the rights people have to do what they want with their own bodies, but the courts must draw the line between what is acceptable in civilised society and what is not" (The Times, 20/12/90). The men were found guilty of the charges. During the appeal (R V Brown, 1993), Lord Templeman stated that "pleasure derived from the infliction of pain is an evil thing. Cruelty is uncivilised". This theological explanation of sadism is discussed later in section 3.2.1.

The recently implemented Sexual Offences Act (2003) provides more clear cut definitions of sexual assault by clarifying the law on consent, thus making the distinction between mutual SM sex and sadistic offending behaviour. The Sexual Offences Act (2003), replacing the 1997 Act, reflects the changes in society and corresponding attitudes that have taken place in the last fifty years. Therefore, the new Act aims to consolidate existing relevant sections and amend out of date statutes to bring it into line with current thinking. It provides a clear definition of consent and responsibilities relating to it, such that defendants now have to provide evidence that they had reasonable grounds to think consent had been given (Home Office, 2004). The Act sets out circumstances in which it is presupposed that consent could not have been agreed, such as with children under the age of 13, or if someone was threatened, drugged or unconscious. Employing threats as contraindicative to consent is pertinent to sadistic offenders as they have been found to use physical or psychological threats within an offence to gain victim compliance.

The new law also reflects the notion that elements of sex offending are unusual and may relate to paraphillic or sadistic behaviour. For example, it includes new offences of
sexual contact with animals and with post-mortem sexual assault, as well as “trespass with intent to commit a sex offence”.

To summarise, there is debate as to whether consenting SM behaviour shares the same underlying dimension as sadistic sex offending behaviour. One feature in particular appears to distinguish them; consent. However, there have been cases previously where obtaining consent prior to engaging in SM sex has been judged an insufficient defence and has resulted in SM sex being perceived as offending behaviour. The most recent Sexual Offences Act (2003) has clarified the issue of consent by highlighting contexts in which consent is presumed not possible to be provided, such as when an individual is in fear. This emphasises the distinction between consenting SM sex and sadistic sex offending, which is the notion of agreeing to engage in sadistic behaviour.

3.1.3 State versus trait

The matter of whether sadistic conduct is a state or a trait is a debate that, like in many other areas of psychology, has not been resolved. Indeed, this is reflected in the phraseology previously used by different researchers and practitioners. For example, the term ‘sadism’ or ‘sadistic offender’ suggests that it is a stable characteristic of the offender (i.e. trait), whilst ‘sadistic behaviour’ suggests that this phenomenon is not necessarily related to an underlying personality structure, and emphasises that the behaviour and not the person is sadistic. It is important to gain a greater understanding of the impact of personality and situational factors as this will help explain the underlying mechanisms of sadistic offending. This obviously also has implications for how we identify, treat, and manage such offenders.

Zelin, Bernstein, Hejin, Jampel, Myerson, Adler, Buie & Rizzuto (1983) conceptualised the notion of ‘sustaining fantasies’ as the employment of familiar and repetitive fantasies in order to reduce intense negative emotions (e.g. anger, frustration). They postulated that these fantasies develop in an effort to cope with painful emotions. They found
Evidence for the use of such fantasies acting as a coping mechanism for negative states in general and psychiatric populations, although there was some difference in the content of these fantasies.

Although it is noted that not all sex offenders are sadistic, in general sex offender populations, research has shown that sexual recidivism is preceded by negative affective states, such as anger (e.g. Pithers et al, 1989). Looman (1995) observed that child molesters reported deviant sexual fantasies following feelings of depression and rejection, which led to offending. This in turn, led to negative affect and subsequent engagement in deviant sexual fantasy as a coping mechanism. It can be seen that this cycle of negative affect, fantasy, and behaviour could lead to serial offending. This can be seen to support a basic premise of the Relapse Prevention model in sex offenders (Laws, 1989) that inappropriate or offending behaviour serves as a (maladaptive) coping strategy (Looman, 1999).

In terms of research undertaken on sex offenders engaging in sadistic behaviour, Proulx et al (2006) highlighted the use of fantasies and offending as coping strategies. They suggested that when using fantasies becomes ineffective, and when an individual experiences intense stress, they resort to acting out fantasies. They further proposed that offending can be mediated by the disinhibiting effects of anger and intoxication. In their study, Proulx et al (2003) found that, in the 48 hours leading up to offending, sadistic offenders experienced more conflict with women, anger, and deviant sex fantasies than non-sadistic offenders. Non-sadists experienced more sexual arousal than sadists. Both sadists and non-sadists had high levels of alcohol (64% v 70%) and drug use (54% v 38%), respectively.

Langevin (2003) investigated the psychosexual features of sexual murderers and found that they abused substances more than sadists (non-murderers) or general sex offenders. It should be noted that almost 70% of the sexual murderers had a history of sadism (100% of the ‘sadists’ did as it was the criteria for inclusion, although what “a history of sadism” is, was not clarified). The findings support earlier results by Langevin et al
(1985), who found that half of their group of violent sex offenders were alcoholics or had been drinking at the time of their offence, and Langevin et al (1988), who reported that one of the clinically important characteristics of sexual sadists and other sexually aggressive offenders was substance misuse (over half had problems with alcohol and up to 75% had used illegal drugs). Barbaree et al (1994) reported that 73% of the sadists identified in their research used alcohol at the time of their offence and 38% had used drugs.

This research suggests that the way a person acts is dependent on context, and that negative emotional states and substance misuse are related to deviant sexual and potentially sadistic behaviour.

Many authors have either alluded to or explicitly hypothesised a relationship between sadism in sex offenders and personality disorder (e.g. Dietz, 1986; Firestone, Bradford, Greenberg & Serran, 2000). Personality disordered offenders have been linked to sadism through clinical psychopathy and sadistic personality disorder. It is also relevant to the notion of Dangerous and Severe Personality Disorder (DSPD).

Clinical psychopathy is "a specific form of personality disorder with a distinctive pattern of interpersonal, affective and behavioral symptoms" and "is related to, but not identical with" ASPD (Antisocial Personality Disorder) (Hare, Cooke & Hart, 1999, p. 555). Hare (1991) developed a checklist to measure the concept of clinical psychopathy (PCL-R) that has two consistent factors: an affective/interpersonal factor (e.g. sense of self-worth, lack of remorse or guilt) and an impulsive and antisocial lifestyle (e.g. impulsivity, poor behavioural controls). More recent research has suggested a three factor hierarchical model of psychopathy (as measured by the PCL-R) consisting of affective, interpersonal and behavioural components (e.g. Cooke & Michie, 2001), and a four factor model, consisting of interpersonal, affective, lifestyle and antisocial components (Hare, 2003).

Clinical case studies and theoretical relationships have been put forward supporting the association between sadism and clinical psychopathy, although there has been to date
only a small body of literature that has considered this relationship empirically (Holt, Meloy & Strack, 1999). Theoretically, the concepts are quite similar in that characteristics associated with clinical psychopathy such as lack of remorse, callousness/lack of empathy, and shallow affect are evident in reports describing sadistic offenders (e.g. Davidson, 1994). Firestone et al (2000) believed that the “most dangerous (sex offenders) of all are the psychopaths sexually aroused by violence” (p. 304), whilst Dietz (1986) considered nearly almost all serial (sexual) killers as sexual psychopaths. Empirically, research has shown a relationship between psychopathy, as measured by the PCL-R, and sadistic behaviour. Meloy & Gacono (1992) studied Rorschachs of psychopaths for sadomasochistic responses. They found that psychopaths provided significantly more sadomasochistic responses than non-psychopaths. Research has also indicated that there is a relationship between PCL-R and deviant sexual arousal (Quinsey, Rice, & Harris, 1995).

The relationship between sadism and psychopathy, measured using the PCL-R, was investigated with a group of 41 violent and sexually violent offenders by Holt et al (1999). Sadism was measured using the Personality Disorder Examination (PDE: Loranger, 1988), with an eight-item sub-scale pertaining to Sadistic Personality Disorder, Millon Clinical Multiaxial Inventory-II (MCMI-II, Millon, 1987) and DSM-IV criteria. Psychopathy was found to be significantly associated with measures of sadism (PDE and MCMI-II), although the DSM-IV diagnosis of sexual sadism was too infrequent to undertake meaningful analyses on its relationship with psychopathy. Sadism (as measured using PDE and MCMI-II) did not differentiate between the sexual and violent offenders. The authors suggested that this could have been due the way in which the two groups were selected. They only considered the offenders’ current index offence as evidence of them being either a sexual or violent offender, and therefore the violent group could have had previous sexual offences. They proposed that if the results were in fact true findings, this would suggest that all violent offenders have the potential for sexualised violence, depending on opportunity and situational factors, and that this sexualised violence would not be related to severity of sadism. However, as the PDE and MCMI-II consider sadistic personality as opposed to sexual sadistic behaviour, the
results may simply suggest that both sexual and violent offenders have callous personality traits. Holt et al (1999) hypothesised that sadistic personality traits, as observed in their sample, represent a sub-type of sexual sadism. They also proposed that the findings indicated that psychopaths relate to others using power and dominance, and that those offenders with severe psychopathy (PCL-R score ≥ 30) possess significant sadistic traits.

Hart, Forth & Hare (1991) also observed a relationship between psychopathy and the aggressive/sadistic personality subscale of the MCMI-II. However, as with Holt et al (1999), the measures for sadism that were significantly associated with psychopathy (PDE and MCMI-II) are measures of sadistic personality traits and not sexual sadism. Therefore, as the criteria for sadistic personality disorder are somewhat analogous to the affective/interpersonal features in factor one of the PCL-R, the results may simply be a reflection of their similarity. A more detailed consideration of sadistic personality disorder is presented below. There does appear to be some research supporting the relationship between psychopathy and sadism, however not all research has reported such findings (e.g. Brown & Forth, 1997).

Although Sadistic Personality Disorder (SPD) is currently not a diagnosis, it is included in the Appendix of Disorders in DSM-III-R as an area needing further study. Its deletion from the DSM-IV has been explained as a combination of the lack of evidence for its reliability and its efficacy, and as a political move to prevent its misuse in court as a means of mitigating responsibility (Hare et al, 1999). It describes a pattern of pervasive cruel, aggressive and demeaning behaviour (Spitzer, Feister, Gay & Pfohl, 1991). The prevalence of this condition is estimated at around 4% in forensic populations (Spitzer et al, 1991), 5-10% in child sexual abusers (Fiester & Gay, 1991) and almost 30% in sex offenders including rapists, child molesters and sexual homicide (Berner, Berger, Gutierrez, Jordan & Berger, 1992). Berger et al (1999) considered the relationship between sadistic personality disorder in sex offenders and antisocial personality disorder and sexual sadism. They reported that 89% of sex offenders exhibited at least one
personality disorder, with SPD being the most prevalent (27.2%), followed by Antisocial Personality Disorder (25.7%). The highest co-morbidity was with the cluster B personality disorders (ASPD, Borderline, Narcissistic and Histrionic Personality Disorder). It was found that the most predictive criteria of SPD were pleasure in the suffering of others, humiliating or demeaning people in the presence of others and making people do what they want through frightening them. Interestingly, sexual sadism was diagnosed in over two thirds of patients with SPD, and those with SPD reported masturbating to sadistic fantasies significantly more than those without SPD. However, it is also of note that approximately a third of offenders without SPD had a diagnosis of sexual sadism. Other researchers have also suggested a link between SPD and Psychopathy (e.g. Stone, 1998) and ASPD / narcissistic personality disorder (e.g. Spitzer et al, 1991).

In Proulx et al’s (2003) comparison of sadistic and non-sadistic sexual offenders, it was reported that the most common personality disorder for sadists was a combination of avoidant, schizoid, passive-aggressive and dependent, whilst the most common for non-sadists were narcissistic and antisocial. They gave an explanation of findings that sadists were typified by schizoid and avoidant personality disorders that supported developmental theories (e.g. MacCulloch et al, 1983). That is, people with these personality disorders have low self-esteem and are socially withdrawn to avoid rejection and whose inner worlds are dominated by anger, suffering and humiliation. Proulx et al (2003) suggest that for the sadist, fantasy and offending act as cathartic experiences in reducing their own distress. They highlight Knight’s suggestion (2002, personal communication) that there could be two types of sadist, or that a sadist’s general functioning is characterised by avoidant and schizoid characteristics whilst taking on more psychopathic functioning during sexual fantasising and offending. They also noted the possibility that there is no relationship between sadism and personality disorder, as they stated that there is insufficient research currently. Proulx et al (2006) outlined Millon & Davis’ (1996) theoretical model which suggests that avoidant, and antisocial sadistic disorder, are similar (both experiencing childhood abuse and as adults have a sense of hostility and mistrust of others) but differ in their coping strategies (actively
escapes from abuse versus actively degrading others). Proulx et al (2006) extrapolate from this that for individuals with avoidant and antisocial sadistic personality disorder who sexually offend, avoidant offenders will only show propensity for violence in fantasy and offending, whilst antisocial sadistic offenders will exhibit this throughout their interpersonal and intimate relationships.

Another concept that could be relevant to the study of sadistic behaviour is the notion of Dangerous and Severe Personality Disorder (DSPD). There has recently been a development by the government in England & Wales to pilot the assessment and treatment of people for whom their personality disorder(s) is functionally related to their serious sexual or violent offending. This notion is reflected in the suggestion that sadistic offending is linked to personality disorders, psychopathy and a high level of risk in terms of likelihood of recidivism and level of violence used.

3.1.4 Summary

From the above research it seems likely that SM sex is qualitatively different to sadistic offending behaviour, with consent as a central notion that distinguishes them. It also indicates that classifying and investigating offence behaviours, as opposed to classifying offenders, is a more objective and useful approach. Furthermore, authors have suggested a link between sexual offenders exhibiting sadistic behaviour and personality disorder, although Proulx et al (2006) suggest that for some researchers, offence behaviours alone have been considered as indicative of the offender having personality disorder. However, research has also highlighted the importance of situational variables such as negative emotional states and substance use, in such offending. Clearly, there is no definitive answer yet in the state versus trait debate. In part, this disparity could relate back to the problem of defining and measuring sadism and sadistic behaviour, in that research investigating this area has employed differing criteria, and therefore could be looking at different phenomena. This issue underlines the need for research into the nature of sadistic offending, which can then build the foundations for further research investigating the role of situational and personality factors in such offending.
Because it is likely that sadistic offending is the product of a combination of situational and personality factors, this thesis will consider both elements, and although authors have previously used particular language to infer alliance to favour one explanation over another, the language used to describe the phenomenon in the work undertaken in this thesis (e.g. sadism / sadistic) does not imply causation.

3.2 Looking for explanations

3.2.1 Notions of Evil

The theological concept of evil has been employed to describe sadism in the media, amongst academics, and is reflected in the judgement made by Lord Templeman in the case of R v Brown. It suggests that sadism is something within the person and is immoral. The suggestion that sadism is 'evil' has been considered in Baumeister's work (e.g. 1999; Baumeister & Campbell, 1999), who looked at what evil is and whether sadism creates evil. Baumeister stated that sadism is a common stereotype of evil, noting that it is one of four "roots of evil" (i.e. reasons why people act in such a way which is perceived by others as evil). It has been asserted that "sadism is undoubtedly the prototype of intrinsic enjoyment of evil" (Baumeister & Campbell, 1999, p.15). However, although Baumeister employed a broad definition of evil to encompass intentional harm of others, he viewed the judgement of others towards the perpetrator as essential in evaluating whether a person / act is evil. This appears an important factor as this definition clearly excludes cases involving consenting infliction of pain (c.f. Lord Templeman).

Stone (1998) also linked evil with sadistic offending. He devised a 'gradations of evil scale'. The scale runs from 1 (those who have killed but are not murderers) to 22 (psychopathic torture-murderers, with torture their primary motive). All of the items nearing the top of the scale (i.e. are most evil) are relevant to sadistic offending. For example, it describes individuals driven to 'terrorism, subjugation, intimidation, and rape- short of murder' (19), 'torture-murderers, but in psychotic persons' (20), and
‘psychopaths preoccupied with torture’ but not murderers (21). It can be seen that Stone (1998) views torture as one of the key features of evil, which has also been emphasised in sadistic offending (e.g. Dietz et al, 1990).

The theological notion that sadistic behaviour is evil or immoral implies that it is driven by the Devil’s influence over a person. This is insufficient for a scientific analysis of the concept. Theological notions do not provide any explanation about individual differences, or in terms of motivation, development or maintenance of such offending. Finally, the implication for assessment and treatment would be ethically dubious and whose efficacy limited.

3.2.2 Motivational typologies

A way in which sex offenders have been distinguished is by motivation. During the early 1970s, agents of the FBI’s Behavioral Science Unit began to use crime scene data and draw on their experience of investigating violent crimes to infer characteristics of violent sex offenders, marking the beginning of an attempt to develop a model to classify a rapist typology (Burgess et al, 1986; Keppel & Walter, 1999).

The motive for the offence is defined as “the emotional, psychological, and material needs that impel and are satisfied by (the offending) behavior” (Turvey, 2002, p. 307).

An early means by which offender motivation has been differentiated is through employing the organised/disorganised dichotomy, widely used in profiling work. This work used the physical evidence from crime scenes to classify scenes as either organised; evidenced through an impression of order throughout the offence in order to elude detection, or disorganised; where evidence suggests the offence was committed impulsively, with no planning regarding evading detection (Ressler, Burgess & Douglas, 1988). The authors hypothesised that the level of organisation reflected the amount of
fantasising and rehearsal prior to an offence, and that organised offenders were more socially competent and less impulsive than disorganised offenders. It can be seen that the features of the organised sexual offender are consistent with descriptions of sadistic offending.

The main criticism of the organised / disorganised dichotomy method to differentiating offenders and offences is that it presupposes a unitary or main motivation or modus operandi, and does not allow for the idea that an offender may change these throughout their offending career. It also serves to pathologise offenders in the same manner as when employing a psychiatric diagnosis, in that, for example, an offender either exhibits sadism or does not.

It is noted that almost all motivational typologies developed have included a sadistic offender (Prentky & Knight, 1991). Groth (1979) originally developed a classification of rapist typologies, which was later amended to create the Crime Classification Manual (Douglas, Burgess, Burgess & Ressler, 1997). This highlighted four types, encompassing offenders' motivations for rape. They were labelled 'power-reassurance', 'power-assertive', 'anger-retaliatory', and 'anger-excitation' [sadistic].

It was suggested that:

- The power reassurance rapist commits offences to improve his feelings of self-worth and confidence and reduce feelings of inadequacy. The use of low-level aggression suggests that he may believe the relationship with the victim to be consensual.
- Power assertive rapists are postulated to commit offences for the same reasons as the power reassurance rapist, but do so by using a higher amount of aggression, the purpose of which is to demean the victim thus gaining a sense of control over the victim.
- Anger retaliatory rapists are characterised as evidencing a high amount of anger towards either a specific person or organisation, or a symbol of that, and uses extreme aggression during the offence.
- Anger excitation rapists gain sexual satisfaction from inflicting pain and suffering onto a victim, where their expression of sexual arousal is shown in the aggression towards the victim (Turvey, 2002).

The motivational features of the sadistic rapist (inflicting pain, suffering, and arousal to aggression) are in line with the DSM definition of sexual sadism.

This framework was later expanded to relate to 'opportunistic' rapists, sexual murderers, and more recently has been developed to include details of the dynamics, homicidal pattern and suspect profile of sexual murderers (Keppel & Walter, 1999). In this typology of sexual murderers, Keppel & Walter (1999) describe the offending behaviour of the anger excitation rape-murderer as planned, prolonged, bizarre and ritualistic, intended to cause pain and fear in the victim, and for the offender to be organised and preoccupied by violent fantasies. They also proposed that it is the “art” of killing and not the actual death that is gratifying to the anger excitation rape-murderer. This 'type' of sexual murderer appears to correspond with the sadistic subtypes of rapist described above. Again, this model does not allow for an offender to have multiple motives, or for that to change over time.

Knight & Prentky (1990) also proposed a model of motivational typologies of rapists. They made a more explicit reference to sadism. Their attempt to classify rapists saw the development of the Massachusetts Treatment Center Rapist Typology version 3 (MTC-R3). They differentiated rapists in terms of the function of their aggression as either instrumental or expressive. These groups were then sub-divided into 'compensatory' or 'exploitative' and 'displaced anger' or 'sadistic' offenders, respectively. Each of these sub-divisions was then itself divided into high or low lifestyle impulsivity. The final revision of the rapist typologies (Massachusetts Treatment Center typologies: third
revision (MTC: 3R)) distinguished rapists by motivation for rape. They were opportunistic, pervasive anger, sexual gratification and vindictiveness.

- Opportunistic rapists were hypothesised to have a history of poor impulse control where the sexual assault is impulsive, unplanned and designed to provide immediate sexual gratification, and is a result of situational factors rather than any prolonged or stylised sexual fantasy. This group was further divided into those with high and low social competence.

- Pervasive anger rapists were postulated to be primarily motivated by undifferentiated anger and have a history of impulsivity and aggression towards both men and women. The force used by this type of rapist is excessive but the aggression is not eroticised and there is no evidence of prolonged sexual fantasies.

- Vindictive rapists were believed to focus anger towards women but do not show evidence of undifferentiated anger. They use excessive force that is intended to degrade the victim. Again, this type is divided into high and low social competence offenders.

- Sexual gratification offenders are characterised by enduring sexual fantasies or pre-occupations that shape the way in which the offence is committed. This type is further sub-divided into the sadistic and non-sadistic rapist. Knight & Prentky (1990) believed that sadistic rapists plan offences and either use excessive force to intentionally hurt the victim (overt sadistic) or use symbolic gestures of aggression (muted sadistic). Non-sadistic rapists’ fantasies are not characterised by a synergism between sexual arousal and aggression, but are theorised to arise from a combination of sexual arousal, feelings of inadequacy, and male stereotyped cognitions.

The sadistic rapist sub-type in Knight & Prentky's (1990) taxonomic system is noted to have fantasies that shape an offender’s behaviour. Both Groth (1979) and Knight & Prentky (1990) have hypothesised that sadism emerges from a fusion of sex and aggression. Storr (1991) noted that the physiological link between sexual arousal and aggression are close, and that work by Kinsey and his colleagues identified 14 common
physiological changes, with only four changes that were present in sexual arousal and not aggression. This implies that for sadistic rapists there is an underlying biological mechanism that links sexual arousal and aggression.

As with other offender typology models, at the core of Knight & Prentky's work is the notion that offenders are either one type or another. Also, offender typologies give rise to other problems in the way that the offender is assigned a motivational type—that is, it is often assigned clinically and not with any valid and reliable measure. Knight and colleagues reported that the sadistic rapist sub-type, as measured by the Multidimensional Assessment of Sex and Aggression (MASA) (Knight, Prentky & Cerce, 1994), did not produce acceptable levels of reliability. They suggested that the results reflected "a recurring problem ... of defining and operationalizing sexual sadism. Achieving reliability and differentiating sadistic motivation ... has proven elusive" (Knight et al, 1994, p. 89). Other scales also failed to reach adequate levels of reliability. This could arise from the difficulty noted earlier in measuring offender's motivation objectively.

A major limitation of motivational typologies is that they do not provide an adequate theoretical account of the underlying mechanisms in developing and maintaining offending behaviour. In fact, they do not provide much focus on offence behaviours; rather they consider the importance of internal processes, such as the fusion of sex and aggression. Marshall & Kennedy (2001, 2003) suggest that this focus on subjective information has led to problems in defining and measuring sadistic offending.

More recent attempts to classify offending have emphasised the conceptual shift from the issue of classification of the offender to a classification of the offence behaviours, (Turvey, 2002; Marshall & Kennedy, 2001, 2003; Marshall & Hucker, 2006). Turvey (2002) argued that criminal profiling of offence behaviours is a more deductive tool as opposed to an inductive system of grouping offenders. This shift is crucial as it responds to the criticism of the offender typologies that classification of an offender by motivation across their offending employing a single type is too crude. The concept of classifying
offence behaviours is more sophisticated in that it allows for the possibility of an offender having mixed, or various motivations to offend across their life time. It also deals with a more concrete notion of analysing the behaviours present (or absent) in an offence, as opposed to inferring an offender's motivation from the behavioural information provided. This issue of conceptualising offence behaviours instead of offender's motivation is valuable when considering the notion of sadism. The defining criterion of sadism, according to the DSM-IV, is that the victim’s suffering is sexually arousing to the individual. The problem with this is highlighted by Marshall & Kennedy (2001, 2003) who believe that the reliance on the need to establish that acts are sexually arousing to the offender, such as the presence of fantasies and sexual arousal during the offence, leads to a subjective definition of sadism. It could be that perhaps this subjective interpretation of the events will lead to unreliability in the identification of sadistic sex offenders. Marshall & Kennedy (2001, 2003) argue that a description of the offenders' behaviour towards the victim would be a more objective measure, and therefore would be more reliable, such as through operationalising the level of aggression, control, humiliating acts and victim injury.

3.2.3 Aetiological / developmental explanations for sadism

The theories examined later in this chapter describe several factors that are potentially important in the development and maintenance of sadistic sex offending. These key notions are identified as childhood trauma or abuse, interpersonal deficits and isolation, stress reduction, deviant fantasy and arousal, behavioural try-outs and escalation, and physical and biological abnormalities. They will be examined further in relation to current theoretical models in section 3.2.3.8.

3.2.3.1 Childhood trauma or abuse

Several of the theories pertinent to sadistic offending identify adverse childhood experiences, such as being the victim of physical, sexual or psychological abuse, observing others being abused, and inadequate parenting, as playing an important role in
the development of sadistic fantasy and behaviour. It is hypothesised that these events in
effect ‘teach’ individuals how to behave, and can shape thinking patterns (Burgess et al;

3.2.3.2 Empathy deficits

One impact of negative childhood experiences is the inability to form appropriate
empathic concern, as it had not been ‘modelled’. This could mean that offenders are not
aware of the impact of their behaviour on others (lack cognitive empathy). In the context
of sadistic sex offending, cognitive empathy is intact, but these individuals lack the
appropriate emotional response to the feedback provided by others (i.e. they are aroused
by others’ discomfort) (e.g. Grubin, 1994).

3.2.3.3 Interpersonal deficits

It has been suggested that inadequate modelling of appropriate interpersonal interactions
leads to deficits in developing and maintaining interpersonal relationships. Several
theorists have highlighted social and emotional isolation as a factor in the aetiology of
sadism. This is the product of poor interpersonal skills and leads the individual to
withdraw from social contact (e.g. MacCulloch et al, 1983; Burgess et al, 1986).

3.2.3.4 Stress reduction

A notion discussed earlier in this chapter is the role of fantasy as a coping mechanism. It
has been suggested that the need to counteract stressful situations leads to engaging in
fantasy and masturbation to relieve these feelings (e.g. Looman, 1995).

3.2.3.5 Deviant fantasy and arousal

The role of deviant fantasy and arousal has been indicated in sadistic offending. The
notion is that pairing sexual arousal with thoughts, images or actions of control, pain,
aggression or humiliation and experiencing reinforcing effects reduces the opportunities for less deviant arousal and becomes an enduring pattern (e.g. MacCulloch et al, 1988).

3.2.3.6 Behavioural try-outs and escalation

Behavioural try-outs are enactments of elements of fantasy, which in sadistic offending manifests as offence behaviours which show a particular pattern, reflecting the content of fantasy. When these fantasies and behaviours become progressively more controlling and aggressive they are said to be escalating (e.g. MacCulloch et al, 1983).

3.2.3.7 Physical and biological abnormalities

It has been suggested that certain physical and biological anomalies such as chromosomal and brain abnormalities are relevant to sadistic offending, implying that there is an underlying biological mechanism. However, the impact of these anomalies on other areas (e.g. empathy, interpersonal skills) is the key factor in explaining the relationship with sadistic offending, and not the physical/biological anomalies per se (e.g. Marshall & Barbaree, 1990).

3.2.3.8 Theoretical models

Several theorists have put forward the notion of a relationship between deviant sexual fantasy and sex offending, which can be used to explain sadistic behaviour. These include Abel & Blanchard's theory of deviant sexual arousal (1974), MacCulloch et al's control model (1983), Burgess et al's motivational model of sexual homicide (1986), Laws & Marshall's conditioning model (1990), Marshall & Barbaree's Integrated Theory (1990) and MacCulloch et al's (2000) sensory pre-conditioning model.

Abel & Blanchard (1974) hypothesised that sex offenders are aroused by more deviant offence-related stimuli than consenting sexual stimuli. Underlying this is the assumption that arousal to deviant images increases the probability of fantasising to deviant images,
and consequently, increases the possibility of acting out their deviant behaviors (Leitenberg & Henning, 1995). It has already been seen that sexually aggressive sex offenders are observed to respond at a greater level to sexually aggressive material than other groups (e.g. Fedora et al., 1992) and use more coercive or sadistic fantasies (e.g. Langevin et al., 1998). This theory is useful in thinking about sadistic offending in terms of highlighting the importance of deviant fantasy. However, this theory was designed to explain all paraphillic behavior, and it does not clarify how or why an offender develops an arousal to deviant stimuli.

MacCulloch et al. (1983) looked at 16 personality-disordered sex offenders in a high-secure psychiatric hospital to investigate the relationship between fantasy and offending behavior. They found that 13 of the 16 individuals’ offenses were directly related to their fantasies, which were sadistic in nature. From the observations noted within this group, a hypothesis was put forward to explain how and why sadistic fantasies develop, and the link to behavior. It was observed that the offenders with a history of sadistic fantasizing had marked deficits in social and interpersonal skills, specifically with their preferred sex, which led to feelings of inadequacy. MacCulloch et al. (1983) believed that the incapability of controlling situations in the ‘real world’, specifically regarding sexual relationships, would lead to fantasy patterns in which the person seeks to control their inner world. They hypothesized that the development of fantasies arises through classical conditioning and are maintained through operant conditioning. They draw on Pavlovian theory, which states that without prior learning, unconditioned stimuli (e.g. genital stimulation) have the ability to elicit an unconditioned, physiological response (e.g. sexual arousal), and that if a neutral stimulus (e.g. thoughts of control) is associated with the stimulus that elicits a physiological response then, in time, the neutral stimulus alone will elicit the physiological response (Laws & Marshall, 1990). The stimulus and response is then said to be ‘conditioned’. When this pairing is conscious (e.g. thoughts of control and sexual arousal) through fantasy and masturbation, deviant sexual preferences and attraction become established. If a behavior is then acted out (e.g. asphyxiation) and is followed by a positive stimulus (e.g. ejaculation or feedback from the victim) then this behavior will increase in frequency in the future. This is known as
operant conditioning, where fantasising about controlling one’s world makes it likely for a person to continue to do so because it provides relief from feelings of inadequacy. Furthermore, MacCulloch et al (1983) proposed that behavioural ‘try-outs’ of part of the fantasy are undertaken to maintain the efficacy of the arousal of the fantasy, where an escalation or progression in content of the fantasies is observed.

The notion of try-outs and escalation, as well as an underlying biological mechanism, is evident in a case study description of a sexual offender by Baxter, Forshaw & Chesterman (1997) known as ‘Mr. Z’. ‘Mr. Z’s sexual fantasies started with images of beating women up and then progressed into fantasies about raping and murdering women. He reported watching women and later began to follow the women that he had watched, masturbating afterwards to the deviant fantasies. ‘Mr. Z’ was finally arrested after having watched and then assaulted a woman. In line with theorising by MacCulloch et al (1983), ‘Mr. Z’ was described as ‘socially inept’ and with sexual difficulties, perhaps arising from his delayed developmental milestones and physical and biological abnormalities associated with a genetic disorder, Klinefelter’s Syndrome. Klinefelter’s syndrome is a sex chromosomal abnormality that is associated with physical anomalies such as failure of testes to enlarge, difficulty in producing sperm, and effeminate features, as well as psychosocial and sexual difficulties (Lauerma, 2001; Davidson, 1994). It has also been linked to sexual deviance and criminality (Davidson, 1994). Davidson (1994) discussed the case of ‘A’, a psychotic male who was 18 years old at the time of his admission to a mental hospital, on account of him having carried out a knife attack on a female. He reported childhood fantasies of rape and had a preoccupation with fantasies of mutilation and death as an adult and masturbated to images of torturing women. His offence showed evidence of pre-planning, where he brought a weapon to the scene of the crime for the purpose of carrying out the offence, and waited outside a nightclub to select a victim.

A similar case is reported by Lauerma (2001) who discussed the case of ‘Mr. B’, a 36 year old man, also with Klinefelter’s Syndrome, whose index offence was having strangled a woman to death after inflicting serious pre-mortem injuries to her vagina.
Mr. B reported a history of fantasies of making women suffer, specifically forcing his mother to fellate him and mutilating female genitals. These fantasies were observed to have 'spilled over' into real life, where he had been convicted as an adolescent of scratching a 7-year-old female's genitals until they bled. Mr. B disclosed that fantasies and acting out of genital mutilation were his only means to sexual arousal.

Although only single case study data, these accounts are interesting with regards to the development of sadism because both authors mentioned that the individuals found sexual and social relationships difficult due to the physical and psychological effects of Klinefelter's Syndrome. This pervasive sense of social isolation appears to be a feature of sadistic sex offenders described in the literature (Grubin, 1994; 1999).

As well as chromosomal abnormalities, Baxter et al (1997) highlighted other biological features associated with sadistic offending, in their case description of Mr. 'Z'. On neurological assessment, Mr. Z was found to have an enlarged right temporal horn. Other studies have linked brain abnormalities, specifically right temporal horn anomalies, to sadistic behaviour. For example, Hucker, Langevin, Wortzman, Dickey, Bain, Handy, Chambers & Wright (1988) compared a group of sadistic sex offenders with non-sadistic sex offenders and a non-sex and non-violent offender control groups. Using CT scanning, it was found that more cases of right-sided temporal horn dilation were observed in the sadistic group than the other groups. The implication of the right temporal horn in sadists has also been highlighted with case study and uncontrolled group studies, with observations of gross enlargement of the ventricles and right temporal horn dilation (Langevin et al 1988). Langevin et al (1988) found that, when comparing sadistic sexual aggressives with non-sadistic sexual aggressives and controls, sadists were seen to show significantly more cases of right temporal horn dilation than the other groups (41%, 11% and 13%, respectively). Furthermore, abnormalities in EEG rhythms in the right hemisphere (Eliseev & Kunitovsky, 1997) and endocrine peculiarities (Langevin et al, 1988) have been observed with sadistic sex offenders.
The research by MacCulloch et al (1983) begins to offer an explanation of how sadistic fantasies develop and spill over into behavioural re-enactments. However, one limitation of the model is that it is based on observations from a small sample of sexual and sexually motivated offenders. Secondly, the sample included only personality-disordered offenders, which may not be generalisable to non-mentally disordered offenders or indeed psychotic offenders. Thirdly, the model assumes that all sadistic offenders have marked interpersonal difficulties, although findings from research in this area do not necessarily support this (e.g. Dietz et al 1990).

Burgess et al (1986) generated a five-phase motivational model to explain the development of sadistic fantasy and cognitive structures which support sexual offending behaviour. This model specifically considered sex offenders who killed their victim(s) during their offence(s). The theory was developed from data on 36 sexual murderers which observed that motivation for offending arose out of ways of thinking, either from, or influenced by, childhood experiences and a pervasive sense of social isolation. The data collected from the sexual murderers were developed into a motivational model.

The first phase describes an ‘ineffective social environment’ through poor interactions with caregivers. For example, when caregivers ignore the child, support distortions of troublesome behaviour, and express a non-protective attitude (Burgess et al, 1986). The second phase is ‘Formative events’, which are believed to influence thinking patterns, which could include physical or sexual abuse (own or vicarious), ineffective attachments with a caregiver, and the subsequent failure to relate to the caregiver at an interpersonal level. The third phase considers the ‘Patterned responses’ to situations. Burgess et al (1986) believed negative personality traits such as aggression and a sense of entitlement lead to social isolation. This coupled with repetitive anti-social cognitions ('cognitive mapping and processing’) lead to antisocial attitudes. The consequence of these two patterned responses is the generation of fantasies for the purpose of overcoming social isolation and to provide a means by which one can experience control and mastery. This is similar to the notion of the control model by MacCulloch et al (1983). The fourth phase Burgess et al (1986) proposed described the person’s “action towards others”.

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authors considered that a person's internal negative thoughts are displayed through behaviour towards others and suggested that cruelty lays the foundations for future abuse through reinforcement and impassivity towards negative consequences of their actions. Finally, a 'feedback filter' phase enables a person to react to and evaluate their actions towards others and themselves. This process "feeds back into the killer's patterned responses and filters his earlier actions into a continued way of thinking." (Burgess et al, 1986).

There has been research supporting the ideas presented in this theory. For example, Burgess et al’s (1986) 'formative events' have been conceptualised by Arrigo & Purcell (2001) as 'traumatic events' such as abuse, which they believed affects childhood and adolescent development. Johnson & Becker (1997) and Ressler et al (1988) looked at the development of sadistic offenders, and sexual murderers, respectively, and noted that there was a high level of sexual, physical and psychological abuse suffered as children. Some research has indicated that it is specifically physical abuse that is most prevalent in violent sexual offenders and sadists (e.g. Meloy, 2000; Lee, Jackson, Pattison & Ward, 2002). The 'patterned response' stage is reported in sadistic offenders, whereby aggression is evidenced through such aggressive acts as bullying, violence, and cruelty to animals (Ressler et al, 1988; Johnson & Becker, 1997; Meloy, 2000; Langevin, 2003). Meloy (2000) suggests that this aggression develops into sexualised aggression during adolescence, fuelled by fantasy. This supports both Burgess et al’s (1986) 'action towards others' stage, and the behavioural try-outs described by MacCulloch et al (1983). Adolescent deviant sexual behaviour has been reported in several studies of sexual murderers and sadistic sex offenders and includes voyeurism, fetishism, sexual contact with animals, indecent exposure (e.g. Ressler et al, 1988; Johnson & Becker, 1997), frotteurism (e.g. Johnson & Becker, 1997) and making obscene / hoax calls (e.g. Ressler et al, 1988).

Burgess et al’s model (1986) is based on observations from a small sample of 36 participants and which only considered sexual offenders who had murdered their victims. The authors stated that "we present a motivational model for understanding
sexually motivated murder and sadistic violence” (p.261), linking sexual homicide with the psychiatric diagnosis of sadism, and the importance of victim suffering as sexually exciting. However, as suggested earlier in the thesis, not all sexual murders are necessarily sadistic. A potential limitation of this model is that it is not necessarily valid for sexual offenders who have committed sadistic offences but who have not killed. The research was designed as a descriptive study and the authors noted that the critical variables identified were not generalisable until further research had taken place. They also acknowledged that many of the behavioural symptoms on the checklist had no consistent definitions or means of measurement (e.g. pattern of lying and compulsive masturbation). Furthermore, one significant premise of theory is that thought patterns are established early and exist in a context of social isolation, yet only 71% of their sample reported social isolation in childhood (i.e. 26 out of 36 participants).

Laws & Marshall (1990) developed a theory to explain the acquisition and maintenance of deviant sexual preferences and behaviour. They emphasised that it was not a model to account for all sex offending, as not all sex offenders have deviant sexual preferences, but it would account for those whose deviant preferences may lead to enacting deviant sexual behaviour. The model is divided into two sections: the acquisition, and maintenance of deviant preferences.

The development of deviant sexual preferences is accounted for by Pavlovian and operant conditioning theory, which is similar to the ideas of MacCulloch et al (1983), although Laws & Marshall (1990) also included aspects of Social Learning Theory (SLT) to account for the development and maintenance of deviant behaviour and fantasies. They highlighted three SLT concepts that account for how people learn to behave in sexual situations: participant modelling, vicarious learning and symbolic modelling. Participant modelling refers to having experienced behaviour directly and learning it. For example, a person that is sexually abused as a child is ‘taught’ the skills of how to abuse a child as an adult. Vicarious learning is learning behaviour by watching someone else. For example, it could include observing a person being abused, either in real life or through another medium such as film and magazines (e.g. pornography).
Sexual abuse has been identified in previous research and theory as relevant to the development of sadistic fantasy and behaviour (e.g. Ressler et al, 1988). Symbolic modelling is learning behaviour through images and fantasy and is evident in masturbation to deviant sexual fantasies (Laws & Marshall, 1990). Laws & Marshall (1990) proposed that once learned, deviant sexual preferences and behaviours become resilient to change and are maintained through specific autoerotic influences, specific social learning influences and intermittent reinforcement. Specific autoerotic influences maintain deviant behaviours by allowing the person to focus on the most erotic features of fantasy to heighten the intensity of the conditioned response (i.e. orgasm through masturbation). Fantasies are also used to refine already learned preferences and behaviours. This implies that for individuals with sadistic fantasies, it is necessary that they focus on the sadistic elements in the fantasy (e.g. control, causing suffering) in order to maintain their level of arousal, and to reach orgasm. This narrows the opportunity for them to engage in non-sadistic fantasy. This reflects the notion of rehearsal proposed by MacCulloch et al (1983). Finally, these behaviours must be reinforced, either through masturbation or acting out of behaviour, to maintain them.

The advantages of Laws & Marshall’s theory (1990) are that it considers both the development and maintenance of deviant sexual preference, and it does not assume that a person has personally experienced abuse to have learnt the behaviour. However, a limitation is that the model is not specifically related to sadistic behaviour, rather all deviant preferences and behaviour. Furthermore, the model does not clarify how a person develops a preference in the absence of learning the behaviour (either personally or vicariously) and does not explain why a person is specifically aroused to sadistic material (pain, humiliation etc).

Marshall & Barbaree’s (1990) integrated theory of the aetiology of sex offending draws together the main factors that have been addressed in the above theories. They highlight biological factors, negative childhood experiences, socio-cultural factors and situational factors as important mechanisms. They base the influence of biological factors on an
evolutionary psychology perspective, where they proposed that males have a biological predisposition to link sex and aggression. Marshall & Barbaree (1990) argue that around the time of puberty is crucial, and therefore it is important for males to develop inhibitory factors such as positive attachments and empathy. Like Burgess et al (1986) and Laws & Marshall (1990), the integrated theory proposes that childhood experiences shape an individual’s attitudes and behaviour, and that negative experiences, such as sexual abuse or physical violence do not sufficiently prepare the young male for puberty. As with other theorists, Marshall & Barbaree (1990) suggest that the lack of positive attachments impacts negatively on interpersonal functioning and ability to develop empathy, which leads to isolation and encourages a sense of resentment and hostility, leading to the fusion of sex and aggression. The authors noted that most rapists do not have deviant arousal to sexual aggression, but for those that do, the development and maintenance follows the model proposed by Laws & Marshall (1990). Furthermore, they believed that societal attitudes and norms, such as male dominance and availability of pornography, and situational factors, such as anger, stress and sexual arousal act as disinhibiting factors.

Marshall & Barbaree (1990) draw together many of the factors that have been hypothesised and identified as relevant factors in sadistic offending. However, its limitation is that, like the theoretical account of Laws & Marshall (1990) this model does not specifically address the aetiology of sadistic sex offenders. This means that although it provides a possible foundation for the understanding of sadistic offending, it has not identified the factors that explain the underlying mechanisms of sadistic fantasy and behaviour.

Baumeister (1999) highlighted that sadism was rare (i.e. 5-6%) even among perpetrators of rape, torture and murder. He believed that sadism had to be learned, and utilised the opponent process theory by Solomon & Corbit (1974), originally used in the field of addiction, to explain the development and maintenance of sadism. This model suggests that when an initial response to a behaviour (e.g. inflicting harm) is unpleasant (e.g. shock, guilt), the body has to create an opposing feeling in order to recover (a good
feeling). The more the behaviour is enacted, there is a reduction observed in unpleasant feelings and an increase in pleasant feelings following the act. Baumeister (1999) termed this the "backwash". Using this theory, he hypothesised that sadists become crueler and inflict more pain over time "in the search for even stronger highs" (p. 236). He highlighted inhibitors to acting out sadistic behaviours, such as empathy, guilt and self-control, but noted that stress and societal attitudes could also affect one’s inhibitory ability. This suggests that state is also important to sadism / sadistic behaviour. A strength of this theoretical account is that it specifically considers how sadistic behaviour develops and is maintained. However, there is no explanation of the factors that are important in conjunction with this "backwash", such as developmental or interpersonal factors, although it concurs with the theory by Marshall & Barbaree (1990) that societal attitudes and disinhibiting factors are important.

MacCulloch et al (2000) utilised the ideas of classical and operant conditioning outlined above by MacCulloch et al (1983) and Laws & Marshall (1990) and hypothesised an additional stage that occurs prior to classical conditioning. This is called sensory pre-conditioning, and it accounts for the development and maintenance of sadistic sexual fantasy. The authors propose that sensory pre-conditioning arises because "associations can be formed between representations of stimuli in the absence of reinforcement when the stimuli are simply presented together...When the representations ...are concurrently active then they will acquire some capacity to activate (in a neural sense) one another" (p. 410). It is suggested that only once this has been established that classical and operant conditioning can occur. MacCulloch et al (2000) highlight three stages that demonstrate the process of sensory pre-conditioning. The first stage is where two neutral stimuli are presented together. The second stage is when one of the stimuli is paired with an unconditioned response so that presentation of that stimulus elicits the response. The third stage is when the other stimulus not paired with the response is presented, and, because it has been associated with the stimulus that was paired with a response (in stage 1), it elicits the same response. Thus, conditioning has been transferred from one stimulus to another. It is proposed that this occurs due to the excitatory association
formed in the first stage. This process has been illustrated in non-human and human experiments (MacCulloch et al, 2000).

MacCulloch et al (2000) used this theory to relate to how sadistic sexual fantasies develop. They suggested that the origins of sadistic fantasy are in childhood trauma and proposed that this trauma, such as sexual abuse, may elicit feelings of both aggression and sexual arousal, and that if representations of these are formed and presented concurrently, then they will become associated. The authors provide two explanations as to why most children that experience childhood abuse do not develop sadistic fantasies. The first is that when the abuse occurs, there are likely to be other emotions that will be experienced by the child other than aggression, so that other emotions may be associated with sexual arousal. The second explanation is that further pairing of the representations must occur (conditioning) and be repeated or chronic to become an enduring manifestation. The notion of the importance of early abuse present in this theory supports the ideas reported by Burgess et al (1986) Laws & Marshall (1990) and Marshall & Barbaree (1990), and empirical findings with sadistic offenders (e.g. Gratzer & Bradford, 1995) found a relationship between sadistic offending and negative early life experiences such as sexual and emotional abuse.

This additional stage does provide an explanation as to why most children who are abused do not develop deviant arousal. However, it still assumes that childhood abuse is the catalyst for developing sadistic arousal.

It is noted that not all theories have highlighted all of the discussed underlying mechanisms as important, such as childhood negative experiences, empathy and interpersonal deficits, deviant fantasy and arousal, and behaviourial try-outs of fantasy. This could be due to the fact that some theories attempt to explain the relationship between fantasy and all sex offending, some to those offenders with deviant sexual preferences and others that have specifically committed sadistic offences or sexual homicide. The theories that aim to explain the development and maintenance of sadistic offending, and which have been developed from empirical findings (MacCulloch et al,
1983; Burgess et al, 1986) both developed their theories from the findings from small samples (16 and 36, respectively), and included only offenders who murdered their victims. This raises the question of whether the participants in their studies were at the severe end of the spectrum in terms of childhood and interpersonal problems, and amount of rehearsal and level of offending.

3.2.4 Summary

Theoretical accounts have been put forward that help explain sadistic offending, although few accounts specifically relate to sadism, and those that do, require further empirical support. Because the area of sadistic sex offending is relatively little-researched with few theories that have been validated across studies, this work will investigate the pertinence of all the main theoretically relevant concepts outlined above. These include physical and biological factors, negative childhood experiences, interpersonal deficits, deviant fantasy and arousal, behavioural try-outs and escalation in offending, and disinhibiting factors. By developing a measure of sadistic behaviour, its relationship with these variables can be explored to observe the important factors that underpin sadistic offending.
Chapter 4: Measurement issues

The preceding two chapters have highlighted some of the definitional and theoretical issues pertinent to the domain of sadism and sadistic offending. These have drawn attention to several gaps in understanding of the concept, including fundamental issues such as its composite factors, and the role of context and personality. The conclusion of the presented analyses is that there is currently no satisfactory measure of sadistic offending.

Proulx et al (2006) questioned the validity of studies on sadism, as there is no consensus or adequate definition, and subsequently, no adequate measure. They proposed that "a new sadism scale should be developed or a firm consensus should be established on the diagnostic criteria to be used" (p. 75).

The aim of this chapter is to evaluate ways in which sadism and sadistic behaviour have previously been measured, and to consider the psychometric requirements in developing a new measure. Elements identified in the previous chapters as relevant to a measure of sadistic offending include pain / suffering, control, humiliation, level of force and victim injury.

4.1 Operationalisation issues

There are numerous issues that have made the operationalisation of sadism difficult. These include the lack of clarity regarding the main emphasis of sadism, the debate over the importance of establishing the presence of sexual arousal, the problem of inferring deviant fantasies from crime scene data and extracting information from offenders about their fantasies. Operational problems have led to difficulty in measuring the concept.

Previous literature has shown that there is no consensus as to what sadism, or sadistic offending is. Several methods have been employed with the aim of measuring sadism,
the most widely used of which is the DSM psychiatric diagnostic criteria of sexual sadism. Another measure developed is Knight, Prentky & Cerce’s (1991) MTC-3R / MASA. A very recent development by Marshall & Hucker (2006) will also be considered. Other methods of measurement pertinent to sadistic offending include self-report fantasy and sex offending measures, projective tests, phallometric assessment and personality measures.

4.2 Methods used to measure sadism

The above methods have been briefly referred to in relation to definitional or theoretical issues, and will now be considered further to draw attention to matters regarding the use of these methods in measuring sadistic offending.

4.2.1 Clinical Criteria

The most widely used clinical criteria related to sadism is the DSM diagnostic criteria. It was developed and based on the opinion of a group of experts, the process described as “a political semi-democratic consensus of professionals” (oregoncounseling.org/Tests/AboutTests).

The foundation of the DSM criteria is the medical model approach and proposes that the concept of ‘sadism’ is categorical, in that there are distinct boundaries between ‘abnormal’ and ‘normal’ (Millon, Meagher & Grossman, 2001). Much of the literature on the motivation of sadistic offending employs the notion of categories to describe ‘typologies’ of offender. Not only do these models suggest that a person is either sadistic or not, they also imply that people’s motivation to offend remains constant throughout their lifetime.

Although there have been many views as to what the salient features of sadism are, the psychiatric diagnostic criteria as set out by the DSM has been the most widely used definition. However, it has been noted that there is confusion in the diagnostic criteria
(Marshall & Hucker, 2006). The reliance on the psychiatric diagnosis of sadism has meant that there has been an emphasis placed on the importance of victim suffering during an act. Firstly, it could be argued that victim suffering is not the defining feature of sadism, therefore any criteria focussing on that feature will necessarily ‘miss’ cases of sadism where the suffering of the victim is not salient to the offender. Secondly, this criterion supports the notion that offenders engaging in acts upon an unconscious or deceased victim cannot be defined as sadistic, although this may not be so.

The defining criterion of sadism, according to the DSM-IV, is that victim suffering is sexually arousing to the individual. The problem with this is highlighted by Marshall & Kennedy (2001, 2003) who believe that the reliance on the need to establish that acts are sexually arousing to the offender, for example through the presence of fantasies and sexual arousal during the offence, leads to a subjective definition of sadism. It is suggested that this subjective interpretation of the events may lead to unreliable identification of sadistic sex offenders. Marshall & Kennedy (2001, 2003) argue that a description of the offenders’ behaviour towards the victim would be a more objective measure.

A further issue related to DSM diagnostics concerns how the presence of sadistic fantasies is assessed. This point is important, as enduring sadistic fantasising is a central criterion to a DSM diagnosis of sexual sadism. It is widely recognised that, although offenders may be comfortable reporting their offending behaviour, the majority of sex offenders are not forthcoming with details regarding their fantasies preceding, or at the time of their offence (e.g. Grubin, 1994; Marshall & Kennedy, 2001, 2003; Warren & Hazelwood, 2002). Therefore, if it is unknown whether the offender engaged in sadistic fantasies, for the purpose of DSM diagnosis or undertaking research where the criteria for sadism includes the presence of sadistic fantasies, inferences are drawn from the available data. This could mean relying on crime scene data to infer fantasies (Marshall & Hucker, 2006). An example provided by FBI researchers of evidence of sadistic fantasies is the “removal of the victim’s clothing, exposure of the victim’s sexual organs, sexual positioning of the body, evidence of oral, vaginal, or anal intercourse, or other
signs of sexual exploitations” (Myers, Burgess, Burgess & Douglas, 1999, p. 153). It is clear from previous literature that many of the features highlighted by Myers et al (1999) do not specifically imply the presence of sadistic fantasy. Indeed, removal of the victim’s clothing and evidence of intercourse are probably features of most sexual assaults. Marshall & Hucker (2006) suggested that the only alternative method of inferring sadistic arousal is through phallometric assessment. This will be considered in section 4.2.3.3.

It can be seen that the reliance on the need to establish the presence of a) sexual arousal and b), sadistic fantasies makes the psychiatric diagnostic criteria subjective and therefore, problematic.

Furthermore, research by Marshall and colleagues has questioned the reliability of the psychiatric diagnosis. In one study, Marshall, Kennedy, Yates and Serran (2002) used expert forensic psychiatrists as participants and asked them to assess whether offenders described in vignettes that had been diagnosed as sadists or non-sadists in a previous study, met the criteria for sexual sadism. That is, the authors were examining the level of agreement, or reliability of the psychiatric diagnosis, across diagnosticians. Specifically, they asked the experts to make a diagnosis for each vignette, rate their confidence of their diagnosis, rate the relevance of features of the offender or their offence to the diagnosis of sexual sadism, and to identify the features that were necessary for the diagnosis of sexual sadism. They found the level of agreement between the experts' diagnoses ‘unsatisfactory’, and it has been concluded that expert forensic psychiatrists are not able to reliably apply the diagnostic criteria (Marshall & Hucker, 2006). A previous study investigating the reliability of the DSM diagnosis of sexual sadism reported acceptable reliability (Hucker et al, 1988), although Marshall & Kennedy (2001, 2003) suggest that this could be because all clinicians were from the same workplace, which may reflect them using the same interpretation of the criteria.
It appears that despite being a widely used definition of sadism, the DSM has several limitations, such as the emphasis on victim suffering, requirement to establish sexual arousal and inadequate reliability.

4.2.2 Inventory Approach

A more psychological approach would be to look at sadistic offending from a dimensional perspective. That is, not categorising an offender as 'sadistic' or 'not sadistic' but placing them on a continuum from 'low' to 'high'. Knight & Prentky (1990) aimed to explore the heterogeneity of rapists to investigate what dimensions were critical in distinguishing different subtypes. To do this, they looked at available typologies and used extant theory and empirical research to formulate a model of rapist typologies. They found the dimensions that clinicians had put forward as discriminating rapists included the amount of aggression employed and the presence or absence of sadism.

Prentky & Knight (1991) noted that all clinicians identified sadism as a distinguishing dimension. They attempted to operationalise the types or dimensions of rapists, assessed them for reliability and went on to validate them. The rapist subtypes in the most recent version (R3) are: opportunistic, pervasively angry, sexual sadistic, sexual non-sadistic and vindictive. The sadistic rapists are divided into overt sadistic (where aggression is evident through physically damaging acts) and muted sadistic (where aggression is symbolic or where fantasies have not been acted out in behaviour). This distinction followed difficulty in distinguishing sadistic from other types of rapist. Knight and Prentky's work to explore the nature of sexual aggression, led them to develop the Massachusetts Treatment Center Rapist Typology version 3 (MTC-R3), which is a tool to classify sexual offenders into sub-types on the dimensions of sexual aggression. Although they refer to dimensions of sexual aggression, the tool is to categorise rapists into subtypes, which uses a taxonomic approach.
The criteria for assigning an offender to the 'sadistic' category are: at least one criteria of scale A (intense and recurring sexually aggressive fantasies, pre-mortem torture, ritualised violence, post-mortem intercourse or mutilation) or at least two in scale B (violence to sexualised body parts, burns victim, insertion into body cavities). This places a good deal of emphasis on post-mortem activity, despite the uncertainty regarding its relevance (e.g. Baeza & Turvey, 1999). It also relies heavily on judging whether an individual has aggressive sexual fantasies, which is noted to be difficult to infer (e.g. Marshall & Kennedy, 2001, 2003).

Knight & Prentky reported difficulties in obtaining critical information from file-based material required to define sub-groups. As an example of this, Barbaree et al (1994) employed the MTC:R3 to attempt to place 80 sex offenders into Knight & Prentky's typologies. They recorded difficulties in employing the MTC: R3, with 25% of the sample unable to be classified.

Because of these problems in distinguishing different types of rapist from the material available in files, an inventory to address this issue was developed. The Multidimensional Assessment of Sexual Aggression (MASA) (Knight, Prentky & Cerce, 1994) employed items adapted from existing relevant inventories, and generated further items where necessary, to assess each domain of sexual aggression. This research was based on 127 sexual offenders incarcerated in a treatment centre for "sexually dangerous persons", and included perpetrators of offences against adults and children. The MTC: R3 dimension of 'global sadism' was broken down in the MASA inventory, using principal components analysis, into bondage, synergy between sex and aggression, and sadistic fantasies. Bondage was found to have acceptable test-retest reliability but the latter two subscales were reported to fail to reach minimal levels of test-retest reliability (Prentky & Knight, 1991) and the fantasy component evidenced poor concurrent validity with the MTC:R3. The authors noted that differentiating sadistic motivation from other subtypes of sexual aggression had proved difficult, in that:

Clear operationization of the construct has remained elusive because of the inferential nature of the motivational and arousal components involved. Inferring
sexual arousal to injury or distress even from detailed descriptions of offense behaviors is a formidable task (Prentky & Knight, 1991, p.651).

As well as highlighting the problems in reliably distinguishing sadistic sex offenders from other 'types', this also raises the issue of making judgements of motivation and sexual arousal to victim suffering. This relates to Marshall & Kennedy’s (2001, 2003) position that subjective measures lead to unreliable data, whilst a more objective measure, such as offence behaviours (c.f. the offender’s motivation) could provide more reliable data.

In a very recent article, Marshall & Hucker (2006) outlined a Sexual Sadism Scale that is currently in development. The scale is based upon the DSM criteria for sexual sadism which they asked experts to rate in terms of relevance to the diagnosis of sexual sadism (Marshall, Kennedy, Yates & Serran, 2002). On the basis of the ratings, Marshall & Hucker (2006) have generated a scale which is split into four groups, reflecting the outcome of the ratings (i.e. items grouped by whether deemed essential, important, relevant and somewhat relevant), and have weighted the items accordingly. They have yet to empirically analyse any data or investigate the reliability (including inter-rater reliability) and validity of the measure.

4.2.3 Related Measures

4.2.3.1 Self-report questionnaires

Self-report questionnaires such as the Wilson sex fantasy questionnaire (SFQ- Wilson, 1978) and the Multiphasic Sex Inventory (MSI- Nichols & Molinder, 1984) aim to tap into the sadistic components of fantasy and offending.

The Wilson SFQ (1978) is a 40-item self-report questionnaire asking respondents to indicate how frequently they fantasise about various themes (from never to regularly), including sadistic themes such as “forcing someone to do something”, “whipping or spanking someone”, and “tying someone up”. Items in the scale were generated from a
survey of scientific and clinical literature in addition to the content of popular pornographic publications and were intended to cover the spectrum from ‘normal’ to ‘deviant and relatively obscene’ (p.49). Wilson developed the scale to quantify fantasy and as an indirect measure of sexual preferences and libido (Wilson, 1988). His 1988 paper expanded the questionnaire to include asking respondents to indicate how frequently they thought about each item in terms of daydream fantasies, fantasies during intercourse or masturbation, whilst asleep, as well as whether they had engaged in the behaviour in reality or would like to do in reality. Principal components analysis was employed to explore the underlying dimensions of sexual fantasy. Wilson (1988) reported that the scale consisted of four factors (exploratory, intimate, impersonal and sadomasochistic), although the reliability of the components or overall model were not reported. The author also found that when the questionnaire was administered to male ‘controls’ and ‘sexually variant’ males (fetishists, transvestites, sadomasochists and polyvariants) both groups had similar results for exploratory and intimate fantasy but the sexually variant group had markedly higher impersonal and sadomasochistic fantasy (Gosselin & Wilson, 1980), indicating the discriminatory power to some degree. One limitation of the scale in the context of this research is that it does not explicitly cover fantasy of a non-consensual nature; rather ‘deviant’ fantasy in the scale reflects deviation from social norms, and does not suggest imagining illegal activities. Furthermore, there is little information regarding its reliability, and there appears to be scant research undertaken on the SFQ within a sexual offending population. Therefore, its validity in this population is not known.

The Multiphasic Sex Inventory (MSI- Nichols & Molinder, 1984) is a 300-item self-report questionnaire designed to assess the psychosexual characteristics of convicted sexual offenders. It has twenty scales including sexual deviance, atypical sexual behaviour, sexual dysfunction, sexual knowledge and treatment attitudes. There are also six validity scales. The scale reflects the authors’ position that offenders have cognitions relevant to offending, that there are behavioural correlates to sex offending, and that offenders ‘defend’ their deviance to either themselves or others through deception (Nichols & Molinder, 1984). The sadism scale has 10 items including “I have beaten a
person during a sexual encounter". Unlike the Wilson SFQ, these items are specifically in relation to offending sadistic behaviour. The results of an eight-year project in examining the reliability and validity of the test led to the development of the MSI-II (Nichols & Molinder, 2002), which is an expanded version of the MSI with 560 items.

Factor analysis of the MSI-II scales indicates 10 factors. In the model the sexual sadism scale is located alongside fetishism, bondage / discipline, masochism and gender identity. The original manual reported that the test re-test reliability of the additional paraphilia indices, which includes sadism is .89. However, using the expanded MSI-II results from a sample of 1200 child molesters, it was reported that the internal consistency of the sexual sadism scale was .54 (nicholsandmolinder.com), which is below the desired .7 alpha coefficient (Kline, 2000).

A limitation of self-report measures is that they are transparent and open to faking. For example, it is clear what the desirable response is to "I have beaten a person during a sexual encounter". Unlike the Wilson SFQ, the MSI includes items assessing social desirability, although the items relating to sexual sadism remain transparent. Offenders could find it difficult to reveal their offending behaviour and fantasy. It has already been noted in the previous chapter that a problem with asking offenders about their fantasies in order to determine sadism is that sex offenders in general do not want to or find difficulty in, revealing their sexual fantasies (Grubin, 1994; Warren, Hazelwood & Dietz, 1996; Warren & Hazelwood, 2002). This could be due to several issues, including shame, guilt or an attempt to deceive. Therefore, less direct means than interviewing or asking an offender to self-report need to be sought.

Methods have been proposed to address the issue of alternative means of assessing fantasy, such as through employing projective tests, and the measurement of observable sexual arousal through phallometric testing.
4.2.3.2 Projective testing

The aim of projective tests is to present a respondent with ambiguous stimuli and ask them to describe the stimuli. The underlying assumption is that a respondent’s personal beliefs, attitudes and interests are projected onto their response. A projective test used to assess deviant fantasy in the literature has been the Criminal Fantasy Technique (Schlesinger & Kutash, 1981). It shows a series of scenes depicting crime scenes either about to take place, taking place or having just taken place and asks respondents to create a story concerning each scene. This is to include such factors the offender’s motivation, level of planning, what they were thinking and feeling immediately prior to, during and after the offence and whether the offender will re-offend. It is proposed that the descriptions provided by the respondent represent and reflect their fantasies. This test has been shown to differentiate offenders who committed impulsive single sex offences from premeditated and serial offences (Deu & Edelmann, 1997). The advantage of this type of measure is that the aim of the test is not transparent, like self-report methods, and therefore is less likely to be affected by attempts at impression management.

4.2.3.3 Phallometric assessment

Phallometry is a method of measurement used to assess sexual arousal by recording penile erectile responding to sexual and other material. The basis of the technique is that an erection of any degree is the result of increased blood flow to the penis. This causes the penis to extend and expand. Therefore, changes in penile tumescence reflect changes in sexual arousal. Phallometric testing using the penile plethysmograph (PPG) measures the level of sexual arousal to stimuli by recording penile tumescence through a clip attached to the penis. Although not it’s original use, PPG assessments began to be utilised with sex offenders in the 1970s to gauge deviant preference and arousal. For example, assessment of offenders with offences against children would be shown images of adults and children and the penile responses to the two groups compared, whilst other assessments for adult offenders involve presenting stimuli depicting consenting sex,
sexual aggression and non-sexual aggression. Since the 1970s the PPG has come to play a potentially useful role in the assessment and treatment of sexual offenders across the world (Marshall & Firestone, 1999). The importance of this role is emphasised by the findings that deviant arousal as measured by the PPG is one of the strongest predictors of sexual re-offending (e.g. Hanson & Harris, 1998).

The PPG has been employed to measure arousal to sadistic material, although it has recently been noted that there is currently no adequate stimuli specifically designed to assess sadistic arousal (Marshall & Hucker, 2006). For example, Quinsey, Chaplin & Upfold (1984) compared rapists’ and non-rapists’ sexual arousal to consenting, rape, consenting and non-consenting sadomasochistic themes (bondage and spanking) and non-sexual violence, using phallometric assessment. They found that rapists responded significantly more to rape stimuli than non-rapists. There were no significant differences found between groups for the sadomasochistic stimuli, although controls had a higher mean response to consenting bondage than rapists, and rapists had higher mean responses to non-consenting bondage. Rapists were also observed to have higher responses to non-sexual violence. The authors concluded that the level of violence is an important differentiator of rapists from non-rapists.

Rice et al (1994) compared the sexual arousal of rapists and non-rapists to material depicting victim suffering, through PPG. They found that rapists had greater responses to rape material, whilst non-rapists preferred consenting material. The level of suffering of the victim also distinguished rapists from non-rapists, whereby rapists responded more than non-rapists. Proulx (2001) compared sadists and non-sadists using the MTC-R3 and found that sadistic sex offenders had a higher mean physical rape index and humiliation index. However, Marshall, Kennedy and Yates (2002) reported that using the DSM diagnostic criteria of sexual sadism to identify sadists and non-sadists, non-sadists showed a greater sexual preference for rape than sadists.
PPG has also been used as a proxy measure of sadistic fantasy. For example, Beauregard, Lussier & Proulx (2005) investigated the role of sexual fantasies on rapists’ modus operandi, using PPG responses as an indirect measure of sexual fantasy. They found that there was a link between sexual fantasy and offending, with those exhibiting greater sexual arousal to non-sexual violence displaying higher levels of offence organisation.

Limitations of the PPG include the lack of standardisation—although attempts are currently in progress (e.g. HM Prison service), the problem of low responders and faking, and the issue of how to define a deviant profile. There is some agreement that arousal to deviant material is defined as an 80% or higher level of responding compared to non-deviant material (e.g. HM Prison service criteria). Additionally, it is not expected that all sex offenders will produce deviant responses. There are a number of possible reasons for low responding, such as laboratory conditions, state, and faking, but as mentioned in the theoretical chapter, not all sex offenders have deviant arousal / interests.

A further difficulty relating to the above measures is that there is potentially a difference between an individual reporting fantasising about sadistic acts and engaging in such behaviour, although it is reported that previous research investigating the relationship between sexual fantasy and sexual aggression has used the PPG to measure it (Prentky & Knight, 1991). Of course, there are theoretical models and evidence discussed in the previous chapter that support a relationship between fantasy and behaviour. In fact, Wilson (1988) summarised from previous findings that “fantasy is the key to sexual preferences” (p.45). However, there is a leap between thinking and doing something, and even between doing something, and doing something against the law (consider the case of SM practitioners). It might be that someone who is observed to have deviant sexual fantasies engages in sadistic behaviour, but this measure alone cannot be sufficient in defining a person as sadistic. This is important, especially when considering PPG findings, as sexual arousal to deviant stimuli has been viewed as equivalent to
engaging in deviant sexual fantasies. However, a counter-argument would be that what a person finds arousing is reflected in their sexual behaviour, and since sexual offenders have engaged in sexually aggressive behaviour, the link between arousal or fantasy and behaviour is significant.

4.2.3.4 Other psychometrics- personality measures

The Millon Clinical Multiaxial Inventory (MCMI-III, Millon, Millon & Davis, 1994) is a 175 item self-report questionnaire based on Millon's theory of personality and the DSM-III. It operates as a diagnostic screening and clinical assessment of personality in clinical settings. It provides clinicians with information regarding clinical personality patterns (of which aggressive (sadistic) is one), severe personality pathology, clinical syndromes and severe syndromes. The construct of sadistic personality disorder, as presented in the DSM-III, is the basis for the aggressive (sadistic) subscale, despite it being deleted from the DSM-IV. It emphasises that, although a person may not be deemed antisocial by their peers, they may gain pleasure from violating rights and feelings of others, and from humiliating, and being hostile and dominating. The development of the subscale’s items was based on the DSM-III criteria and the theory underpinning this.

For example:

- criterion 6 in DSM-III for sadistic personality disorder is “gets other people to do what he or she wants by frightening them (through intimidation or even terror)” which is translated into “I often get angry with people who do things slowly” (item 87) in the MCM-II.

- criterion 4 in DSM-III for sadistic personality disorder is “amused by or takes pleasure in the psychological or physical suffering of others (including animals)” which is translated as “I don’t know why but I sometimes say cruel things just to make others unhappy” (item 64)
criterion 2 in DSM-III for sadistic personality disorder is “humiliates or demeans people in the presence of others” which is translated as “I often criticize people strongly if they annoy me” (item 9)

criterion 1 in DSM-III for sadistic personality disorder is “has used physical cruelty or violence for the purpose of establishing dominance in a relationship (not merely to achieve some non-interpersonal goal)” which is translated as “I often make people angry by bossing them about” (item 95)

The aggressive (sadistic) scale has shown reasonable reliability (alpha .79). However, examining the above translations from diagnostic criteria in to scale items, it could be argued that the translated items do not capture the essence of the original criteria. There are additional concerns regarding the validity of the test. At a fundamental level, the use of DSM-III sadistic personality disorder as a base for the aggressive (sadistic) scale is questionable. Spitzer et al (1991) surveyed forensic psychiatrists regarding the validity of the sadistic personality disorder diagnosis and found that although the majority thought it a useful concept, only 11% believed there was sufficient evidence regarding its validity to give reason for its inclusion in the DSM-IV. In fact, subsequently the DSM-IV excluded this diagnosis. Berger, Berner, Bolterauer, Gutierrez & Berger (1999) examined the properties of SPD and found that the results did not support the notion of a discrete disorder. This item overlap has been observed as a limitation of the test as a whole.

It can be seen from the above examination that there are several concerns and limitations regarding the way sadism and sadistic offending has been measured previously. Other methods that could be potentially useful in exploring this domain suffer from constraints such as relying on self-report, not evidencing adequate reliability and validity, and not explicitly attempting to measure sadistic offending. Therefore, there is a need to develop a tool to address the above problems with current measures. So that, for example, it will not need to rely on self-report and it will need to be objective and to be reliable and valid.
In psychological research it is often the case that where constructs have no widely agreed measure, there is an attempt made to measure them. The subsequent measure that is generated can act as an operational definition of the concept being investigated (Coolican, 1999).

There are several practical issues concerning test development in general that require further consideration prior to thinking about how these will be approached in the current research (outlined in chapter 5).

The two main areas of test development to consider are reliability and validity. Reliability assesses the consistency of a test. This is important when a test asserts that it measures a particular domain, as a test that produces an inconsistent picture cannot be measuring a single domain. Validity is the degree to which a test measures what it is intended to measure. This is obviously crucial; as if the tool does not measure what it purports to then has limited utility.

There are three ways in which reliability can be examined: internal consistency, test-retest and inter-rater reliability.

- **Internal consistency** is the degree to which the test measures a single construct. This relates to the issue of validity, whereby a test measuring multiple domains when it purports to be tapping a single construct has low validity. Therefore, a test must have adequate reliability to be valid. Internal consistency correlates items within a test and the most widely used indicator of internal consistency is coefficient alpha (Kline, 2000). Alphas of .7 or above indicate adequate reliability.

- **Test re-test reliability** is used to investigate whether a test administered at time B will produce the same results as at time A, given the same conditions. Like internal consistency, test re-test reliability measures correlations, but it is the correlations between test scores that are utilised. This is relevant in cases where the test is measuring a stable trait, such as IQ or psychopathy.
Inter-rater agreement is evaluated in tests which are scored by raters, where the ratings of two or more judges are examined for level of agreement. The assumption is that if there is poor agreement between judges then the reliability of the ratings is brought into question.

After a test has been observed to have adequate reliability, it is necessary to assess whether it measures what it intended to measure, that is, is it valid?

Face validity gauges whether the items in a test appear to be relevant to the domain under investigation. One consideration with this is in cases where it is necessary that the respondent is not aware of the purpose of the test. For example, test items assessing social desirability, lying or suggestibility, as well as projective tests would be open to faking and impression management.

Content validity considers whether a test sufficiently measures the construct under investigation, that is, is the item content representative of the phenomenon. A common approach to examining content validity is to ask a group of experts to review the test to ensure that it adequately reflects the topic (Anastasi, 1982, Kline, 2000).

Criterion or predictive validity assesses the extent to which a test can be utilised to predict a score on another measure. A difficulty in this is identifying the criterion that will predict it. Kline (2000) highlights the case of the extraversion scale of the Eysenk Personality Questionnaire as “virtually impossible” (p.23) to establish criterion or predictive validity. Kline (2000) noted that a similar problem also relates to another type of validity- concurrent validity. This seeks to compare a test with an existing test measuring the same construct. The premise is that if the two tests correlate highly they measure the same thing, thus supporting the validity of the test. However, many tests are developed in areas that do not have an existing reliable or valid measure, and so establishing concurrent validity is problematic.

Construct validity is a further method to assessing whether a test measures what it purports to by examining the extent to which constructs generated from a measure
support the existing knowledge of the nature of the construct. Hypothetical constructs that explain the observed scores on a test can be investigated using multivariate methods such as exploratory factor analysis and multidimensional scaling. Construct validity is essentially established through the adequacy of other types of validity (Kline, 2000).

Two other forms of validity widely referred to are internal and external validity;

- Internal validity considers the factor structure of a test and asks whether there are factors that explain the observed data, and assessing whether the derived factor structure makes conceptual sense. Internal validity encompasses construct validity.
- External validity measures whether the results can be generalised across time, samples, populations etc. This is central to a test if it is to be administered in more than one sample.

4.3 Conclusion

Findings from the limited research carried out with individuals who engage in sadistic sex offending indicate that they are at high risk of recidivism and pose a risk of serious harm to others. However, because there is a lack of clarity in defining sadistic offending, and subsequently no adequate measurement, outcomes of previous research are difficult to compare and there is no means by which these offenders can be identified in order to conduct further research. Therefore there is a need to develop a measure to address this.

Previous features theoretically and conceptually relevant to sadistic sex offending will be drawn on in this research, including examining childhood factors, deviant sexual interest factors, interpersonal factors, and factors relating to the maintenance of sadistic sex offending. It is likely that elements of sadistic offending will involve pain / suffering, control, humiliation and level of force and victim injury.
The necessary psychometric properties to take into consideration when devising a test have been examined. It is clear that any attempt to develop a measure of sadistic offending must take the issues of reliability and validity into account.

The empirical studies in this research will explore the phenomenology of sadistic offending through the development of a checklist. Once the checklist has been generated that covers the domain adequately, and after it has been applied to sex offending populations, the underlying structure will be examined and the interaction between levels of sadistic offending as measured by the checklist and theoretically and empirically derived variables previously identified as relevant to sadistic offending will be investigated.
Chapter 5: Thesis measurement and method

This chapter considers the methodology and rationale for the current set of studies. In doing so, a brief history of the original idea and ethical considerations that contributed to the shaping of the research questions are discussed.

The initial focus of the thesis was an investigation into the role that deviant sexual fantasy may play in the development and maintenance of sadistic sex offending. Deviant fantasy has been recognised in the research literature as a means by which offenders can rehearse offending situations and strengthen the likelihood of re-offending. The original aim had been to explore the differences between sadistic sex offenders and non-sadistic sex offenders regarding the nature and function of their sexual fantasies. Two factors emerged during the initial phase of the research that necessitated significant modification of the research design.

Firstly, concerns expressed by the Ethics Committee in relation to undertaking research on deviant sexual fantasy meant that the proposal did not gain the necessary ethical approval. Their major objection was a belief that there would be an adverse effect on the respondents in terms of allowing them to make their fantasies explicit and that there was in their view an unacceptable risk to myself as a young woman researcher in terms of me potentially creating an opportunity for their fantasising. Underlying the committee’s concerns about asking offenders to complete various assessments on sexual fantasy including describing their sexual fantasies was the utility of such research (see Appendix 1).

Secondly, although it was clear from the literature that there might be a link between sadistic offending and offence-related fantasy, when considering the wider literature on sadism and sadistic offending it became apparent that the notion of being able to dichotomise individuals into a ‘sadistic’ or ‘non-sadistic’ category was not straightforward. This difficulty in distinguishing sadistic from non-sadistic sex
offenders, due to there being no adequate measure to date, was also raised in feedback from HM Prison Service (personal communication), who recognised the need for more fundamental work in this area. The Prison Service too had issues about the practicalities and possible consequences of a research design requiring interviews and assessments of prisoners. Therefore, for ethical, theoretical and practical reasons, the research questions posed by the current thesis were modified to adapt to these considerations.

Previous research detailed in earlier chapters has highlighted the lack of consensually agreed knowledge and understanding of sadistic sexual offending. These deficiencies include:

- lack of agreement regarding the definition of sadism and sadistic behaviour;
- dearth of knowledge relating to the identification, assessment, management and treatment of such offending;
- no reliable measurement instrument;
- a gap between clinical practice and research.

The implications of the above are that this group of potentially high risk re-offending individuals are not having their needs met. Currently there is no tailored treatment and or management for offenders who have committed sadistic offences (see Hollin, 1997), and concerns have been raised regarding their inclusion in generic programmes because it has been alleged that these generic interventions may actually enhance their offending behaviours, although there is no empirical support currently.

To reiterate, this thesis aims to contribute to meeting the deficiencies outlined above in three ways:

1. clarify the definitional status of sadism;
2. contribute to the conceptual understanding, thus adding to theoretical knowledge;
3. create a reliable and valid measurement tool to assess sadism in sex offenders.
The overall proposition of the thesis is that sadistic offending can be defined in terms of historic and contemporary static and dynamic features and operationalised in the form of a scale of sadism.

In terms of definitional issues, this thesis explores the phenomenology of sadistic behaviour and identifies its components, from which an operational definition is generated. A start on this aim has been made in chapter two. The thesis proposes that there are underlying dimensions of sadistic behaviour, and that identifying these can clarify this construct.

Regarding theoretical issues, this thesis aims to evaluate previous theoretical and conceptual issues purported to be relevant to sadistic offending. It is proposed that this critical review will contribute to current thinking about sadism. The research reviewed in chapter three outlines some of the conceptual and theoretical thinking to date.

Finally, this thesis aims to take the first step in developing a measure of sadistic offending and to assess its reliability and validity. It is proposed that a measure of sadistic offending can be developed. Chapter four laid the ground for this and the present chapter develops this part of the thesis.

5.1 First steps in measuring sadistic offending: definition

The starting point for measuring a concept is adequate definition. Often defining a concept is undertaken by reviewing the currently available research literature. Then a definition can be derived from research findings. Thus, in order to examine what constructs underlie sadistic behaviour, it is necessary to first generate a set of descriptors that are said to represent the phenomenon. Once this first step is complete, the descriptors can be employed to develop a measure.

Generation of scale items has often involved identifying theoretically relevant concepts from the research literature. For example, Gudjonsson (1984) developed a scale of
interrogative suggestibility (Gudjonsson Suggestibility Scale- GSS) following the identification of a gap in the literature for such a measure. He developed the scale through generating items to measure previously documented types of suggestibility. Gudjonsson (1989) also used established theoretically and conceptually relevant items of compliant behaviour to guide generation of items for his compliance scale. Ireland (1999) also used extant literature and modified a previous checklist to create the Direct and Indirect Prisoner Checklist (DIPC), a measure of bullying behaviours. This work was developed following identification of the need for clarification in the definition of bullying (Ireland & Ireland, 2003), and sought to address this through operationalising the concept and creating a checklist of behaviour with which to measure it. In this respect, it is analogous to the aims of this thesis.

However, relying solely on previous literature and theory alone to generate scale items for sadism and sadistic offending raises the issue of completeness. Literature searches may omit possible items, to those identified as salient, currently used by clinicians working with such offenders. As the present aim is to produce an exhaustive checklist that encapsulates all the pertinent factors in sadistic offending, it is clear that information needs to be gathered from clinical practice insights as well as research insights. This combined method of utilising research literature and expert judgement to generate items in scale development has often been employed in psychology (e.g. measuring ‘mindfulness’- Walach, Buchheld, Buttenmuller, Kleinknecht & Schmidt, 2006) and other areas (e.g. measuring chronic pain- Adams, Gatchel, Robinson, Polatin, Gajraj, Deschner & Noe, 2004; measuring the work-family interface- Carlson, Kaemar, Wayne & Gryzwacz, 2006).

More particularly in forensic psychology, the importance of practitioner input in the development of measures has been illustrated in Hare’s Psychopathy Checklist (PCL-R, 1991). Hare used a method of synthesising previous research and theory with practitioner knowledge. The initial psychopathy measure took the clinical descriptions of psychopaths elucidated by Cleckley (1976) as the basis for Hare’s checklist. Cleckley (1976), in his book The Mask of Sanity, described the features of clients he had worked
with clinically whom he deemed psychopathic. Hare and his colleagues developed the PCL by using Cleckley's list of psychopaths' characteristics as a guideline to identify the presence and degree of psychopathy in individuals by compiling interview and file information. This checklist was then employed and practitioners with many years of experience of working with such offenders provided input to inform the subsequent revised version of the psychopathy checklist. A further ten years was spent refining and improving the procedure for identifying psychopathy, resulting in the PCL-R (Hare, 1999).

From chapters 2, 3 & 4 of the current thesis it is clear that there is a gap in the previous literature regarding our understanding of sadistic offending, and it is also noted that definitions have been predominantly either clinically or empirically generated, and that previous work has tended not to bring them together. The current research aims to bridge this gap by generating the measurement items, and subsequent operational definition using both findings from previous literature and expert practitioner opinion.

The aim is to create a set of items that reflect the concept of sadistic behaviour so that the themes that underlie it can be investigated and a measurement tool developed. Marshall & Kennedy (2001, 2003) have previously indicated that the reliance on behaviour will have more utility than reliance on diagnosis.

It is important to consider how to generate the items that will go into the checklist, in order to create a theoretically based measure than can be developed empirically. This research proposes to employ a similar process to the case described above to generate the items to be included in the checklist, through considering the research literature to date and expert practitioners' opinions.

To summarise, the aim of analysing the research literature is to identify the salient features of sadism and sadistic offending. One method widely used to analyse the content of material in order to identify and quantify information pertinent to a research question is Content Analysis (CA). Content Analysis is "any technique for making
inferences by objectively and systematically identifying specified characteristics of messages” (Holsti, 1969 p.14). An example of a ‘characteristic’ of a message is the frequency of words or key words. An assumption is that words used more frequently in a message will reflect important themes. Neuendorf (2002) noted that the scope and complexity of identifying and making inferences can vary widely, from recording the frequency of a particular word, to in-depth, multifaceted exploration of a phenomenon. This is especially suited to the task set by the present research, as it enables the identification and specification of features relevant to sadistic offending in the research literature, and to record the frequency of features mentioned.

In terms of investigating expert opinion, a method that has previously been applied when the research area is relatively new or under-researched or where there is no consensus, is the Delphi Technique.

The Delphi Technique is a method of achieving consensus in an area where there is no adequate knowledge base (Jenkins & Smith, 1994). Although originally utilised in the field of defence, the method has been increasingly employed in health and social sciences as a means of exploring opinion on complex topics (Sharkey & Sharples, 2001). For example, Fiander & Burns (1998) sought to identify essential components of schizophrenia care. They established an expert panel of 15 consultant psychiatrists who explored the possible components of schizophrenia care. It was reported that not only did the Delphi generate ‘essential’ or ‘very important’ components of care, it also identified components where there was little consensus, and components which were relevant but of less importance. This enabled a set of essential components of care to be identified in order to improve the service provided and care for schizophrenic individuals. The authors concluded that this method of data collection and analysis could be beneficially employed in the mental health field to identify common ground and bring greater understanding to concepts that require clarification (Fiander & Burns, 1998).

Sharkey & Sharples (2001) used this approach to generate a learning resource in clinical risk assessment and management in mental health settings. They employed thematic
content analysis on the qualitative data derived from the Delphi Technique and provided descriptive statistics of the level of agreement among experts, with the aim of describing level of agreement and to gain consensus regarding the content of the learning pack.

The rationale for employing such a method in the current research is that a review of the research literature has highlighted a lack of agreement and clarity regarding the definition and dimensions that constitute sadistic offending. The Delphi approach is a method of identifying relevant aspects of a given area, exploring levels of agreement in areas where there is no clarity or consensus and is employed to bring greater understanding to the area. Therefore, it was proposed that using this methodology would provide greater insight into the phenomenon and would aid generation of relevant items for a checklist measuring sadism / sadistic behaviour. Unfortunately, for practical reasons a full three-round model was not possible, and therefore this thesis employs an adapted version of the Delphi Technique (see chapter 6 for details).

In order to investigate the components of sadistic behaviour and generate a subsequent operational definition from them, it was helpful to undertake multivariate statistical analyses to explore the underlying themes. Multivariate methods are used to answer more complex research questions than univariate or bivariate statistics as they allow for the analysis of multiple variables simultaneously. So, for example, principal components analysis will be employed to investigate the underlying structure of a phenomenon through analysing the inter-correlations between items to generate smaller groups (components) that summarise these correlations empirically (Tabachnick & Fidell, 1996). Another multivariate approach to exploring underlying structure is multidimensional scaling (MDS), of which there are several methods.

The current research aims to triangulate findings, by employing different methods of analysis to assess a single construct so that if the different analyses reach the same conclusions they can corroborate, and therefore validates the structures identified.
5.2 Theoretical component

The second aim of the thesis is to examine whether variables theoretically and conceptually related to sadistic offending can be supported, in order to provide a greater understanding of sadistic offending and factors relevant to its development and maintenance. Currently, the theoretical accounts of sadism and sadistic offending are deficient in several aspects. Firstly, there are very few theories that are specific to sadistic offending. Secondly, those that consider sadism and are based on empirical work have been generated from the research findings of small samples (MacCulloch et al, 1983 n=16, Burgess et al, 1986 n=36). Moreover, it is clear that the role of potentially relevant variables, such as psychopathy, disinhibitors, and childhood abuse, require further investigation.

The exploration of potentially relevant variables in sadistic offending will be undertaken using bivariate and multivariate statistical procedures to investigate whether related variables can differentiate between individuals engaging in high and low levels of sadistic behaviour.

5.3 Measurement component

The third aim considers whether the proposed scale measuring sadistic offending is reliable and valid. There are several ways in which reliability and validity can be examined (see Chapter 4). This thesis will:

- Evaluate the reliability of the scale by assessing:
  - inter-rater reliability, through observing the level of agreement between coders in identifying features relevant to sadism in the content analysis, and when rating the respondents on the checklist items (i.e. evaluating the reliability of ratings).
  - internal consistency, which is assessed in test construction to insure that the scale is measuring what it purports to throughout the test, through
coefficient alpha. This is regarded as the best indicator of internal consistency (Kline, 2000).

- whether it reliably fits a unidimensional model. This considers whether the items on a scale are measuring the same construct. This can be assessed in several ways, such as exploring the descriptive statistics of the measure for normality, investigating the structure of the measure using principal components analysis, and undertaking Rasch modelling. In relation to principal components analysis, unidimensionality does not suggest that observing more than one component indicates more than one construct, but indicates that there is an over-arching dimension encompassing the components. For example, Hare’s Psychopathy Checklist (PCL-R, 1991) is a reliable unidimensional construct that originally was found to consist of two factors (e.g. Hare, 1991). More recent investigation has indicated a three (Cooke & Michie, 2001) and four (Hare, 2003) factor structure underlying the unidimensional, higher-order construct of psychopathy. The Rasch model is a method that examines whether a scale fits a unidimensional structure and how scale items are ordered in terms of difficulty. Kline (2000) highlights that one of its purposes is as a method that demonstrates whether a scale has internal consistency, regardless of its population trait variance (i.e. population free). It can also be used to observe whether internal consistency is present, through the within population item fit.

- Assess the validity of the scale. Validity checks include:
  - face / content validity, i.e. whether the checklist measures what it purports to measure (sadistic behaviour), through the generation of items using expert and the research literature, asking experts to rate the relevance of the items, and inviting experts to identify any items not included that are relevant.
  - Construct validity i.e. undertaking research to seek evidence that the findings are in concordance with the known nature of the construct, in relation to the current knowledge base. This is demonstrated through
other types of validity (Kline, 2000). In this research it will be assessed, for example, by investigating whether the elements of sadistic behaviour generated by exploratory factor analysis and multidimensional scaling which explain the observed scores on the checklist, are consistent with extant knowledge about the nature of sadistic offending (a form of content validity). Another method to examine construct validity is to investigate whether the elements identified through one type of analysis, or sample, is consistent across alternative analyses and samples (external validity).

The issue of criterion or concurrent validity- i.e. whether the measure correlates with other measures of sadism, is problematic in this research area as there are no reliable and valid measures available. Additional data to be collected, which although not equivalent measures, are variables that have been hypothesised to relate to sadism and sadistic behaviour (as opposed to a measure sadism and sadistic behaviour), so that any support for these provides evidence for the validity of the measure.

5.4 Rationale for sampling

The respondent samples in this study will be convicted adult male sexual offenders against both adults and children, and males and females. The measure will be applied to a mentally disordered sample and validated on a non-mentally disordered sample. File data will be rated for sadistic behaviour using the developed measure.

The rationale for using convicted (sexual) offenders is that, as discussed briefly in chapter three, consenting SM behaviour may not be qualitatively the same as offending sexual behaviour. This thesis is concerned with behaviours that are non consensual and result in harm deemed to cross the threshold of consent, which are defined as criminal. On a practical level, convicted offenders are easier to identify than non-convicted offenders within the general population, or those who engage in non-offending sadistic behaviour. There is also more information more easily available on offending
behaviours. This information is likely to be more objective, as it will include police depositions and court transcripts of behaviour, as opposed to relying on the respondent or their partner to disclose behaviours.

The respondents will consist of offenders convicted of either contact sexual offences, or non-sexual offences with sexual elements. Offenders without an index sexual offence will be considered because the offence for which an individual is convicted is always the most serious offence, and so it is possible that sexual assault could have occurred within the offence. For example, an individual who sexually assaults or rapes a victim before killing them would be convicted of murder and not the lesser offence of sexual assault or rape. Therefore, to capture as many offenders who had carried out contact sexual offences, those with offences with sexual elements were also included. Respondents were identified and rated on their index offence (the offence that brought them to be incarcerated) because index offence information is more readily available.

The rationale for using male respondents is that the literature, theoretical concepts and measures discussed in previous chapters relates to males. Therefore, if most previous work is on males, it seems prudent to undertake further research using a male sample in the first instance. This is for several reasons. If little work has been undertaken with females then it is unknown whether sadism and sadistic offending is the same phenomenon in females. Furthermore, because there is little research on female sadistic offending, (nature, prevalence, development, and maintenance) there would be a question of the comparability of findings. From the literature available, there appears to be very few convicted female sex offenders, which would have implications for the utility of such research. Finally, it is clear from the previous chapters that sadistic offending has not been satisfactorily conceptualised or measured in male offenders, let alone in female offenders.

The rationale for including respondents who have offended against adult and child victims is that there is insufficient information available to warrant excluding either. Although Proulx et al (2003) postulated that including only respondents convicted of
offences against adult females would provide a clearer picture of sadism, Storr (1991) suggested that as children are easier to dominate, they may be intrinsically more appealing to sadistic offenders.

The rationale for investigating sadistic behaviour in mentally disordered and non-mentally disordered sexual offenders is that there is little understanding in the literature about whether sadism and sadistic offending is similar for both groups.

In terms of mentally disordered offenders, work has been undertaken with mentally ill and personality disordered individuals. Retvitch (1965, 1980) reported that most sadistic offences are carried out by psychotic individuals. Employing the MTC:R2, Rosenberg, Knight, Prentky & Lee (1988) found that sadists were more psychotically disturbed than exploitative, but not compensatory or displaced anger rapists. Langevin (2003) reported that 30% of sadists were diagnosed with psychosis, and psychosis was significantly more prevalent in sadists and sex murderers than sexual aggressives and general sex offenders. This research did not supply a definition of sadism, and noted that most sexual murderers were sadists. This is at odds with an earlier piece of work by Langevin et al (1988) who investigated the level of psychosis and acquittal by reason of insanity in sexual murderers, compared to sexually aggressive non-murderers and non-sexual murderers. They found that although sexual murderers had the lowest levels of psychosis (8%, compared with 1% of sexual aggressives and 15% of non-sexual murderers), they were acquitted more often than the other offenders by reason of insanity (64%, compared with 0% and 23%, respectively). This could suggest that offenders committing sadistic offences are perceived as mentally ill on the basis of the nature of their behaviour.

On the other hand, Dietz (1986) noted that sexual murderers are rarely psychotic, but that they are often psychopathic and sadistic. There has been much speculation regarding the role of personality disorder in sadistic offending (see Chapter 3), particularly with sadistic, antisocial and narcissistic traits, as well as with psychopathy.
In a review of previous literature on sadism, Hucker (1997) highlighted the debate of whether sadistic offenders are mad or bad - that is, are they mentally disordered or 'evil'. Although research has tended to speculate about the importance of mental disorders to sadistic offending, research has also been undertaken on non-mentally-disordered offenders. This research aims to explore the constructs of sadistic behaviour in both populations to investigate whether they have similar underlying dimensions.

5.5 Summary

This thesis aims to make a contribution to the knowledge and understanding of sadistic offending, addressed through definitional, theoretical and measurement components. This will be achieved by empirically generating the items to be included in a measure of sadistic behaviour using experts and a review of the research literature, developing and applying the measure to a mentally disordered sample, and then validating the measure in a non-mentally disordered sample. The measure will be subjected to reliability and validity checks, and the underlying themes will be explored.
Chapter 6: Study 1 (a & b) - Developing the Checklist

The discussion in chapter two regarding the definition of sadism and sadistic offending concluded that is a lack of clarity and no consensus regarding its constituent properties. Studies looking at 'sadistic' sex offenders have utilised various definitions and highlighted different factors as salient features. Previous literature has often called upon the psychiatric diagnostic criteria of sexual sadism to define the construct, although research (e.g. Marshall, Kennedy, Yates & Serran, 2002) has questioned the reliability of the psychiatric diagnosis. These issues have led to confusion over the utility and usefulness of the term and created problems of comparability in research findings.

The review of literature and measurement issues in relation to sadism and sadistic offending in sex offenders has also highlighted the need for more research into this area, including basic research to consider the fundamental question of what it is. Gaining this understanding is essential to informing identification, treatment and management needs, especially in light of the high risk associated with such behaviour, in terms of degree of victim injury and levels of recidivism.

The overall aim of this chapter is to generate an exhaustive set of items that reflect the concept of sadistic offending that will form the basis of a checklist to rate sex offenders on. The checklist items will then be analysed using multivariate statistics to investigate its underlying themes, in order to aid understanding of the nature and structure of sadistic offending.

As there is no consensus as to what sadism is and there is currently no adequate measure, it is important to obtain as much information from different sources to generate as comprehensive a set of items as possible that are relevant to sadism and sadistic offending. Previous research (the vast majority) in this area has either considered research findings or clinician's viewpoints, to a lesser extent. This study aims to bridge
the gap between research and clinical practice through utilising both in the generation of items.

Firstly, the research literature will be examined to investigate what features are pertinent to sadism and sadistic sex offending (study 1a). Secondly, expert practitioners will be approached to identify what, in their opinion, are relevant features (study 1b- stage 1). In test development, following generation of scale items, it is common for the items to be assessed by experts in the area to judge whether they sufficiently cover the domain. Therefore, expert practitioners will additionally be asked to rate the relevance of the scale items derived in study 1a and 1b to sadistic offending, and identify any areas thought to be of importance that are not included (study 1b- stage 2). This study will also report the level of agreement among experts. It is proposed that these findings will be used as the basis for developing the measure.

6.1 Study 1a: Research literature analysis

6.1.1 Study aims

To generate a set of items that encompass what has been reported in previous literature as relevant to sadism and sadistic offending. These items will then contribute towards forming the basis of the checklist to measure sadistic offending.

6.1.2 Method

6.1.2.1 Data analyses

The method chosen to analyse the data produced from the literature is Content Analysis (CA). Content Analysis is "any technique for making inferences by objectively and systematically identifying specified characteristics of messages" (Holsti, 1969 p.14). An example of a ‘characteristic’ of a message is the frequency of words or key words. An
assumption is that words used more frequently in a message will reflect important themes. Neuendorf (2002) noted that the scope and complexity of identifying and making inferences can vary widely, from recording the frequency of a particular word, to in-depth, multifaceted exploration of a phenomenon. This is especially suited to the task set by the present research, as it enables the identification and specification of features relevant to sadistic offending in the research literature, and to record the frequency of features. The entity to be studied is referred to as the unit of data collection.

CA includes both a mechanical and interpretive component. The former involves physically allocating data to categories on the basis of common elements (Krippendorf, 1980). The latter entails considering the meaningfulness of the subsequent categories to the research question. Quantitative CA seeks to create values from data (e.g. frequencies). The steps required to undertake a quantitative CA are to select the information to analyse (sampling) and to identify the unit of analysis (e.g. word, theme). The output is the frequencies of unit of analysis.

Content Analysis is an appropriate method to analyse the research literature because it can highlight what variables are being used to define sadism / describe sadistic characteristics and how frequently they are mentioned across articles. It is proposed that this research will use content analysis to examine the definitions and concepts relevant to sadism and sadistic offending highlighted in the research literature, to identify pertinent items that could be incorporated into the checklist. It will also be utilised to observe the frequency of these items to further assess the relevance of the items.

6.1.2.2 Sampling

For this study the unit of data collection, or sampling, is articles from the research literature.
Inclusion and exclusion criteria were created for the literature to be analysed. They were:

- Publications listed on PsychINFO between 1970 and 2002 in the English language
- To include the key terms sadism or sadistic
- Publications having reference to the (sex) offending population
- Publications not purely a review of previous work, but either reporting research findings or stating the authors’ opinion regarding the definition and indicative features of sadism or sadistic offending.

6.1.2.3 Coding unit

The coding unit to analyse the material with is the word. That is, material was analysed for words or phrases that were used to define sadism or sadistic offending, and/or features or behaviours indicative of such offenders.

6.1.2.4 Materials

The materials utilised were publications meeting the sampling criteria (see Appendix 2 for list of articles).

6.1.2.5 Procedure

A search of the research literature was conducted to identify relevant publications. This was undertaken using PsychINFO© (American Psychological Association), an electronic database giving access to abstracts and citations from psychological literature, covering behavioural science and mental health, from the 1800s to present. After identification of articles using the inclusion criteria, publications were read through to assess for relevance. Articles deemed not relevant following initial screening were
removed from the study, such as those with no reference to a definition or criteria for sadism or no reporting of features specific to sadistic offenders. This left 20 articles which were deemed relevant to sadistic offenders / sadistic behaviours (for list, see Appendix 2).

Each article was re-read, and any definitions of sadism used, or any characteristics suggestive of sadism and sadistic offenders described were recorded. If in the same article a characteristic or definition of sadism was repeated it was recorded only once, as it was not how many times a feature was mentioned in the same article that was important, rather, the frequency of characteristics across publications. This was undertaken in two stages.

The first stage involved reading through the articles and recording each definition used or feature of sadism or sadistic offending. A second coder rated 50% of the publications to check for inter-rater agreement. The percentage agreement was 94.2%.

The second stage was to condense the list of items into a manageable amount for practical and parsimonious purposes. Identical and equivalent items were grouped together. For example `captivity', `imprisonment' and `keep victim in cage' were collapsed into the category `imprisonment/captivity', and `denigration', `degradation' and `humiliation' were reduced into the category `humiliation/degradation'.

6.1.3 Results

Following stage two of the content analysis, the frequencies of the resulting variables were calculated. Table 6.1 presents the outcome of all variables with frequencies greater than one.

From table 6.1 it can be seen that firstly, as suggested earlier, there are a wide variety of terms used. The highest frequency characteristics are pain/suffering, humiliation/degradation and aggressive or sadistic sexual fantasies. The variables reflect
both offender (interpersonal, clinical and historical) and offence (behaviour, historical) features. It is noted that no features were agreed upon by all publications as indicative of sadism or sadistic offending, with only three items with over 50% agreement. A further five items had over 25% agreement. They were control/domination, bondage, cruelty/torture, asphyxiation and imprisonment/captivity.

Table 6.1 Frequency of features of sadism / sadistic offenders reported in the research literature from the content analysis

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>%</th>
<th>Variable</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain/suffering</td>
<td>15</td>
<td>75</td>
<td>Sexual deviance</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Humiliation / degradation</td>
<td>14</td>
<td>70</td>
<td>Homosexual experience</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Aggressive / sadistic fantasies</td>
<td>12</td>
<td>60</td>
<td>Foreign object penetration</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Control / domination</td>
<td>9</td>
<td>45</td>
<td>Vaginal rape</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Bondage</td>
<td>8</td>
<td>40</td>
<td>Record</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Asphyxiation</td>
<td>7</td>
<td>35</td>
<td>Stalking</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Cruelty / torture</td>
<td>6</td>
<td>30</td>
<td>Childhood abuse</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Imprisonment/captivity</td>
<td>6</td>
<td>30</td>
<td>Multiple paraphilias</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Blindfold</td>
<td>5</td>
<td>25</td>
<td>Victim injury</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Planning of offence</td>
<td>5</td>
<td>25</td>
<td>Kill</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Empathy deficits</td>
<td>5</td>
<td>25</td>
<td>Bite marks</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Excessive force used</td>
<td>5</td>
<td>25</td>
<td>Behavioural try-outs</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Interpersonal deficits</td>
<td>5</td>
<td>25</td>
<td>Escalation</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Pre-select location</td>
<td>4</td>
<td>20</td>
<td>Narcissism</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Con / ruse</td>
<td>4</td>
<td>20</td>
<td>Blow to victim</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Anal rape</td>
<td>4</td>
<td>20</td>
<td>Gender identity issues</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Forced fellatio</td>
<td>4</td>
<td>20</td>
<td>Peeping</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Gag</td>
<td>4</td>
<td>20</td>
<td>Variety of sexual acts</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Beat</td>
<td>4</td>
<td>20</td>
<td>Process victim's response</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Fear / terror</td>
<td>4</td>
<td>20</td>
<td>Arousal to aggression</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Sex mutilation</td>
<td>3</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6.1.4 Discussion

Study 1a has investigated the features indicative of sadistic offending highlighted in the research literature and the level of agreement. The percentage of articles that endorsed the same variables is reasonably low, which perhaps is symptomatic of the lack of consensus and clarity regarding the defining features of sadism and sadistic offending.
behaviour in the research literature, discussed in chapter 2. The findings from the analysis of the research literature have observed that sadistic offending is most often defined using offender / offence features such as 1) pain/suffering, 2) humiliation, 3) aggressive sexual fantasies, 4) control/domination and 5) bondage. The former three features are noted to encompass the main themes of the DSM psychiatric diagnosis, and reflect the reliance by many researchers on using the DSM as the criteria, or definition of sadism. The top five features are in line with the theoretical explanation for the development and maintenance of sadistic offending discussed in chapter three (e.g. Burgess et al, 1986, Laws & Marshall, 1990; Baumeister, 1999). The findings suggest that deviant fantasy and arousal are important mechanisms of sadism. This can be inferred through the relatively high level of agreement across articles of the relevance of aggressive or sadistic fantasy, as well as to a lesser extent sexual deviance and arousal to aggression. Control has been identified as the defining feature of sadistic offending previously by MacCulloch et al (1983) and the sadist quoted by Dietz et al (1990). Bondage has also been highlighted as an important component by Knight & Prentky & Cerce (1994) and is included in the ICD-10 definition of sadism.

6.2 Study 1b: Expert practitioner analysis

The second stage in the development of the checklist asked expert practitioners for their views on the features of sadism. The Delphi Technique was chosen as the procedure to assess the experts’ views on sadism and sadistic behaviour.

The Delphi technique is a method for measuring consensus among experts in a given field and was developed by the Rand Corporation in the 1950s for use on defence work (Sharkey & Sharples, 2001). It has since become a widely employed methodology among social scientists and health researchers. The method has been used in mental health settings (see chapter five for details) and is utilised when there is a lack of clarity in the domain of interest. It is used to identify agreement and improve understanding on concepts requiring elucidation. Figure 6.1 illustrates the three round Delphi method (Jones & Hunter, 1996).
An area of interest that requires investigation is identified, and then a relevant panel of experts regarding the topic is sought. The experts' responses are anonymous.

At the first round a questionnaire asks an open ended question requiring qualitative answers that allow for free expression of the experts' opinion on the chosen topic. These qualitative responses are transferred into statements to form a second questionnaire using Likert-type scales and experts are invited to rate the relevance or importance of each item or statement. The third, and subsequent rounds, provide the statements or items generated by the whole panel in round 2 and, additionally, each statement or item is accompanied by feedback of how the group responded in the previous round. The panel has to decide whether to amend their judgement in light of feedback. The process continues until consensus or stability of response is achieved. This then provides the researcher with information as to the relevance of the topic and items.
The rationale for employing such a method is that the literature review has highlighted a lack of consensus in the definition and identification of sadism and sadistic behaviour, and the elements that constitutes it. Therefore, it was hoped that using this methodology would provide greater insight into the phenomenon and would aid generation of relevant items for a checklist measuring sadism and sadistic behaviour. However, after an initial attempt at contacting experts it became clear that there was a difficulty in accessing them, due to the level of commitment required in participating in multiple feedback stages. Therefore, it was decided that a modified Delphi approach would be utilised, undertaking rounds one and two only (see figure 6.2).

6.2.1 Method

This study will undertake a two-round Delphi technique. This is illustrated in figure 6.2.

Figure 6.2 Two Round Delphi Technique

1. Definition of problem
2. Selection of experts
3. 1st round
   - STAGE 1: Content analysis and level of agreement
   - Items from round 1 merged with results of research literature content analysis
4. 2nd round
   - Identification of relevant and non-relevant items and level of agreement
5. STAGE 2: Experts invited to rate items for relevance
Stage one of the modified Delphi involved conducting the first round of the Delphi through asking experts to identify the main features of sadism and sadistic offending. These qualitative responses will be content analysed to investigate the relevant features and level of agreement across experts. These results will be combined with the features identified in the research literature analysis (study 1a) in order that the items encompass features highlighted in both fields.

Stage two involves providing the experts with the list of features derived from stage one and inviting them to rate the relevance of each feature to sadism and sadistic offending. Level of agreement will also be recorded. The results of stage 2 will help determine the items to be included in the scale.

6.2.1.1 Stage one

6.2.1.1.1 Sampling

Experts were deemed 'expert' if they had worked clinically in the field of sexual offending and were known to have a professional interest in sadism or had experience of working with sadistic sex offenders. They were identified by inviting a practitioner in the field of sex offending, not involved in the study, to list other experts. Experts representing psychology and psychiatry worldwide were identified. There were 22 experts approached to participate in the research, 8 of whom replied (36% response rate). Six experts were male and two were female. One of the experts had undertaken research that was also utilised in the literature review in study 1a).

6.2.1.1.2 Unit of analysis

The unit of analysis is the words used to describe the features of sadism and sadistic behaviour in the open-ended responses from the expert practitioners
6.2.1.3 Material

The materials utilised were the qualitative responses from the experts (see Appendix 3 for an exemplar).

6.2.1.4 Procedure

Following the identification of appropriate experts, current contact information was sought. The experts were written to and / or emailed explaining the purpose of the research, and requesting their help by undertaking the exercise. More specifically, the instructions were “with as much detail as possible, please write below what are, in your view, the main constructs or features of sexual sadism”. Due to a lack of responses after a reasonable period of time had lapsed a reminder email was sent out to the experts that had not already responded.

At this stage where there were few responses from experts, it became apparent that due to the nature of the Delphi Technique (i.e. amount of time necessary to be invested by experts in order to undertake method), experts were not minded to invest time over several rounds. Therefore, the Delphi was modified to involve only two rounds, as outlined above.

After receiving experts’ response forms, these were read through and definitions of sadism or characteristics of sadistic sex offenders described were noted down. If, in the same response, a characteristic or definition of sadism was repeated it was recorded once only, as it was not how many times a variable was mentioned by the same expert, rather, how many different experts mentioned the same variable. This was undertaken in two stages.

The first stage involved going through the expert responses and recording each definition used or feature of sadism or sadistic offending. A second coder rated the responses to check for inter-rater agreement. The percentage agreement was 90.4%.
Subsequently, variables were reduced in order to create a manageable list. Equivalent and identical items were grouped together. For example, ‘tying’ and ‘bondage’ were collapsed into the category ‘bondage’, and ‘butchering genitals’ and ‘cut off nipples’ were collapsed into ‘sexual mutilation’.

6.2.1.1.5 Results

Following the identification of sadistic features, their frequencies were calculated. Table 6.2 reports the frequency of features of sadistic offending generated from the expert practitioners’ responses.

Table 6.2 Frequency of features of sadistic offending generated from expert practitioners’ responses

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Variable</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gratification from victim response</td>
<td>4</td>
<td>Sense of entitlement</td>
<td>2</td>
</tr>
<tr>
<td>Deviant sexual fantasy</td>
<td>4</td>
<td>Level of victim injury</td>
<td>2</td>
</tr>
<tr>
<td>Deviant arousal</td>
<td>4</td>
<td>Blindfold</td>
<td>1</td>
</tr>
<tr>
<td>Humiliate / degrade / demean</td>
<td>4</td>
<td>Lack control in life</td>
<td>1</td>
</tr>
<tr>
<td>Psychopathy</td>
<td>3</td>
<td>Interpersonal deficits</td>
<td>1</td>
</tr>
<tr>
<td>Other PD</td>
<td>3</td>
<td>Childhood animal cruelty</td>
<td>1</td>
</tr>
<tr>
<td>Behavioural try-outs</td>
<td>3</td>
<td>Poor self-esteem</td>
<td>1</td>
</tr>
<tr>
<td>Domination / power / control</td>
<td>3</td>
<td>Sexual pre-occupation</td>
<td>1</td>
</tr>
<tr>
<td>Pain / suffering</td>
<td>3</td>
<td>Power</td>
<td>1</td>
</tr>
<tr>
<td>Role of disinhibitors</td>
<td>3</td>
<td>Sexual / physical / emotional abuse in childhood</td>
<td>1</td>
</tr>
<tr>
<td>Behaviour beyond securing victim compliance</td>
<td>2</td>
<td>Violent pornography</td>
<td>1</td>
</tr>
<tr>
<td>Bondage</td>
<td>2</td>
<td>Sexual mutilation</td>
<td>1</td>
</tr>
<tr>
<td>Empathy deficits</td>
<td>2</td>
<td>More victims</td>
<td>1</td>
</tr>
<tr>
<td>Grievance thinking</td>
<td>2</td>
<td>Restrict autonomy</td>
<td>1</td>
</tr>
<tr>
<td>Cruelty / torture</td>
<td>2</td>
<td>Cause fear</td>
<td>1</td>
</tr>
</tbody>
</table>

The highest frequency items were gratification from victim response, deviant fantasy and arousal and humiliation and degradation. There were several variables that were only mentioned by one expert only.
6.2.1.1.6 Discussion

In comparing the results of the expert practitioners to the research literature results, there are similarities and differences observed. It is noted that one of the experts was included in the literature reviewed in study 1a), which could account for some convergence of findings, although none of remaining seven experts were represented in the literature review. Both the experts and literature highlight the importance of humiliation / degradation and deviant, sadistic fantasy. However, it is noted that the responses from the expert practitioners have, perhaps unsurprisingly, a greater focus on more clinical issues. For example, they draw attention to personality features such as psychopathy and other personality disorders, as well as the likely schemas they possess (entitlement, grievance thinking). There is also an acknowledgement of the role of disinhibitors in sadistic offending, and childhood factors. The results indicate a relatively greater emphasis placed on behavioural try-outs (37.5% agreement) than in the research literature (22.7% agreement). Additionally, there are far fewer sexual features identified in the expert responses than in the research literature studied.

In terms of relating the results to previous literature and theoretical issues, the experts' responses indicate that deviant arousal and fantasy play a part in sadistic offending and suggest that behavioural try-outs or rehearsal of these fantasies leads to offending behaviour. This is in line with the MacCulloch et al (1983) control model, as well as others (e.g. Laws & Marshall, 1990). They also suggest that both interpersonal and contextual factors (i.e. disinhibitors) are relevant to sadistic offending, as in Marshall & Barbaree’s (1990) integrated theory.

6.2.1.1.7 Merging the two sets of findings

The items generated from the literature review and expert practitioners were merged so that a comprehensive list of variables could be formed. Previously, this method has been used with the aim of obtaining a more inclusive set of items describing a domain (e.g. Rogers & Lopez, 2002).
It was decided that variables with less than two units of data collection (i.e. items that were only endorsed by one source) would not be used in the checklist, as there was no evidence of agreement.

Table 6.3 Frequency of sadistic features from both expert responses and research literature

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency (N)²</th>
<th>Variable</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humiliation / degradation</td>
<td>18</td>
<td>Beat</td>
<td>4</td>
</tr>
<tr>
<td>Pain / suffering</td>
<td>18</td>
<td>Victim injury</td>
<td>4</td>
</tr>
<tr>
<td>Aggressive / sadistic fantasies</td>
<td>16</td>
<td>Pre-select location</td>
<td>4</td>
</tr>
<tr>
<td>Control / domination</td>
<td>12</td>
<td>Con / ruse</td>
<td>4</td>
</tr>
<tr>
<td>Bondage</td>
<td>10</td>
<td>Childhood abuse</td>
<td>3</td>
</tr>
<tr>
<td>Deviant arousal (sex and aggression)</td>
<td>9</td>
<td>Role of disinhibitors</td>
<td>3*</td>
</tr>
<tr>
<td>Cruelty / torture</td>
<td>8</td>
<td>Foreign object penetration</td>
<td>2</td>
</tr>
<tr>
<td>Asphyxiation</td>
<td>7</td>
<td>Vaginal rape</td>
<td>3</td>
</tr>
<tr>
<td>Empathy deficits</td>
<td>7</td>
<td>Record</td>
<td>3</td>
</tr>
<tr>
<td>Excessive force used</td>
<td>7</td>
<td>Stalking</td>
<td>3</td>
</tr>
<tr>
<td>Imprisonment/captivity</td>
<td>6</td>
<td>Psychopathy</td>
<td>3*</td>
</tr>
<tr>
<td>Gratification from victim response</td>
<td>6</td>
<td>Multiple paraphilias</td>
<td>2</td>
</tr>
<tr>
<td>Blindfold</td>
<td>6</td>
<td>Kill</td>
<td>2</td>
</tr>
<tr>
<td>Interpersonal deficits</td>
<td>6</td>
<td>Bite marks</td>
<td>2</td>
</tr>
<tr>
<td>Planning</td>
<td>5</td>
<td>Escalation</td>
<td>2</td>
</tr>
<tr>
<td>Personality disorders</td>
<td>5</td>
<td>Blow to victim</td>
<td>2</td>
</tr>
<tr>
<td>Behavioural try-out</td>
<td>5</td>
<td>Gender identity issues</td>
<td>2</td>
</tr>
<tr>
<td>Fear / terror</td>
<td>5</td>
<td>Peeping</td>
<td>2</td>
</tr>
<tr>
<td>Sexual mutilation</td>
<td>4</td>
<td>Variety of sexual acts</td>
<td>2</td>
</tr>
<tr>
<td>Anal rape</td>
<td>4</td>
<td>Process victim’s response</td>
<td>2</td>
</tr>
<tr>
<td>Forced fellatio</td>
<td>4</td>
<td>Grevance thinking</td>
<td>2*</td>
</tr>
<tr>
<td>Gag</td>
<td>4</td>
<td>Entitlement thinking</td>
<td>2*</td>
</tr>
</tbody>
</table>

The previous table illustrates that there is some agreement between the research literature and experts regarding features of sadistic offending. Features common to both samples include humiliation, suffering, deviant arousal and fantasy, bondage, cruelty and torture. However, it is clear that for many features there is no overlap between the

² Figures in bold represent items where expert and literature highlight the same feature, figures underlined represent features identified by the research literature only and asterisked figures represent features identified by experts only.
two samples; the research literature appears to identify more specific behaviours, whilst the expert practitioners identify more personality/schema, and disinhibiting factors.

It is unknown whether experts omitted to report more specific behaviours due to the belief that they are not relevant or whether they did not think about them but would regard them as relevant. Therefore, it was particularly useful to be able to go back to the experts and invite them to rate the relevance of the items.

Prior to the list of items being rated for relevance, some items were broken down to get as much information as possible. Therefore wider themes (e.g. control and domination, planning) were expressed through specific behaviours (e.g. scripting & bondage, select victim & take objects to use). The variable suffering / pain is expressed from the victim’s perspective, therefore from the perpetrators perspective it involves either engaging in an act to cause pain / physical suffering (e.g. aggressive acts) or psychological suffering (e.g. torture). Because the aim is to create a set of items reflecting the offender and offence features, pain / suffering was broken down in this way.

Furthermore, five additional sexual behaviours were included (cunnilingus, analingus digital penetration, masturbation and sequence of sexual acts). This was because experts had previously failed to report sexual behaviours as pertinent to sadistic offending, and therefore the assessment of a wide range of acts committed in sexual offences would be valuable.

6.2.1.2 Stage two

One of the key benefits of the Delphi technique is that after generating a set of items, ‘experts’ then rate the relevance of each item so that relevant items can be identified, non-relevant items can be discarded and level of agreement recorded. Research not utilising the Delphi technique has also used this expert rating approach to gauge agreement. For example, Marshall, Kennedy, Yates and Serran (2002) looked at the
reliability of the psychiatric diagnosis of sexual sadism, employing a similar methodology, whereby they invited experts to rate the relevance of DSM criteria to their diagnostic judgement.

6.2.1.2.1 Material

The material used was the list of features given to experts derived from the results of study 1a and stage one of study 1b (see Appendix 4).

6.2.1.2.2 Sample

Checklist items were distributed to the expert practitioners in the field of sexual offending who had responded to stage one of this study, in order to gauge how relevant the features were to their view of sadistic offending. They were additionally invited to make any comments about the items or add any features they felt were relevant but omitted from the current Checklist. The eight experts who were involved in the first study were approached, with seven experts responding (87.5% response).

6.2.1.2.3 Procedure

The experts who agreed to participate were provided with a list of the items that were generated from the content analyses of the expert item generation exercise and literature review (see Appendix 4). It was explained that the study was asking them to look at the items forming the Checklist and rate them on how relevant they thought they were to their views of what sadistic offenders/offence features are. They were asked to complete the attached form by rating each feature in the Checklist from 1 (not relevant) to 5 (crucial). They were also invited to make comments regarding the items, and suggest any items that they would include that were not incorporated in the checklist.
It is hoped that this study would ensure that only relevant items were included in the final version of the checklist, and any items with a mean rating of 'not relevant' would be excluded.

6.2.1.2.4 Results

The results were analysed using medians, means and standard deviations. Items were rated for relevance to sadistic offending, from 'not relevant' (1) to 'crucial' (5). The median response for each item was calculated, the results of which are in tables 6.4-6.8.

Table 6.4 Descriptive statistics for items with a median rating of 'Not Relevant' (1)

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean</th>
<th>S.D.</th>
<th>Range (1-5)</th>
<th>% agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voyeurism &amp; peeping</td>
<td>1.86</td>
<td>1.21</td>
<td>1-4</td>
<td>57.1</td>
</tr>
<tr>
<td>Gender identity issues</td>
<td>1.71</td>
<td>.95</td>
<td>1-3</td>
<td>57.1</td>
</tr>
<tr>
<td>Homosexual experience</td>
<td>1.43</td>
<td>.79</td>
<td>1-3</td>
<td>71.4</td>
</tr>
<tr>
<td>Con approach</td>
<td>2.00</td>
<td>1.29</td>
<td>1-4</td>
<td>57.1</td>
</tr>
<tr>
<td>Cunnilingus</td>
<td>1.43</td>
<td>.53</td>
<td>1-2</td>
<td>57.1</td>
</tr>
<tr>
<td>Analingus</td>
<td>1.43</td>
<td>5.34</td>
<td>1-2</td>
<td>57.1</td>
</tr>
</tbody>
</table>

There was reasonable agreement between experts that the above items were not relevant to sadistic offending, where all items had at least 4 out of 7 experts agreeing that they were 'not relevant'.
Table 6.5 Descriptive Statistics for Items with a median rating of ‘Somewhat Relevant’ (2)

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean</th>
<th>S.D.</th>
<th>Range (1-5)</th>
<th>% agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional abuse in childhood</td>
<td>2.14</td>
<td>1.34</td>
<td>1-5</td>
<td>57.1</td>
</tr>
<tr>
<td>Sexual abuse in childhood</td>
<td>1.86</td>
<td>.69</td>
<td>1-3</td>
<td>57.1</td>
</tr>
<tr>
<td>Physical abuse in childhood</td>
<td>2.00</td>
<td>1.00</td>
<td>1-4</td>
<td>57.1</td>
</tr>
<tr>
<td>Cross-dressing</td>
<td>2.29</td>
<td>1.11</td>
<td>1-4</td>
<td>28.6</td>
</tr>
<tr>
<td>Grievance thinking</td>
<td>2.00</td>
<td>1.00</td>
<td>1-3</td>
<td>14.3</td>
</tr>
<tr>
<td>Select victim prior to offence</td>
<td>2.57</td>
<td>1.13</td>
<td>1-4</td>
<td>42.9</td>
</tr>
<tr>
<td>Pre-select location</td>
<td>2.29</td>
<td>1.11</td>
<td>1-4</td>
<td>28.6</td>
</tr>
<tr>
<td>Scripting</td>
<td>2.43</td>
<td>.98</td>
<td>1-4</td>
<td>42.9</td>
</tr>
<tr>
<td>Blow to victim</td>
<td>2.14</td>
<td>.69</td>
<td>1-3</td>
<td>57.1</td>
</tr>
<tr>
<td>Batter victim</td>
<td>2.29</td>
<td>.76</td>
<td>1-3</td>
<td>42.9</td>
</tr>
<tr>
<td>Forced fellatio</td>
<td>2.00</td>
<td>.58</td>
<td>1-3</td>
<td>71.4</td>
</tr>
<tr>
<td>Vaginal rape</td>
<td>1.9</td>
<td>.69</td>
<td>1-3</td>
<td>57.1</td>
</tr>
<tr>
<td>Anal rape</td>
<td>2.43</td>
<td>1.27</td>
<td>1-4</td>
<td>28.6</td>
</tr>
<tr>
<td>Masturbation</td>
<td>1.57</td>
<td>.53</td>
<td>1-2</td>
<td>57.1</td>
</tr>
<tr>
<td>Digital penetration</td>
<td>1.71</td>
<td>.76</td>
<td>1-3</td>
<td>42.9</td>
</tr>
<tr>
<td>Sequence of sexual acts</td>
<td>2.43</td>
<td>1.27</td>
<td>1-4</td>
<td>28.6</td>
</tr>
</tbody>
</table>

From table 6.5 it can be seen that childhood factors, more clinical features, types of aggression and sexual acts were deemed somewhat relevant. There were much lower levels of agreement between experts regarding these items, compared to the ‘not relevant’ items. It is noted that ‘grievance thinking’ only had one expert endorse it as ‘somewhat relevant’, and that ‘emotional abuse in childhood’ obtained the complete range of responses, from not relevant to crucial.
Table 6.6 Descriptive statistics for items with a median rating of 'Relevant' (3)

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean</th>
<th>S.D.</th>
<th>Range (1-5)</th>
<th>% agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cruelty to animals</td>
<td>2.86</td>
<td>1.07</td>
<td>1-4</td>
<td>42.9</td>
</tr>
<tr>
<td>Multiple paraphilias</td>
<td>2.71</td>
<td>.95</td>
<td>1-4</td>
<td>57.1</td>
</tr>
<tr>
<td>Sense of entitlement</td>
<td>2.43</td>
<td>.79</td>
<td>1-3</td>
<td>57.1</td>
</tr>
<tr>
<td>Interpersonal deficits</td>
<td>2.71</td>
<td>1.11</td>
<td>1-4</td>
<td>28.6</td>
</tr>
<tr>
<td>Stalking</td>
<td>2.71</td>
<td>.76</td>
<td>2-4</td>
<td>42.9</td>
</tr>
<tr>
<td>Record</td>
<td>2.71</td>
<td>.76</td>
<td>2-4</td>
<td>42.9</td>
</tr>
<tr>
<td>Behavioural try-outs</td>
<td>2.71</td>
<td>.76</td>
<td>2-4</td>
<td>42.9</td>
</tr>
<tr>
<td>Take objects to use</td>
<td>3.00</td>
<td>.82</td>
<td>2-4</td>
<td>42.9</td>
</tr>
<tr>
<td>Bondage</td>
<td>3.43</td>
<td>.54</td>
<td>3-4</td>
<td>57.1</td>
</tr>
<tr>
<td>Gag</td>
<td>3.14</td>
<td>.38</td>
<td>3-4</td>
<td>85.7</td>
</tr>
<tr>
<td>Blindfold</td>
<td>3.00</td>
<td>.58</td>
<td>2-4</td>
<td>71.4</td>
</tr>
<tr>
<td>Language to humiliate or degrade</td>
<td>3.43</td>
<td>.98</td>
<td>2-5</td>
<td>42.9</td>
</tr>
<tr>
<td>Behaviour to humiliate or degrade</td>
<td>3.43</td>
<td>.98</td>
<td>2-5</td>
<td>42.9</td>
</tr>
<tr>
<td>Asphyxiation</td>
<td>2.86</td>
<td>.69</td>
<td>2-4</td>
<td>57.1</td>
</tr>
<tr>
<td>Beat victim</td>
<td>2.71</td>
<td>.76</td>
<td>2-4</td>
<td>42.9</td>
</tr>
<tr>
<td>Excessive force used</td>
<td>3.57</td>
<td>.79</td>
<td>3-5</td>
<td>57.1</td>
</tr>
<tr>
<td>Victim injury</td>
<td>2.86</td>
<td>1.07</td>
<td>1-4</td>
<td>42.9</td>
</tr>
<tr>
<td>Kill victim</td>
<td>2.86</td>
<td>1.07</td>
<td>1-4</td>
<td>42.9</td>
</tr>
<tr>
<td>Foreign object penetration</td>
<td>2.71</td>
<td>1.11</td>
<td>1-4</td>
<td>28.6</td>
</tr>
<tr>
<td>Variety of sexual acts</td>
<td>2.43</td>
<td>1.13</td>
<td>1-4</td>
<td>42.9</td>
</tr>
<tr>
<td>Conscious victim</td>
<td>2.83</td>
<td>1.47</td>
<td>1-5</td>
<td>14.3</td>
</tr>
</tbody>
</table>

There was a reasonable level of consensus regarding the items in table 6.6 as 'relevant' to sadistic offending. 'Gag' and 'blindfold' were agreed as 'relevant' by five, and six experts, respectively. The item 'conscious victim' had poor levels of agreement, with experts rating it from not relevant to crucial.
Table 6.7 Descriptive statistics for items with a median rating of ‘Important’ (4)

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean</th>
<th>S.D.</th>
<th>Range (1-5)</th>
<th>% agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empathy deficits</td>
<td>3.29</td>
<td>1.11</td>
<td>1-4</td>
<td>57.1</td>
</tr>
<tr>
<td>Imprisonment / captivity</td>
<td>3.71</td>
<td>.76</td>
<td>3-5</td>
<td>42.9</td>
</tr>
<tr>
<td>Cruelty / torture</td>
<td>4.29</td>
<td>.98</td>
<td>2-5</td>
<td>42.9</td>
</tr>
<tr>
<td>Bite marks</td>
<td>3.57</td>
<td>.98</td>
<td>2-5</td>
<td>42.9</td>
</tr>
<tr>
<td>Arousal to aggression</td>
<td>4.29</td>
<td>.76</td>
<td>3-5</td>
<td>42.9</td>
</tr>
<tr>
<td>Sexual mutilation</td>
<td>3.57</td>
<td>1.27</td>
<td>1-5</td>
<td>57.1</td>
</tr>
<tr>
<td>Arousal to victim response</td>
<td>4.00</td>
<td>1.15</td>
<td>2-5</td>
<td>28.6</td>
</tr>
<tr>
<td>Behaviour to generate fear</td>
<td>3.43</td>
<td>1.13</td>
<td>2-5</td>
<td>42.9</td>
</tr>
</tbody>
</table>

Only on two items, ‘sexual mutilation’ and ‘empathy deficits’, did the majority of experts agree that they were ‘important’ to sadistic offending. ‘Sexual mutilation’ was also observed to be rated across the relevance range.

Table 6.8 Descriptive statistics for items with a median rating of ‘Crucial’ (5)

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean</th>
<th>S.D.</th>
<th>Range (1-5)</th>
<th>% agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggressive sexual fantasies</td>
<td>4.71</td>
<td>.49</td>
<td>4-5</td>
<td>71.4</td>
</tr>
</tbody>
</table>

Table 6.8 illustrates that the only feature with a median rating that suggests it is crucial to sadistic sex offending is the presence of aggressive sexual fantasies.

The items deemed not to be relevant to sadistic offending were ‘voyeurism / peeping’, ‘gender identity issues’, ‘homosexual experience’, ‘con approach’, cunnilingus’ and ‘analingus’.

6.2.1.2.5 Discussion

Items that were rated as ‘important’ or ‘crucial’ to sadistic offending were ‘empathy deficits’, ‘imprisonment’, ‘cruelty / torture’, ‘bite marks’, ‘arousal to aggression’,
'sexual mutilation', 'arousal to victim response', 'behaviour or statements to generate fear' and 'aggressive sexual fantasy'.

There was observed to be high consensus among experts ratings (i.e. at least 5 out of 7 agreed) for blindfold (relevant), gag (relevant), homosexual experience (not relevant) forced fellatio (somewhat relevant) and aggressive sexual fantasies (crucial). There was low consensus among experts (i.e. at least 5 out of 7 disagreed) for grievance (somewhat relevant) and conscious victim (relevant). Overall, this indicates that there was not a high level of agreement among experts across all features. This perhaps highlights one of the reasons why there is currently no agreed definition.

Expert practitioners participating in the study most frequently defined sadistic offending through gratification from victim response, aggressive sexual fantasies, deviant arousal, humiliation, domination, pain / suffering, behavioural try-outs and personality disorders (including psychopathy), as well as highlighting the role of disinhibitors. The results illustrate that there is not a high level of consensus regarding the meaning of 'sadistic' between the research literature and experts. Only two features were identified in over half of both groups as indicative of sadism; these were humiliation / degradation and aggressive sexual fantasies. It is clear that although there is some overlap regarding the defining features (e.g. humiliation, domination, pain), items identified by expert practitioners focussed more on clinical features such as personality and sexual deviance, as well as identifying childhood factors, rather than offence behaviours.

The expert and research literature have highlighted features relevant to sadistic offending that are in line with theoretical accounts. For example, both samples indicated that interpersonal deficits, aggressive sexual fantasy and behavioural try-outs were pertinent to sadistic offending. These features are consistent with MacCulloch et al’s control model (1983).

The outcome of study 1 indicates that although there is some overlap in features identified as important to sadistic offending, research and expert opinion also provided
somewhat different types of feature. This served to re-emphasise the importance of gathering information regarding the description of sadistic offending from both the research and clinical domains. Additionally, it has highlighted the need for further work to explore the defining components of the construct, as it is clear that there is currently no consensus or clarity regarding sadistic offending.

6.2.1.2.6 Additional information

Apart from completing the form to rate how relevant each feature was to sadism and sadistic offending, experts were invited to add any further comments or identify any features not on the checklist (see Appendix 5 for all additional comments).

Participant two noted that "grievance thinking, callousness etc make it easier for offender to act out but are not central" and also recognised the role of isolation, sexual pre-occupation and multiple paraphilias. They suggested that an item "Dominance / control" was needed.

6.2.1.2.7 Amending items in light of findings

The decision was made to include offence behaviours only in the checklist. This was in light of several factors. Firstly, it has been reported earlier in this thesis that recent work assessing ‘types’ of sexual offending has begun to shift focus from classifying offenders to classifying offence behaviours. This is because traditional typologies do not allow for change in motivation over time or situation. Secondly, the notion of rating behaviours is more concrete than having to make inferences about an offender’s motivation or sexual arousal, as the ratings will be based on data that is readily available and not reliant on internal processes. It is suggested that the reliance on measuring subjective data has been a central problem with extant measures of sadism, and a more objective, and hence reliable measure will describe the offending behaviour of offenders (Marshall & Kennedy, 2001, 2003). Finally, many of the items deemed ‘not relevant’ or ‘somewhat
relevant' by the expert practitioners were historical items (i.e. not offence behaviours). For these reasons it was decided that the checklist should only include behaviours. It is proposed that the historical, and other relevant items generated in this study which were not offending behaviour features, will be used to check the validity of the measure developed. This included ‘arousal to aggression’, which will be assessed using PPG results. The underlying hypothesis is that if these offender / offence features are related to sadistic offending then they will be able to differentiate levels of sadistic offending behaviour, as measured by the checklist.

Excluded items:

- In terms of behavioural features, cunnilingus, analingus and con approach were taken out as they were rated as ‘not relevant’.
- Other items with a mean of less than two (that is, falling below the score for ‘somewhat relevant’) were also discarded (masturbation, digital penetration and vaginal rape).
- There was low consensus for ‘conscious victim’, and it was decided that it was satisfactorily represented by ‘arousal to victim response’, as the victim would be required to be conscious to respond.
- The item ‘kill’ was excluded as it reflects the outcome of violence.

Re-instated items:

Due to the expert feedback some items were re-instated.

- Control / domination
- Planning the offence

Merged items:

- ‘Batter victim with implement’ and ‘blow to victim’ both describe violence towards a victim using an implement; therefore, the two items were merged to make an ‘implement’ item.
These amendments left a 28-item checklist of sadistic behaviours (CSB).

Figure 6.3 The 28 items on the Checklist of Sadistic Behaviours (CSB)

<table>
<thead>
<tr>
<th>Victim injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive force used</td>
</tr>
<tr>
<td>Control / domination</td>
</tr>
<tr>
<td>Amount of planning</td>
</tr>
<tr>
<td>Select victim prior to offence</td>
</tr>
<tr>
<td>Pre-select location</td>
</tr>
<tr>
<td>Asphyxia</td>
</tr>
<tr>
<td>Behaviour to humiliate or degrade</td>
</tr>
<tr>
<td>Language to humiliate or degrade</td>
</tr>
<tr>
<td>Beat victim</td>
</tr>
<tr>
<td>Take object to use in offence</td>
</tr>
<tr>
<td>Behavioural / verbal scripting</td>
</tr>
<tr>
<td>Record offence</td>
</tr>
<tr>
<td>Imprisonment / captivity</td>
</tr>
<tr>
<td>Variety of sexual acts</td>
</tr>
<tr>
<td>Forced fellatio</td>
</tr>
<tr>
<td>Anal rape</td>
</tr>
<tr>
<td>Sequence of sexual acts</td>
</tr>
<tr>
<td>Arousal to victim response</td>
</tr>
<tr>
<td>Foreign object insertion</td>
</tr>
<tr>
<td>Sexual mutilation</td>
</tr>
<tr>
<td>Implement used</td>
</tr>
<tr>
<td>Bite marks</td>
</tr>
<tr>
<td>Cruelty / torture</td>
</tr>
<tr>
<td>Behaviour / statements to generate fear</td>
</tr>
<tr>
<td>Bondage</td>
</tr>
<tr>
<td>Gag</td>
</tr>
<tr>
<td>Blindfold</td>
</tr>
</tbody>
</table>

Behaviours have traditionally been recorded as present or absent. This avoids the problem of subjectivity. It is acknowledged that this will not produce as rich as data set as if employing a continuous rating scale. However, this research is aiming to develop an objective measure, and as a first attempt to apply the checklist, it was decided that, as this was an important factor, recording the presence or absence of behaviour was deemed sufficient. Therefore, the checklist items will be rated as absent or present.

A coding dictionary was developed to define each item on the checklist and other related variables to be rated. Some exemplars are presented in Figure 6.4 (for a full list, see 128
Appendix 6). Additionally, exemplars were used to explain the types of behaviour that each item could include. This was undertaken through observing how the items had been defined previously, and generating descriptions using knowledge and experience in the area.

Figure 6.4 Exemplars of CSB item descriptions

<table>
<thead>
<tr>
<th>Record taken of offence:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence that the offender recorded his offence. This could be either through recording of the offence whilst taking place (e.g. tape-recording, videotaping, photographs) or recording evidence of the offence after it has taken place (e.g. notes in a diary or journal, drawings etc)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Asphyxiation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of asphyxiation during the offence, including pressure applied to the victim’s neck area, manual strangulation or the use of materials with which to strangle the victim</td>
</tr>
</tbody>
</table>

6.3 Summary

This set of studies describes the generation of the items for the Checklist. Study 1a presented an analysis of the research literature and study 1b the expert practitioner opinion on sadistic offending in order to inform relevant items to be included in a checklist. The decision was made to restrict the items in the scale to observable behaviours, as this would ensure a more objective, and it is hoped, more reliable measure. Checklist items are to be recorded as present or absent. This has led to the generation of a 28-item checklist of sadistic behaviours to be used in the next stage of the research.
Chapter 7: Study 2- applying the checklist

The review of previous research undertaken in Chapter 2 highlighted the lack of consensus in the factors germane to sadism and sadistic sexual offending, and indeed, the lack of empirical work in this area, whilst at the same time suggesting that these offenders may be at high risk of sexual re-offending. Chapter 3 documented conceptual issues and current theoretical knowledge regarding the development and maintenance of sadistic offending, requiring further exploration, including the state versus trait debate. This thesis has also highlighted the question of whether sadism is more pertinent to mentally disordered or non-mentally disordered offenders, and furthermore, whether it is more relevant to personality disordered or psychotic individuals. It was argued that in light of the above, and difficulties to date in measuring the concept objectively and reliably, there is a need to explore the components of sadistic offending, investigate whether previous theoretical understanding of the development and maintenance of such offending can be supported, and to make the first step in developing an empirically derived way of measuring sadistic behaviour. The previous chapter identified the items that make up the proposed checklist.

In this chapter, a study will be presented that explores sadistic offending in mentally disordered offenders. This is because:

a) much of the previous literature has been taken from research with mentally disordered offenders, and it could be argued that this population is likely to engage in more sadistic behaviour than non-mentally disordered offenders and
b) this enables differences in categories of mental disorder (i.e. mental illness and personality disorder) to be investigated.

7.1 Specific aims of study two

- To explore the themes underlying the checklist of sadistic behaviours.
• To adopt analytic triangulation to observe whether the themes are consistent across different methods of analysis.
• To report the psychometric properties of the checklist.
• To investigate whether variables pertaining to be empirically and theoretically related to sadism and sadistic behaviour differentiate low and high scorers on the checklist.
• To generate an empirically derived initial operational definition of sadistic behaviour.

7.2 Research questions

• What themes of sadistic behaviour emerge from the CSB?
• Are these themes observable across different methods of analysis?
• Do variables previously found, or theorised, to be related to sadism and sadistic behaviour differentiate between those with high and low scores on the CSB?

7.3 Method

7.3.1 Sample

The sample consisted of 100 male offenders detained under the Mental Health Act (1983) either currently or previously resident in a high-secure psychiatric hospital in England. The sampling inclusion criteria were male patients aged 18 or over with an index contact sexual offence, or an index offence with sexual elements (e.g. sexual murder). Potential participants who meet the criteria were identified using the Special Hospitals’ Case Register (SHCR). The SHCR is a psychiatric case register recording information on all patients admitted to the three Special Hospitals covering England & Wales (now known as high-secure psychiatric hospitals) from 1972 until the closure of the SHCR in 2004. It recorded socio-demographic, developmental, employment, offending, and diagnostic information. From the information held it was possible to
identify patients with a sexual index offence or offence with sexual elements. For this study, a search of the register from 1972 to 31st December 2001 was undertaken. This was because 2001 was the last full year of data at the time of data collection. After identification of potential participants, files were read through to assess whether they met the inclusion criteria. Following this, the files of one hundred participants were reviewed for the purpose of this study.

7.3.1.1 Sample details

The majority of the sample were white (80%) and had a sexual index offence (57%). Offences included murder / attempted or manslaughter (30%), rape / attempted rape (48%), indecent assault (9%), ABH / GBH / wounding with intent (10%), and kidnap (1%). The most frequent age group at which patients committed their index offence was < 26 years old.

7.3.2 Materials

Each patient's records are held in files. These files consist of psychiatric, nursing, psychology and social work reports, containing information on background, developmental history, offence history, and offence details, as well as information regarding assessment and treatment undertaken. In addition to details of offending behaviour in the main records, many files also include the Police depositions (offender, victim and witness statements, evidence used in court etc.) and court transcripts regarding offending.

From the information available for each patient, demographic details and variables highlighted in Chapter 3 as potentially relevant to sadistic offending were extracted alongside the formal measures. The sets of variables (demographic, childhood, offence, psychometric/psychophysiology, risk, historical, interpersonal) are detailed in table 7.1.
### Table 7.1 Summary of variable sets to be explored in the mentally disordered sample

<table>
<thead>
<tr>
<th>Set</th>
<th>Variables included</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Demographic details</strong></td>
<td>Age at index offence, ethnic origin, MHA category</td>
</tr>
<tr>
<td><strong>Childhood</strong></td>
<td>Concerning sexual behaviour ≤16, cruelty to animals, victim of sexual / physical / emotional abuse, bullying, perpetrator of bullying / violence, truancy, fire-setting, hoax calls, stealing</td>
</tr>
<tr>
<td><strong>Offence</strong></td>
<td>Index offence, victim type (age / gender), alcohol / drugs / negative emotional state in lead up to offence, post-mortem sexual activity, post-mortem non-sexual activity</td>
</tr>
<tr>
<td><strong>Psychopathy</strong></td>
<td>PCLR data, PPG data</td>
</tr>
<tr>
<td><strong>Risk</strong></td>
<td>Static-99 data</td>
</tr>
<tr>
<td><strong>Historical</strong></td>
<td>Interest in weapons / martial arts etc, multiple paraphilias, cross-dressing, voyeurism / peeping / stalking, aggressive sexual fantasies, behavioural try-outs, escalation, risk-taking / sensation-seeking</td>
</tr>
<tr>
<td><strong>Interpersonal</strong></td>
<td>Empathy deficits, grievance thinking, sense of entitlement, interpersonal deficits</td>
</tr>
</tbody>
</table>

Items were rated using a coding dictionary (see Appendix 6). This document defined each item on the checklist and related variables, and described the rating of items.

#### 7.3.3 Measures

The Checklist of Sadistic Behaviours (CSB) was utilised to rate patient' files (for rating proforma see Appendix 7). This is the 28-item checklist of sadistic behaviours developed in the preceding chapter as part of this thesis. Items were coded as absent (0) and present (1) for the purposes of data analyses.

All information related to the data sets outlined in table 7.1 was rated as absent (0) or present (1) and were defined in the coding dictionary (see Appendix 6).

Psychopathy scores (measured by the PCL-R; Hare, 1991) were recorded if the patient had been assessed and the information was available from their records. The information
was sought for the total PCL-R score (out of 40). Scores were also sought for the breakdown of the total score into factors (factor one- interpersonal / affective and factor two- lifestyle / antisocial), and further broken down into facet scores (facet one- interpersonal, facet two- affective, facet three- lifestyle and fact four -antisocial). Finally, scores for the affective items (6, 7, 8 & 16) were recorded where available, as previous research and theory has suggested that this facet (lack of remorse / guilt, shallow affect, callous / lack empathy, failure to accept responsibility for own actions) is particularly pertinent to sadism.

PPG data were gathered, where available. PPG responses were rated 0 if there was no deviant profile (i.e. response to non-offending material greatest and response to offending material was not ≥80% of the non-offending response), 1 if the patient had a deviant response (response to non-offending material is greatest but where response to offending material is ≥80% of the non-offending response), and 2 if the patient has a highly deviant profile (where response to offending material is greater than non-offending material). The criteria for deviant responding are in line with the criteria for deviant responding employed by HM Prison Service and high-secure psychiatric hospitals (personal communication).

The gathering of previous offending information was used to measure static risk of sexual and violent recidivism, using Static-99 (Hanson & Thornton 1999). This tool is a brief actuarial instrument devised to assess the probability of future sexual or violent re-offending in adult males with at least one prior conviction for a sexual offence. It consists of 10 items including prior sexual and non-sexual violent offences, victim characteristics (e.g. un-related, stranger, male) and demographics (e.g. age, relationship history). Scores from individual risk factors are totalled and can then be translated into risk category scores from low to high. For research purposes, raters do not have to have undertaken training in administering the Static-99 (see Appendix 8 for Static-99 coding manual).
7.3.4 Procedure

Ethical approval for the study was sought and obtained prior to its commencement from the Broadmoor Hospital Ethics Committee. Ethical approval for the research was also obtained from the South-East Multi-site Research Ethics Committee (MREC) (see Appendix 9 for the letter from MREC approving the research).

Once a patient had been identified as having met the inclusion criteria, their file documents were read and notes of relevant details were taken. The CSB was completed by rating the patient's index, or most serious offence. Rating was carried out using the coding dictionary. An independent researcher scored 12 patients to check for Inter-rater reliability. Inter-rater reliability was calculated using Cohen's Kappa method. Kappas between .67 and .8 are generally regarded as acceptable, although it has also been suggested that for some data .41 to .6 is a moderate level of agreement (Landis & Koch, 1977). This study had a kappa of $\kappa = .76$, which is by this definition at an acceptable level.

At this stage, three items in the 28-item CSB were taken out for practical and statistical reasons:

- Record offence was observed to only be of relevance to one patient. The recording was not at the time of the offence, and involved only marking the location of an offence on a map. Because this item does not appear to have any utility, it was removed for statistical analysis.
- Victim taken to pre-selected location was found to be too difficult to gauge from file information alone. For example, it was unclear when an offender took a victim back to their residence whether they had pre-planned the offence at that location. Therefore, this item was removed.
• Behaviour / statements to generate fear appeared to distort the results of analyses and it was noted that it did not add anything, in terms of reliability, to the scale. For this reason, it was removed from the CSB.

These amendments led to the 25-item CSB, which was used to conduct all further analysis. The 25 items are presented in Figure 7.1.

Figure 7.1 The 25-item Checklist of Sadistic Behaviours (CSB)

Victim injury
Excessive force used
Control / domination
Amount of planning
Select victim prior to offence
Asphyxia
Behaviour to humiliate or degrade
Language to humiliate or degrade
Beat victim
Take object to use in offence
Behavioural / verbal scripting
Imprisonment / captivity
Variety of sexual acts
Forced fellatio
Anal rape
Sequence of sexual acts
Arousal to victim response
Foreign object insertion
Sexual mutilation
Implement used
Bite marks
Cruelty / torture
Bondage
Gag
Blindfold

7.4 Results

7.4.1 Descriptive statistics

The data were explored through descriptive statistics in order to describe the sample, in terms of offender and offence characteristics, and to describe the distribution of the items on the CSB.
Table 7.2 Summary of the demographic characteristics of the mentally disordered sample

<table>
<thead>
<tr>
<th>Demographic characteristics</th>
<th>Details (n=100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at index offence</td>
<td></td>
</tr>
<tr>
<td>45% aged &lt;26</td>
<td></td>
</tr>
<tr>
<td>23% aged 26-30</td>
<td></td>
</tr>
<tr>
<td>16% aged 31-35</td>
<td></td>
</tr>
<tr>
<td>8% aged 36-40</td>
<td></td>
</tr>
<tr>
<td>8% aged &gt;40</td>
<td></td>
</tr>
<tr>
<td>Ethnic origin</td>
<td></td>
</tr>
<tr>
<td>80% White</td>
<td></td>
</tr>
<tr>
<td>11% Black</td>
<td></td>
</tr>
<tr>
<td>7% mixed</td>
<td></td>
</tr>
<tr>
<td>2% Indian</td>
<td></td>
</tr>
<tr>
<td>Mental Health Act (MHA) category</td>
<td></td>
</tr>
<tr>
<td>49% Psychopathic Disorder</td>
<td></td>
</tr>
<tr>
<td>36% Mental Illness (MI)</td>
<td></td>
</tr>
<tr>
<td>15% MI+ Psychopathic Disorder</td>
<td></td>
</tr>
</tbody>
</table>

Table 7.2 illustrates that the largest group of patients committed their index offence in the lowest age bracket, and that the older the age group, the lower the frequency of patients.

In terms of ethnic origin, the majority of the sample was white, with only one-fifth of the sample belonging to an ethnic minority. This is broadly similar to the ethnic origin status of all males resident within the period 1972-2001 (white = 76.3%, black = 19.3%, other = 4.4%).

In terms of MHA category, almost half of patients were held under the legal category of psychopathic disorder, and just over a third with mental illness. This is not the same pattern for the male hospital population as a whole (for the period 1972-2001), where MI = 67.3%, Psychopathic Disorder = 23.5%, MI+ Psychopathic Disorder = 8.3%, and other or not known = .9%.

In terms of physical/biological abnormalities, the incidence of Klinefelter’s, a chromosomal abnormality, in the general population is generally reported to be around two newborn males in every 1000, and approximately 1 in 100 (male) psychiatric...
patients (e.g. Davidson, 1994). It has also been suggested that there is an over-representation in criminal populations, with Schröder, de la Chapelle, Hakola, and Virkkunen (1981) reporting an approximate incidence rate of 2 in 100 male criminals. The incidence in this study is 5 in 100 male high-secure psychiatric patients. This is somewhat higher than would be expected in a general psychiatric or criminal population, but could reflect the higher level of severity regarding mental disorder and offending in a high-secure psychiatric population.

Table 7.3 Summary of Index Offence characteristics of the mentally disordered sample

<table>
<thead>
<tr>
<th>Offence characteristics</th>
<th>Details (n=100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Index offence</td>
<td>57% detained for sexual offences</td>
</tr>
<tr>
<td></td>
<td>42% violent offences</td>
</tr>
<tr>
<td></td>
<td>1% other</td>
</tr>
<tr>
<td>Victim age (child / adult)</td>
<td>77% adult victim</td>
</tr>
<tr>
<td></td>
<td>21% child victim</td>
</tr>
<tr>
<td></td>
<td>2% adult and child victim</td>
</tr>
<tr>
<td>Victim sex</td>
<td>87% female</td>
</tr>
<tr>
<td></td>
<td>11% male</td>
</tr>
<tr>
<td></td>
<td>2% male and female victims</td>
</tr>
<tr>
<td>Alcohol used in lead up</td>
<td>53% used alcohol</td>
</tr>
<tr>
<td>Drugs used in lead up</td>
<td>34% used drugs</td>
</tr>
<tr>
<td>Negative emotional state in lead up</td>
<td>46% present</td>
</tr>
<tr>
<td>Post-mortem sexual assault</td>
<td>12% present</td>
</tr>
<tr>
<td>Post-mortem non-sexual activity</td>
<td>16% present</td>
</tr>
</tbody>
</table>

Table 7.3 presents a summary of index offence-related characteristics. There were more patients detained for a sexual index offence than any other type, the majority of which were for rape or attempted rape. Approximately a third of patients had an index offence of murder / attempted or manslaughter. In terms of index offence victims, just over three quarters of patients offended against adult victims, and the vast majority of victims were female. From observing the context in which the index offences were committed,

---

3 Index sexual offences can be broken down further into rape / attempted rape (48%) and indecent assault (9%), index violent offences can be broken down further into murder / manslaughter (incl. attempted) (30%), ABH / GBH / wounding with intent (10%), and other index offence is kidnap (1%).
alcohol and negative emotional states were precipitators in approximately half of the sample, whilst drug use was implicated in approximately a third of cases.

Post-mortem non-sexual activity was more prevalent than post-mortem sexual activity. Although the percentages are reasonably low, if only the patients who killed are considered (n=25), then almost half engaged in post-mortem sexual activity and 64% carried out post-mortem non-sexual activity.

Table 7.4 Summary of risk characteristics using Static-99 for the mentally disordered sample

<table>
<thead>
<tr>
<th>Risk characteristics</th>
<th>Details (n=100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Static-99 risk category</td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>3%</td>
</tr>
<tr>
<td>Low-medium</td>
<td>12%</td>
</tr>
<tr>
<td>Medium-high</td>
<td>27%</td>
</tr>
<tr>
<td>High</td>
<td>58%</td>
</tr>
</tbody>
</table>

The mean Static-99 score (out of 10) was 5.71 (SD =2.1). This is compared to data collected from 8 samples in a study by Hanson (2005) in which the figures are lower (\( \bar{x} = 2.6, \ SD = 1.9 \)). These findings included a sample of sex offenders from a Canadian maximum-security psychiatric facility (\( \bar{x} =2.9, \ SD =1.7 \)) and sex offenders in HM Prison Service England & Wales (\( \bar{x} =3.0, \ SD =2.0 \)). The difference cannot be accounted for alone by the fact that this study included potentially more violent individuals (with the inclusion of index violent offences with sexual elements), as the mean scores between the two groups were similar (\( \bar{x} \) sexual = 5.75, SD = .218; \( \bar{x} \) violent = 5.65, SD = 2.02).
Table 7.5 Summary of clinical psychopathy / Phallometric characteristics of the mentally disordered sample

<table>
<thead>
<tr>
<th>Measure</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCL-R ≥25</td>
<td>31.9% had a score of 25 or above</td>
</tr>
<tr>
<td>≥30</td>
<td>10.6% had a score of 30 or above</td>
</tr>
<tr>
<td>3PPG</td>
<td>38.2% scored 0 (not deviant)</td>
</tr>
<tr>
<td></td>
<td>12.7% scored 1 (deviant)</td>
</tr>
<tr>
<td></td>
<td>49.1% scored 2 (highly deviant)</td>
</tr>
</tbody>
</table>

In terms of total PCL-R score, available scores showed a range of 6-35, $\bar{x} = 20.96$ (SD = 6.6). However, it must be noted that only 47% of the total sample had this information available, and it could be the case that PCL-R assessments are more likely to be undertaken on those for whom psychopathy is potentially relevant.

For the patients who had undertaken PPG assessment, the majority had produced a deviant profile. Again, like with the PCL-R data, it is unclear as to whether these figures are representative of the level of deviant arousal in the whole sample, because referral for PPG assessment is likely to be biased towards those with deviant arousal.

Table 7.6 Summary of childhood characteristics of the mentally disordered sample

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Details % present (n=100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concerning sexual behaviour ≤16 years</td>
<td>50%</td>
</tr>
<tr>
<td>Cruelty to animals</td>
<td>16%</td>
</tr>
<tr>
<td>Victim of bullying</td>
<td>46%</td>
</tr>
<tr>
<td>Victim of sexual abuse</td>
<td>58%</td>
</tr>
<tr>
<td>Victim of physical abuse</td>
<td>60%</td>
</tr>
<tr>
<td>Victim of emotional abuse</td>
<td>82%</td>
</tr>
<tr>
<td>Perpetrator of bullying</td>
<td>25%</td>
</tr>
<tr>
<td>Truancy</td>
<td>63%</td>
</tr>
<tr>
<td>Fire-setting</td>
<td>19%</td>
</tr>
<tr>
<td>Hoax calls</td>
<td>4%</td>
</tr>
<tr>
<td>Perpetrator of violence</td>
<td>65%</td>
</tr>
<tr>
<td>Stealing</td>
<td>74%</td>
</tr>
</tbody>
</table>

4 PCL-R information was only available for 47% (n=47) of the sample, therefore percentages reflect % of n=47
5 PPG data was only available for 55% (n=55) of the sample, therefore percentages reflect % of n=55
Table 7.6 indicates that in general, the sample experienced a whole range of childhood problems. The most prevalent of which were victim of sexual, physical and emotional abuse, truancy, perpetrator of violence and stealing. The childhood problems occurring least often were cruelty to animals, fire-setting and hoax calls.

Table 7.7 Summary of historical characteristics of the mentally disordered sample

<table>
<thead>
<tr>
<th>Item</th>
<th>Details % present (n=100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest in knives / weapons</td>
<td>18%</td>
</tr>
<tr>
<td>Interest in martial arts / black magic / Nazism</td>
<td>8%</td>
</tr>
<tr>
<td>Multiple paraphilias</td>
<td>19%</td>
</tr>
<tr>
<td>Cross-dressing</td>
<td>15%</td>
</tr>
<tr>
<td>Voyeurism / peeping / stalking</td>
<td>21%</td>
</tr>
<tr>
<td>Aggressive sexual fantasies</td>
<td>55%</td>
</tr>
<tr>
<td>Behavioural try-outs</td>
<td>58%</td>
</tr>
<tr>
<td>Escalation</td>
<td>78%</td>
</tr>
<tr>
<td>Risk-taking / sensation-seeking</td>
<td>90%</td>
</tr>
</tbody>
</table>

Less than a fifth of the sample had any sensationalist interests, multiple paraphilias or had a history of cross-dressing, and only just over a fifth had a history of voyeurism or stalking.

Over half of the sample had engaged in aggressive sexual fantasies. This is in line with the prevalence of deviant sexual fantasy in sexual aggressives (Langevin, 1998), and approximately double that reported in psychotic contact sexual offenders in high-secure psychiatric hospitals (Smith 1999), although the latter study includes only aggressive sexual fantasy in the lead up to or at the time of the offence.

Just over half of the sample engaged in behavioural try-outs, which, taken with the similar level of deviant fantasising, makes sense in relation to MacCulloch et al’s Control model (1983), which hypothesised that deviant fantasy drives behavioural try-outs.
Escalation in offending was observed in approximately three-quarters of patients, suggesting that for most offenders, their index offence was not their first offence (convicted or otherwise).

Table 7.8 Summary of interpersonal characteristics of the mentally disordered sample

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Details % present (n=100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empathy deficits</td>
<td>81%</td>
</tr>
<tr>
<td>Grievance thinking</td>
<td>62%</td>
</tr>
<tr>
<td>Sense of entitlement</td>
<td>63%</td>
</tr>
<tr>
<td>Interpersonal deficits</td>
<td>77%</td>
</tr>
</tbody>
</table>

All of interpersonal characteristics in table 7.8 had relatively high frequencies in this sample, with empathy deficits being the most prevalent. Over three-quarters of the sample were also recorded as evidencing interpersonal deficits.

7.4.1.1 Checklist of Sadistic Behaviours (CSB) items: descriptive statistics

The distribution of each item on the checklist was investigated. On dichotomous data, it is generally suggested that very uneven splits between categories (i.e. absent / present) are outliers and warrant being removed. Extreme splits have been defined by Rummel (1970) as those with 90/10 splits. Five items had 90/10 splits or greater (blindfold, sex mutilation, foreign object, sequence, victim injury), whilst a further three items were approaching this level (gag, implement, excessive force). However, these items in this study are important to retain, as these extreme behaviours could be the items that discriminate most between sadistic and non-sadistic offenders. For theoretical reasons, these items were retained.

Table 7.9 and figure 7.1 show the distribution of the CSB in the psychiatric sample.
Table 7.9 CSB Descriptive Statistics for the mentally disordered sample

<table>
<thead>
<tr>
<th>Descriptive</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>8.7</td>
</tr>
<tr>
<td>Median</td>
<td>8.5</td>
</tr>
<tr>
<td>Mode</td>
<td>6</td>
</tr>
<tr>
<td>SD</td>
<td>3.99</td>
</tr>
<tr>
<td>Range</td>
<td>0-19</td>
</tr>
<tr>
<td>25(^{th}) percentile</td>
<td>6</td>
</tr>
<tr>
<td>50(^{th}) percentile</td>
<td>8.5</td>
</tr>
<tr>
<td>75(^{th}) percentile</td>
<td>12</td>
</tr>
<tr>
<td>Skewness</td>
<td>.23</td>
</tr>
<tr>
<td>Standard error</td>
<td>.24</td>
</tr>
<tr>
<td>Kurtosis</td>
<td>-.34</td>
</tr>
<tr>
<td>Standard error</td>
<td>.48</td>
</tr>
</tbody>
</table>

Figure 7.2 Distribution of CSB Scores in the mentally disordered sample

From table 7.9 and figure 7.1, it can be seen that the CSB is normally distributed across the 100 patients.

\(^6\) Out of a possible range of 0-25
7.4.2 Data Analyses

One of the aims of the research is to investigate the elements or components underlying sadistic behaviour (as measured by the Checklist). Exploratory factor analysis (EFA) is used to simplify data though describing and attempting to explain the correlations found between variables in the most parsimonious way.

There are two main issues when making a decision as to whether factor analysis is an appropriate analysis: number of participants, and variable to participant ratio. Barrett & Kline (1981) considered the effect of number of participants on the clarity of emerging factors. They found that the main factors remained clear and unequivocal until the sample was less than 100. Kline (2000) suggests that 100 or more participants are sufficient for conducting factor analysis. It is also important that there are more participants than variables to conduct a factor analysis. Barratt & Kline (1981) found that when using a ratio of 2:1 (participants: variables) then the main factors were clear, and from 3:1 they could not find any improvement if the ratio was increased. Kline therefore suggests that a participant to variable ratio of 2:1 or greater is sufficient. This research was conducted on 100 patients using a checklist consisting of 25 variables (that is, a ratio of 4:1). From the discussion above, it can be seen that the data fulfils the data requirements for undertaking exploratory factor analysis.

This study undertook an exploratory factor analysis (EFA) to investigate the factors underlying sadistic behaviour. The data to be analysed were dichotomous in nature. Previously, binary factor analysis has predominantly been employed through generating a matrix of point-biserial and tetrachoric correlations, or phi coefficient (Kline, 2000). However, these methods make certain assumptions regarding the data, including that they are normally distributed. Applying these to non-normally distributed data can distort the factor generation, questioning their suitability (Bishopp, Coid & Tapp, 2006). Because sadistic behaviour, by its nature, includes potentially infrequent variables which are theoretically important to retain, a method appropriate for such data was sought. A method of exploratory factor analysis using binary data on non-normally distributed
items has been described and employed in previous research (Bishopp, 2003; Bishopp, Coid & Tapp, 2006). The method uses a distance co-efficient, deriving a similarity matrix using a Jaccard’s coefficient (which does not make assumptions of normally distributed items). The subsequent distance matrix is then used as the basis for exploratory factor analysis. The generation of a similarity matrix was applied using SPSS syntax. Following the derivation of a similarity matrix, the data were analysed using principal components analysis with direct oblimin rotation. This method of rotation was selected as it allows for the factors to be correlated.

The decision by which the number of factors to be extracted is traditionally made by employing three criteria:

- eigenvalues over one,
- scree test and
- interpretability.

The first method has been criticised for generating too many factors. The second criterion looks at the point at which the eigenvalues change from a steep to a shallow slope, creating an elbow, which helps to identify the more meaningful factors from factors generated by chance (Eagan et al, 1999).

In order to investigate whether the factor structure generated in the EFA is valid, alternative methods of analysis using Multidimensional scaling (MDS) - Algorithmic Scaling (ALSCAL- Takane, Young & de Leeuw, 1977) and smallest space analysis (SSA- Lingoes, 1973) were conducted to observe whether a consistent picture emerges from these different analytic procedures. These are exploratory techniques which allow observation of the proximities among variables or cases, through considering the similarities, or differences, between them. These distances between variables are plotted in a spatial map to obtain a configuration, and represent the “hidden structure”(Kruskal & Wish, 1978) of the data. MDS has been described as useful for theory building, since it does not impose a model on the data that could influence its interpretation, unlike
linear factor models (Hammond, 2000). SSA is employed to explore the underlying thematic structure of a set of variables. It is a non-metric procedure that examines the association coefficients between each variable and represents these associations in a geometric space. This produces points in space, where the closer two points are in space, the more similar they are. Variables with similar underlying themes are plotted closely and those with different underlying themes are further away. The two different types of multidimensional scaling were undertaken, to investigate whether the structure is similar using different software.

To investigate whether the emerging factor structure reliably fits a cumulative unidimensional model, Rasch modelling was conducted. The one-parameter model orders items along a difficulty continuum (in this context difficulty refers to the severity of the behaviour), which charts the dimension of sadistic offending. This allows for a cumulative model of sadistic offending to be developed, so that the more sadistic the respondent, the more likely they are to engage in more severe behaviours (Kidd, Hammond & Bishopp, 1998). This model also assesses whether the items on the checklist will ‘fit’ a single cumulative scale, indicating that it is tapping into a single domain. Once there is evidence to suggest that the CSB is a unidimensional, items can then be totalled to compute a CSB score for each participant.

Following the computation of CSB scores, a median split was performed so that patients were assigned to either a ‘low’ CSB group or a ‘high’ CSB group. Differences between the two groups on variables relevant to sadism / sadistic behaviour were compared using chi-square, t-tests and one-way analysis of variance.

Finally, logistic regression was undertaken to investigate whether assignment to ‘low’ or ‘high’ CSB could be predicted by other variables.
7.4.2.1 Exploratory Factor Analysis of the CSB

Exploratory Factor Analysis was carried out through principal components analysis, with direct oblimin rotation, utilising Jaccard's coefficient. Figure 7.2 illustrates the scree plot with a dotted line superimposed of eigenvalues greater than 1.

Figure 7.3 Scree plot from the Principal Components Analysis of the CSB in the mentally disordered sample

![Scree Plot](image)

It can be seen from the scree plot that there are five eigenvalues greater than one, suggesting a five factor solution. However, the 'elbow' is more between a two and four factor solution. The data were then analysed for a two, three, four and five factor solution to check for interpretability. The four factor solution created the most interpretable solution.

7.4.2.1.1 Four-factor solution

All 25 items loaded on the four factors. Rotation of the factors converged in 8 iterations and explained 47.3% of percentage variance, with factor 1 contributing 27.9% (eigenvalue = 6.99), factor 2 contributing 7.8% (eigenvalue = 1.95), factor 3 contributing
6.2% (eigenvalue = 1.5), and factor 4 contributing 5.4% (eigenvalue = 1.3), respectively. Factor loadings of .3 or above have been highlighted as they are generally regarded as significant (Kline, 2000), with overlapping items (factorially complex items) highlighted in grey. For clarity, items have been re-ordered by size.

**Figure 7.4 Pattern matrix for the four-factor solution**

<table>
<thead>
<tr>
<th>Component</th>
<th>1 Physical control</th>
<th>2 Humiliation</th>
<th>3 Physical cruelty</th>
<th>4 Restriction / bondage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim injury</td>
<td>0.932</td>
<td>0.373</td>
<td>0.476</td>
<td></td>
</tr>
<tr>
<td>Excessive force</td>
<td>0.915</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control / domination</td>
<td>0.834</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount of planning</td>
<td>0.775</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Select victim prior to offence</td>
<td>0.730</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asphyxia</td>
<td>0.609</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behaviour to humiliate / degrade</td>
<td>0.476</td>
<td>0.373</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beat victim</td>
<td>0.476</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take object to use in offence</td>
<td>0.329</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioural / verbal scripting</td>
<td>0.316</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imprisonment / captivity</td>
<td>0.186</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variety of sexual acts</td>
<td></td>
<td>0.794</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fellatio</td>
<td></td>
<td>0.706</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anal rape</td>
<td></td>
<td>0.641</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sequence of sexual acts</td>
<td></td>
<td>0.527</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arousal to victim response</td>
<td>0.301</td>
<td>0.493</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Language to humiliate / degrade</td>
<td></td>
<td>0.482</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foreign object insertion</td>
<td></td>
<td></td>
<td>0.777</td>
<td></td>
</tr>
<tr>
<td>Sexual mutilation</td>
<td></td>
<td></td>
<td>0.44</td>
<td></td>
</tr>
<tr>
<td>Implement used</td>
<td></td>
<td></td>
<td>0.44</td>
<td></td>
</tr>
<tr>
<td>Bite mark</td>
<td></td>
<td></td>
<td>0.40</td>
<td></td>
</tr>
<tr>
<td>Cruelty / torture</td>
<td></td>
<td></td>
<td>0.334</td>
<td></td>
</tr>
<tr>
<td>Bondage</td>
<td></td>
<td></td>
<td>0.695</td>
<td></td>
</tr>
<tr>
<td>Blindfold</td>
<td></td>
<td></td>
<td>0.650</td>
<td></td>
</tr>
<tr>
<td>Gag</td>
<td></td>
<td></td>
<td>0.644</td>
<td></td>
</tr>
</tbody>
</table>

Extraction Method: Principal Component Analysis.
Rotation Method: Oblimin with Kaiser Normalization.
a Rotation converged in 8 iterations.
Table 7.10 Inter-correlations between factors

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>.38</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>.15</td>
<td>.18</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>.26</td>
<td>.30</td>
<td>.14</td>
<td>1.00</td>
</tr>
</tbody>
</table>

Reliability of the CSB and composite factors was measured using the traditional method of Cronbach's alpha co-efficient, (acceptable reliability is .7 or greater) and also Guttman's Lambda (2), which is employed where items are not normally distributed.

Table 7.11 Reliability of the total CSB and its components from the Principal Components Analysis

<table>
<thead>
<tr>
<th>Reliability</th>
<th>Total</th>
<th>Factor 1</th>
<th>Factor 2</th>
<th>Factor 3</th>
<th>Factor 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>alpha</td>
<td>.76</td>
<td>.60</td>
<td>.77</td>
<td>.58</td>
<td>.61</td>
</tr>
<tr>
<td>Guttman's Lambda (2)</td>
<td>.78</td>
<td>.63</td>
<td>.79</td>
<td>.59</td>
<td>.61</td>
</tr>
</tbody>
</table>

The internal consistency of the scale is acceptable, with the alpha coefficient for the total scale reaching the .7 level.

7.4.2.1.2 Interpretation of factors

- Factor one can be seen to represent physical control. This is in the sense of controlling through physical force, as well as through preparation / organisation.
- Factor two can be seen as representing humiliation. It contains several deviant sexual behaviours as well as language to humiliate and behaviour to humiliate, and arousal to the victim's response.
- Factor three can be seen to represent physical cruelty, consisting of items designed to inflict fear and pain on the victim.
Factor four can be seen to represent restriction / bondage. It is noted that 'imprisonment or captivity' is almost at .3 on this sub-scale, which would make theoretical sense. It is also noted that 'cruelty and torture' loads on this factor, as well as factor 3. Again, this makes conceptual sense, as blindfolding, gagging or bondage could be a behaviour aimed to cause fear in the victim, and thus be viewed as psychological cruelty or torture. Dietz et al (1990) have previously conceptualised bondage as psychological torture.

7.4.2.2 Smallest Space Analysis (SSA) & ALSCAL

To observe whether the elements of sadistic behaviour that emerged in the principal components analysis can be reproduced across different types of analysis, using different software, ALSCAL and SSA were undertaken.

7.4.2.2.1 Smallest Space Analysis (SSA)

The SSA produces facets analogous to factors in so far as the former are interpretable higher order classifications deriving their meaning from the "capture" points of proximally similar items. Results can be presented in many ways, one of which is to present a diagram summarising the relationships between items and partitioning the item plot as a method of interpreting the similarities and differences between the items (Wilson & Hammond, 2000).

SSA was carried out to analyse the data using SSA-I (Lingoes, 1973), in order to examine the underlying thematic structure of sadistic behaviours, as measured by the items of the CSB. In SSA several iterations may be necessary to generate the best fit between the points and the association matrix. This is measured using the coefficient of alienation, which ranges from 0 to 1, representing perfect fit and poor fit, respectively. A coefficient of alienation of .20 or less (Canter, Reddy, Alison & Bennel, 2001), or lower than .20-.25 (Shy, Elizur & Hoffman, 1994) is considered an acceptable level of fit. The Guttman-Lingoes coefficient of alienation for the SSA presented in figure 7.4 is .21 with
a stress level of .19. It is noted that this coefficient of alienation is marginally above the more stringent level given by Canter et al (2001) by .01, but it has been suggested that the interpretability is the most crucial factor (e.g. Hammond, 2000). The points represent the items in the CSB.

Figure 7.5 SSA plot for CSB items in the mentally disordered sample

Figure 7.5 shows the projection of dimension one against dimension two of a three dimensional SSA. The colour of the points represents the components produced in the principal components analysis; the red points represent the physical control component, yellow represent the humiliation component, green represent the physical cruelty / torture component and the blue points represent the bondage / restriction component. The numbers correspond to the order of the items in the principal components analysis (see table 7.12).
### Table 7.12 Key for understanding items in SSA plot

<table>
<thead>
<tr>
<th>Item on plot</th>
<th>Item description</th>
<th>Corresponding component</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>victim injury</td>
<td>Control</td>
</tr>
<tr>
<td>2</td>
<td>excessive force</td>
<td>Control</td>
</tr>
<tr>
<td>3</td>
<td>control / domination</td>
<td>Control</td>
</tr>
<tr>
<td>4</td>
<td>amount of planning</td>
<td>Control</td>
</tr>
<tr>
<td>5</td>
<td>select victim prior to offence</td>
<td>Control</td>
</tr>
<tr>
<td>6</td>
<td>Asphyxia</td>
<td>Control</td>
</tr>
<tr>
<td>7</td>
<td>behaviour to humiliate / degrade</td>
<td>Humiliation</td>
</tr>
<tr>
<td>8</td>
<td>beat victim</td>
<td>Control</td>
</tr>
<tr>
<td>9</td>
<td>take object to use in offence</td>
<td>Control</td>
</tr>
<tr>
<td>10</td>
<td>behavioural / verbal scripting</td>
<td>Control</td>
</tr>
<tr>
<td>11</td>
<td>imprisonment / captivity</td>
<td>Control</td>
</tr>
<tr>
<td>12</td>
<td>variety of sexual acts</td>
<td>Humiliation</td>
</tr>
<tr>
<td>13</td>
<td>Fellatio</td>
<td>Humiliation</td>
</tr>
<tr>
<td>14</td>
<td>anal rape</td>
<td>Humiliation</td>
</tr>
<tr>
<td>15</td>
<td>sequence of sexual acts</td>
<td>Humiliation</td>
</tr>
<tr>
<td>16</td>
<td>arousal to victim response</td>
<td>Humiliation</td>
</tr>
<tr>
<td>17</td>
<td>language to humiliate / degrade</td>
<td>Humiliation</td>
</tr>
<tr>
<td>18</td>
<td>foreign object insertion</td>
<td>Physical cruelty / torture</td>
</tr>
<tr>
<td>19</td>
<td>sexual mutilation</td>
<td>Physical cruelty / torture</td>
</tr>
<tr>
<td>20</td>
<td>implement used</td>
<td>Physical cruelty / torture</td>
</tr>
<tr>
<td>21</td>
<td>bite mark</td>
<td>Physical cruelty / torture</td>
</tr>
<tr>
<td>22</td>
<td>cruelty / torture</td>
<td>Physical cruelty / torture</td>
</tr>
<tr>
<td>23</td>
<td>Bondage</td>
<td>Bondage / restriction</td>
</tr>
<tr>
<td>24</td>
<td>Blindfold</td>
<td>Bondage / restriction</td>
</tr>
<tr>
<td>25</td>
<td>Gag</td>
<td>Bondage / restriction</td>
</tr>
</tbody>
</table>

#### 7.4.2.2.1.1 Emerging themes

The assumption of SSA is that items on the CSB with a shared underlying theme will be represented in the same spatial region of the SSA plot. Four themes of sadistic behaviour were identified through visual inspection of the plot (Brown & Barnet, 2000). The points have been coloured to illustrate which component the items loaded on in the principal components analysis. It can be seen that the four themes identified in this SSA are generally consistent with those identified in the earlier analysis. Therefore these themes are interpreted as those in the PCA, as physical control, physical cruelty, bondage /
restriction, and humiliation. The only item that does not correspond to the same facet in both analyses is the item “beat”. In the principal components analysis this was located in the control component whilst in the SSA it is located within humiliation. It is possible that beating a victim could be an act of humiliation.

The bondage / restriction theme includes the same three items identified in the principal components analysis (bondage, gag, and blindfold). The principal components analysis findings observed that the item ‘cruelty and torture’ loaded on both ‘bondage / restriction’ and ‘cruelty’ components. In this analysis, although near bondage / restriction, it appears to indicate that ‘cruelty and torture’ and ‘bondage / restriction’ are two separate themes.

7.4.2.2.2 ALSCAL

ALSCAL was employed using SPSS version 13.0. The analysis was undertaken on binary data looking at the distances between variables. Measurement of stress, indicating fit of data to a solution, was considered using Young’s Stress formula 1 (.141 in 4 iterations) and Kruskal stress formula 1 (.160). The RSQ statistic, looking at the proportion of variance of the scaled data in the partition accounted for by the corresponding distances was .914. These are at an acceptable level, indicating reasonable fit.
Figure 7.6 shows that three regions are represented within this plot. Like with the output of the SSA, the points are coloured to represent the components the items loaded on to in the principal components analysis (see table 7.12 for key to items in the plot).

7.4.2.2.1 Interpretation

This picture does not appear to be as clear in this analysis as with the SSA in terms of consistency. The first region in the left hand side of the plot includes amount of planning, control and domination, victim injury, excessive force, select victim, asphyxia and beat. These items, taken as a region, describe controlling behaviours, and map on to the physical control theme that has been observed in both of the previous two analyses.
The second region in the bottom left of the plot includes the items foreign object, sexual mutilation, implement, bite mark, cruelty and torture, bondage, blindfold, gag, anal rape and sequence of sexual acts. These can be seen to represent sexual and non-sexual cruelty. From the coloured points, it shows that items from three different components made up this region. It is noted that the restriction / bondage component observed in the PCA is located within the cruelty area in the ALSCAL plot. This overlap of physical and psychological cruelty was observed in the PCA, where cruelty and torture loaded on the cruelty component and restriction / bondage. The location of these items can be explained theoretically, in that bondage and restriction can be thought of as means by which to generate fear, and consequently, could be viewed as psychological cruelty and torture, alongside the physical cruelty and torture identified in factor three of the PCA. Anal rape and sequence of acts have in the previous two analyses been positioned within an element representing humiliation. A possible reason why it is within the cruelty region in this plot is because both items indicate anal penetration (the ‘sequence’ is anal penetration followed by oral or vaginal penetration), which would be likely to cause the victim physical suffering.

The third region in the upper section of the plot includes the items behaviour to humiliate or degrade, take object to use, scripting, imprisonment or captivity, fellatio, language to humiliate or degrade, arousal to victim response and variety of sexual acts. The items can easily be explained within the notion of humiliation and degradation, with the possible exception of take object to use. Scripting and imprisonment have been located in the previous two analyses in the ‘physical control’ region. However, their position within humiliation and degradation could be explained by the fact that forcing a victim to do, or have done to them, certain acts (including having their freedom taken away) could be construed as being motivated by a wish to humiliate or degrade. The item ‘take object to use’ describes an offender having brought items to the offence to facilitate offending, therefore depending on what items were brought, they could be pertinent to humiliation and degradation (e.g. dildo). Unfortunately this information was not recorded and so it remains unclear.
7.4.2.3 Rasch Analysis

The checklist data were put into a Rasch model to observe whether it fitted a unidimensional structure. The one-parameter Rasch model was undertaken using the Broadmoor Scaling Package (BSP, Hammond, 1997). The model generates several important statistics to explain the result. Affectivity demonstrates how the items are ordered by difficulty, through recording the proportion of respondents who had the item present. Beta (β) represents the location of each item on the continuum. The z-ratio demonstrates the ability of items to fit a cumulative, unidimensional model, with items having an absolute value of 2.57 or greater resulting in a significant misfit. The level of misfit is presented so that a significant score indicates that an item does not fit the model. It should be noted that in Rasch analysis it is customary for the cut-off for significance to be at the 1% level (Kidd & Hammond, 1998).

Table 7.13 Rasch item parameters for the CSB

<table>
<thead>
<tr>
<th>Item</th>
<th>Affectivity</th>
<th>Beta weight (β)</th>
<th>z-ratio (fit)</th>
<th>Significant misfit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim injury</td>
<td>.95</td>
<td>-4.13</td>
<td>-.08</td>
<td>93</td>
</tr>
<tr>
<td>Excessive force</td>
<td>.88</td>
<td>-3.22</td>
<td>.76</td>
<td>54</td>
</tr>
<tr>
<td>Control / domination</td>
<td>.77</td>
<td>-2.27</td>
<td>2.01</td>
<td>.04</td>
</tr>
<tr>
<td>Amount of planning</td>
<td>.67</td>
<td>-1.67</td>
<td>-.92</td>
<td>.64</td>
</tr>
<tr>
<td>Select victim</td>
<td>.59</td>
<td>-1.25</td>
<td>-.72</td>
<td>.52</td>
</tr>
<tr>
<td>Behaviour to humiliate</td>
<td>.49</td>
<td>-.753</td>
<td>2.59</td>
<td>.009**</td>
</tr>
<tr>
<td>Asphyxia</td>
<td>.49</td>
<td>-.753</td>
<td>2.29</td>
<td>.02</td>
</tr>
<tr>
<td>Beat</td>
<td>.42</td>
<td>-1.15</td>
<td>2.45</td>
<td>.01</td>
</tr>
<tr>
<td>Take object</td>
<td>.37</td>
<td>-.10</td>
<td>2.05</td>
<td>.04</td>
</tr>
<tr>
<td>Imprison / captivity</td>
<td>.36</td>
<td>-.10</td>
<td>-.75</td>
<td>.54</td>
</tr>
<tr>
<td>Arousal to victim response</td>
<td>.36</td>
<td>-.10</td>
<td>2.33</td>
<td>.81</td>
</tr>
<tr>
<td>Scripting</td>
<td>.33</td>
<td>.05</td>
<td>-.24</td>
<td>.75</td>
</tr>
<tr>
<td>Language to humiliate</td>
<td>.29</td>
<td>.22</td>
<td>.17</td>
<td>.85</td>
</tr>
<tr>
<td>Fellatio</td>
<td>.29</td>
<td>.28</td>
<td>-.58</td>
<td>.57</td>
</tr>
<tr>
<td>Variety of sex</td>
<td>.25</td>
<td>.46</td>
<td>1.7</td>
<td>.08</td>
</tr>
<tr>
<td>Bondage</td>
<td>.22</td>
<td>.65</td>
<td>.67</td>
<td>.51</td>
</tr>
<tr>
<td>Anal rape</td>
<td>.18</td>
<td>.93</td>
<td>1.3</td>
<td>.19</td>
</tr>
<tr>
<td>Cruelty / torture</td>
<td>.17</td>
<td>1.01</td>
<td>.53</td>
<td>.60</td>
</tr>
<tr>
<td>Bite mark</td>
<td>.16</td>
<td>1.09</td>
<td>-1.09</td>
<td>.27</td>
</tr>
<tr>
<td>Gag</td>
<td>.14</td>
<td>1.26</td>
<td>.82</td>
<td>.58</td>
</tr>
<tr>
<td>Implement</td>
<td>.13</td>
<td>1.36</td>
<td>-1.73</td>
<td>.08</td>
</tr>
<tr>
<td>Foreign object</td>
<td>.10</td>
<td>1.67</td>
<td>-.68</td>
<td>.50</td>
</tr>
<tr>
<td>Blindfold</td>
<td>.09</td>
<td>1.79</td>
<td>-.89</td>
<td>.62</td>
</tr>
<tr>
<td>Sequence</td>
<td>.08</td>
<td>1.93</td>
<td>.12</td>
<td>.90</td>
</tr>
<tr>
<td>Sexual mutilation</td>
<td>.07</td>
<td>2.08</td>
<td>-1.34</td>
<td>.18</td>
</tr>
</tbody>
</table>
The reliability of the model was .96, indicating a good level of reliability. From the ‘fit’ figures it can be seen that only one item (behaviour to humiliate or degrade) did not adequately fit a cumulative model. Although this item does not appear to fit the overall model as well as other items, behaviour to humiliate / degrade is shown, as part of the humiliation sub-component in the PCA, to have an acceptable level of reliability, and the level of reliability is reduced when it this item is deleted. Therefore, for these reasons, it was retained in the checklist for the bivariate statistical analyses in section 7.4.2.4.

The overall fit appears to be very good, particularly as, according to the PCA and MDS analyses, the scale consists of three or four subscales. The affectivity and beta figures illustrate that items at the lower or less severe end of the dimension include items relating to control, whilst items towards the higher or more severe end of the dimension include those relating to humiliation and degradation, and cruelty and torture. This is consistent with the PCA which shows that the first component (control) extracted is at the lower end and later components are at the higher end (humiliation and degradation, then cruelty and torture).

7.4.2.4 Bivariate statistics

The CSB has been explored and from the analyses conducted it appears that although there are different qualitative aspects, there is a higher order unidimensional structure of sadistic behaviour.

In order to investigate whether variables previously highlighted as relevant to sadistic offending are supported in this study, it was necessary to split the sample into ‘low’ and ‘high’ scorers on the CSB (i.e. separate low and high sadistic offending). This was undertaken through applying a median split to the total CSB scores. As reported in the descriptive statistics, the median split was 8.5. Therefore, all patients with total CSB scores less than 8.5 were labelled ‘low’ and those with total CSB scores above 8.5 were labelled ‘high’. Chi-square tests were conducted to test the difference between the two groups.
In addition to the significance levels of analyses, effect sizes (\(d\) and \(r\)) are also presented as they represent an indicator of the magnitude of an effect, independent of the size of the sample. Cohen (1988) proposed that \(d\) of .2, .5 and .8 represent small, medium and large effect sizes, respectively. The corresponding \(r\) values are .100, .243 and .371.

Table 7.14 Summary of significant differences between high and low scorers on the CSB using Chi-square

<table>
<thead>
<tr>
<th>Variable</th>
<th>CSB median split</th>
<th>% Absent</th>
<th>% Present</th>
<th>(p)</th>
<th>(d)</th>
<th>(r)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggressive sexual fantasies</td>
<td>Low</td>
<td>30</td>
<td>20</td>
<td>.003</td>
<td>.63</td>
<td>.30</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>15</td>
<td>35</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-mortem non-sexual activity</td>
<td>Low</td>
<td>37</td>
<td>22</td>
<td>.006</td>
<td>1.29</td>
<td>.54</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>4</td>
<td>37</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiple paraphilias</td>
<td>Low</td>
<td>45</td>
<td>5</td>
<td>.022</td>
<td>.46</td>
<td>.22</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>36</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hoax calls</td>
<td>Low</td>
<td>50</td>
<td>0</td>
<td>.041</td>
<td>1.47</td>
<td>.59</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>46</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of cross-dressing</td>
<td>Low</td>
<td>46</td>
<td>4</td>
<td>.050</td>
<td>.57</td>
<td>.27</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>39</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Aggressive sexual fantasies, post-mortem non-sexual activity, multiple paraphilias, history of cross-dressing and childhood hoax calls observed significant differences (\(p \leq .05\)) between the low and high scorers in the direction predicted by previous literature and theory. Of these, post-mortem activity and hoax calls showed a large effect size, aggressive sexual fantasy and cross-dressing show medium effect sizes, and multiple paraphilias are on the borderline between a small and medium effect size. One other variable was approaching significance in distinguishing low from high scorers; more individuals with high CSB scores had gender identity issues than those with low CSB scores.

A variable that did not significantly differentiate between low and high scorers that would be expected to from previous literature and expert opinion was PPG response. This was explored further using Pearson’s correlation coefficient, to observe whether
there was a relationship between CSB score and PPG deviance levels (not deviant, deviant and highly deviant). It produced a significant positive correlation of .294 \( (p=.029) \), indicating that the higher the CSB score, the more deviant responding to PPG assessment.

This and the other variables were further explored using independent samples t-tests and ANOVAs, where appropriate, to investigate the difference in mean total CSB scores between patients with a variable present and absent.

Table 7.15 Summary of significant differences of mean CSB scores for individuals with and without theoretically and empirically related variables present

<table>
<thead>
<tr>
<th>Variable (v)</th>
<th>x CSB when v absent</th>
<th>S.D.</th>
<th>x CSB when v present</th>
<th>S.D.</th>
<th>2-tailed p</th>
<th>d</th>
<th>r</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggressive sexual fantasies</td>
<td>7.333</td>
<td>3.72</td>
<td>9.836</td>
<td>3.89</td>
<td>.002</td>
<td>.66</td>
<td>.31</td>
</tr>
<tr>
<td>Post-mortem non-sexual activity</td>
<td>6.000</td>
<td>2.00</td>
<td>9.125</td>
<td>2.96</td>
<td>.005</td>
<td>1.3</td>
<td>.53</td>
</tr>
<tr>
<td>Hoax calls</td>
<td>8.500</td>
<td>3.94</td>
<td>13.750</td>
<td>.96</td>
<td>.008</td>
<td>2.1</td>
<td>.68</td>
</tr>
<tr>
<td>Multiple paraphilias</td>
<td>8.222</td>
<td>3.97</td>
<td>10.789</td>
<td>3.49</td>
<td>.011</td>
<td>.69</td>
<td>.32</td>
</tr>
<tr>
<td>Cross-dressing</td>
<td>8.306</td>
<td>3.90</td>
<td>11.000</td>
<td>3.84</td>
<td>.015</td>
<td>.69</td>
<td>.53</td>
</tr>
<tr>
<td>Deviant PPG</td>
<td>7.286</td>
<td>3.74</td>
<td>9.647</td>
<td>4.05</td>
<td>.035</td>
<td>.61</td>
<td>.29</td>
</tr>
</tbody>
</table>

From table 7.15, it is observed that patients with aggressive sexual fantasies, post-mortem non-sexual activity, hoax calls, multiple paraphilias, history of cross-dressing, and deviant PPG response had significantly higher mean CSB scores than those patients without these offence and offender characteristics. The table also illustrates that post-mortem non-sexual activity and hoax calls had large effect sizes, whilst a history of aggressive sexual fantasies, multiple paraphilias, cross-dressing and a deviant PPG profile had medium effect sizes. Three other variables were approaching significance in distinguishing higher mean scorers from lower; individuals with gender identity issues,
empathy deficits and those that had been victims of childhood sexual abuse had higher mean scores than those without. Gender identity issues had a medium effect size, whilst the other two variables had a small-medium effect size.

Differences between patients regarding Mental Health Act (MHA) category and CSB score were investigated through ANOVA. The results illustrate that there is a significance difference between groups. Patients with a MHA category of Mental Illness had a mean score of 7.55 (SD =4.33), Psychopathic Disorder had a mean score of 9.04 (SD =3.64) and Mental illness + Psychopathic Disorder had a mean score of 10.40 (SD =.369). Post-hoc tests using Least Squares Difference (LSD) showed a significant difference (p=.020) between the mean scores of Mental illness and Mental Illness + Psychopathic Disorder. The difference between Mental Illness and Psychopathic Disorder was also approaching significance (p =.087).

Differences between patients regarding index offence and CSB score were investigated through ANOVA. The mean CSB score for patients convicted of murder / attempted or manslaughter was 7.20 (2.91), rape / attempted was 9.17 (4.19), GBH / ABH / Wounding with intent was 9.60 (4.19), indecent assault was 9.67 (5.12) and kidnapping was 10.67 (4.16). The ANOVA was not significant. However, post-hoc tests using LSD showed a significant difference (p=.035) between rape / attempted rape and murder / attempted or manslaughter. Also of note, the difference between GBH / ABH / intent and murder / attempted or manslaughter was approaching significance (p=.09). This suggests that those who killed or attempted to kill their victim engaged in less sadistic behaviour than those who did not.

7.4.2.5 Logistic regression

Binary logistic regression analysis was utilised to assess whether any variables predicted membership to ‘low CSB’ and ‘high CSB’ groups. Only the variables that were shown to significantly differentiate level of sadistic behaviour in section 7.4.2.4 were used in this analysis.
A stepwise binary logistic regression (Enter method) revealed a significant model Chi-square (14.907, df= 4, p=.005). The variables in the model are presented in table 7.17.

Table 7.16 Summary of model variables in the logistic regression

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>S.E.</th>
<th>df</th>
<th>p-value</th>
<th>ExB</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple paraphilias</td>
<td>-.329</td>
<td>.675</td>
<td>1</td>
<td>.626</td>
<td>.720</td>
<td>.192-2.701</td>
</tr>
<tr>
<td>Cross-dressing</td>
<td>-.689</td>
<td>.707</td>
<td>1</td>
<td>.330</td>
<td>.502</td>
<td>.126-2.006</td>
</tr>
<tr>
<td>Aggressive sexual</td>
<td>-.932</td>
<td>.458</td>
<td>1</td>
<td>.042</td>
<td>.394</td>
<td>.160-.966</td>
</tr>
<tr>
<td>fantasies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hoax calls</td>
<td>-20.623</td>
<td>19842.720</td>
<td>1</td>
<td>.999</td>
<td>.000</td>
<td>.000</td>
</tr>
</tbody>
</table>

From table 7.16, it can be seen that only aggressive sexual fantasies significantly predicts group membership.

Using this model to predict group membership, 66% of the cases were classified correctly (see table 7.17).

Table 7.17 Percentage of correctly classified cases from the logistic regression model

<table>
<thead>
<tr>
<th>Observed</th>
<th>Predicted</th>
<th>% correct</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>Low</td>
<td>30</td>
<td>20</td>
</tr>
<tr>
<td>High</td>
<td>14</td>
<td>36</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 7.17 shows that the model is better at predicting individuals with ‘high CSB’ than ‘low CSB’.

7.5 Discussion

The aims of this study were to explore the components underlying sadistic offending and their consistency across different methods of analysis, investigate whether previous...
theoretical understanding is supported, and to make a first step in an operational definition of sadistic behaviour. This was undertaken employing the 25-item Checklist of Sadistic Behaviours described in chapter 6 and rating 100 patients from a mentally-disordered population.

7.5.1 Themes underlying sadistic behaviour

The results from this study have contributed to informing knowledge to clarify the construct of sadistic behaviour. The themes underlying sadistic behaviour, as measured by the Checklist of Sadistic Behaviours (CSB) were investigated through exploratory factor analysis using principal components analysis and multidimensional scaling. The findings of the principal components analysis and SSA suggested that sadistic behaviour is explained by four components. These are 1) control 2) humiliation 3) cruelty and 4) bondage / restriction. The outcome of the ALSCAL and Rasch modelling are consistent with the first two components identified in the principal components analysis and SSA, but the third and fourth components (cruelty / torture and bondage / restriction) are observed to be located in the same area. This suggests that they share a common underlying theme. It is argued that the items included in the ‘cruelty / torture’ component of the principal components analysis and SSA represent physical torture that is designed to cause pain (e.g. insertion of foreign object, bite marks) whilst the items in the ‘bondage / restriction’ component can be seen to characterize acts to cause the psychological suffering or torture of the victim. It is also argued that bondage, gag and blindfold are carried out to enable physical torture to occur. Bondage has previously been conceptualised as psychological torture (e.g. Dietz et al, 1990).

The observed themes have been highlighted in previous literature, although not necessarily together. The first attempts to describe sadism in the psychiatric field emphasised the importance of cruelty and humiliation (Krafft-Ebing, 1934). The DSM diagnostic criteria for sexual sadism (e.g. psychological/ physical suffering) and ICD-10 criteria (e.g. bondage, humiliation) are also covered by the themes found in this current study. The definition employed in the influential paper by MacCulloch et al (1983) in
which sadism involves domination, denigration and inflicting pain are also encompassed by the four themes in this study. Interestingly, although many of the definitions in previous literature include or focus on infliction of pain, there is no single component in this research that embodies this. That is, although there are several items in the CSB that relate to inflicting pain, some items are located in the ‘physical control’ component, whilst others are found in the cruelty component. This suggests that different means to inflicting pain could represent distinct types of pain, demonstrate different motivations of the offender, or be employed to generate different responses in the victim. Therefore, it could be that not inflicting pain per se, but the way that it is achieved, that is important in sadistic behaviour.

Rasch modelling is additionally able to specify the meaning of sadistic behaviour in more detail. The results of the Rasch analysis suggest that sadistic behaviour is a unidimensional, cumulative construct. In terms of definition, this provides evidence to indicate that a single construct explains the range of behaviours seen in sadistic offending. This subsequently implies that the domain of sadistic behaviour is a higher-order construct with underlying sub-facets of control, humiliation and physical and psychological cruelty. This is equivalent to the notion of Psychopathy, whereby it is conceptualised as a single super-ordinate construct, explained through interpersonal, affective, lifestyle and antisocial latent facets (Hare, 2003). The results indicate that items positioned at the less severe end of the dimension were pertinent to control, including levels of victim injury, excessive force and asphyxiation. These items are not as discriminating as items relevant to humiliation and degradation, which themselves are not as discriminating as items encapsulating physical and psychological cruelty and torture, which are at the more severe end of the dimension.

The findings suggest that definitions emphasising excessive force as a key feature of sadistic offending (e.g. Seto & Kuban, 1996; Smith, 1999) may ‘miss’ offenders with higher levels of sadism. Definitions or criteria emphasising cruelty or torture may be identifying and discriminating those at the higher end of the spectrum from individuals with lower levels.
The underlying components of sadistic behaviour observed in this research share some similarity to those identified in consenting sadomasochistic sex. For example, Alison et al (2001) and Santtila et al (2002) reported that when sadomasochistically orientated behaviour was analysed, its underlying structure was interpreted as consisting of hyper-masculinity, administering of pain, humiliation and physical restriction. It can be seen that humiliation is found in both SM behaviour and sadistic offending behaviour, and that ‘administering pain’ and ‘physical restriction’ are somewhat analogous to the physical cruelty/torture and the bondage/restriction (psychological cruelty/torture) components, respectively, in the current research. The hyper-masculinity theme (including giving an enema and inserting a catheter) also appears similar to the physical cruelty/torture component of the current research. This suggests that the underlying structure of consenting sadomasochistic behaviour is similar to that of sadistic sex offending behaviour. However, this is not to say that they are the same phenomenon, as the motivation for engaging in this behaviour may be very different, as well as other factors that have distinguished non-offenders from sex offenders, such as pro-social attitudes, empathy, etc.

7.5.2 Consistency of themes across methods- triangulation

Findings from this study indicate that there is a broad consistency of themes across different methods of analysis. It appears that although the components physical control, humiliation and cruelty are observed in different methods, the component ‘restriction/bondage’ is located within the cruelty region. As noted earlier, this is unsurprising, and makes theoretical sense, as bondage and restriction can be conceptualised as psychological cruelty. This would then explain its location within cruelty.

7.5.3 An empirically derived operational definition of sadistic behaviour

The findings from the principal components analysis, MDS and SSA demonstrate three main components of sadistic behaviour. These empirically derived elements have been
employed to generate an initial operational definition of sadistic behaviour. The
definition is:

Sadistic behaviour is behaviour that involves control, humiliation, and cruelty / torture
(physical or psychological) of, or towards a victim.

7.5.4 Psychometric properties of the CSB

7.5.4.1 Reliability

The CSB has been shown to have acceptable reliability in terms of inter-rater reliability
and internal consistency at the total scale level, as evidenced in the alpha / Guttman’s
Lamda (2) coefficients and the level of fit in a unidimensional Rasch model. However, it
is noted that at the component level of the principal components analysis, not all
coefficients of internal consistency reached high levels.

The findings from the Rasch modelling indicate that the checklist is reliable and
internally consistent, as it can reliably fit a cumulative unidimensional scale.

The fact that the broad themes have been reproduced across different methods can also
be viewed as support for the reliability of the measure.

The development of the CSB has also allowed for a shift from classifying the offender,
to classifying the offence behaviours. This has enabled the focus to be on the
examination of offence behaviours in defining sadism, in line with recent progress to
move away from conceptualising typologies of the offender (Turvey, 2002). It is
proposed that using more objective criteria to assess sadism (i.e. behaviour) has led to a
more useful and reliable measure.
7.5.4.2 Validity

The development of the CSB described in Chapter 6 demonstrated the content validity of the scale, through generating the items from previous literature and expert opinion, and then inviting experts to rate the relevance of the items and identify any areas not covered. The Delphi procedure allows for a further round of expert judgements to examine the face and content validity of the items and their salience. Undertaking exploratory factor analysis of the checklist was a further way to demonstrate content validity. The findings from the principal components analysis of the CSB support the face and content validity of the scale, and the emerging components of sadistic behaviour are in harmony with factors previously hypothesised as key elements of sadism.

Construct validity was tested through using different methods to analyse the CSB to observe whether the same themes were generated. A broadly consistent picture of the elements of sadistic behaviour emerged from the various analyses.

In terms of concurrent validity, there were no measures of sadism or sadistic behaviour available with which to compare the CSB. However, several variables that were hypothesised to be related to sadistic offending were shown to discriminate between high and low scorers on the CSB, such as aggressive sexual fantasies, deviant PPG responses, multiple paraphilias and empathy deficits.

The only variable that predicted whether an individual had higher or lower levels of sadistic behaviour was aggressive sexual fantasies. This suggests that aggressive sexual fantasies play a significant role in sadistic offending.

7.5.5 Support for previous research and theory

Previous research findings and theoretical models of sadism and sadistic behaviour have been reviewed in Chapters 2 and 3. The four aspects of sadistic behaviour identified as
its underlying structure (control, humiliation, physical cruelty / torture and psychological cruelty / torture) fits with what theorists have said explains sadistic behaviour.

7.5.5.1 Control

Several theorists have viewed the development of sadistic fantasies as a means of coping with an individuals' inability to control their external world, particularly regarding peer relationships with their preferred sex (e.g. MacCulloch et al, 1983; Burgess et al, 1986). The use of fantasy is seen as a way of satisfying the wish for control, as is reflected in the content of fantasies, which focus on controlling others in a sexual context. The fact that physical control has been identified as one of the underlying features of sadistic offending behaviour suggests that the need to be in control is an important mechanism in sadism. It has also been suggested that aggressive behaviours act as a means of experiencing control over others (e.g. Marshall & Kennedy, 2001, 2003).

7.5.5.2 Humiliation

This study has found that humiliation is a key element of sadistic behaviour. This could relate to the notion that sadistic individuals are likely to have experienced being humiliated sexually, physically or psychologically as a child, and subsequently 'learn' how to abuse from these experiences (e.g. Laws & Marshall, 1990). The idea that sadistic offenders have interpersonal difficulties, especially with their preferred sex (e.g. MacCulloch et al, 1983) may also give rise to a wish for revenge, which could be enacted through humiliation. Furthermore, empathy deficits allow for feedback from victims when being humiliated to be arousing.

7.5.5.3 Physical cruelty / torture

The finding that physical cruelty or torture is an underlying element of sadistic behaviour is consistent with previous research and theory. A fusion of sex and aggression has been theorised to be the biological basis for sadistic and other sexually
aggressive behaviour (e.g. Marshall & Barbaree, 1990; Prentky & Knight, 1991; MacCulloch et al, 2000). This implies that for these individuals, sexual arousal is dependent on a level of violence. The observation that an underlying aspect of sadistic behaviour is physical cruelty / torture supports the notion that victim suffering through physical means is an important component of sadism. The concept of arousal to torture is consistent with explanations of sadism that highlight lack of appropriate empathic response as a crucial mechanism (e.g. Marshall & Barbaree, 1990; Baumeister, 1999). This is because inflicting cruelty or torture on a victim implies that the perpetrator understands that the act will cause victim suffering, but is aroused by the suffering caused. Marshall & Barbaree (1990) explain that empathy deficits arise from inadequate role models in childhood, implying that sadistic offenders have not had the appropriate environment in which to ‘learn’ empathy.

7.5.5.4 Psychological cruelty / torture

As with physical cruelty and torture, the finding that psychological cruelty and torture is part of the underlying structure of sadistic behaviour infers that empathy deficits play a role in explaining sadism, alongside arousal to suffering.

Many of the variables highlighted earlier have been assessed in this current study to investigate whether, through comparing low and high scorers on the CSB as a measure of sadistic behaviour, the relevance of these variables to sadistic behaviour is supported. These variables were divided into sets in this study for clarity.

7.5.5.5 Demographic set

There has been debate in previous literature as to whether sadistic offenders are more likely to be personality disordered or psychotic. Previously research and theory has been unclear regarding the link between sadism, mental illness and personality disorder. Chapter 3 discussed how various authorities have suggested that sadistic offending is related to personality issues, particularly psychopathy, but personality disorders more
generally (e.g. Holt, et al, 1999; Berger et al, 1999; Proulx et al, 2003). However, there has also been a link proposed between sadism and psychosis (e.g. Smith, 1999). Levels of sadistic behaviour were compared between individuals with a Mental Health Act category of Mental Illness and individuals with a category of Psychopathic Disorder. The findings in this study showed that there were differences in sadistic behaviour scores between the two groups. More specifically, the difference between the mean scores of individuals with Psychopathic Disorder and those with Mental illness approached significance, with Psychopathic Disordered individuals scoring higher than Mental Illness individuals. This suggests that personality issues may be more pertinent to sadism than mental illness. Furthermore, additional analysis found that individuals with a dual Mental Health Act category of Mental Illness and Psychopathic Disorder had significantly higher levels of sadistic behaviour than individuals with Mental illness alone, and were non-significantly higher than individuals with Psychopathic Disorder alone. Other factors that may be relevant to these findings are empathy deficits and lack of concern regarding consequences (both Mental Illness and Psychopathic Disorder), and excitement seeking and angry feelings (more Psychopathic Disorder). The results indicate that personality is an important factor in sadistic behaviour but that the combination of Mental Illness and Psychopathic Disorder increases the likelihood of engaging in sadistic offending. It is unclear why this is.

One explanation could be that mental illness acts as a disinhibitor, alongside lack of concern for others and empathy deficits, so that although individuals with personality disorder are more sadistic than those with mental illness, individuals with personality disorder and mental illness are more likely to engage in sadistic behaviour.

Another explanation takes into consideration Proulx et al’s (2003) findings that sadists had significantly higher levels of schizoid, avoidant and schizotypal personality disorder than non-sadists. All three types are described as having interpersonal deficits, whether because they are indifferent to relationships and have a reduced capacity for emotional experiences (schizoid), experience social discomfort (avoidant) or have deficient interpersonal relationships and are socially isolated (schizotypal) (Blackburn, 1997).
is further noted that schizotypal individuals experience 'peculiarities of ideation' and 'unusual perceptions' (Blackburn, 1997). Proulx et al (2006) suggest that fantasy acts as a catharsis to these interpersonal problems, which links into MacCulloch et al's (1983) model. It may be that particular types of personality disorder are related to sadistic offending, which would explain the difference between Mental Illness and Psychopathic Disordered individuals on CSB scores, and that schizotypy specifically could relate to a combined legal category of Mental illness and Psychopathic Disorder, as it has features similar to, and perhaps have been confused for psychosis.

In this study, 5% of the sample had chromosomal abnormalities. Although there were no significant differences between low and high scorers on the CSB, those with chromosomal abnormalities had higher mean scores on the CSB than those without.

7.5.5.6 Offence set

Previous theoretical accounts of sadistic offending have highlighted triggers such as negative emotional state and the use of substances (alcohol and drugs) as disinhibitory factors. There were no differences found between individuals with higher and lower levels of sadistic offending on any of these variables, although individuals with these features present had higher CSB scores. Whether this means that there is little distinction between the role of disinhibiting factors in highly sadistic individuals compared to low sadistic individuals, or whether any differences are qualitatively distinct, is unknown from the data available. This does not, however, suggest that an individuals' state in the lead up and commission of his offence does not play a part.

Regarding the debate as to whether post-mortem activity can be sadistic, the findings from this study give no clear answers. Previous literature has been divided as to whether post-mortem acts can be described as sadistic. Some authors (e.g. Birnes & Keppel, 1997) have suggested that any post-mortem mutilation is indicative of sadism whilst others (e.g. Turvey, 2002) propose that because deceased victims cannot give the feedback necessary for arousal in the sadist, no acts carried out after death can be
sadistic. The findings from this study does not fully support either view. Firstly, post-mortem sexual activity did not differentiate between high and low scorers. This suggests that not all post-mortem acts are sadistic (cf Birnes & Keppel, 1997). Secondly, individuals with higher levels of sadistic behaviour engaged in more post-mortem non-sexual acts compared with individuals engaging in low levels of sadistic behaviour. Conversely, this could be seen to provide support for Birnes & Keppel’s supposition (1997) that individuals who mutilate their victims’ post-mortem are likely to be sadistic offenders.

Comparisons of patients’ index offences found that those who had been convicted of rape or attempted rape had significantly higher mean CSB scores than those convicted of murder, attempted murder or manslaughter. Also, individuals convicted of sexual offences had significantly higher scores on the checklist than those with any index violent offences (including murder). Within the violent group, differences (approaching significance) were observed between individuals with an index offence of GBH / ABH / wounding and those with intent and murder / attempted, with the former scoring higher on the checklist. Taken together, these results could suggest that sadistic behaviour is most often committed in offences where the victim is expected to live, which is consistent with the notion of the importance of a living, conscious victim in order to be able to provide the offender with the feedback necessary for arousal (Baeza & Turvey, 1999; Dietz et al, 1990). However, individuals who kill and engage in post-mortem non-sexual acts during their offending demonstrate high levels of sadistic behaviour (cf. Turvey, 2002). It is acknowledged that it is possible for tortured victims to be killed and that results could indicate that sadism covers a range of behaviours, some of which will end in death and others not.

Results found that individuals who either killed or attempted to kill their victim had lower mean CSB scores than individuals who raped or attempted to rape their victim(s). Previous research and theory implies a strong link between sexual murder and sadism (e.g. MacCulloch et al, 1983; Burgess et al, 1986), and hence much of the research undertaken into sadistic offending previously has been investigating sexual murder. The
fact that previous research has focused on offenders who kill means that our current knowledge is based on findings from such research. However, the results from this research indicate that individuals who either kill or attempt to kill engage in lower levels of sadistic behaviour than individuals who either rape or attempt to rape their victim(s). An implication of this is that if sexual offenders who do not kill have similar or higher levels of sadistic offending to sadistic murderers but have not been adequately researched, our current knowledge base is lacking potentially important data to inform our understanding of sadism.

No victim features were found to distinguish high sadistic individuals from low. This includes taking into account victim age (child / adult) and victim gender (male / female). This is interesting, as Proulx et al (2006) suggested that research considering individuals who only offended against adult female victims would provide a clearer picture of sadism. The implication from the results of this thesis is that further research on sadistic offending should not be limited to offenders with particular victim types as it appears that sadistic offending cuts across offending against all types of victim.

7.5.5.7 Risk set

Although findings from previous literature have suggested that sadistic offenders may be at higher risk of re-offending than other types of offender (e.g. Brittain, 1970; MacCulloch et al, 1983) the results from this study do not give weight to this. No differences on the CSB were found between the risk categories of the Static-99. However, there are several limitations this actuarial risk assessment in judging risk. Firstly, it only records convictions for previous sexual and violent offending. Therefore, a person could have had a prolific offending history, but because they were not convicted of it, they will score lower than a person who had committed only one previous offence, but was convicted for this. Secondly, due to actuarial risk focussing on groups of individuals, it does not necessarily provide useful information in relation to individuals (Grubin, 1999).
7.5.5.8 Clinical psychopathy / phallometry set

There was no support from the findings to indicate that sadistic offending (as measured by the CSB) is related to psychopathy (as measured by the PCL-R). The role of psychopathy (as measured by the PCL-R) was examined and no significant differences were found between low and high scoring individuals on the affective facet of the PCL-R (items include lack of remorse or guilt, shallow affect and callous / lack of empathy). There was also no difference when the affective items were considered individually, although it was observed that individuals with the items present had higher mean scores on the checklist than individuals with the item absent. Although not significant, patients with PCL-R scores of 25 or more (i.e. UK cut-off for psychopathy) had higher mean scores in the CSB than those with lower PCL-R scores. This was also the case when considering patients with PCL-R scores of 30 or more (i.e. U.S. cut-off for psychopathy).

From previous research, this lack of significant differences appears unexpected. It is unclear why the item ‘empathy deficits’ differentiated level of sadism, whilst the affective component of the PCL-R did not. It could be that the item employed in the study did not adequately measure ‘empathy deficits’, perhaps due to individuals with low CSB scores also evidencing empathy deficits. This explanation could suggest that the assessment of empathy deficits was confounded by the presence of mental illness. It has been indicated elsewhere (Langevin et al, 1988) that sadistic offending has been confused with psychotic behaviour, therefore it could be that psychotic behaviour may be interpreted as callous and lacking in empathy. Another issue is the fact that the majority of the sample did not have a PCL-R score available (53%), and this could have affected the analyses. However, this could also reflect the different aspects of ‘empathy deficit’ between the two items. That is, in the current study empathy deficits were in the context of having intact cognition but not responding to it appropriately, whilst in the PCL-R empathy deficits refer to lacking in cognitive empathy. A further implication of the findings is that sadism and psychopathy are not the same phenomenon and therefore they are likely to derive from different underlying mechanisms.
Individuals with deviant PPG responses scored significantly higher on the CSB compared to individuals with non-deviant profiles. Taken into consideration with the findings regarding multiple paraphilias, these can be seen to represent deviant sexual arousal and preference. This has been theorised to have a central role in the development and maintenance of sadistic offending. This indicates that deviant arousal is important to the notion of sadistic behaviour and gives support to theories of sadistic offending that emphasise the role of deviant arousal and preference in the development and maintenance of such behaviour (e.g. MacCulloch et al, 1983; 2000).

Furthermore, deviant arousal, as measured by the PPG has previously been demonstrated to be one of the strongest predictors of sexual recidivism (e.g. Hanson & Harris, 1998). An implication of the finding that individuals with higher CSB scores can be distinguished from lower scoring individuals by deviant PPG response is that individuals who engage in sadistic behaviour have deviant arousal patterns. This is in line with previous theories (e.g. Abel & Blanchard, 1974; MacCulloch et al, 1983), which hypothesise that those individuals with a preference for deviant arousal (e.g. arousal to aggression) will seek to act it out in deviant behaviour (e.g. rape). A further implication is that, in light of previous research highlighting deviant arousal as a predictor of re-offending, the CSB has some ability to measure risk. However, as discussed above, level of sadistic behaviour was not related to level of risk, as measured by the Static-99 (Hanson & Thornton, 1999). This could be explained by the fact that the CSB only taps one factor relevant to risk (deviant arousal), whilst the Static-99 considers several key factors in its calculation of risk (e.g. stranger / male victim, number of previous convictions). Another consideration is that the Static-99 was developed from a large prison population, and therefore not developed from the population studied. Also, it deals with static variables, of which deviant arousal is not one. It could be argued that sadism is a stable dynamic predictor of risk, as is the Structured Assessment of Risk and Need (SARN- Thornton, 2002), and therefore it may be more relevant to investigate the relationship between the CSB and SARN in future research. Marshall & Hucker (2006) noted that risk assessments currently only consider risk of recidivism and not level of harm, whilst it has been suggested in chapter two of this thesis that sadistic offenders
potentially represent a high level of risk in terms of re-offending and harm to victims. The implication is that the CSB could act as an indicator of both types of risk.

7.5.5.9 Childhood set

Previous literature has found that sadistic offenders were subjected or, or subjected others to, a variety of negative experiences in childhood (e.g. MacCulloch et al, 1983 & 2000; Burgess et al, 1986; Proulx et al, 2003). This study observed high levels of such experiences across the sample as a whole, and found some support for differences between individuals with low and high sadistic offending. For example, patients with a history of making hoax calls had higher CSB scores, and differences between patients that had experienced sexual abuse or not, on the CSB were approaching significance.

This study found that individuals with a history of making hoax calls had higher scores on the CSB. Previous research has linked this to sexual murderers (e.g. Ressler et al, 1988). The frequency of individuals who has a history of making hoax calls was very low, but all of them had high sadistic behaviour scores. What the relationship is between these is unclear. It may be that engaging in hoax calls reflects a developing (sexual) deviancy, which is associated with sadistic offending. Sadistic offending and hoax calls could also be seen as putting the perpetrator in a risk free situation; hoax calls are committed at a distance and sadistic acts involves an incapacitated victim, therefore it is possible that they both represent a form of ‘behavioural cowardice’.

Several childhood factors that have previously been presumed to be related to the development of sadistic fantasy, did not distinguish between levels of sadistic offending. Childhood violence and bullying, cruelty to animals, stealing and fire-setting did not differentiate levels of sadistic behaviour. This is in contrast with previous findings (e.g. Ressler et al, 1988; Johnson & Becker, 1997; Meloy, 2000; Langevin, 2003), particularly in relation to animal cruelty, which is a frequently identified feature of sadists (e.g. Marshall & Hucker, 2006). This is clearly an area that requires further
exploration if we are to understand the factors relevant to the development and maintenance of sadistic offending.

7.5.5.10 Historical set

The findings relating to aggressive sexual fantasies and multiple paraphilias support the notion that sadistic offending is linked to deviant arousal. This is in line with DSM criteria in terms of their emphasis on sexual arousal to suffering and humiliation. However, and crucially, although the CSB taps into deviant arousal, it does so without reliance on the need to establish sexual arousal. This allows for a more objective measure. The findings that individuals with deviant PPG profiles and a history of aggressive sexual fantasies engage in more sadistic behaviour also strengthens the notion that offenders engaging in sadistic behaviour may be at high risk of sexual recidivism, as deviant arousal is one of the two biggest predictors of sexual recidivism (e.g. Hanson & Harris, 1998). Additionally, the presence of aggressive sexual fantasies was found to be the only significant predictor of level of sadistic behaviour. Furthermore, the link between deviant arousal and fantasy and sadistic offending is in line with previous research and theories, such as MacCulloch et al’s control model (1983) and Laws & Marshall’s conditioning model (1990). The differentiation in scores between those with multiple paraphilias and without supports previous literature (e.g. Brittain, 1970). Another variable that relates to sexual issues, and has been linked to sadism previously (e.g. Langevin et al, 1988) is gender identity issues. The distinction between of levels of sadistic behaviour through gender identity issues was approaching significance.

Sensation-seeking / risk-taking and an interest in weapons / martial arts did not distinguish lower from higher scorers on the CSB. This is contrary to previous clinical descriptions of sadistic offenders (e.g. Brittain, 1970). One explanation could be that mental disorder impacts on risk-taking behaviour, to muddy the interaction between sadism and risk-taking. For example, individuals experiencing command hallucinations may appear to engage in reckless behaviour as a result of the hallucinations. Also, risk-taking or impulsive behaviour is indicative of antisocial and borderline personality
disorders (Blackburn, 1997). Coid (1998) found that individuals with different types of PD have different motives for their violence, for example, schizoids were sensation-seeking and narcissistic individuals were responding to loss of control, so that it may be that different types of PD also confound the relationship between risk-taking / sensation-seeking and sadistic offending.

Other factors one would expect to differentiate high and low scorers in relation to theoretical models, such as behavioural try-outs and escalation of offending are not supported by the current findings. However, it is noted that although not reaching levels of significance, both escalation and behavioural try-outs were observed to be in the predicted direction. That is, patients with escalation and behavioural try-outs had higher mean scores on the CSB than those without them. This was also the case for patients with a history of voyeurism, peeping and stalking.

7.5.5.11 Interpersonal set

Research and theory regarding sadism and sadistic offending has highlighted the relevance of interpersonal characteristics, such as interpersonal deficits, empathy deficits, grievance thinking and a sense of entitlement. The findings from the current study provide some support for this notion. For example, the difference between patients with empathy deficits present and absent on the CSB was approaching significant in the predicted direction. Although also not significant, patients with a sense of entitlement had higher mean CSB scores than those without. Neither grievance thinking nor interpersonal deficits differentiated patients on levels of sadistic offending. Interpersonal deficits are one of the key features in the development of sadism in MacCulloch et al’s (1983) control model. One suggestion as to why this item, and grievance thinking, did not discriminate between low and high scorers is the impact of mental disorder. Poor social skills, social withdrawal and isolation can be seen as evidence for interpersonal deficits, but also encompass some of the key negative symptoms of psychosis. It is also a possibility that delusional and paranoid beliefs about a specific person or generalised to a group of people which are linked to mental illness could have been interpreted as
evidence for grievance thinking, as these are perhaps similar in content to those evidenced in a grievance thinking style.

7.6 Summary

Triangulation of methods has been observed, in that there appears to be a reasonably consistent picture of sadistic behaviour across methods. The results from this study have shown that sadistic behaviour is an internally consistent, and thus unidimensional structure. Additionally, it appears that the underlying components of the higher-order construct of sadistic behaviour are control, humiliation and physical and psychological cruelty / torture. These findings have enabled an initial empirically-derived definition of sadistic behaviour. Furthermore, this study has contributed towards the understanding of relevant features in sadistic offending and has provided support for aspects of previous theory and research. The results have highlighted factors relevant to previous theoretical accounts relevant to sadism, notably the notions of deviant fantasy and arousal identified in MacCulloch et al’s (1983) control model of sadistic offending, and Laws & Marshall’s (1990) conditioning theory. This has emphasised the importance of deviant arousal and fantasy in sadistic offending. There is also weight to the argument that having a legal classification of psychopathic disorder may play a role in this type of offending, although the nature of this relationship is currently unclear. Deviant PPG responses have also been shown to differentiate individuals engaging in higher levels of sadistic behaviour, from lower, suggesting that there is a relationship between sadism and risk.
Chapter 8: Study 3 - applying the checklist to a non-mentally disordered population

Having applied the CSB to a mentally disordered sample to:

i) explore the constructs of sadistic behaviour

ii) investigate the evidence for previous conceptual and theoretical underpinnings of sadism and

iii) to investigate the psychometric properties of the developed scale

study 3 applies the CSB to a non-mentally disordered sample. The rationale for this is two-fold. Firstly, this enables external and construct validity of the CSB to be further tested. That is, this study will investigate whether the constructs observed in a mentally disordered sample can be replicated in a non-mentally disordered sample (and thus, can be seen as a means of confirmatory analysis). Secondly, and following on from the first rationale, this study will investigate whether there is support for previous findings and theory in relation to sadistic offenders in a non-mentally disordered sex offending sample, and to make comparisons with the results from the mentally disordered sample.

The findings from study two, which applied the checklist to a mentally disordered population, indicate that there are three qualitative aspects of sadistic offending, as measured by the CSB. They are control, humiliation and cruelty and torture (physical and psychological).

8.1 Specific aims of this study

- To explore the components underlying the CSB in a non-mentally disordered criminal sample.
- To investigate whether the emerging components are consistent with those observed in the mentally disordered sample i.e. control, humiliation and physical and psychological cruelty / torture.
• To investigate whether there is any support for variables deemed relevant to sadistic behaviour in previous literature and theory.

8.2 Research questions

• What aspects of sadistic behaviour will emerge and are they consistent with those found in a mentally disordered sample?
• Is there any support for features deemed relevant to sadism and sadistic offending in previous literature?

8.3 Method

8.3.1 Sample

The sample consisted of 100 male offenders either currently or previously resident in HM Prison Service establishments in England and Wales. All participants were ‘lifer’ status prisoners and came from a variety of different category prisons. This sample was selected for theoretical and practical reasons. Theoretically, lifer prisoners are more likely to have similar levels of risk to the high-secure psychiatric sample (majority medium to high risk, as measured by Static-99, Thornton, 1999). Practically, unlike the Special Hospital Case Register, HM Prison Service does not have a database detailing type of offence (i.e. it is not possible to identify a sample of “rapists”). Therefore, potentially relevant cases were identified by a psychologist in the Lifer Unit who had a particular knowledge of prisoners who had been convicted of contact sexual offences or non-sexual offences with sexual elements. Furthermore, HM Prison Service has a centralised Lifer Unit with the records of all life-sentenced prisoners available in a single location.
The sampling inclusion criteria were similar to those in study 2, which is male convicted prisoners aged 18 or over with an index contact sexual offence, or an index offence with sexual elements (e.g. sexual murder).

After identification of potential prisoners, files were read through to confirm that they met the inclusion criteria. Following this, the files of one hundred prisoners were reviewed for the purpose of this study.

8.3.1.1 Sample details

The majority of the sample were white (86.3\%) and had a sexual index offence (54\%). Offences could be classified into two types: rape / attempted rape (54\%) and murder / attempted (46\%). The most frequent age group at which prisoners committed their index offence was < 26 years old.

8.3.2 Materials

Each prisoner’s records are held in files. The information documented in the files is not consistent across the sample. For example, some files included reports detailing social and developmental histories, and information regarding assessment and treatment undertaken, whilst others did not. However, records generally included information on the prisoners’ background information, offence history, and offence details. In addition to details of offending behaviour in the main records, some files also documented the Police depositions (offender, victim and witness statements, evidence used in court etc.) and court transcripts regarding offending.

From the information available for each prisoner, variables highlighted in chapter three as potentially relevant to sadistic offending were collected alongside the formal measures. The sets of variables (demographic, childhood, offence, psychometric/  

\footnote{Information regarding ethnicity was only available for 51\% of the sample. This figure represents the percentage of the 51\%.}
psychophysiology, risk, historical, interpersonal) are the same as those described in Chapter 7 in the mentally disordered sample study. The other materials used were the CSB (detailed in 8.3.3) and the coding dictionary (see Appendix 6).

8.3.3 Measures

The Checklist of Sadistic Behaviours (CSB) was utilised to rate prisoners' files, using a rating proforma (see Appendix 7). This is the 25-item checklist of sadistic behaviours developed as part of this thesis (Chapter 6) and applied to a psychiatric sample (Chapter 7). Items were coded as absent (0) and present (1).

All information related to the data sets outlined in the materials section were rated as absent (0) or present (1) and were defined in the coding dictionary (see Appendix 6).

Psychopathy scores (measured by the PCL-R; Hare, 1991) were noted if the prisoner had been assessed and the information was available from their records. The information was sought for the total PCL-R score (out of 40). Unlike the psychiatric sample, the information regarding scoring was not detailed, and therefore recording sub-scores for factors was not practical.

PPG data were gathered, where available. It was found that the information regarding PPG results did not involve as detailed information as in the psychiatric study. Therefore, from the information available, PPG responses were rated 0 if there was no deviant profile (i.e. response to non-offending material greatest) and 1 if the prisoner had a deviant response (either where deviant responses are $\geq 80\%$ of non-deviant response, or response to offending material is greatest) The criteria for deviant responding are in line with the criteria for deviant responding employed by HM Prison Service and high-secure psychiatric hospitals (personal communication).
8.3.4 Procedure

Ethical approval for the study was sought and obtained prior to its commencement from HM Prison Service Research Group and the South-East Multi-site Research Ethics Committee (MREC) (see Appendix 9).

Once an individual had been identified as having met the inclusion criteria, his file documents were read and notes of relevant details were taken. The CSB was completed by rating the prisoners' index, or most serious offence. Rating was carried out using the coding dictionary.

8.4 Results

8.4.1 Descriptive statistics

The data were first explored in terms of descriptive statistics in order to describe the sample (offender and offence characteristics) and make comparisons to the mentally disordered population. Pearson's Chi-square tests were conducted to statistically compare the two samples on all variables, except age at index offence, which was examined using an Independent Samples T-Test. These differences were non-significant, unless stated (see Appendix 10 for details). The distribution of the items on the CSB was also explored.
Table 8.1 Summary of demographic characteristics of the non-mentally disordered sample

<table>
<thead>
<tr>
<th>Demographic characteristics</th>
<th>Details</th>
</tr>
</thead>
</table>
| Age at index offence (n=99) | 36% aged <26  
19% aged 26-30  
21% aged 31-35  
14% aged 36-40  
9% aged >40     |
| Ethnic origin (n=51)        | 86.3% White  
11.8% Black  
2% mixed       |

The table shows that the majority of prisoners were in the 'less than 26' age range when they committed their index offences, although approximately a fifth were in the 26-30 and 31-35 age groups, respectively. This is a very similar pattern to that found in the mentally disordered sample.

It also shows that the majority of prisoners were white. The proportion of white and ethnic minority groups in this study is similar to the figures observed in the mentally disordered sample. However, it should be noted that almost half of the sample did not have their ethnic origin stated in the records available, and therefore it is unknown whether this is an accurate reflection of the total sample.

Levels of chromosomal abnormalities at 2% are slightly lower than that reported in the mentally disordered sample (5%). This rate is higher than the reported incidence of Klinefelter's in the general population (approximately 2 in every 1000; Davidson, 1994), however it is in line with the reported prevalence within a male criminal population (Schröder et al, 1981).

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8 Please note that percentages are a reflection of the recorded data, so that figures in relation to age at index offence are % out of n = 99, and figures in relation to ethnic origin are % out of n = 51.
Table 8.2 Summary of Index Offence characteristics of the non-mentally disordered sample

<table>
<thead>
<tr>
<th>Offence characteristics</th>
<th>Details (n=100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Index offence</td>
<td>54 % convicted of sexual offences</td>
</tr>
<tr>
<td></td>
<td>46 % violent offences</td>
</tr>
<tr>
<td>Victim age (child / adult)</td>
<td>76 % adult victim</td>
</tr>
<tr>
<td></td>
<td>24 % child victim</td>
</tr>
<tr>
<td>Victim gender</td>
<td>89 % female</td>
</tr>
<tr>
<td></td>
<td>11 % male</td>
</tr>
<tr>
<td>Post-mortem sexual assault</td>
<td>19% present</td>
</tr>
<tr>
<td>Post-mortem non-sexual activity</td>
<td>24% present</td>
</tr>
</tbody>
</table>

Table 8.2 shows that the majority of index offences were sexual. They have a similar proportion of sexual offences and violent offences committed to the mentally disordered sample (54% versus 46% in the non-mentally disordered sample, compared to 57% versus 42% in the mentally disordered sample\(^9\), respectively).

The table shows that the majority of prisoners offended against adult victims. These are similar proportions of adult / child offences to the mentally disordered study. However, unlike in the mentally disordered sample, there were no prisoners that had offended against adult and child victims within the same offence in this study.

The table shows that the majority of prisoners offended against female victims. Again, there is a similar level of offending against females and males in the mentally disordered sample, but there are no prisoners in this study that offended against both in the same offence.

The mentally disordered and non-mentally disordered samples are similar in terms of index offence and victim age and gender. However, the percentage of post-mortem acts committed in this study is slightly higher than those reported in the mentally disordered study, although this difference is not significant. Almost a fifth of the prisoners in this study

\(^9\) 1% was in ‘Other’ category (kidnap)
study engaged in post-mortem sexual acts, whilst almost a quarter of prisoners engaged in post-mortem non-sexual acts.

Table 8.3 Summary of clinical psychopathy / Phallometry characteristics of the non-mentally disordered sample

<table>
<thead>
<tr>
<th>Measure</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCL-R ≥25 (n=4)</td>
<td>25% had a score of 25 or above (i.e. n=1)</td>
</tr>
<tr>
<td>≥30 (n=4)</td>
<td>25% had a score of 30 or above (i.e. n=1)</td>
</tr>
<tr>
<td>PPG (n=10)</td>
<td>30% not deviant (i.e. n=3) 70% deviant (i.e. n=7)</td>
</tr>
</tbody>
</table>

Table 8.3 shows that there were very few records with any information available regarding PCL-R and PPG data. Only four prisoners had PCL-R scores reported, one of which was 30 or over. Although the figures suggest that there are fewer prisoners in this study with a PCL-R of 25 or over, and more with scores 30 or over, than those reported in the mentally disordered sample, the meaningfulness and generalisability of these data are questioned due to the lack of information available.

Again, although the table indicates that the majority of prisoners who had information available regarding PPG assessment responded in a deviant manner (the figures of which are similar to those reported in the mentally disordered population), caution must be used when extrapolating these results to the whole sample. That is, as with PCL-R data, prisoners believed to have relevant issues (deviant arousal, or in the case of PCL-R, psychopathic traits) may be more likely to be referred for assessment than those without it.
Table 8.4 Summary of childhood characteristics of the non-mentally disordered sample

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Details % present (n=100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concerning sexual behaviour ≤16 years</td>
<td>26%</td>
</tr>
<tr>
<td>Cruelty to animals</td>
<td>3%</td>
</tr>
<tr>
<td>Victim of sexual abuse</td>
<td>30%</td>
</tr>
<tr>
<td>Victim of physical abuse</td>
<td>32%</td>
</tr>
<tr>
<td>Victim of emotional abuse</td>
<td>57%</td>
</tr>
</tbody>
</table>

From table 8.4 it can be seen that perpetration of cruelty to animals was infrequent, and that concerning sexual behaviour, and sexual and physical abuse were present in between a quarter and a third of prisoners. The majority of prisoners had experienced emotional abuse in childhood. The general pattern is similar to that of the mentally disordered sample, although levels reported in the previous study were at a much higher level. A history of cruelty to animals ($\chi^2=9.8$, df= 1, $p=.002$), being a victim of childhood sexual abuse ($\chi^2=15.9$, df= 1, $p<.001$), physical abuse ($\chi^2=15.8$, df= 1, $p<.001$), and emotional abuse ($\chi^2=14.7$, df= 1, $p<.001$), differentiated the two. Whether this is due to a genuine difference between samples or a reflection of the greater level of detail in mentally disordered offenders’ records is unclear.

Table 8.5 Summary of historical characteristics of the non-mentally disordered sample

<table>
<thead>
<tr>
<th>Item</th>
<th>Details % present (n=100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest in knives / weapons</td>
<td>1%</td>
</tr>
<tr>
<td>Gender identity issues</td>
<td>3%</td>
</tr>
<tr>
<td>Interest in martial arts / black magic / Nazism</td>
<td>5%</td>
</tr>
<tr>
<td>Multiple paraphilias</td>
<td>3%</td>
</tr>
<tr>
<td>Cross-dressing</td>
<td>4%</td>
</tr>
<tr>
<td>Voyeurism / peeping / stalking</td>
<td>33%</td>
</tr>
<tr>
<td>Aggressive sexual fantasies</td>
<td>42%</td>
</tr>
<tr>
<td>Behavioural try-outs</td>
<td>68%</td>
</tr>
<tr>
<td>Escalation</td>
<td>73%</td>
</tr>
<tr>
<td>Risk-taking / sensation-seeking</td>
<td>73%</td>
</tr>
</tbody>
</table>
Table 8.5 demonstrates that there are low levels of recorded sensationalist interests (as described by Brittain, 1970 and Eagan et al, 1999), multiple paraphilias and cross-dressing in this non-mentally disordered sample. The recorded levels of interest in martial arts / black magic / Nazism is similar to that of the mentally disordered sample, although levels of recorded interest in knives / weapons significantly differentiates the two samples ($\chi^2=17.416$, df= 1, $p<.001$). Gender identity issues ($\chi^2=10.9$, df= 1, $p=.001$), multiple paraphilias ($\chi^2=13.1$, df= 1, $p<.001$) and cross-dressing ($\chi^2=7.0$, df= 1, $p=.008$), are higher in the mentally disordered offenders. Risk-taking / sensation-seeking is also higher in the mentally-disordered sample. A third of the sample had a history of voyeurism / peeping / stalking, compared to approximately one-fifth of mentally disordered sample ($\chi^2=9.6$, df= 1, $p=.002$).

Variables pertinent to the control model of sadistic offending (MacCulloch et al, 1983) were reasonably frequent in this sample. Less than half had evidence of engaging in aggressive sexual fantasies, compared to 55% in the mentally disordered sample. The level of escalation, at almost three quarters of prisoners, is similar to that of the mentally disordered sample, whilst the percentage of prisoners engaging in behavioural try-outs is higher in the present study than in the mentally disordered sample.

Table 8.6 Summary of interpersonal characteristics of the non-mentally disordered sample

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Details % present (n=100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empathy deficits</td>
<td>68%</td>
</tr>
<tr>
<td>Grievance thinking</td>
<td>57%</td>
</tr>
<tr>
<td>Sense of entitlement</td>
<td>60%</td>
</tr>
<tr>
<td>Interpersonal deficits</td>
<td>72%</td>
</tr>
</tbody>
</table>

Table 8.6 illustrates that over half of the prisoners were recorded as having the above interpersonal characteristics. These are broadly similar levels to the mentally disordered sample, with the exception of empathy deficits, which are lower in the non-mentally disordered sample ($\chi^2=4.5$, df= 1, $p=.035$).
8.4.1.1 Checklist of Sadistic Behaviours descriptive statistics

The distribution of each item on the checklist was investigated. On dichotomous data, it is generally suggested that very uneven splits between categories (i.e. absent / present) are outliers and warrant being removed. As explained previously, extreme splits were explored using frequencies. Extreme splits have been defined by Rummel (1970) as those with 90/10 splits. Three items had 90/10 splits or greater (sexual mutilation, foreign object and sequence), whilst a further five items were almost reaching this level (bondage, blindfold, cruelty and torture, bite mark and language to humiliate or degrade). However, these items in this study are important to the study of sadistic behaviour, as these extreme behaviours could be the items that discriminate most between sadistic and non-sadistic offenders. For theoretical reasons, these items were retained.

Table 8.7 and figure 8.1 show the distribution of the CSB in the non-mentally disordered sample.

Table 8.7 Descriptive statistics of CSB for the non-mentally disordered sample

<table>
<thead>
<tr>
<th>Descriptive</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>7.6</td>
</tr>
<tr>
<td>Median</td>
<td>8.0</td>
</tr>
<tr>
<td>Mode</td>
<td>8.0</td>
</tr>
<tr>
<td>SD</td>
<td>3.84</td>
</tr>
<tr>
<td>10th Range</td>
<td>2-21</td>
</tr>
<tr>
<td>25th percentile</td>
<td>5.00</td>
</tr>
<tr>
<td>50th percentile</td>
<td>8.00</td>
</tr>
<tr>
<td>75th percentile</td>
<td>10.00</td>
</tr>
<tr>
<td>Skewness</td>
<td>.85</td>
</tr>
<tr>
<td>Standard error of skewness</td>
<td>.24</td>
</tr>
<tr>
<td>Kurtosis</td>
<td>.79</td>
</tr>
<tr>
<td>Standard error of kurtosis</td>
<td>.48</td>
</tr>
</tbody>
</table>

10 Out of a possible range of 0-25
From figure 8.1 it can be seen that the scores on the CSB are positively skewed. However, tests to investigate whether the skewness and kurtosis were significantly distorting the data found that they were not. From both figure 8.1 and table 8.7 it is clear that the non-mentally disordered sample generally score at a lower level than the mentally disordered sample (median split of 8, compared to 8.5, respectively). However, the range in both samples is the same (19), and the highest score in the non-mentally disordered sample is greater than in the mentally disordered sample (21, compared to 19, respectively). An Independent Samples t-test revealed that there was no significant difference in the scores of mentally disordered and non-mentally disordered offenders (see Appendix 10).
8.4.2 Data Analyses

There are two main aims of this study; to examine whether the same underlying structure of sadistic behaviour is evident in a non-mentally disordered population as in a mentally disordered population, and whether there is evidence to support features that have previously been empirically and theoretically linked to sadistic offending.

The first aim will be addressed through exploratory factor analysis, using principal components analysis (PCA). An alternative method of validating a structure in a different population or sample is through confirmatory factor analysis. However, to undertake this, data cannot be dichotomous. Therefore, this study will explore the underlying structure of the CSB using PCA.

The second aim will be addressed using bivariate statistics, such as chi-square and t-tests to investigate whether variables previously identified as relevant to sadism can differentiate level of sadistic behaviour. It will also use the multivariate method of logistic regression to explore whether any of the variables can predict individuals’ membership to ‘lower’ and ‘higher’ scorers on the CSB, using a median split.

The number of participants is 100, and the participant to variable ratio is 4:1, which is the same as in the mentally disordered sample in study two. These are sufficient for undertaking exploratory factor analysis (Kline, 2000).

Also, as with study two, the data to be analysed are binary and the items are non-normally distributed. Therefore, like in study two, a Jaccard’s coefficient was employed to derive a similarity matrix to be used as the basis for the exploratory factor analysis. This was conducted by writing a syntax command in SPSS.

The data were analysed using principal components analysis with direct oblimin rotation, as it allows for the components to be correlated.
The methods used to decide how many factors, or components to extract have also been discussed in study two, which are extracting components with eigenvalues over one, examining where the slope of the scree plot changes from steep to shallow, and assessing the interpretability of components generated.

8.4.2.1 Exploratory Factor Analysis of the CSB

Exploratory Factor Analysis was carried out utilising SPSS version 13.0 for Windows, through principal components analysis with Direct Oblimin rotation, using Jaccard’s coefficient. Figure 8.2 illustrates the scree plot that was produced. A dotted line has been superimposed to indicate the eigenvalues over one cut-off.

Figure 8.2 Scree plot from the Principal Components Analysis of the CSB in the non-mentally disordered sample

The scree plot shows that seven factors have eigenvalues over one, indicating a seven-factor solution. However, as mentioned previously, this is not regarded as an accurate method, and may generate too many factors (Kline, 2000). If one uses the scree method (observing where the ‘elbow’ is), figure 8.2 suggests between a two to four factor
solution. The data were analysed using principal components analysis on a two, three and four factor solution and assessed for interpretability. The four factor solution produced the most interpretable model.

Rotation of the factors converged in 14 iterations using Direct Oblimin with Kaiser Normalization. The four-factor solution accounted for 45.1% of variance. Factor one explained 25.2% of variance (eigenvalue = 6.296), factor two accounted for 8.2% of variance (eigenvalue = 2.06), factor three 6.4% (eigenvalue = 1.604) and factor four 5.3% (eigenvalue = 1.316), respectively. For clarity, items have been re-ordered by size.

Figure 8.3 Pattern matrix for the four-factor solution

<table>
<thead>
<tr>
<th>Component</th>
<th>1: Control</th>
<th>2: Humiliation</th>
<th>3: Physical suffering</th>
<th>4: Psychological cruelty/torture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive force</td>
<td>0.840</td>
<td>0.839</td>
<td>0.681</td>
<td>0.577</td>
</tr>
<tr>
<td>Victim injury</td>
<td>0.838</td>
<td></td>
<td>0.681</td>
<td></td>
</tr>
<tr>
<td>Planning of offence</td>
<td>0.683</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Select victim prior to offence</td>
<td>0.681</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asphyxia</td>
<td>0.590</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beat victim</td>
<td>0.577</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take objects to use in offence</td>
<td>0.490</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anal rape</td>
<td>0.335</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variety of sexual acts</td>
<td></td>
<td>0.755</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioural or verbal scripting</td>
<td></td>
<td>0.745</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fellatio</td>
<td></td>
<td>0.712</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behaviour to humiliate or degrade</td>
<td>0.314</td>
<td>0.585</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arousal to victim response</td>
<td></td>
<td>0.564</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control / domination</td>
<td>0.380</td>
<td>0.472</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imprisonment / captivity</td>
<td></td>
<td>0.420</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Language to humiliate / degrade</td>
<td></td>
<td>0.303</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sequence of sexual acts</td>
<td></td>
<td>0.281</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bite mark</td>
<td></td>
<td></td>
<td></td>
<td>0.577</td>
</tr>
<tr>
<td>Sexual mutilation</td>
<td></td>
<td>0.577</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implement used to hit victim</td>
<td></td>
<td>0.540</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foreign object insertion</td>
<td></td>
<td>0.410</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bondage</td>
<td></td>
<td></td>
<td></td>
<td>0.708</td>
</tr>
<tr>
<td>Gag</td>
<td></td>
<td></td>
<td></td>
<td>0.613</td>
</tr>
<tr>
<td>Blindfold</td>
<td></td>
<td></td>
<td></td>
<td>0.593</td>
</tr>
<tr>
<td>Cruelty / torture</td>
<td></td>
<td></td>
<td></td>
<td>0.482</td>
</tr>
</tbody>
</table>
If employing a strict cut-off criterion of factor loadings of .3, 24 of the CSB items load on the four-factor solution. However, the item that did not reach this level on any component (sequence) was approaching this level on the second component. This item was also found to be located in the second component in the previous study (Chapter 7). In terms of reliability, it was noted that including the item ‘sequence’ increased the reliability of component two and the total scale. Furthermore, inspection of the component and structure matrices showed that ‘sequence’ loaded on the second component. For these reasons, ‘sequence’ was retained in the CSB for further analysis.

### Table 8.8 Inter-Correlations Between Factors

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>.28</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>.12</td>
<td>.17</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>-.14</td>
<td>-.29</td>
<td>-.17</td>
<td>1.00</td>
</tr>
</tbody>
</table>

Reliability of the CSB and its subsequent components was assessed using Cronbach’s alpha (traditional method employed to measure internal consistency) and Guttman’s Lambda (2) (used when items are not normally distributed). Table 8.10 presents the reliability of the CSB.

### Table 8.9 Reliability of the total CSB and its components from the Principal Components Analysis

<table>
<thead>
<tr>
<th>Reliability</th>
<th>Total</th>
<th>Factor 1</th>
<th>Factor 2</th>
<th>Factor 3</th>
<th>Factor 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alpha</td>
<td>.77</td>
<td>.44</td>
<td>.81</td>
<td>.57</td>
<td>.61</td>
</tr>
<tr>
<td>Guttman’s Lambda (2)</td>
<td>.78</td>
<td>.55</td>
<td>.83</td>
<td>.57</td>
<td>.61</td>
</tr>
</tbody>
</table>
From table 8.9, the reliability of the CSB can be seen to reach an acceptable level. However, the factored sub-scales do not all have acceptable levels of reliability, particularly factor one.

8.4.2.1.1 Interpretation of factors

- The first component included the items excessive force, victim injury, planning, select victim, asphyxia, beat, take object to use, control and domination and anal rape. These items reflect physically aggressive acts to control the victim and items indicating a degree of forethought in to how the offence was going to be committed. Both of these types of item are concerned with controlling the offence.
- The second component consists of the items variety of sexual acts, forced fellatio, behaviour to humiliate or degrade, language to humiliate or degrade, scripting, arousal to victim response, control or domination, imprison and sequence of sexual acts. This appears to describe humiliating or degrading acts.
- The third component includes sexual mutilation, bite mark, implement and foreign object. These items reflect physical suffering or cruelty, as all of the behaviours are designed to cause pain.
- The fourth component consists of bondage, gag, blindfold and cruelty and torture. The first three items reflect the restriction of the victim, but taken with 'cruelty and torture', suggest that this component relates to the psychological suffering of the victim. The notion that a victim is completely vulnerable and unable to see what is going to happen to them, unable to move to defend them self or be unable to communicate the pain or wish to stop, certainly appears to be cruel and torturous. Bondage has previously been theorised to reflect psychological torture (e.g. Dietz et al, 1990).
8.4.2.2 Bivariate statistics

The underlying structure of sadistic behaviour, as measured by the CSB has been explored and from the preceding analysis it appears that although there are different qualitative aspects, there is a higher order unidimensional structure of sadistic behaviour.

The sample was split into 'low' and 'high' scorers on the CSB (i.e. separate lower and higher sadistic offending) in order to consider whether variables previously highlighted as pertinent to sadistic offending are observed in this study. This was carried out by utilising a median split to the total CSB scores. As reported in the descriptive statistics, the median split was 8. Therefore, all prisoners with total CSB scores less than 8 were labelled 'low' and those with total CSB scores of 8 or above were labelled 'high'. Chi-square tests were conducted to test the difference between the two groups.

In addition to the significance levels of analyses, effect sizes (d and r) are also presented as they indicate the magnitude of the effect, independent of the size of the sample. Cohen (1988) proposed that a d of .2, .5 and .8 represent small, medium and large effect sizes, respectively. The corresponding r values are .100, .243 and .371, respectively.
Table 8.10 Summary of significant differences between high and low scorers on the CSB using Chi-squared test

<table>
<thead>
<tr>
<th>Variable</th>
<th>CSB median split</th>
<th>% Absent</th>
<th>% Present</th>
<th>P</th>
<th>d</th>
<th>r</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empathy deficits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>27</td>
<td>22</td>
<td>&lt;.0001</td>
<td>1.21</td>
<td>.52</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>5</td>
<td>46</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal deficits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>20</td>
<td>29</td>
<td>.005</td>
<td>.64</td>
<td>.30</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>8</td>
<td>43</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk-taking / sensation-seeking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>19</td>
<td>30</td>
<td>.005</td>
<td>.67</td>
<td>.32</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>7</td>
<td>43</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Escalation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>18</td>
<td>30</td>
<td>.014</td>
<td>.59</td>
<td>.29</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>8</td>
<td>43</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioural try-outs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>35</td>
<td>14</td>
<td>.022</td>
<td>.46</td>
<td>.22</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>25</td>
<td>26</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grievance thinking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>41</td>
<td>8</td>
<td>.031</td>
<td>.56</td>
<td>.27</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>33</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childhood physical abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>38</td>
<td>11</td>
<td>.036</td>
<td>.46</td>
<td>.22</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>30</td>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 8.10 shows that there was a significant difference between low and high sadistic individuals for empathy deficits, interpersonal deficits, risk-taking, escalation, behavioural try-outs, grievance thinking, and childhood physical abuse. These were in the direction predicted by previous research and theory, so that high scorers had more of these variables present than low scorers. Three other variables were approaching significance in distinguishing low from high scorers; more individuals with high CSB scores had aggressive sexual fantasies, a history of cross-dressing and gender identity issues than those with low CSB scores. Both cross-dressing and gender identity issues had large effect sizes, whilst aggressive sexual fantasies showed a medium effect size.

The variables were further investigated using independent samples t-tests to investigate the difference in mean total CSB scores between individuals with a variable present and absent.
Table 8.11 Summary of significant differences of mean CSB scores for individuals with and without theoretically and empirically related features present

<table>
<thead>
<tr>
<th>Variable (v)</th>
<th>$\bar{x}$ CSB with v absent</th>
<th>S.D.</th>
<th>$\bar{x}$ CSB with v present</th>
<th>S.D.</th>
<th>2-tailed p</th>
<th>D</th>
<th>r</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empathy deficits</td>
<td>4.781</td>
<td>2.14</td>
<td>9.147</td>
<td>3.67</td>
<td>&lt;.0001</td>
<td>1.45</td>
<td>.59</td>
</tr>
<tr>
<td>Escalation</td>
<td>6.000</td>
<td>2.97</td>
<td>8.425</td>
<td>3.93</td>
<td>.005</td>
<td>.69</td>
<td>.33</td>
</tr>
<tr>
<td>Interpersonal Deficits</td>
<td>6.107</td>
<td>4.25</td>
<td>8.389</td>
<td>3.49</td>
<td>.007</td>
<td>.59</td>
<td>.28</td>
</tr>
<tr>
<td>Behavioural Tryouts</td>
<td>6.406</td>
<td>2.46</td>
<td>8.382</td>
<td>4.21</td>
<td>.026</td>
<td>.57</td>
<td>.28</td>
</tr>
</tbody>
</table>

All of the above variables observed a significant difference between the mean CSB scores for prisoners with the variable present versus absent, where those with the variables present scored significantly higher on the CSB than individuals without. Empathy deficits have a large effect size, whilst the other variables have a medium effect size. It is noted that this group of variables encompass the key elements of the control model (MacCulloch et al, 1983), giving weight towards their conceptualisation of how sadistic behaviour is developed and maintained.

8.4.2.3 Logistic regression

Binary logistic regression was employed to examine whether any variables could predict membership to 'low CSB' and 'high CSB' groups. Only the variables that were shown to significantly differentiate level of sadistic behaviour in section 8.4.2.2 were included in this analysis.

A stepwise binary logistic regression (Enter method) revealed a significant model Chi-square (42.401, df=8, p=<.0001). The variables in the model are presented in table 8.12.
Table 8.12 Summary of model variables in the logistic regression

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>S.E.</th>
<th>df</th>
<th>p-value</th>
<th>ExB</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empathy deficits</td>
<td>-2.417</td>
<td>.620</td>
<td>1</td>
<td>&lt;.0001</td>
<td>.089</td>
<td>.026-.300</td>
</tr>
<tr>
<td>Behavioural try-outs</td>
<td>-.661</td>
<td>.617</td>
<td>1</td>
<td>.284</td>
<td>.516</td>
<td>.154-1.729</td>
</tr>
<tr>
<td>Grievance thinking</td>
<td>-1.268</td>
<td>.628</td>
<td>1</td>
<td>.044</td>
<td>.281</td>
<td>.082-.964</td>
</tr>
<tr>
<td>Escalation</td>
<td>-.358</td>
<td>.660</td>
<td>1</td>
<td>.587</td>
<td>.699</td>
<td>.192-2.547</td>
</tr>
<tr>
<td>Risk-taking / sensation-seeking</td>
<td>-1.408</td>
<td>.648</td>
<td>1</td>
<td>.030</td>
<td>.245</td>
<td>.069-.870</td>
</tr>
<tr>
<td>Aggressive sexual fantasies</td>
<td>-.114</td>
<td>.551</td>
<td>1</td>
<td>.836</td>
<td>.892</td>
<td>.303-2.628</td>
</tr>
<tr>
<td>Childhood physical abuse</td>
<td>-.279</td>
<td>.576</td>
<td>1</td>
<td>.629</td>
<td>.757</td>
<td>.245-2.340</td>
</tr>
<tr>
<td>Interpersonal deficits</td>
<td>-.684</td>
<td>.623</td>
<td>1</td>
<td>.272</td>
<td>.505</td>
<td>.149-1.711</td>
</tr>
</tbody>
</table>

From table 8.12, it can be seen that empathy deficits, grievance thinking and risk-taking / sensation-seeking significantly predict group membership.

Using this model to predict group membership, 77.8% of the cases were classified correctly (see table 8.13).

Table 8.13 Percentage of correctly classified cases from the logistic regression model

<table>
<thead>
<tr>
<th>Observed</th>
<th>Predicted</th>
<th>% correct</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>Low</td>
<td>37</td>
<td>12</td>
</tr>
<tr>
<td>High</td>
<td>10</td>
<td>40</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 8.13 shows that the model is better at predicting individuals with 'high CSB' than 'low CSB'.
8.5 Discussion

The aims of study three were to apply the CSB to a different population from study two, in order to explore the underlying structure of sadistic behaviour in a non-mentally disordered sample and thus examine the external validity of the checklist, as well as to investigate whether the findings provide any support for previous research and theory. The study was undertaken using the 25-item Checklist of Sadistic Behaviours to rate the files of 100 non-mentally disordered sex offenders.

8.5.1 Themes underlying sadistic behaviour

The underlying structure of sadistic behaviour was explored through undertaking a principal components analysis (PCA) of the ratings on the CSB, to investigate whether the findings are consistent with the structure observed in the mentally disordered sample.

In study two, the underlying components of sadistic behaviour were control, humiliation, physical cruelty / torture and bondage / restriction, which was conceptualised as psychological torture. The outcome of this study is consistent with this. This provides further evidence to support the notion that sadistic behaviour can be conceptualised as consisting of control, humiliation, and physical and psychological cruelty.

The first component observed in the PCA in this study was concerned with the offender controlling the offence, either physically (e.g. using excess force or beating the victim) or through pre-meditation (e.g. take object to use in offence, plan offence). The items encompassing this component are broadly consistent with those found in study two, with a few exceptions. Anal rape is present in the ‘control’ component of this study, but in study two it was located in the ‘humiliation’ component. Also, scripting and imprisonment were found in the ‘control’ component in study two, but were located in the humiliation component of this study.
The second component identified from the PCA in this study was concerned with humiliation of the victim, through forcing them to engage in sexual acts, using language and behaviour to humiliate and imprisonment. It is interesting that the item control / domination located in the ‘control’ component overlaps with the humiliation component, because the acts designed to humiliate a victim imply that the offender is taking control of the victim, though making them do things against their will. The ‘humiliation’ component observed in study two also involved behaviour and language to humiliate the victim, including engaging in sexual acts. Both studies also have the item ‘arousal to victim’s response’ in the ‘humiliation’ component, reflecting the notion that these acts are carried out in order to elicit a response from the victim.

The third component involves acts designed to cause physical suffering to the victim, and can be seen as cruel or torturous. The items located in this component are almost identical to those in the ‘physical cruelty / torture’ component in study two. However, the actual item ‘cruelty / torture’ is not located in the third component in this study. Perhaps, then, it would be more accurate to conceptualise this component as physical suffering.

The fourth component is the same as the fourth component identified in study two; both include bondage, gag, blindfold, and cruelty / torture. This component involves restriction, which has been conceptualised as torture in previous research (e.g. Dietz et al, 1990).

The four components produced from the results of the CSB applied to a non-mentally disordered population are broadly consistent with those identified in study two. The empirically-derived definition of sadistic behaviour presented in study two that Sadistic behaviour is behaviour that involves control, humiliation, and cruelty / torture (physical or psychological) of, or towards a victim is supported by the findings in the non-mentally disordered population.
8.5.2 Psychometric properties of the CSB in a non-mentally disordered population

8.5.2.1 Reliability

The internal consistency of the CSB was observed to be at an acceptable level. This is in line with the findings from study two. However, although the reliability of the total CSB was good, when broken down into components, some evidenced lower levels of internal consistency. For example, the 'control' and 'physical cruelty / torture' components were observed to have disappointing levels of reliability. This suggests that as a measure, the CSB is reliable. However, it indicates that further work may need to be undertaken on the underlying components of sadistic behaviour.

8.5.2.2 Validity

The primary purpose of applying the CSB to a different population was to investigate the external validity of the checklist. The results from this study certainly indicate that sadistic behaviour is consistent across samples and populations. This has implications for research, as it means that differences in populations in relation to sadistic offending can be legitimately compared, using the CSB.

In terms of predictive validity, the presence of empathy deficits, grievance thinking and risk-taking / sensation-seeking all predict levels of sadistic behaviour.

Another aim of this study was to use the ratings from the CSB to investigate whether there was any evidence to support the relationship of variables previously identified as empirically and theoretically relevant to sadistic offending, to the CSB. The findings suggest that several of these variables differentiated level of sadistic behaviour supporting extant research and theory. Section 8.5.3. considers these in more detail.
8.5.3 Support for previous research and theory

It is noted that it was not possible to examine the relevance of as many variables in study 3 as investigated in study 2. This was because prisoner files did not contain as much information regarding developmental, historical and personality issues, or details of PPG assessment.

8.5.3.1 Demographic set

Although the results from study two indicate some link between mental disorder and sadistic offending, results from the non-mentally disordered population show similar levels of sadistic behaviour. The CSB descriptive statistics for both populations show that the level of sadistic offending is slightly higher overall in the mentally disordered sample, but that the highest actual score was within the non-mentally disordered sample. One explanation of these results could be that individuals scoring at the higher end in the non-mentally disordered sample may have personality disorders that have not been diagnosed. Another reason may be that high PCL-R scorers would have been excluded from mental health services on the grounds of untreatability. This requires further exploration.

In this study, 2% of the sample had chromosomal abnormalities. There were no differences in level of sadistic behaviour between individuals who had chromosomal abnormalities present and absent. Although this feature has not consistently been recognised as an important factor in sadistic offending, case studies have reported a link (e.g. Davidson, 1994; Lauerma, 2001).

8.5.3.2 Offence set

No differences were found in level of sadistic behaviour between individuals that engaged in post-mortem sexual or non-sexual activity, and those that did not. This implies that post-mortem activity is not indicative of sadism (Turvey, 2002). However,
the findings do not suggest that individuals who engage in sadistic offending do not commit post-mortem acts per se (c.f. Turvey, 2002), as results did not show that only low scorers on the CSB interfered with their victim post-mortem. Furthermore, there was no difference in sadism scores for individuals who raped only, versus those who killed. This further supports the notion that sadistic behaviour is committed in lethal and non-lethal assaults.

There was also evidence to suggest that victim type, whether adult / child, or female / male, did not relate to level of sadistic behaviour. This implies that sadism is not particular to individuals who offend against a specific victim type, and questions Proulx et al’s (2006) proposition that researchers should only investigate sadistic offending in individuals who offend against adult females.

8.5.3.3 Clinical psychopathy / phallometry set

There was insufficient information in the non-mentally-disordered samples’ files to examine the relationship between level of sadistic offending, psychopathy and deviant PPG response. However, the finding that aggressive sexual fantasy differentiates between low and high scorers indicates that deviant arousal is linked to levels of sadistic behaviour in this sample, as with the mentally disordered sample.

8.5.3.4 Childhood set

Although there was little information on prisoners’ early development, childhood abuse was reported in many instances. It was found that childhood abuse did differentiate levels of sadistic behaviour. The link between sadistic offending and childhood abuse supports the notion proposed in Laws & Marshall’s (1990) Laws & Marshall (1990), Marshall & Barbaree’s (1990), Burgess et al’s (1986) and MacCulloch et al’s (2000) theories that formative events shape arousal and thought patterns. However, it is interesting to note that in the mentally disordered sample it was specifically being a victim of sexual abuse that distinguished high from low sadists, whilst it was being a
victim of physical abuse that differentiated those in this study. Previous research and theory has highlighted childhood abuse as pertinent to the development of aggressive sexual fantasy and behaviour (e.g. Ressler et al, 1988; Johnson & Becker, 1997). Specifically, physical abuse has been postulated to be an important factor in sadistic and violent sex offending (e.g. Meloy, 2000; Lee et al, 2002). A history of psychological abuse did not differentiate between levels of sadistic behaviour in either sample. Perhaps this is because it is a factor that has been noted to be pertinent across all sex offenders (Lee et al, 2002).

8.5.3.5 Historical set

It is interesting that individuals with interpersonal deficits, behavioural try-outs and escalation in offending had higher levels of sadistic behaviour than individuals without these features, because these are consistent with the control model of sadistic offending proposed by MacCulloch et al (1983). Their explanation of sadistic offending proposed that individuals who have poor interpersonal skills fail to develop relationships with peers of the preferred sex, which results in them feeling out of control in their external world, therefore they seek to control their inner world. This is achieved by using fantasies involving being in control. They proposed that these fantasies are rehearsed and are acted out in behavioural try-outs to incorporate aspects of the fantasy, and escalate in levels of control and aggression in order to maintain the efficacy of the arousal. The results of this study suggest that this pathway to offending is applicable.

One question that is raised from this finding is why this clear pattern of developing and maintaining sadistic offending is not observed in the mentally disordered sample (study two). It is noted that the theoretical model developed by MacCulloch et al (1983) was based on the observations of sexual homicide patients detained under the Mental Health Act classification of psychopathic disorder. The non-mentally disordered sample is noticed to contain a higher level of murderers than the mentally disordered sample, so it could be that this model is more pertinent to sexual murderers. However, MacCulloch et al's (1983) sample was from a high-secure psychiatric hospital with patients detained
under the legal category of Psychopathic Disorder, which is more similar to the mentally disordered sample. This could suggest that, if it is the case that the prison sample contains those with undiagnosed personality disorder, the control model is more relevant to individuals without mental illness. This requires further clarification.

These findings suggest a link between engaging in deviant fantasy and acting out deviant behaviour. Furthermore, the findings could be seen to lend support to the notion that the level of aggression in fantasy and behaviour needs to increase over time in order to maintain its efficacy (e.g. MacCulloch et al, 1983; Laws & Marshall, 1990; Baumeister, 1999).

Aggressive sexual fantasies was one variable that distinguished offenders with differing levels of sadistic behaviour (low / high) in the mentally disordered and non-mentally disordered samples. There is emphasis placed on the importance of deviant fantasy in all theories relating to sadistic offending. Abel & Blanchard (1974) proposed that arousal to deviant fantasy increases the likelihood of acting out the fantasy in behaviour, whilst MacCulloch et al (1983) and Burgess et al (1986) theorised that fantasy acts as a means of coping with the lack of perceived control in relationships due to interpersonal difficulties, by enabling individuals to control their internal world. In both the mentally disordered and non-mentally disordered samples, individuals with a history of aggressive sexual fantasies had higher mean CSB scores than individuals not engaging in aggressive sexual fantasies. These results suggest that deviant fantasies may play an important role in sadistic sex offending.

Another historical variable that has been linked to sadistic offending- risk-taking / sensation-seeking (e.g. Eagan et al, 1999) was observed to differentiate low levels of sadistic behaviour from high levels in this study, with individuals having evidence of risk-taking scoring higher on the CSB. This variable was also a predictor of level of sadistic behaviour. Risk-taking / sensation-seeking has previously been highlighted as relevant to sadistic interest (e.g. Brittain, 1970; Eagan et al, 1999) and has been shown to differentiate forensic in-patients from a control population (Eagan et al, 1999). This
implies that acting recklessly and needing stimulation may be related to sadistic offending.

Although risk-taking / sensation-seeking differentiated levels of sadistic behaviour, there were no differences found between individuals with an interest in weapons or martial arts and those that did not. These items would be expected to be related to sadistic offending, alongside risk-taking (e.g. Brittain, 1970; Eagan et al, 1999).

Furthermore, differences between levels of sadistic behaviour were approaching significance for cross-dressing and gender identity issues, which were also found to significantly distinguish between low and high scoring individuals on the checklist in the mentally disordered sample. This is consistent with clinical observations of sadistic offenders (e.g. Brittain, 1970), although it is noted that expert practitioners in study 1 rated these items as ‘not relevant’ to sadism. A theoretical implication of these findings is that cross-dressing and gender identity issues may play a role in the aetiology of sadistic offending, or they may simply be correlates. It could be that cross-dressing represents sexual deviance often associated with sadism, if only at the less pathological end of the spectrum. Further research to gain a greater understanding regarding the underlying mechanisms would be useful.

A history of multiple paraphilias and voyeurism / peeping / stalking did not distinguish high from low sadistic individuals. An issue with examining the historical set of variables, like with the childhood and PCL-R / PPG variables, is that there was very little information available. Therefore, it could be that individuals did have these variables present, but that they were not documented.

**8.5.3.6 Interpersonal set**

Individuals rated as having interpersonal deficits and empathy deficits were observed to have higher mean scores on the CSB, compared with individuals without these deficits. In fact, empathy deficits were the strongest predictor of an individual scoring high on the
CSB. In this context, empathy deficits do not refer to the complete lack of understanding of the pain and suffering caused, rather, where individuals have intact cognitive empathy but respond with inappropriate emotional affect. This inappropriate response to victim suffering has been highlighted as a factor in sadistic offending (e.g. Grubin, 1999). This deficit in emotional empathy is linked to the notion that sadistic offenders are aroused by their victims’ response.

The presence of these features in individuals engaging in higher levels of sadistic behaviour, as well as the findings in relation to aggressive sexual fantasies, support the theoretical accounts of sadistic offending provided by MacCulloch et al (1983) and Burgess et al (1986). For example, both theorise that interpersonal difficulties lead to isolation, which in turn, leads to using fantasy in which the individual engages in controlling behaviour as a way of coping. Control fantasies in which victims are dominated and, for example, show fear or terror, provides positive reinforcement for the individual and thus there is a narrowing of opportunities to develop non-deviant fantasy. This need for victim suffering and domination in order to be aroused links in with the notion of empathy deficits; the individual has the cognitive empathy to understand that they are causing discomfort in their victim, but do not have emotional empathy, in that they respond to the discomfort with arousal (Grubin, 1999). Callousness and a lack of empathy are also pertinent to psychopathy, but the relationship could not be explored due to the lack of PCL-R information available in prisoners’ files.

Furthermore, individuals with a grievance thinking style scored higher on the checklist than individuals without it. Grievance thinking also predicted levels of sadistic behaviour. Both previous research and expert practitioners highlighted this as relevant to sadistic offending (e.g. Proulx et al, 2003). Feeling hard done by and resentful of a group of individuals (e.g. women) or a specific person could cause an individual to seek revenge. Proulx et al (2003) reported that sadists had significantly higher generalised and specific conflict with women than non-sadists. Millon & Davis (1996) postulated that individuals with anti-social sadistic personalities experienced a sense of hostility and mistrust. This hostile schema could explain the development of a need to take
revenge, or punish individuals, and could be seen to be acted out in sadistic behaviour that seeks to control, humiliate or cause suffering to the victim. Again, it is unclear why this type of schema does not differentiate levels of sadistic behaviour in the mentally disordered population, although the outcome of Coid's (1998) study that individuals with different PDs have different motivations to offend may contribute to this.

Although Burgess et al (1986) hypothesised that an entitlement schema plays a role in the development and maintenance of [sadistic] sexual homicide, no differences were observed between individuals with low and high sadistic offending. One explanation is that it is difficult to extract this information from file information alone. Another reason for the results could be that, as with psychological abuse, entitlement schemas are widespread within the sex offending population, and hence it would not have any discriminatory power. A further possibility is that there is no relationship between holding an entitlement schema and sadistic offending.

8.6 Summary

This study has shown that the underlying structure of sadistic behaviour in non-mentally disordered offenders is broadly consistent with that identified in mentally disordered offenders. Specifically, it has indicated that there are four components of sadistic behaviour which are control, humiliation, physical suffering / cruelty, and psychological cruelty / torture. This contribution to defining the construct of sadistic behaviour has allowed for a definition of sadistic behaviour to be empirically derived (in study two) and validated in this study.

It has also provided further support for the validity of the CSB, as many features previously identified, either theoretically or empirically as relevant to sadistic offending, have differentiated between levels of sadistic behaviour. It has particularly highlighted several historical and interpersonal features, such as aggressive sexual fantasies, behavioural try-outs, escalation, risk-taking / sensation-seeking, interpersonal deficits, empathy deficits and grievance thinking as potentially important to sadistic offending.
Chapter 9: Discussion

The underlying rationale for this research is that sadistic offending in sex offenders is an important area of study for several reasons. Firstly, there has been relatively little empirical research undertaken in this area. This has meant that there is a general lack of understanding in relation to its aetiology, maintenance factors, associated risk factors and phenomenology, which has implications for treatment and management. Secondly, on the basis of the limited research conducted, theoretical accounts put forward to explain sadism in sex offenders are underdeveloped. Following on from this, there are no adequate tools to measure sadism and sadistic behaviour that enables identification, assessment and design of treatment intervention. Thirdly, it appears that this group of offenders may pose a significant risk to the public. This is because it has been suggested that sadistic offending involves acting out fantasy in behaviour, for the behaviour to be rehearsed regularly and escalating in severity, thus causing more harm to more victims.

This thesis presented a review of the literature that identified three areas in which there are gaps in knowledge in sadistic offending: definitional, conceptual and measurement. In relation to definitional issues, there is no agreement on the precise nature of sadism and sadistic offending or its composite factors. This has resulted in difficulties in comparing findings from studies employing different definitions or criteria to identify individuals who engage in sadistic behaviour (Langton & Marshall, 2001). Furthermore, this has contributed to the lack of understanding of the construct. One effect of having no clear understanding is that there has been little work carried out to inform theoretical accounts of sadistic offending. The current status of the theoretical and conceptual issues related to sadistic behaviour is ambiguous, with debate regarding its development and maintenance, the nature of the construct in relation to the contribution of personality and situational factors, and whether it is qualitatively equivalent to sadistic behaviour in consenting sadomasochistic practice. Furthermore, very few theories have sought to account for sadistic offending specifically, and those that have would benefit from further research to provide empirical evidence to support it.
Perhaps unsurprisingly, attempts made to measure sadism and sadistic offending have failed to demonstrate adequate reliability and validity. This appears, at least in part, to be the result of their emphasis on the establishment of sexual arousal and fantasy. The reliance on assessing subjective information is likely to contribute to the problems observed in reliably applying these (Marshall & Kennedy, 2001, 2003).

The central problem with the gaps in understanding that exist in defining, conceptualising and measuring sadistic behaviour is that it is difficult to identify individuals who engage in sadistic offending. The implication of this is that if we cannot identify individuals for whom sadism is relevant to their offending, we cannot undertake the further research required to investigate its aetiology and maintaining factors, in order to gain a greater understanding of the construct. This means that there is no empirical research to provide an evidence-base for treatment and management, which hinders understanding of the level of risk associated with such offending.

This thesis aimed to address the deficiencies outlined above by exploring the construct of sadistic behaviour. This was undertaken through generating a list of items that relate to sadistic offending by bringing together research findings and experts' views, which were then defined and operationalised to create a checklist of sadistic behaviour. The checklist was applied to sex offending populations and the underlying dimensions of sadistic behaviour were explored. This enabled the generation of an empirically derived definition of sadistic behaviour. Furthermore, previous theoretical and conceptual issues were explored using the checklist, to investigate whether variables previously postulated as relevant to sadism would differentiate individuals' degree of sadistic offending. Additionally, reliability and validity checks were conducted on the checklist, including validating it in a different population, to gauge the robustness of its psychometric properties.

The fundamental research questions this thesis aimed to investigate were:

- What are the underlying dimensions and structure of sadistic behaviour?
What support is observed for previous research and theory?
Can a reliable and valid measure be developed?

9.1 Definitional clarification

This research has undertaken a review of the existing literature and obtained the viewpoints of expert practitioners in order to provide a clear and exhaustive account of the phenomena of sadistic behaviour. This led to a set of features describing sadistic behaviour, including sexual and violent behaviours.

The sadistic behaviours were operationalised to make the Checklist of Sadistic Behaviours (CSB). Following application of the CSB to a mentally disordered and non-mentally disordered offending population, the CSB was analysed to investigate the underlying structure of sadistic behaviour. The underlying components making up the phenomenon were identified as control, humiliation, and physical and psychological cruelty / torture. It was found that sadistic behaviour is a higher-order unidimensional construct.

The findings of the underlying structure of the CSB provided the conceptual basis for generating an unambiguous definition of sadistic behaviour, which is:

Sadistic behaviour is behaviour that involves control, humiliation, and cruelty / torture (physical or psychological) of, or towards a victim.

9.2 Contribution to theoretical accounts

Variables generated from the research literature and expert opinions that were not offence behaviours were investigated to see whether there was a relationship with the CSB. To place the contributions of this research in helping to explain why sadistic
behaviour occurs into context, the reader is reminded of the possible causative explanations proposed in the literature.

Two of the main theoretical positions that can be utilised to account for sadistic offending are the control model (MacCulloch et al, 1983), and integrated model (Marshall & Barbaree (1990). The control model suggests that interpersonal deficits can leave an individual feeling lacking in control of their external world, particularly in relation to their ability to develop and maintain relationships with peers of their preferred sex. It is hypothesised that this leads them to attempt to control their inner world through using fantasies of control. When these thoughts are paired with arousal and orgasm it provides a sense of relief, and is positively reinforcing. It is suggested that to maintain the efficacy of the arousal, the fantasies escalate in severity are acted out in parts. This leads to the notion of behavioural try-outs and escalation of offending (MacCulloch et al, 1983). Unlike the control model, Marshall & Barbaree's integrated theory of sexual offending (1990) does not account specifically for sadistic offending, but its elements have been identified as relevant to sadism. It combines the notion of a biological predisposition to fuse sex and aggression, and negative childhood experiences, such as abuse and ineffective parenting, which shape thinking patterns and ability to empathise. It is hypothesised that lack of empathic concern and negative schemas leave these individuals at greater vulnerability to link sexual arousal and aggression, in instances where they have not developed any protective factors (e.g. empathy, interpersonal skills). In some cases, these factors lead to arousal and fantasy to aggressive stimuli. This deviant arousal, coupled with disinhibitors such as anger and intoxication can lead to sexual offending.

This research has contributed to these conceptual frameworks in several ways:

Firstly, both empirical studies applying the checklist found that childhood abuse was more prevalent in individuals with higher levels of sadistic behaviour. It is noted that in the mentally disordered offender population, higher levels of sadistic offending was evident in individuals who had experienced sexual abuse as a child, whilst in the non-
mentally disordered offender population, it was a history of physical abuse that distinguished higher from lower levels of sadistic behaviour. The implication is that this abuse shapes the way an individual thinks and behaves.

Secondly, evidence was found to support the notion of interpersonal deficits in sadism. In the non-mentally disordered sample, individuals with interpersonal deficits and who experienced social and emotional isolation scored higher on the CSB. This was not seen in the mentally disordered sample. This could suggest that either interpersonal deficits are not a feature of sadistic offending in mentally disordered offenders, or that mental disorder 'masks' the effects. The latter is more likely, as interpersonal problems are a feature of psychosis and several forms of personality disorder. The indication that sadistic offenders have interpersonal deficits fits with the notion that individuals feel unable to control their external world in relation to developing and maintaining sexual relationships.

Thirdly, empathy deficits were observed to distinguish individuals engaging in high levels of sadistic offending from low. In the non-mentally disordered offenders, individuals with higher scores on the CSB had empathy deficits present. Empathy deficits were also the strongest predictor of whether an individual was a 'high' or 'low' scorer. In the mentally disordered sample this difference was approaching significance. This link between sadism and empathy deficits explains how an individual can engage in behaviours to inflict pain and suffering and be aroused by it.

Additionally, a grievance thinking style distinguished higher from lower CSB scorers in the non-mentally disordered offenders, and also significantly predicted membership to level of sadistic behaviour. However, this was not reported in the mentally disordered offenders. It is hypothesised that, as with empathy deficits, features of psychosis and personality disorder are likely to confound the results. Personality disorder itself was found to differentiate individuals engaging in higher levels of sadistic offending. It could be argued that enduring negative thinking patterns and empathy deficits associated with
some types of personality disorder impact on offending behaviour. These results suggest that a grievance thinking style is a factor in sadistic sex offending.

The findings from both the mentally disordered and non-mentally disordered samples observed that a history of aggressive sexual fantasies was associated with higher levels of sadistic behaviour. Furthermore, this item was the only significant predictor of level of sadistic offending in the mentally disordered sample. Another measure of deviant arousal supported this finding; individuals with deviant profiles of sexual arousal (as measured by PPG) had higher levels of sadistic offending than individuals with non-deviant profiles. These findings suggest that the development of deviant sexual fantasy, and arousal and preferences play a significant role in sadistic offending.

In line with the control model, individuals from the non-mentally disordered offender population with higher levels of sadistic offending had engaged in behavioural try-outs and had escalated in offending behaviour over time. This indicates that sadistic sexual fantasy was a mechanism in these features. The outcome of the mentally disordered sample did not support this outcome. Again, the impact of mental disorder on offending behaviour is raised.

State variables were only examined in the mentally disordered population. Although there were no significant differences between the presence of alcohol, drugs and negative emotions in the lead up to and at the time of offending and levels of sadistic behaviour, scores were all in the same direction i.e. individuals with these items present had higher mean CSB scores than individuals with the features absent.

The findings from this research in relation to the factors identified in the control model (MacCulloch et al, 1983) and the integrated theory of sexual offending (Marshall & Barbaree, 1990) suggest that the features from both models are relevant to the understanding of the causal mechanisms of sadistic sex offending. Therefore, it is proposed that elements of each model are combined in order to explain why sadistic
offending occurs. A speculative model is presented which merges these two influential models of sexual offending.

**Figure 9.1 Control Restoration Model of Sadistic Sex Offending**

The model incorporates the notion that childhood abuse and other negative childhood experiences, such as poor or inconsistent parenting can lead to vulnerabilities to offending, in the absence of inoculation factors (e.g. Burgess et al, 1986; Marshall & Barbaree, 1990; Laws & Marshall, 1990). These vulnerabilities include pairing aggression and arousal, using aggressive fantasy as a coping mechanism, failure to develop empathy and interpersonal skills, and development of resentment or grievance thinking. The model hypothesises that, in the absence of restorative factors, these cognitive, affective and behavioural vulnerabilities make an individual at risk of offending. Contextual factors are also viewed as important mechanisms in sadistic offending. The model proposes that experiencing strong negative emotions such as anger, or consuming substances, act as disinhibitors. It is suggested that, from what is
known about sadistic offenders from theoretical accounts, situational triggers likely to
lead to offending are those involving interpersonal conflict and feeling out of control.
The model proposes that when an individual feels the need to restore control, in the
context of the antecedents, vulnerabilities and disinhibitors, sadistic behaviour occurs. It
is suggested that this restoration of a feeling of control acts as a reinforcer as it provides
the individual with a feeling of relief, and thus, makes it more likely to be used again as
a means of coping.

Obviously, this model of explaining sadistic behaviour needs to be examined empirically
in order to investigate whether its account can be validated.

This model has implications for treating individuals who engage in sadistic sex
offending. The suggestion is that if the vulnerabilities are at the core of why individuals
act sadistically, these should be targeted in treatment, in order to break the cycle of
offending. Treatment could include cognitive re-structuring negative schema,
encouraging adaptive coping strategies, and treating empathy deficits. Interventions
could also examine the role of disinhibitors and target anger management, and substance
misuse problems.

9.3 Progress made in relation to measurement issues

This thesis has contributed to the knowledge of the measurement of sadism through
making the first steps in developing a reliable and valid measure.

9.3.1 Reliability

The two types of reliability examined in this thesis were internal consistency and inter-
rater reliability. The other type used in psychometric development, test-re-test, was not
applicable as the CSB is not intended to be applied on more than one occasion, nor as a
measure of change.
Internal consistency was assessed using several methods. A traditional indicator of internal consistency is coefficient alpha. Alphas of .7 or greater are assumed to illustrate a reliable measure. An alternative indicator of internal consistency specifically for non-normally distributed items is Guttman’s Lambda (2). The alpha coefficient for the CSB (total score) in the mentally disordered sample was .76 (.78) and for the non-mentally disordered sample it was .77 (.78). These indicate that the CSB is internally consistent. When the alpha coefficients are examined for the underlying components identified through principal components analysis, some components have less satisfactory results. In the mentally disordered sample the coefficient alpha for factor one (control) was .60 (.63), factor two (humiliation) was .77 (.79), factor three (physical cruelty / torture) was .58 (.59) and factor four (bondage / restriction) was .61 (.61). In the non-mentally disordered sample the coefficient alpha for factor one (control) was .44 (.55), factor two (humiliation) was .81 (.83), factor three (physical cruelty / torture) was .57 (.57) and factor four (bondage / restriction) was .61 (.61). It may be the case that the level of internal consistency in factors three and four are affected by the low number of items capturing the themes.

Another method by which internal consistency can be assessed is through Rasch modelling. The aim of a Rasch analysis is to observe the extent to which the items on a scale fit a cumulative, unidimensional model. The Rasch analysis conducted in study two was found to reliably fit a unidimensional (i.e. internally consistent) structure. The only item on the CSB that was a significant misfit of the model was ‘behaviours to humiliate / degrade’. This could reflect the non-specific nature of the item. Evidence for a unidimensional fit allowed further analysis to be undertaken using individuals’ total score on the CSB.

The observed level of internal consistency of the CSB in both populations was acceptable at scale level. Additionally, the Rasch analysis provided further evidence of the consistency of the scale, indicating that sadistic behaviour is a unidimensional

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11 Figures in parentheses represent the Guttman's Lambda (2) statistic
construct. When investigating the internal consistency of the sub-components of sadistic behaviour, some components were observed to show lower levels of internal consistency. However, because all analyses undertaken were on the total score of the CSB, and not broken down into its constituent parts, this was not problematic.

The other method of assessing reliability employed was inter-rater agreement. This was examined in study two when the identification and frequency of sadistic features was undertaken by two researchers. The level of agreement between the two raters regarding features identified in the research literature was 95.1% and in relation to the expert practitioner responses was 90.4%. Following the development of the CSB, individuals were rated from file information. In study one 10% of cases were rated by a second researcher. The level of agreement, using Cohen's Kappa was .76, which is acceptable.

Furthermore, the checklist enables judgements about sadism to be made on the basis of data that is readily available and not reliant on internal processes.

9.3.2 Validity

The content (and face) validity of the checklist was ensured through using features identified in previous research and by expert practitioners as pertinent to sadism. This was further assessed in the second stage of the Delphi Technique, which invited experts to identify relevant and non-relevant features from those generated in round one, and were asked to highlight any additional features not present in the list that they perceived as important.

Predictive validity was assessed through undertaking logistic regression analyses to investigate whether any variables postulated to be relevant to sadistic offending predicted level of sadistic behaviour, as measured by the CSB. In the mentally disordered population, only presence of aggressive sexual fantasies significantly predicted whether an individual scored lower or higher on the checklist. This relates back to the notion that deviant fantasy and arousal leads to engaging in deviant
behaviour (e.g. Abel & Blanchard, 1974). In the non-mentally disordered population, empathy deficits, grievance thinking style and risk-taking / sensation-seeking significantly predicted membership to low or high sadistic behaviour. These features are noted to reflect traits of psychopathy. It has previously been hypothesised that sadism and psychopathy are linked (e.g. Holt et al, 1999). Unfortunately, there was not sufficient information available to record PCL-R information in the non-mentally disordered sample, but it appears that this would be an area worth considering for future research.

Concurrent validity is indicated when a new test is compared with an existing test measuring the same construct and they correlate highly. The problem with this is that there is currently no reliable measure of sadistic behaviour in existence. However, variables that have been theorised to be pertinent to sadistic offending have been found to differentiate individuals with low and high sadistic behaviour. This includes aggressive sexual fantasies and deviant arousal as measured by PPG, which were highlighted in study 1 as features agreed by both research and experts, as relevant. Furthermore, in the second stage of the Delphi Technique in study 1 the experts rated aggressive sexual fantasy as the only feature 'crucial' to sadism.

The internal validity of a test is evidenced by examining whether its underlying structure makes conceptual sense. The components of sadistic behaviour identified in this research were control, humiliation, physical and psychological cruelty / torture, which can be seen to fit with previous conceptualisations of underlying elements of sadism. These components also map on to the speculative model presented in figure 9.1. For example, all elements could be conceptualised as means of controlling another, and the need to restore control is the central mechanism in engaging in sadistic behaviour. Also, acting out humiliating and torturous acts could be viewed as the product of taking pleasure in another's suffering, which can be explained through empathy deficits, deviant arousal and grievance thinking. In summary, there appears to be a consistent set of components that underlie sadistic behaviour and these relate back to themes highlighted in previous literature as relevant.
The external validity of a test examines whether it is generalisable across different samples and populations. This has been assessed in two ways. Firstly, the CSB was applied to a mentally disordered population and a non-mentally disordered population. The outcome was that the same underlying structure of sadistic behaviour was observed in both populations, thus providing evidence towards the external validity of the CSB. Additionally, a Rasch analysis was undertaken on the data from the mentally disordered sample, which illustrated that the CSB is a unidimensional cumulative structure. Because the Rasch is sample-free, it indicates that the same structure will be observed across samples.

Construct validity is essentially the product of all the other types of validity discussed above, and asks the fundamental question of whether the test's underlying structure supports existing knowledge. That is, is assesses whether it is measuring the construct that it purports to. It appears that for a first attempt to measure sadistic behaviour, the CSB does have construct validity, although it would benefit from additional work to gain further support for it.

9.4 Summary of how the research has addressed the aims of the thesis

The main research aims of this thesis were to 1) explore the construct of sadistic offending behaviour and its underlying structure, 2) examine how it relates to extant research and theory, and 3) to make the first steps in developing a measure for sadistic behaviour.

The first aim was addressed by generating an exhaustive list of items representing sadistic behaviour, to rate sex offenders on the checklist, and to analyse the underlying structure of the checklist. This was undertaken by utilising a review of the research literature and gaining the views of expert practitioners to generate the items to be included in the checklist, apply the checklist to a population of sex offenders and conduct multivariate statistical analyses on the data. A consistent structure was
observed, and this formed the basis of an empirically derived definition of sadistic behaviour.

The second aim was addressed by assessing the relationship of the checklist to variables previously identified as relevant to sadistic offending. It found evidence to support much previous research and theory, including the role of developmental, interpersonal, psychosexual and situational factors. This led to generating a speculative model of sadistic sex offending, which combined the theoretical ideas highlighted in the control model (MacCulloch et al, 1983) and the integrated theory of sex offending (Marshall & Barbarée, 1990).

The third aim was addressed by undertaking reliability and validity checks on the developed Checklist of Sadistic Behaviours, including inter-rater reliability, undertaking several methods to gauge internal consistency, validating the measure in a different population, and, as described above, investigated its relationship to variables hypothesised to play a role in explaining sadistic offending.

9.5 Strengths and limitations of the current work

There are several main strengths of the set of studies undertaken in this thesis. Firstly, the checklist utilised to measure sadistic behaviour was empirically derived from both the research literature and from the views of experienced clinicians in the area. This meant that a comprehensive set of features relevant to sadistic offending was generated.

Secondly, the checklist included offence behaviours only in order to make the measure as objective as possible. This is because previous measures have experienced problems in reliably identifying more subjective information, such as fantasy and arousal. Marshall and Kennedy (2001) argued that focussing on objective information produces a more reliable measure.
Thirdly, the checklist was employed to rate individuals in both mentally disordered and non-mentally disordered offending populations. This enabled an examination of whether the same underlying structure of sadistic behaviour is present in both these populations, which has not been investigated previously. This is important, as any useful measure is required to assess the same underlying phenomenon, regardless of sample or populations used. It also allowed for similarities and differences between the two populations to be explored, which has contributed to our understanding of sadistic offending and acts as a basis for comparative studies.

Furthermore, the exploration of the underlying structure of sadistic behaviour in this thesis has enabled an empirically derived definition of sadistic behaviour to be developed and validated. This means that future work can use this to measure and identify sadistic offending.

Investigation of how the CSB relates to putatively sadistic features has enabled an increased understanding of the variables that may play a part in sadistic offending. This examination has enabled a speculative model to explain sadistic offending to be put forward, which further research can be undertaken on.

Finally the checklist developed in this thesis has been shown to be reliable at scale level and has been shown to be valid. Therefore, not only has this thesis identified what sadistic behaviour consists of, but it has provided a means by which it can be measured.

There are also, as with any piece of research, limitations of the work. This research did not use the checklist to rate consenting sadomasochistic or violent non-sexual offending behaviour, to investigate whether the same underlying structure is present in all types of behaviour. This was beyond the scope of the thesis, in that the aim was to explore sadism in sex offenders and make the first step in developing a reliable and valid measure. However, the findings of the underlying structure in sex offenders does share similarities with the previously identified structure of consenting SM behaviour. Now that there is an increased understanding of the phenomenon in sex offenders, and means
by which to measure it, it lays the foundations for further research into its relevance to other populations.

An issue that arose from the research was that it was unclear as to whether sadistic behaviour has three underlying components or four. Although the third component of the three factor model (cruelty/ torture) was conceptually equivalent to the third and fourth components in the four factor model (physical cruelty / torture, and psychological cruelty / torture, respectively), it unclear as to why there was not complete consistency across methods used to analyse the underlying structure of sadistic behaviour.

Furthermore, the finding that internal consistency of some components (c.f. the scale as a whole) was not adequately reliable limited the analyses to scale level. This meant that comparison of, for example, individuals with high scores on humiliation to those with low scores on humiliation, was not possible.

Some practical issues limited aspects of the current research. For example, problems in gaining ethical approval meant that the scope of the research did not include undertaking an examination of fantasies. It also practically limited the research to utilising file-based information. This is an issue not just for this thesis, but has an impact on further work in the area of sadistic offending; research considering the role of sexual fantasy in sadistic sex offending is needed if we are to further our knowledge in its role in developing and maintaining sadistic behaviour. Additionally, the difficulty in obtaining detailed background information from files in the non-mentally disordered population led to fewer related offender and offence features to be investigated. Also, the low level of responding from expert practitioners in study one meant that an adapted version of the Delphi Technique had to be employed. This prevented a full examination of the level of consensus among experts. However, the results that were obtained enabled some assessment of level of agreement in what features experts deemed relevant and not relevant to sadistic offending.
Finally, because this research was attempting to use more objective means of measuring sadistic behaviour, only file-based information on the presence and absence of features was collected. This prevented potentially rich information from the offender being utilised. However, this research has provided a means by which individuals with differing levels of sadism can be identified, which forms the basis of any further work.

9.6 Issues requiring further clarification and suggestions for further research

Although the thesis has contributed to increasing our understanding of sadistic offending, there are several aspects that remain ambiguous that require further clarification.

Firstly, in terms of the underlying structure of sadistic behaviour, some of the results of this thesis have suggested four components (control, humiliation, cruelty / torture and bondage / restriction) whilst other have indicated that the cruelty / torture component and bondage / restriction component are combined to create a physical / psychological cruelty / torture component. The exact nature of these items needs further examination.

Additionally, although the overall dimension of sadistic behaviour was reliably measured using the CSB, some of the composite sub-scales evidenced less satisfactory levels of reliability, perhaps due to the few items encompassing these sub-scales. Therefore, further confirmatory work needs to be undertaken. Also, it is unclear as to why the component ‘control’ in the non-mentally disordered sample displayed reasonably low reliability and this needs further exploration. The lower levels of internal consistency in some sub-scales was not such a concern regarding the analyses in this thesis, as the checklist was investigated using individuals’ total scores to inform theoretical and measurement issues. However, it would be useful to be able to undertake more detailed analysis of how each component interacts with theoretically and conceptually relevant variables. One suggestion for further work to explore this would be to generate more items encapsulating each component and to apply these in order to investigate whether the reliability at sub-scale level is improved, and if so, to undertake
a more detailed analysis. This could include comparing individuals high on control, with those high on humiliation or cruelty / torture, or compare individuals with high versus low control, humiliation, and cruelty / torture.

Conversely, another area for further research could be to investigate whether a shortened version of the checklist could be developed. This would involve a sensitivity analysis to examine the minimum number of checklist items necessary, whilst maintaining its discriminatory power.

It is important that future work continues to assess the reliability and validity of the CSB to support it as psychometrically sound. If Marshall & Hucker’s (2006) Sexual Sadism Scale is shown to have adequate reliability and validity, it would be possible to undertake further research to assess the concurrent validity of the checklist, by investigating whether the two measures are highly correlated with each other. Furthermore, research could be undertaken specifically looking at the predictive validity of the checklist. One suggestion is that the speculative model outlined in Figure 9.1 provides the opportunity to investigate the predictive ability of the CSB as hypotheses can be generated from it, which are amenable to measurement. For example, a hypothesis to come out of the model is that individuals engaging in sadistic offending will respond to trigger situations in a particular way. Future research could compare individuals with high versus low sadistic behaviour on how they manage conflict etc. This would also serve to validate the model.

Secondly, many of the findings regarding the variables that have been shown (or not) to differentiate between low and high sadistic offending (as measure by the CSB) have raised additional questions:

Individuals who have engaged in post-mortem non-sexual acts score higher on the checklist, but sexual offenders and offenders who hurt, but do not kill (or attempt to) have higher levels of sadism than murderers (and attempted murderers). Is the crucial element of sadistic behaviour to make them suffer (and so not kill them)? And if so, why
do individuals who engage in post-mortem activity exhibit high levels of sadism, or are these findings an artefact of the data? Further work to clarify the role of victim suffering and a comparison of individuals scoring high and low on the CSB who engage in post-mortem acts would help to understand this phenomenon better.

The role of psychopathy and personality disorder requires further clarification. Psychopathy, as measured by the PCL-R (Hare, 1991) did not differentiate individuals engaging in low and high sadistic behaviour. However, less than half of the mentally disordered sample had PCL-R scores available, and too few were reported in the non-mentally disordered sample to warrant analysis. In terms of personality disorder, it appears that a Mental Health Act classification of Psychopathic Disorder, whether by itself or co-morbidly with Mental Illness, is related to higher levels of sadistic behaviour. Firstly, it is unclear why a combination of Mental Illness and Psychopathic Disorder is indicative of higher levels of sadistic behaviour. One suggestion for further work would be to compare levels of sadistic behaviour within different personality disorder clusters, to investigate if particular types (e.g. schizoid, avoidant, schizotypal) are associated with sadistic offending. This could shed further light on the mechanisms underlying sadistic behaviour. Secondly, the issue of whether individuals in the non-mentally disordered sample also had relevant personality disorders is unknown. Therefore, further work is required to examine the relationship between personality disorder, psychopathy and sadistic offending. This may also help to elucidate why non-mentally disordered offenders appear to have a much clearer pattern of development and maintenance of sadistic offending than mentally disordered offenders.

Another issue that remains ambiguous following the analysis of the current thesis is the relationship of the CSB to risk. It has been shown that deviant responding to PPG, which is a strong predictor of sexual recidivism, is related to higher levels of sadistic behaviour. However, it was also observed that risk, as measured by the Static-99, did not predict or differentiate low and high CSB scorers. As suggested in study two, it might be better to use the SARN (Thornton, 2002) in future research to investigate its relationship with the CSB. It would also be useful for further research to compare the re-offending
rates for individuals with differing levels of sadistic behaviour to investigate whether there is a link between sadism and risk, and to further assess the predictive abilities of the CSB.

A further area that requires consideration in order to understand its relationship to sadistic offending is the role of disinhibitors such as negative emotional state and use of substances. The current research did not reveal any clear role, and so a more in-depth analysis of this would be helpful, including how substances and emotional states impact on the vulnerabilities identified in the speculative model.

This research has provided some support for previous theory regarding the development and maintenance of sadistic offending. However, this has not included a thorough examination of aetiological factors. It would be valuable to investigate in more detail the factors that lead to sadistic offending, such as childhood abuse, interpersonal deficits, deviant sexual fantasy etc. Qualitative methods would be ideal to undertake this, to further explore common themes among individuals exhibiting high levels of sadism. This could include the methodology proposed in the original focus of this thesis, which was to compare ‘low’ and ‘high’ sadistic offenders’ fantasies using a variety of methods, including interview, questionnaire and projective tests. Furthermore, the link between deviant arousal and sadistic offending needs further consideration. Deviant PPG responses in study two were shown to differentiate levels of sadistic offending behaviour but previous research has shown equivocal findings in relation to this (e.g. Marshall, Kennedy & Yates, 2002), perhaps as a result of having no adequate stimuli with which to assess sadistic arousal (Marshall & Hucker, 2006), as well as problems in identifying sadistic sex offenders. Since this thesis has identified the elements underlying the concept, these could be used to inform generation of a set of stimuli for the purpose of assessing sadistic arousal. This in turn would allow for further research to investigate the psychometric properties of the sadistic stimuli.

One area of sadistic behaviour that was not considered in this research, but which may be relevant, is the relationship of offending sadistic behaviour to consenting
sadomasochistic behaviour. This remains ambiguous, but the identification of the core underlying components of sadistic (offending) behaviour in this thesis would make the comparison with the underlying structure of non-offending sadomasochistic practice possible, and hence shed light on whether they are qualitatively or quantitatively similar or distinct. Further research could include applying the checklist to a normative sample and a consenting SM sample. This would allow for an investigation into whether they fit the same underlying structure as offending sadistic behaviour, and additionally, whether there are certain items, or a certain level of sadistic behaviour at which the normative population is distinguished from the consenting SM population, which itself is distinguished from an offending population. This would provide a better understanding of the implications of having particular levels of sadistic behaviour.

9.7 Potential applications

By far the most important clinical and research application of the findings of this thesis is the ability to be able to identify individuals high in sadistic offending, through the Checklist of Sadistic Behaviours (CSB). This will enable further work to be undertaken in this area examining the factors relevant to sadistic offending. It is hoped that this will further contribute towards the understanding of this concept.

Additionally, not only does the CSB enable identification of individuals engaging in low and high levels of sadistic behaviour, but it could also allow for identification of the particular components that are relevant to an individual. A clinical application of this could be that the CSB is employed to identify and assess treatment needs / targets in sexual offenders. This may be particularly useful at informing treatment as currently there is no tailored intervention for individuals who have offended sadistically.

Pending further research outlined above, the CSB could be used as an indicator of risk in sexual offenders. The relationship between offenders with primary issues in control, or humiliation or cruelty / torture and risk may also add to understanding of risk in sadistic offending.
Furthermore, the understanding of the underlying structure of sadistic behaviour gained in this research, and the subsequent generation of an unambiguous definition, could inform the development of PPG stimuli to assess sadistic sexual arousal.

Additionally, once further knowledge regarding sadistic individuals is available, aided by the CSB, the checklist could have potential applications to the investigative field. For example, the CSB could be applied to offences and, from what is known about individuals with high levels of sadistic behaviour, a profile could be generated. This could also be retrospectively tested on samples of convicted sexual offenders.

Finally, dependent on its validation, the model suggested in this thesis to explain sadistic offending could be used to better understand the mechanisms accounting for sadistic behaviour and inform treatment targets.

9.8 Conclusion

This thesis has set out to explore the construct of sadistic sex offending in relation to its phenomenology and measurement. The outcome of this research has been discussed in terms of its contribution to definitional, theoretical and measurement issues, and areas for further investigation and potential applications have been considered.

The central contribution to definitional issues this thesis makes is the discovery that sadistic sex offending behaviour is a unidimensional construct, with constituent elements of control, humiliation and physical and psychological cruelty and torture. The construct was also found to fit a cumulative model, where items increase in severity from control, to humiliation, to the items at the more severe end of the dimension, representing cruelty and torture. Identifying the underlying components of sadistic sex offending behaviour has enabled an empirically derived definition of sadistic behaviour to be generated. The main contribution to theoretical issues is the evidence found to support, and refute features previously identified as relevant to sadism, which has implications for further research. This has led to a greater understanding of the mechanisms involved in sadistic
behaviour. For example, features found to differentiate individuals with higher levels of sadistic behaviour from those with lower levels are in line with previous explanations for the development and maintenance of sadistic offending. This is particularly clear in the non-mentally-disordered sample. Deviant sexual arousal and interest appears to play a central role in both mentally disordered and non-mentally disordered offenders. The findings have been employed to develop a speculative model of sadistic sex offending, which combines the theoretical accounts of MacCulloch et al (1983) and Marshall & Barbaree (1990). The examination of the effects of mental disorder has found that personality disorder is related to higher levels of sadistic behaviour, whether by its self or co-morbidly with mental illness. Also, although there are some differences in terms of features relevant to high levels of sadistic behaviour between the mentally disordered and non-mentally-disordered samples, the same underlying structure is observed. The distribution of scores across the two samples is also similar. This suggests that sadistic sex offending behaviour is consistent across populations. A further theoretical contribution was the finding that sexual murderers do not have higher levels of sadism than sex offenders who do not kill (in fact, they have lower levels) indicating that research into sadistic offending should not rely on sexual homicide samples.

The fundamental contribution this thesis has made to measurement issues is through developing a measure (Checklist of Sadistic Behaviours) that enables judgements to be made on the basis of information that is objective and readily available, as opposed to being dependent on assessing internal processes and making inferences. It has been shown to be a reliable, unidimensional construct, and has been validated by its ability to differentiate low and high levels of sadistic behaviour, using variables previously identified as relevant to sadism.

The CSB enables the identification of individuals who engage in high levels of sadistic sex offending behaviour. This provides a means by which further work can continue to investigate the nature of sadistic offending, and for clinicians to identify areas of treatment need, as well as a basis for comparative studies. It may also offer a measure of
risk in terms of recidivism and level of harm, and pending further research, could be employed as an investigative tool.
References


Laskey, Jaggard & Brown v The United Kingdom, European Court of Human Rights, (1997).


Sexual Offences Act (2003), London: HMSO.


Appendices
Appendix 1:

Letter from MREC detailing rejection of ethics approval for the initial focus of the thesis
Dear Miss Palmer

MREC 02/01/48  The role of sexual fantasy in the development and maintenance of sex offending behaviour.

The South East MREC reviewed your application on 8th May 2002. The documents reviewed were as follows:

- Protocol - The role of sexual fantasy in the development and maintenance of sex offending behaviour.
- Statement for Officers – version 1
- Consent form – version 1
- Information sheet – version 1
- Personal Reaction Inventory (social desirability)
- Criminal Fantasy Technique
- Multiple Card Sort
- Emotional Loneliness Scale
- Interpersonal Reactivity Inventory
- Bett's Questionnaire Upon Mental Imagery
- Creative Experience Questionnaire
- Tellegen Absorption Scale
- Personality Assessment
- Imaginal Processes Inventory (sexual daydream scale)
- Multiphasic Sex Inventory
- Sex Fantasy Questionnaire

The members of the Committee present agreed that there are serious objections on ethical grounds to the proposed study. I must therefore advise you that your application for ethical approval is rejected for the reasons stated in the enclosed MREC Response Form. The Committee are willing to re-review your study once you have addressed the issues above.

ICH GCP Compliance
The MRECs are fully compliant with the International Conference on Harmonisation/Good Clinical Practice (ICH GCP) Guidelines for the Conduct of Trials Involving the Participation of Human Subjects as they relate to the responsibilities, composition, function, operations and records of an Independent Ethics Committee/Independent Review Board. To this end it undertakes to adhere as far as is consistent with its Constitution, to the relevant clauses of the ICH Harmonised Tripartite Guideline for Good Clinical Practice, adopted by the Commission of the European Union on 17 January 1997. The Standing Orders and a Statement of Compliance were included on the computer disk containing the guidelines and application form and are available on request or on the Internet at www.corec.org.uk.

Yours sincerely

[Signature]

DR J M LAMBERTY FRCA
CHAIRMAN SOUTH EAST MREC

Enclosures  MREC Response Form dated 15 05 02
List of members
a. The Committee were very concerned that subjects could potentially be harmed by participating in the study, as the study questionnaires being used are very explicit and there appears to be no de-brief available to subjects.
b. Members questioned whether or not the study had been conducted with the prison population.
c. Members questioned the value of conducting the research and found that it is not clear from the aims what the research findings would achieve.
d. Further information is required as to the criteria being used to assess subjects in relation to their sexual offending.
e. Further information is required regarding how the researcher will be assessing subject's capacity of consent to participate in the study.
f. Member required justification as to why the applicant was using the questionnaires as it was their understanding that they were not universally accepted.
g. The Committee did not accept the response to question 26, as it is their understanding that subjects will be asked to undertake extra measures and questionnaires.
h. Members did not accept the response to question 27. Further information would be required as to how the researcher would de-brief subjects after they have completed the questionnaires and measures.
i. Further information is required in the response to question 28 as to how prisoners will access care (i.e. prison medical officer or psychologist) should they become distressed whilst participating in the study.
j. Further information is required to the response of question 29.
k. Further information is required regarding in the response to question 34. It is important that data cannot be linked to a particular subject. It is suggested that the tapes are destroyed in an incinerator.
l. Further information is required regarding indemnity arrangements.
m. Members agreed that some of the questions in the questionnaires are inappropriate for prisoners.

n. The applicant is asked to consider how the study may affect prisoners undertaking sexual offending treatment programmes, as this is not mentioned in the protocol or application.

o. Further information is required regarding who has peer reviewed the study.

p. Members were concerned that subjects entering the control arm may be seen as being associated, by their fellow prisoners, to sexual offending. Members would like to know how the applicant would address this issue.

q. The Committee would like to know whether or not the questionnaires have been validated in this particular group of subjects.

Patient Information Sheet

r. Members agreed that the patient information sheet was disingenuous and required re-writing so that subjects were clear on why they were being approached to participate in the study.

s. It was suggested that the applicant should produce three separate information sheets for each study group.

t. The applicant is asked to consider 'the low literacy levels of prisoners when re-writing the patient information sheet.

u. Further information is required regarding whether or not subjects will have to undertake the research in one 3-hour session or whether or not this will be split into sessions.

THE FINAL DOCUMENTS AND ARRANGEMENTS REJECTED BY THE MREC

The following items have been rejected by the South East MREC:

- Protocol - The role of sexual fantasy in the development and maintenance of sex offending behaviour.
- Statement for Officers – version 1
- Consent form – version 1
- Information sheet – version 1
- Personal Reaction Inventory (social desirability)
- Criminal Fantasy Technique
- Multiple Card Sort
- Emotional Loneliness Scale
- Interpersonal Reactivity Inventory
- Bett's Questionnaire Upon Mental Imagery
- Creative Experience Questionnaire
- Tellegen Absorption Scale

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Personality Assessment
Imaginal Processes Inventory (sexual daydream scale)
Multiphasic Sex Inventory
Sex Fantasy Questionnaire

Methods of initial recruitment of study - ✓
Compensation arrangements for subjects - ✓
Payments to researcher - ✓
Provision of expenses for subjects - ✓

Date of rejection 8 May 2002

Signature of Chairman/Administrator: Jane Martin Date: 15th May 2002

Name: Mrs Jane Martin
Appendix 2:

List of 20 articles used to identify definitions/features of sadism/sadistic behaviour in the research literature


Appendix 3:

Example of experts’ qualitative responses
Thank you for agreeing to be one of the experts to explore the concept of sexual sadism.

Your response will be anonymous.

Please identify a key paper of your own that summarises your views on sexual sadism, or a key paper by another author that has informed your view:

Bill Marshall’s paper (not sure if this is published but I have heard him present it) where he surveyed a number of experts to see if they agreed on the diagnosis of sadism in particular cases. He does a good review of things usually thought of as signposting sadism as well as proving that opinions on what is and isn’t sadistic have very poor inter-rater reliability.

This is a brainstorming exercise. With as much detail as possible, please write below what are, in your view, the main constructs or features of sexual sadism?

A violent sexual offence involving either torture (often related to sexual parts of the body) or psychological humiliation during the offence. E.g. cutting off nipples, butchering genitals, acts or threats that put someone into a state of extreme fear. For instance I once dealt with a case where the offender tied up and blindfolded the victim, then pretended to leave the room, waited quietly for a while and then attacked her again. This is fear induction far beyond that needed to secure compliance to sexual assault.

Showing sexual arousal (e.g. on PPG) to images/scenes of non-sexual violence in excess of arousal shown to consenting sexual imagery.

Possibly also showing a certain level of sexual arousal to non-sexual violence even if arousal to consenting imagery is greater.

Are there any other aspects of sexual sadism that you feel it is important to identify, such as those that relate to its context, or whether it can be modified?
Appendix 4:

Checklist items given to experts to rate
Please tick the appropriate response for how relevant you think each item is to your view of sadistic offenders/offences.

<table>
<thead>
<tr>
<th>Features</th>
<th>Not relevant</th>
<th>Somewhat relevant</th>
<th>Relevant</th>
<th>Important</th>
<th>Crucial</th>
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<tbody>
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<td>Emotional abuse in childhood</td>
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<td>Physical abuse in childhood</td>
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<td>Perpetrator of cruelty to animals</td>
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<td>Multiple paraphilias</td>
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<td>Cross-dressing</td>
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<td>Voyeurism/peeping</td>
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<td>Gender identity issues</td>
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<td>Homosexual experience</td>
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<td>Empathy deficits</td>
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<td>Sense of entitlement</td>
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<td>Interpersonal deficits (social/emotional isolation)</td>
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<td>Coercive/aggressive sexual fantasies</td>
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<td>Select victim prior to offence</td>
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<td>Stalking</td>
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<td>Recording of offence (photographs, tape-recording, journal kept)</td>
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<td>Behavioural try-outs (behaviours from index offence acted out beforehand)</td>
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<td>Take objects to be used in offence</td>
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<td>Imprisonment/captivity</td>
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<td>Cruelty/torture</td>
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<td>Language used designed to humiliate/degrade victim</td>
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<td>Batter victim (with implement not offenders’ hands/fists)</td>
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<td>Forced fellatio</td>
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<td>Vaginal rape</td>
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<td>Digital penetration</td>
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<td>Foreign object penetration</td>
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<td>Variety of sexual acts (three or more in one offence)</td>
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<td>Sequence of sexual acts (anal then oral intercourse)</td>
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<td>Conscious victim</td>
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Appendix 5:

Additional comments by experts
Experts were invited to:

Please use this space to add any comments about the items, or anything that you feel is relevant that is not included in the list above.

**Expert 1**

I have seen elements of all of these to some extent in cases that I would view as sadistic with the exception of the items I have ticked as not relevant. I am aware that verbal scripting has been deemed as relevant but I have not ever seen evidence of this in my experience. It may be applicable to the serial killers that operate in the U.S.A. I think interest in female underwear is an interesting signal although it may be related more to sexual killing then sadistic offending per se.

**Expert 4**

I was not entirely clear about what I was being asked. I have rated the questions on the basis of whether the presence of the described behaviour would contribute to a diagnosis of sexual sadism, not on whether the absence of the behaviour precludes the diagnosis. Apart possibly from arousal to victim response I don’t think any are either necessary or sufficient to make the diagnosis. I had the same problem in responding to Bill Marshall’s questionnaire.

**Expert 6**

For me the central concept of offending based on sexual sadism is that the abusive control of the victim, brutality, terror, humiliation etc have become sexually arousing for the offender and he uses the offense as a means of achieving this kind of arousal. The offender uses recurrent fantasy as a way of gratifying this sexual interest and will tend to have an over-rehearsed script for their offenses.
Grievance thinking, callousness etc are features that may make it easier for the offender to act out his sexual interest and so they are often a part of the picture for a sadistic offender but they are not central to it as they are also present in many non-sadistic offenders.

Isolation may be part of the picture and there is often psychological withdrawal from others as their internal world is so dominated by their private fantasies that in a sense they are living in a different world from other people. This does not necessarily mean that they don't interact with others but social isolation can make it easier to develop the focus on internal fantasy.

Acting out sadistic interests generally depends on sex being important for the offender so they tend to have some degree of sexual pre-occupation. Additionally the development of sadistic sexual interests is more likely when normal interest patterns have broken down and when this is combined with sexual pre-occupation you tend to see multiple paraphilias. Thus multiple paraphilias are indicative of these two underlying processes.

Since offenders do not always tell us about what parts of offending they found arousing we have to infer it from their behavior and various of the offense behaviors I checked are mainly to do with behavioral evidence of scripting and intent/pleasure in the terrifying, humiliating etc parts of the offense.

An element that I didn't see in your list is that you can see sadism as an extreme expression of a need for dominance/control. Clearly this need is sexualized in the case of sexual sadism but I think it is often expressed in non-sexual behavior as well.

The core of the sexual sadism diagnosis concerns a sexual preference for violence, abuse, humiliation. This can be indicated by self-report, behavioural history, or specialized testing (phallometric testing).
A sexual preference is a preferred mode of sexual activity. It is the type of activities that the individual would choose if he could have anything he wanted (sexually).

Sexual sadism is often associated with other paraphilias, but the presence of paraphilia should not be confused with sadism.

The items that I indicated as “somewhat relevant” mostly concerned the identification of sexual preferences (behavioural history).
Appendix 6:

Coding dictionary of all variables
Scoring is item absent = 0 and item present = 1, unless stated otherwise

DEMOGRAPHIC ITEMS

- **Age at index offence** - age band for age when index offence was committed
  - 1 = under 26
  - 2 = 26-30
  - 3 = 31-35
  - 4 = 36-40
  - 5 = over 40

- **Mental Health Act category** - the category that the participant is placed under, in 'category of mental disorder'
  - MI = Mental Illness
  - PD = Psychopathic Disorder
  - MI+PD = Mental Illness and Psychopathic Disorder
  - Other = Other

- **Index offence** - the offence for which the participant was convicted of, which brought them to be incarcerated.

- **Ethnic origin** - state ethnic origin of participant
  - 1 = white
  - 2 = black Caribbean
  - 3 = black African
  - 4 = black other
  - 5 = mixed
  - 6 = Indian
  - 7 = Pakistani
  - 8 = Bangladeshi
  - 96 = other Asian
  - 97 = Chinese
  - 98 = other
  - 9 = not known

- **Chromosomal abnormalities** - evidence of Klinefelter's Syndrome (chromosome constitution 47 XXY)

PSYCHOPATHY / PHALLOMETRY ITEMS

- **PCL-R information** - Score recorded for total, factor 1 and 2, facets 1, 2, 3 and 4 and at item level for affective items (items 6, 7, 8 & 16)
  - Factor one (affective / interpersonal) items: 1, 2, 4, 5, 6, 7, 8, 16
  - Factor two (antisocial / lifestyle) items: 3, 9, 10, 12, 13, 14, 15, 18, 19
  - Facet one (interpersonal) items: 1, 2, 4, 5
  - Facet two (affective) items: 6, 7, 8, 16
  - Facet three (lifestyle) items: 3, 9, 13, 14, 15
  - Facet four (antisocial) items: 10, 12, 18, 19, 20
• PPG information-
  o PPG profile rated not deviant (0) if response to non-offending material was
greatest and response to offending material is not 80% or more of the non-
offending response
  o PPG profile rated deviant if response to non-offending material is greater, but
response to offending material is 80% or higher

RISK ITEMS

Static-99- for items and coding details see the Static-99 Coding Manual (Phenix, Hanson
& Thornton, 2000).

CHILDHOOD ITEMS

This information may be found throughout the files, but psychology/psychiatric/social
work reports usually have a section dedicated to ‘family background’, ‘forensic history’
and ‘psychosexual history’, which should cover the items. These items relate to acts and
behaviours experienced at age 16 or less.
  • Emotional abuse in childhood
Evidence that the participant experienced emotional abuse within the family (or relevant
care-giver environment), including humiliation, threats (not in the context of sexual or
physical abuse), and inconsistent care-giving.
  • Sexual abuse in childhood
Evidence that the participant was the victim of (a) contact sex offence(s) during
childhood.
  • Physical abuse in childhood
Evidence that the participant was abused physically in the family (or relevant care-giver)
environment
  • Cruelty to animals
Evidence of cruelty to animals, such as beating, pulling the legs off spiders, drowning
animals etc
  • Stealing
Evidence of taking the property of others including shop-lifting
  • Concerning sexual behaviour
Evidence that the participant had committed sexual offences aged 16 or under (whether
convicted or not), which includes voyeurism and other non-contact offences as well as
contact offences, or where there is evidence of deviant arousal e.g. that engaging in
aggressive acts was linked to sexual arousal.
  • Victim of bullying
Evidence of being repeatedly psychologically or physically victimised at school or
home, by another child.
  • Perpetrator of bullying
Evidence of being the perpetrator of repeated psychological or physical victimisation at
school or home of another child.
• **Truancy**  
Evidence that there is a pattern non-attendance at school, in the absence of mitigating circumstances, such as illness.

• **Fire-setting**  
Evidence that the participant started fires deliberately (not in the context of lighting bonfires etc. for practical purposes, but as an act of criminal damage).

• **Hoax calls**  
Evidence that the participant made telephone calls using false claims, such as calling the fire brigade with details of a fabricated fire.

**HISTORICAL ITEMS**

• **Multiple paraphilias/ history of**  
Evidence of two or more paraphilias. Paraphilias include paedophilia, exhibitionism, rape, gerontophilia, voyeurism, telephone scatology, and zoophilia.

• **Cross-dressing**  
Evidence that the participant had worn clothes of the opposite sex as an adult, not in the context of fancy dress.

• **Voyeurism / peeping / stalking**  
Evidence that the participant has been involved in watching individuals in a private location who were unaware of their presence, or following potential victims.

• **Gender identity issues**  
Evidence that the participant has issues around their gender identity. This includes expressing the wish to change gender and taking steps to change gender.

• **Interest in knives / weapons**  
Evidence would include developing a weapons collection or collecting other paraphernalia related to this, fixation on weaponry (e.g. magazines, videos).

• **Interest in martial arts / black magic / Nazism**  
Evidence would include collecting paraphernalia related to this (e.g. magazines, videos, books), fixation with martial arts, black magic or the occult, and Nazism.

• **Aggressive sexual fantasies**  
Evidence that the participant engaged in sexual fantasies involving non-consensual and aggressive acts, that if enacted would be illegal.

• **Behavioural try-outs/acting out fantasy in behaviour**  
Evidence offences committed prior to the index offence were partially or fully identical to the index offence, or that behaviours from the index offence had been acted out beforehand.

• **Escalation**  
Evidence that offending (including offences not convicted of) increased in severity, such as the level of violence used, frequency etc. This is a pattern of offending and cannot be present if only one offence has been committed.
• **Risk-taking / sensation-seeking**
  Evidence of engaging in risky / sensation-seeking behaviours as an adult, including drink-driving, regular drug-taking etc.

**INTERPERSONAL ITEMS**

• **Empathy deficits**
  Evidence that the participant had understanding of the impact of his behaviour on his victim but did not show the appropriate emotional response.

• **Grievance thinking**
  Evidence that the participant feels ‘hard done by’ or unfairly treated, either in general or specifically towards their victim, or victim group.

• **Sense of entitlement**
  Evidence that the participant has a sense that they are deserved, or are entitled to things in life, either generally or specifically towards their victim, or victim group (e.g. I wanted sex so I was going to have it).

• **Interpersonal deficits**
  Evidence of an inability to develop and maintain relationships. This could include lack of relationships, including friends and family, or evidence that these relationships are not maintained.

**OFFENCE ITEMS**

• **Kill victim**
  This is where the victim dies as a result of the injuries inflicted by the participant during the offence.

• **Victim age**
  Record whether victim was under 18 (child) or 18 or over (adult)

• **Victim gender**
  Record whether victim was female or male

• **Alcohol**
  Evidence that the participant had consumed, or was under the influence of alcohol in the immediate lead up to the offence (i.e. less than 24 hours prior to the commission of the offence).

• **Drugs**
  Evidence that the participant had consumed, or was under the influence of substances other than alcohol in the immediate lead up to the offence (i.e. less than 24 hours prior to the commission of the offence).
• Negative emotional states
Evidence that the participant was experiencing negative emotional states (e.g. anger, despair, rejection) in the lead up to or commission of the offence (i.e. less than 24 hours prior to the commission of the offence).

• Post-mortem sexual activity
Evidence that the participant engaged in sexual behaviours with the victim after death.

• Post-mortem non-sexual activity
Evidence that the participant engaged in behaviours (not sexual) with the victim after death

CHECKLIST OF SADISTIC BEHAVIOUR

• Record taken of offence
Evidence that the offender recorded his offence. This could be either through recording of the offence whilst taking place (e.g. tape-recording, videotaping, photographs) or recording evidence of the offence after it has taken place (e.g. notes in a diary or journal, drawings etc)

• Take objects to be used in offence
Objects brought to the scene of the offence by the participant. This could include evidence of the participant taking a rape or torture kit (equipment to be used in the offence such as rope, torture equipment) or other equipment or materials to facilitate offending, and other provisions such as equipment to aid in the removal of evidence of the offence (e.g. spade, gloves).

• Scripting
This includes both behavioural and verbal scripting. Evidence that the participant commanded the victim to do certain acts or to say certain things relating to a predetermined fantasy of how the offence will occur. For example, this could include making the victim crawl on their hands and knees or telling them to say certain phrases during the offence. This does not include making demands in order to gain the compliance of the victim within the sexual offence, for example, ‘get on the floor’ or ‘touch this’.

• Bondage
Evidence that bindings were used to restrain/incapacitate victim during the commission of the acts of violence, rather than simply to prevent the victim summoning assistance after the violence.

• Gag
Evidence that a gag was used, including material used to cover victim’s mouth or placed inside mouth to prevent from speaking.

• Blindfold
Evidence that a blindfold was used to obstruct the vision of the victim.
- **Imprisonment/captivity**
  Evidence that the victim was imprisoned or held in captivity longer than necessary to commit the offence

- **Cruelty/torture**
  Evidence that the participant deliberately inflicted pain or suffering on to the victim. Including the use of instruments which purpose is to inflict pain.

- **Bite marks**
  Evidence that the participant bit the victim

- **Language designed to degrade/humiliate victim**
  Evidence that language was used towards the victim that was designed to degrade or humiliate them (i.e. to disgrace, shame, lose self-respect, embarrass). This includes derogatory language.

- **Behaviour designed to degrade/humiliate victim**
  Evidence that the participant was forced to act out behaviour designed to humiliate/degrade them (i.e. to disgrace, shame, lose self-respect, embarrass), or that the participant acted out behaviour on the victim that was designed to humiliate/degrade the victim.

- **Asphyxiation**
  Use of asphyxiation during the offence, including pressure applied to the victim’s neck area, manual strangling or use of materials to strangle the victim with

- **Beat victim**
  Evidence that the victim was beaten using hands/fists

- **Implement used to batter victim with**
  Evidence that the victim was hit using an implement other than the participant’s hands/fists or other body parts

- **Excessive force used**
  Evidence that the force used was in excess of what was needed to accomplish the offence, or that force used went beyond that to secure victim compliance

- **Victim injury**
  Evidence that the victim received severe injuries from the offence, including requiring hospital treatment and receiving extensive injuries.

- **Select victim prior to offence**
  Evidence that the participant had selected the victim prior to the offence occurring.

- **Victim taken to pre-selected location**
  Evidence that the location where the offence took place was pre-planned. For example, a location modified specifically for the purpose of the offence, a location known to the participant.

- **Sexual mutilation**
  This includes any deliberate mutilation of sexual organs or sexualised parts of the body (including vaginal area, anal area, penis, testicles, breasts and buttocks). This does not include injuries sustained as a result of the sexual assault per se.
- **Forced fellatio**
  Evidence that the victim was forced to perform oral sex on the participant, or if the victim was male, evidence that the participant performed oral sex on them

- **Anal rape**
  Evidence that the participant had anal intercourse with the victim. This includes attempted anal rape

- **Foreign object penetration**
  This includes penetration of the vagina or anus with an object that is not a body part.

- **Variety of sexual acts**
  Evidence of this would be where more than two different sexual acts are perpetrated on the victim. For example, when the victim is vaginally raped, anally raped and digitally penetrated.

- **Sequence of sexual acts**
  Evidence that the participant forces the victim to fellate him shortly after anally assaulting them, so that it would be reasonable to expect that the victim would have faeces in their mouth.

- **Arousal/gratification from victim response**
  Evidence that the participant was sexually aroused to fear, pain, suffering. This includes reports that the participant had an erection at the time or masturbated during or immediately after inflicting pain or suffering, or that the participant’s arousal was increased when the victim responded.

- **Behaviour/statements designed to generate fear/terror**
  Evidence that behaviour or statements towards the victim were designed to generate fear/terror after the victim has complied. This includes giving the victim a false sense of security before attacking them; blindfold the victim after the victim has seen the participant (i.e. the behaviour is not instrumental to ensuring that the offender will not be recognised), or tells the victim how much pain they are going to inflict on them.

- **Planning**
  Evidence that the offence was pre-conceived and that fore-thought had gone into the commission of the offence.

- **Control / domination**
  Evidence that the participant engaged in behaviours to exercise power, authority or governing influence over the victim

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**ADDITIONAL INFORMATION**

- **Coder**
  Circle which rater rated the checklist (1 or 2)

- **Participant number**
  The unique number allocated to each participant.
Appendix 7:
Rating Proforma
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<td>PPG profile</td>
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<table>
<thead>
<tr>
<th>Static-99</th>
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<tbody>
<tr>
<td>Prior sexual offences (convictions only)</td>
<td>None</td>
<td>1</td>
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<tr>
<td>Prior sentencing dates (number)</td>
<td>3 or less</td>
<td>4 or more</td>
</tr>
<tr>
<td>Any convictions for non-contact sexual offence</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Index non-sexual violence</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Prior non-sexual violence (any conviction)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Any un-related victims</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Any stranger victims</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Any male victims</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Current age</td>
<td>Aged 18-24.99</td>
<td>Aged 25 or older</td>
</tr>
<tr>
<td>Ever lived with lover for at least 2 years</td>
<td>Yes</td>
<td>No</td>
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### Childhood items

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<thead>
<tr>
<th>Item</th>
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<tbody>
<tr>
<td>Victim of emotional abuse</td>
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<tr>
<td>Victim of sexual abuse</td>
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<td></td>
</tr>
<tr>
<td>Victim of physical abuse</td>
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<td></td>
</tr>
<tr>
<td>Perpetrator of animal cruelty</td>
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<tr>
<td>Stealing</td>
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<tr>
<td>Concerning sexual behaviour</td>
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<tr>
<td>Victim of bullying</td>
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<tr>
<td>Perpetrator of bullying</td>
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<td>Truancy</td>
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<tr>
<td>Fire-setting</td>
<td></td>
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<tr>
<td>Hoax calls</td>
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### Historical items

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<tr>
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<tr>
<td>Multiple paraphilias</td>
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<tr>
<td>Cross-dressing</td>
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<td></td>
</tr>
<tr>
<td>Voyeurism / peeping / stalking</td>
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<tr>
<td>Gender identity issues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest in knives / weapons</td>
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<td></td>
</tr>
<tr>
<td>Interest in martial arts / black magic / Nazism</td>
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<td></td>
</tr>
<tr>
<td>Aggressive sexual fantasies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioural try-outs</td>
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</tr>
<tr>
<td>Escalation</td>
<td></td>
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</tr>
<tr>
<td>Risk-taking / sensation-seeking</td>
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### Interpersonal items

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<tr>
<th>Item</th>
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<tbody>
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<td>Empathy deficits</td>
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<td></td>
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<tr>
<td>Grievance thinking</td>
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<td></td>
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<tr>
<td>Sense of entitlement</td>
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<td>Interpersonal deficits</td>
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### Offence items

<table>
<thead>
<tr>
<th>Item</th>
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<tbody>
<tr>
<td>Kill victim</td>
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<tr>
<td>Victim age</td>
<td>Child</td>
<td>Adult</td>
</tr>
<tr>
<td>Victim gender</td>
<td>Female</td>
<td>male</td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
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<tr>
<td>Drugs</td>
<td></td>
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<td>Negative emotional state</td>
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<tr>
<td>Post-mortem sexual acts</td>
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<tr>
<td>Post-mortem non-sexual acts</td>
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## CHECKLIST OF SADISTIC BEHAVIOURS (CSB)

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<thead>
<tr>
<th>Item description</th>
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<tr>
<td>Select victim prior to offence</td>
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<td></td>
</tr>
<tr>
<td>Victim taken to pre-selected location</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control/domination over victim</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recording of offence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take objects to be used in offence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planning of offence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scripting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bondage</td>
<td></td>
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<tr>
<td>Gag</td>
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<td></td>
</tr>
<tr>
<td>Blindfold</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imprisonment/captivity</td>
<td></td>
<td></td>
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<tr>
<td>Cruelty/torture</td>
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<td></td>
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<tr>
<td>Bite marks</td>
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<td></td>
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<tr>
<td>Language to humiliate/degrade victim</td>
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<tr>
<td>Behaviour to humiliate/degrade victim</td>
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<tr>
<td>Asphyxiation</td>
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<td></td>
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<tr>
<td>Beat victim</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Batter victim with implement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive force used</td>
<td></td>
<td></td>
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<tr>
<td>Victim injury</td>
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<td></td>
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<tr>
<td>Sexual mutilation</td>
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<td></td>
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<tr>
<td>Forced fellatio</td>
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<td></td>
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<tr>
<td>Anal rape</td>
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<td></td>
</tr>
<tr>
<td>Foreign object penetration</td>
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<td></td>
</tr>
<tr>
<td>Variety of sexual acts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sequence of sexual acts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arousal to victim response</td>
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<td></td>
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<tr>
<td>Behaviour/statements to generate fear</td>
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</table>

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Appendix 8:

Coding Manual for Static-99
Corrections Research: Manuals and Forms

CODING RULES FOR THE STATIC-99

April 20, 2000
Amy Phenix, Ph.D., R. Karl Hanson, Ph.D., and David Thornton, Ph.D.
Corrections Research
Department of the Solicitor General of Canada
340 Laurier Ave., West
Ottawa, Ontario
Canada K1A 0P8
CODING RULES FOR THE STATIC-99
April 20, 2000
Amy Phenix, Ph.D., R. Karl Hanson, Ph.D., and David Thornton, Ph.D.
The Static-99 is a brief actuarial instrument designed to estimate the probability of sexual and violent recidivism among adult males who have already been convicted of at least one sexual offence against a child or non-consenting adult. It is not recommended for adolescents (less than 18 years at time of release), female offenders or offenders who have only been convicted of prostitution, pimping, public toileting (sex in public locations with consenting adults), or possession of indecent materials.
The scale contains 10 items: Prior sexual offences, Prior sentencing dates Any convictions for non-contact sex offences, Current convictions for non-sexual violence, Prior convictions for non-sexual violence, Unrelated victims, Stranger victims, Male victims, Young, and Single.
Information required to score Static-99
The minimum information required for scoring Static-99 is the offender's official criminal record and information concerning the victim gender and the pre-existing relationship between the victim and the offender. One item (marital status) requires additional information from official records, collateral contacts, or offender self-report. If there is insufficient information to identify marital history, the offender should be scored "0" on this item. The assessment should, nevertheless, be considered valid.
Three items (Male Victims, Unrelated Victims, Stranger Victims) may be scored from information not contained in the official criminal records. Such information could include reports by child welfare agencies, victims, collateral contacts, or self-reports by the offender himself. Information derived solely from polygraph examinations would not normally be used, unless it can be corroborated by additional information (e.g., child welfare investigation) or the offender provides enough information to support a new criminal investigation.
Although potentially useful, an interview with the offender is not required to score Static-99.
Definitions
A. Sexual Offence

For the purpose of Static-99 scoring, a sexual offence is officially recorded sexual misbehaviour or criminal behaviour with sexual intent. To be considered a sexual offence, the sexual misbehaviour must result in some form of criminal justice intervention or official sanction. The criminal justice intervention includes arrests, charges, parole violations and convictions. Sanctions include fines, imprisonment, and community supervision.

Count both juvenile and adult offences. Sexual offences are scored only from official records. Do not count self-reported offences.

The type of criminal justice intervention could include the following:
- Arrests and charges
- Convictions
- Institutional rule violations
- Probation, parole and conditional release violations

To be considered a sexual offence, the offence need not be explicitly sexual (e.g., sexual assault). Offences that occur at the same time as the sexual offence and are considered part of the sexual misbehaviour are included. Examples of these charges would be rape and false imprisonment, rape and kidnap or rape and battery. In the case of an offender convicted of rape and false imprisonment, the offender would be coded as being convicted of two sexual offences.

The non-sexual charge/conviction need not occur along with a sexual offence for the non-sexual offence to be considered sexual. For example, convictions of murder for sexual killers, kidnapping when the planned sexual assault did not occur, or assault convictions plead down from sexual assault. Similarly, a non-sexual offence, such as theft, could count as a sexual offence when the intention of the offence was sexual (e.g., theft of underwear by fetishists).

The sexual misbehaviour comes in two categories. Category A includes sexual behaviour with children and non-consenting adults. This category includes contact offences as well as exhibitionism and voyeurism. Sex with animals or dead bodies would also be included in Category A.

Category B includes sexual behaviour that is illegal, but the parties are consenting or no specific victim is involved. This category includes prostitution and pimping offences, consenting sex in public places (gross indecency), and pornography offences. Behaviours such as urinating in
public, or nudity associated with mental impairment would also be included in Category B.

Category B offences are counted as sexual offences if the offender has at least one Category A offence. Static-99 is not recommended for offenders who only have Category B offences.

The targeted sexual misbehaviour may be associated with different offences in different jurisdictions. The following is a list of offences that would typically be considered sexual, although other non-sexual offences may qualify when they indicate sexual intent or sexual misbehaviour.

**Category A**
- Incest
- Rape (includes in concert)
- Penetration with a foreign object
- Sodomy (includes in concert and with a person under 14)
- Oral copulation
- Sexual assault
- Sexual battery
- Sexually assaulting an animal
- Sexual homicide.
- Indecent exposure, exhibitionism
- Voyeuristic activity (Trespass by night)
- Lewd or lascivious acts with a child under 14
- Annoy/molest children
- Invitation to sexual touching
- Unlawful sexual intercourse with a minor
- Contributing to the delinquency of a minor (unless clear evidence that offence had no sexual elements)
- Attempted sexual offences

**Category B**
- Crimes related to child pornography
- Pimping/pandering
- Offering prostitution services
- Seeking/hiring prostitutes
- Consenting sex in public locations
- Indecent behaviour without a sexual motive (e.g., urinating in public)

Certain sexual behaviours may be illegal in some jurisdictions and legal in others (e.g., prostitution). Count only those sexual misbehaviour that are illegal in the jurisdiction in which the risk assessment is being conducted, and were illegal in the jurisdiction in which the acts were committed.
Institutional rules violations, probation, parole or conditional release violations resulting in arrest or institutional punishment would be considered sexual offences if the behaviour could have resulted in a charge/conviction for a sexual offence if the offender was not already under legal sanction.

The following offences would not normally be considered sexual offences:

- Annoying children
- Consensual sexual activity in prison (except if it was forced or sufficiently indiscreet to meet criteria for gross indecency).
- Failure to register as a sex offender
- Being in the presence of children, loitering at schools
- Possession of children’s clothing, pictures, toys
- Stalking (unless sexual offence appears imminent)
- Reports to child protection services (without charges)

Sometimes the violations are not as clearly defined as a sexual arrest or conviction. The determination to count an institutional rules violation or probation, parole, or conditional release violation as sexual offence is dependent upon the nature of the sexual misbehaviour. Some probation, parole and conditional release violations are clearly of a sexual nature, such as when a rape or child molestation has occurred or behaviours involving exhibitionism or possession and use of child pornography. These violations would count as the index offence if they were the offender’s most recent criminal justice intervention.

In general, violations due to “high-risk” behaviour would not be considered sex offences. However, some high-risk behaviour may count as a sexual offence if the risk for sexual offence recidivism was truly imminent and an offence failed to occur only due to chance factors, such as detection by the supervision officer or resistance of the victim. Examples of this behaviour would include an individual with a history of child molest being discovered alone with a child and about to engage in a “wrestling game.” Another example would be an individual with a long history of abducting teenage girls for sexual assault being apprehended for attempting to lure teenage girls into his car.

Non-sexual institutional rules violations, probation, parole and conditional release violations, and charges and convictions such as property offences or drug offences are not counted as sexual offences, even when they occur at the same time as the sexual offences.

Some offenders suffer from sufficient mental impairment (major mental illness, development delays) that criminal justice intervention is unlikely.
For these offenders, informal hearings and sanctions/placement in
treatment facilities would be counted as both an arrest and conviction for
a sexual offence.
Similarly, for members of the clergy or military, being publicly denounced
and sent to special treatment facilities would count as both an arrest and
conviction for a sexual offence.
Instances in which juveniles (ages 12–15) are placed into residential care
for sexual aggression would count as an arrest and conviction for a
sexual offence. Sexual misbehaviour of children 11 or under would not
count as a sex offence unless it resulted in official charges.
In the United Kingdom, an official caution should be treated as equivalent
to a conviction.

B. Index offence

The index offence is the most recent sexual offence. It could be a charge,
conviction, or rule violation (see definition of sex offence). Sometimes
index offences include multiple counts, multiple victims and numerous
crimes perpetrated at different times because the offender may not be
detected and apprehended when they first begin to offend. Some
offenders are apprehended after a spree of offending. If this results in a
single conviction regardless of the number of conviction counts, then all
counts, regardless of the time frame, are considered part of the index
offence.
An offender may commit a number of sexual offences in different
jurisdictions in a spree of offending prior to being arrested. Even though
the offender may have a number of sentencing dates in different
jurisdictions, the charges and convictions would constitute only one index
offence. Furthermore, historical offences that are detected after the
offender is convicted of a more recent sexual offence would be
considered part of the index offence (pseudo-recidivism).
For two offences to be considered separate offences, the second offence
must have been committed after the offender was detected and detained
and/or sanctioned for the previous offence. For example, an offence
committed while an offender was released on bail for a previous sexual
offence would supersede the previous charge and become the index
offence.
Convictions for sexual offences that are subsequently overturned on
appeal can count as the index offence.
C. Historical Offence(s):

An historical offence is any sexual or non-sexual institutional rules violation, probation, parole or conditional release violation(s) and/or arrest charge(s) or conviction(s) based on sexual misbehaviour occurring PRIOR to the index offence. This includes juvenile and adult offences.

**SCORING PROCEDURE:**

1. PRIOR SEXUAL OFFENCES

This item is based on officially recorded institutional rules violations, probation, parole and conditional release violations and arrest charges and convictions. Only institutional rules violations, probation, parole, and conditional release violations and arrest charges and convictions of a sexual nature that occur PRIOR to the index offence are included. The basic concept is whether the offender has already been detected and/or sanctioned for a sexual offence and then continued to offend.

   A. Do not count the index offence

   The index offence charge(s) and conviction(s) are not counted, even when there are multiple offences and/or victims involved, and the offences occurred over a long period of time.

   B. Count historical offences

   Code the total number of charges and convictions that occurred prior to the index offence. Historical institutional rule violations, and probation, parole and conditional release violations for sexual misbehaviour are coded as one charge. Even though the offender may have violated several conditions of parole during one parole violation, it is only counted as one charge, even if there were multiple sex violations. If the offender violated parole on more than one occasion, each separate occasion is counted as one charge.

   For example, a parole violation in 1988 for alcohol consumption, being in the presence of minors and indecent exposure would count as one charge. If the offender had another parole violation in 1994 for alcohol consumption and possession of child pornography, it would be coded as a second charge.

   When the coding of historical offences is completed, separately compute a) the total number of charges/arrests and b) the total number of convictions. The Static-99 score is based on either the total number of charges or the total number of convictions for all sexual or non-sexual offences based on sexual misbehaviour, depending on which indicates the highest risk level.
Generally when the offender is arrested, they are initially charged with one or more criminal charges that may change when the offender is convicted. Sometimes charges are dropped for a variety of legal reasons, or “pled out” to obtain a plea bargain. As a basic rule when calculating arrest charges use the most recent charging document as your source of official charges. All the charges and convictions are coded, even when they involve the same victim, or multiple counts of the same offence. For example, three charges for sexual assault involving the same victim would count as three separate charges.

In some instances the offender has been arrested for a sexual offence, but there are no formal charges filed, or the charges are dropped and the offender is released. If the offender is arrested and there are no formal charges filed, a “1” is coded under charges, and “0” is coded under convictions. If the offender is arrested and one or more formal charges are filed, the total number of charges is coded even when there is no conviction.

The following is an example of counting arrest charges and conviction counts.

**HISTORICAL OFFENCE # 1 (1987)**

**CHARGES**
- Count 1 Lewd and Lascivious Acts W/Child
- Count 2 Lewd and Lascivious Acts W/Child
- Count 3 Lewd and Lascivious Acts W/Child
- Count 4 Sodomy
- Count 5 Oral Copulation
- Count 6 Burglary

= 5 CHARGES

**CONVICTIONS**
- Count 1 Lewd and Lascivious Acts W/Child
- Count 4 Sodomy
- Count 5 Oral Copulation
- Count 6 Burglary

= 3 CONVICTIONS

For this 1987 historical offence, 5 charges and 3 convictions should be recorded on the coding form.

In the case of a plea bargain, where the conviction is different from the initial charges after the arrest (e.g., rape is pled down to false...
imprisonment), both the charge and conviction are considered sexual. If an offender is convicted and the conviction is later overturned on an appeal, code as one charge.

C. Determine Score for Prior Sex Offences:
Convert the total number of arrest charges and convictions (use the highest) to a score of 0, 1, 2 or 3 according to the following guidelines for prior sex offences.

- none 0
- 1 conviction 1-2 charges 1
- 2-3 convictions 3-5 charges 2
- 4 or more convictions 6 or more charges 3

2. PRIOR SENTENCING DATES
Count the number of distinct occasions on which the offender was sentenced for criminal offences. The number of charges/convictions does not matter, only the number of sentencing dates. Court appearances that resulted in complete acquittal are not counted, nor do convictions overturned over an appeal. The index sentencing date is not included.

Charges/arrests are generally not counted; however, a charge/arrest counts if the offender was under criminal justice supervision at the time and the arrest resulted in a return to prison. This would include individuals on probation, parole and conditional release. Institutional rule violations do not count even when the offence was for behaviour that could have resulted in a legal sanction if the offender had not already been incarcerated.

In the United Kingdom, an official caution should be treated as equivalent to a conviction.

The offences must be of a minimum level of seriousness. The offences need not result in a serious sanction (the offender could have been fined), but the offence must be serious enough to permit a sentence of community supervision or custody/incarceration (as a juvenile or adult).

Driving offences generally do not count, unless they are associated with serious penalties, such as driving while intoxicated or reckless driving causing death or injury.

Sentences for historical offences that are received while the offender is incarcerated for a more recent offence (pseudo-recidivism) are not counted. For two offences to be considered as separate offences, the second offence must have been committed after the offender was sanctioned for the previous offence.
3. NON-CONTACT SEX OFFENCES

This category includes convictions for non-contact sexual offences, such as exhibitionism, possessing obscene material, obscene telephone calls, voyeurism, and the illicit sexual use of the Internet.

Charges and arrests do not count, nor do self-reported offences. Sexual offences in which the offender intended to make contact with the victims (but did not succeed) would be considered attempted contact offence and not coded as non-contact offence (e.g., invitation to sexual touching). Some offences may include elements of both contact and non-contact offences (e.g., sexual talk on Internet then arrange to meet child victim). In that case the conviction would count as a non-contact sex offence.

Instructions for coding non-sexual violence offences (Items 4 & 5)

Non-sexual violent offences are convictions for non-sexual violence that appear on the official record. Juvenile and adult convictions are counted. Charges do not count. The victims for the non-sexual violence could be the same victims as for the sexual offences or they could involve different victims. Non-sexual violent offences are based on the official records and not on the behaviour involved. Example offences include murder, kidnapping, forcible confinement, wounding, assault causing bodily harm, assault, arson, threatening, using a weapon, and robbery. Robbery involves theft with a confrontation with the victim that includes violence or threat of violence. Theft of property without confrontation with the victim would not count (e.g., domestic burglary).

The offences must involve the intention to harm or constrain the victim. Offences concerning the possession of weapons would not count unless the weapon was used in the commission of a violent or sexual offence. Offences that are not counted include negligence causing injury or death and driving accidents. Manslaughter offences normally are counted, except if there is clear evidence that the offender had no intention to harm the victim (i.e., accident).

If the behaviour was sexual, but the offender was convicted of non-sexual violence, the same conviction counts as both a sexual offence and non-sexual violent offence. For example, an offender previously convicted of rape and forcible confinement would be coded as having two sexual offences and one non-sexual violent offence.

Aggressive behaviour during the commission of the sexual offence (e.g., excessive victim injury, sadism) does not count as non-sexual violence unless there was a conviction for non-sexual violence.
Convictions for non-sexual violence that occur after the index sexual offence are not counted.

4. INDEX NON-SEXUAL VIOLENCE

Refers to convictions for non-sexual violence that are dealt with on the same sentencing occasion as the index sex offence. These convictions can involve the same victim as the index sex offence or they can involve a different victim. All non-sexual violence convictions are included, providing they were dealt with on the same sentencing occasion as the index sex offences. Example offences would include murder, wounding, assault causing bodily harm, assault, robbery, using a firearm, kidnapping, arson and threatening. Arrest/charges do not count, nor do convictions overturned on appeal.

5. PRIOR NON-SEXUAL VIOLENCE

This category includes any conviction for non-sexual violence prior to the index-sentencing occasion. Arrest/charges do not count, nor do convictions overturned on appeal.

Instructions for coding

The previous items (prior offences) are based on official records. The following items concerning victim characteristics (Unrelated Victims, Stranger Victims, Male Victims) are based on all available information, including self-report, victim accounts, and collateral contacts. The items concerning victim characteristics, however, only apply to sex offences in which the victims were children or non-consenting adults (Category A sex offences). Do not score victim information from non-sexual offences or from sex offences related to prostitution/pandering, possession of child pornography, and public sex with consenting adults (Category B sex offences).

6. UNRELATED VICTIM

A related victim is one where the relationship would be sufficiently close that marriage would normally be prohibited, such as parent, uncle, grandparent, and stepsister. Spouses (married and common-law), however, would be considered related. When considering whether step-relations should be considered related or not, consider the nature and the length of the pre-existing relationship between the offender and the victim. Step-relationships lasting less than two years would be considered unrelated (e.g., step-cousins, stepchildren). Adult stepchildren would be
considered related if they had lived for two years in a child-parent relationship with the offender.

7. STRANGER VICTIM
   A victim is considered to be a stranger if the victim did not know the offender 24 hours before the offence. If the victim is a stranger, the victim is also unrelated and the offender should receive points in both categories. Victims contacted over the Internet would not normally be considered strangers unless a meeting was planned for a time less than 24 after initial communication.

8. MALE VICTIM
   Included in this category are all sexual offences involving male victims. Possession of child pornography involving boys, however, would not count. Exhibitionism to a mixed group of children (girls and boys) would not count unless there was clear evidence that the offender was targeting the boys. Attempting to contact male victims over the Internet would count.

9. YOUNG
   This item refers to the offender's age at the time of the risk assessment. If the assessment concerns the offender's current risk level, it would be his current age. If the assessment concerns an anticipated exposure to risk (e.g., release, reduced security at some future date), the relevant age would be his age when exposed to risk. Static-99 is not intended for those who are less than 18 years old at the time of exposure to risk.

10. SINGLE
    The offender is considered single if he has never lived with an adult lover (male or female) for at least two years. An adult is an individual who is over the age of consent to marriage. The period of co-habitation must be continuous with the same person. Legal marriages involving less than two years of co-habitation do not count. Male lovers in prison would not count.
Question & Answers:

Question: In 1990, Mr. Smith is convicted of molesting his two step-daughters. The sexual abuse occurred between 1985 and 1989. While on conditional release in 1995, Mr. Smith is reconvicted for a sexual offence. The offence related to the abuse of child that occurred in 1980. Which conviction is the index offence?
Answer: The 1990 and 1995 convictions would both be considered part of the index offence. Neither would be counted as sexual offences. The 1995 conviction is pseudo-recidivism because the offender did not reoffend after being charged with the 1990 offence.

Question: In April, 1996, Mr. Jones is charged with sexual assault for an incident that occurred in January, 1996. He is released on bail and reoffends in July, 1996, but this offence is not detected until October, 1996. Meanwhile, he has been convicted in September, 1996, for the January, 1996 incident. The October, 1996 charge is dropped because the offender is already serving time for the September, 1996 conviction. What is the index offence?
Answer: The October, 1996 charge is the index offence because the offence occurred after Mr. Jones was charge for the previous offence. The index sexual offence need not result in a conviction.

Question: In January, 1997, Mr. Dion moves in with Ms. Trembley after dating since March, 1996. In September, 1999, Mr. Dion is arrested for molesting Ms. Trembley’s daughter from a previous relationship. The sexual abuse began in July, 1998. Is the victim related?
Answer: No, the victim would be considered unrelated because when the abuse began, Mr. Dion had not lived for two years in the same household as the victim.

Question: At age 15, Mr. Miller was sent to a residential treatment centre after it was discovered that he had been engaging in sexual intercourse with his 12 year old stepsister. Soon after arriving, Mr. Miller sexually assaults a fellow resident. He is then sent to a secure facility that specialised in the treatment of sexual offenders. In neither case were charges laid. At age 24, Mr. Miller sexually assaults a cousin and is convicted shortly thereafter. Mr. Miller has how many prior sexual offences?
Answer: 2 prior arrests and 2 prior convictions. Although Mr. Miller has no prior convictions for sexual offences, there are official records indicating that he has engaged in sexual offences as an adolescent that resulted in custodial sanctions on two separate occasions. The index offence at age 24 is not counted.
Question: Mr. Smith received an historical parole violation on July 4, 1992 for violating several conditions of parole including child molestation, lewd act with a child and contributing to the delinquency of a minor. How many historical charges would Mr. Smith receive for his parole violation?
Answer: 1 charge and no convictions. Probation, parole and conditional release violations for sexual misbehaviour are counted as one charge, even when there are violations of multiple conditions of release.

Question: Mr. Moffit was charged with child molestation in April, 1987 and absconded before he could be arrested. He travelled to another jurisdiction and was arrested and convicted of child molest in December, 1992. He served 2 years in prison and was released in 1994. He was apprehended, arrested and convicted in January of 1996 for the original charges of Child Molestation he received in April, 1987. Which offence is the index offence?
Answer: The most recent offence date, December, 1992 becomes the index offence. In this case, the offence dates should be put back in chronological order given that he was detected and continued to offend. The April, 1987 charges and subsequent conviction in January of 1996 become the historical offence.

Question: While on parole Mr. Jones who had an extensive history of child molestation was found at the county fair with an 8 year-old male child. He had met the child's mother the night before and volunteered to take the child to the fair. His parole was violated and he was returned to prison. Is this a prior sex offence charge?
Answer: No. Being in the presence of children is not counted as a charge for prior sex offence unless an offence is imminent. In this case Mr. Jones was in a public place with the child among many adults. This would comprise "high-risk" behaviour but not a charge for a sex offence.

References
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<tr>
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<td>2</td>
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<td>3</td>
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<td></td>
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<td>+</td>
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<td>(excluding index)</td>
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**Total Score**

Add up scores from individual risk factors

**TRANSLATING STATIC-99 SCORE INTO RISK CATEGORIES**

Score Label for Risk Category

0,1 Low
2,3 Medium-Low
4,5 Medium-High
6 plus High
Appendix 9:

Letter from Multi-site Research Ethics Committee (MREC) giving ethical approval for research
South East Multi-centre Research Ethics Committee

Chairman of the South East MREC – Dr J M Lamberty FRCA
Miss Jane Palmer
Psychology Department
Broadmoor Hospital
Crowthorne
Berkshire RG45 7EG

1st December 2003

Dear Miss Palmer

MREC 03/01/095 Development of a model of sadism in sex offenders.

Application form dated 05 11 03
Protocol _ development of a model of sadism in sex offenders
Curriculum vitae – Miss Jane Palmer

The Chairman of the South East MREC has considered the amendments submitted in response to the Committee’s earlier review of your application on 10th September 2003 as set out in our letter dated 17th September 2003.

The Chairman, acting under delegated authority, is satisfied that these accord with the decision of the Committee and has agreed that there is no objection on ethical grounds to the proposed study. I am, therefore, happy to give you our approval on the understanding that you will follow the conditions of approval set out below. A full record of the review undertaken by the MREC is contained in the attached MREC Response Form. The project must be started within three years of the date on which MREC approval is given.

Conditions of Approval

- No research subject is to be admitted into the trial until agreement has been obtained from the appropriate local research ethics committees.

- You must follow the protocol agreed and any changes to the protocol will require prior MREC approval.

- If projects are approved before funding is received, the MREC must see, and approve, any major changes made by the funding body. The MREC would expect to see a copy of the final questionnaire before it is used.
• You must promptly inform the MREC and appropriate LRECs of:

(i) deviations from or changes to the protocol which are made to eliminate immediate hazards to the research subjects;
(ii) any changes that increase the risk to subjects and/or affect significantly the conduct of the research;
(iii) all adverse drug reactions that are both serious and unexpected;
(iv) new information that may affect adversely the safety of the subjects or the conduct of the trial.

• You must complete and return to the MREC the annual review form that will be sent to you once a year, and the final report form when your research is completed.

You will no doubt realise that whilst the MREC has given approval for the study on ethical grounds, it is still necessary for you to obtain management approval from the relevant Clinical Directors and/or Chief Executive of the Trusts (or Health Boards/Has) in which the work will be done.

Local Submissions

It is your responsibility to ensure that any local researcher seeks the approval of the relevant LREC before starting their research. To do this you should submit the appropriate number of copies of the following to the relevant LRECs:

• this letter
• the MREC Application Form (including copies of any questionnaires)
• the attached MREC response form
• Annex D of the Application Form
• one copy of the protocol
• the final approved version of the Patient Information Sheet and Consent Form

It is important to check with the respective LRECs the precise numbers of copies required as this will vary and failure to supply sufficient copies could lead to a delay. In addition, you should submit to LRECs only the revised paperwork reflecting the requirements of the MREC as referenced in the response form.

Local Sites

Whilst the MREC would like as much information as possible about local sites at the time you apply for ethical approval it is understood that this is not always possible. You are asked, however, to send details of local sites as soon as a researcher has been recruited. This is essential to enable the MREC to monitor the research it approves.
ICH GCP Compliance

The MRECs are fully compliant with the International Conference on Harmonisation/Good Clinical Practice (ICH GCP) Guidelines for the Conduct of Trials Involving the Participation of Human Subjects as they relate to the responsibilities, composition, function, operations and records of an Independent Ethics Committee/Independent Review Board. To this end it undertakes to adhere as far as is consistent with its Constitution, to the relevant clauses of the ICH Harmonised Tripartite Guideline for Good Clinical Practice, adopted by the Commission of the European Union on 17 January 1997. The Standing Orders and a Statement of Compliance were included on the computer disk containing the guidelines and application form and are available on request or on the Internet at

Yours sincerely

[Signature]

DR. J. M. LAMBERTY FRCA
CHAIRMAN, SOUTH EAST MREC

Enclosures  MREC Response Form dated 01/12/03
Appendix 10:

Summary of Chi-square and t-test for comparing the mentally disordered and non-mentally disordered sample on offender and offence features
<table>
<thead>
<tr>
<th>Variable</th>
<th>Sample</th>
<th>% Absent</th>
<th>% Present</th>
<th>Chi-Square Value</th>
<th>df</th>
<th>Significance</th>
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*MDO* represents mentally disordered offenders and *NMDO* represents non-mentally disordered offenders.
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<th>df</th>
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**T-Test**

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<th>Mentally disordered mean</th>
<th>Mentally disordered S.D.</th>
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13 Age was divided into five categories (1 = under 26 years old; 2 = 26-30 years old; 3 = 31-35 years old; 4 = 36-40 years old; 5 = over 40 years old). Therefore this shows that the mean age in both samples was within the 26-30 age group.
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<th>Variable</th>
<th>Sample</th>
<th>% Rape</th>
<th>% Murder</th>
<th>Chi-Square Value</th>
<th>df</th>
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<td>43</td>
<td>.182</td>
<td>1</td>
<td>.669</td>
</tr>
<tr>
<td></td>
<td>NMDO</td>
<td>54</td>
<td>46</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Variable</th>
<th>Sample</th>
<th>% Male</th>
<th>% Female</th>
<th>% Male and Female</th>
<th>Chi-Square Value</th>
<th>df</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim gender</td>
<td>MDO</td>
<td>11</td>
<td>87</td>
<td>2</td>
<td>2.023</td>
<td>2</td>
<td>.364</td>
</tr>
<tr>
<td></td>
<td>NMDO</td>
<td>11</td>
<td>87</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Variable</th>
<th>Sample</th>
<th>% Child</th>
<th>% Adult</th>
<th>% Child and adult</th>
<th>Chi-Square Value</th>
<th>df</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim age</td>
<td>MDO</td>
<td>21</td>
<td>77</td>
<td>2</td>
<td>2.207</td>
<td>2</td>
<td>.332</td>
</tr>
<tr>
<td></td>
<td>NMDO</td>
<td>24</td>
<td>76</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**T-Test**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mentally disordered mean</th>
<th>Mentally disordered S.D.</th>
<th>Non-mentally disordered mean</th>
<th>Non-mentally disordered S.D.</th>
<th>2-tailed p</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSB score</td>
<td>8.71</td>
<td>4.00</td>
<td>7.75</td>
<td>3.84</td>
<td>.085</td>
</tr>
<tr>
<td>Age at index offence</td>
<td>2.11</td>
<td>1.29</td>
<td>2.40</td>
<td>1.35</td>
<td>.117</td>
</tr>
</tbody>
</table>

13 Age was divided into five categories (1 = under 26 years old; 2 = 26-30 years old; 3 = 31-35 years old; 4 = 36-40 years old; 5 = over 4- years old). Therefore this shows that the mean age in both samples was within the 26-30 age group.