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SEXUAL SADISM DISORDER

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Abstract

Sexual sadism is defined as intense and recurrent sexual arousal as a result of the physical or psychological suffering of a person who does not consent to such acts. In order to meet the SSD diagnostic criteria, the person concerned must have acted according to, or be strongly affected by, sadistic fantasies or impulses (DSM-V; APA, 2013). Although it is one of the paraphilia that has received the most interest in the scientific area, the disorder of sexual sadism is a controversial subject and an underdiagnosed paraphylic disorder.

Keywords: Sexual sadism, paraphilic disorders, DSM V.

INTRODUCTION

Until recently, sexual sadism was considered a strictly limited phenomenon in the criminal field, the prevalence of SSD among the samples of sexual offenders being of 2-30%. This phenomenon is also present in the non-criminal population (Foulkes, 2019). From a sample of 367 men aged 40-79, 21.8% reported having sadistic sexual fantasies (Ahlers, 2011). Most people in the non-criminal population underreport such sadistic fantasies due to the high implications from the legal and social context (Balon, 2016). However, sexual sadism is predominant in men, being strongly associated with antisocial behaviors (Balon, 2016).

There is also a high lack of consensus regarding the components of sexual sadism (O'Meara, Davies, Hammond, 2011). Most researchers accept that people with SSD feel pleasure from the suffering they cause to their victims (Chester, DeWall, & Enjaian, 2018; Pfattheicher, Keller, & Knezevic, 2019). A new line of research highlights the fact that engaging in sadistic sexual behaviors is precipitated by dominance and power felt, the motivation being not so strictly justified by pleasure (O'Meara et al., 2011; Plouffe, Saklofske & Smith, 2017).

THEORETICAL APPROACH

SSD's most popular indirect metasures include: The Varieties of Sadistic Tendencies (VAST; Paulhus, Jones, Klonsky, & Dutton, 2011), The Comprehensive Assessment of Sadistic Tendencies (CAST; Buckels, 2018), The Short Sadistic Impulse Scale (SSIS; O'Meara et al., 2011), The Assessment of Sadistic Personality (ASP; Plouffe, Smith, & Saklofske, 2018), The Sadomasochism Checklist (Weierstall & Giebel, 2017). These tools are mainly limited by the self-report method. In the case of direct measurements, the phalometric evaluation (plethysmography of the penis) is used (Delcea C., 2019). This technique measures the level of sexual arousal while the subject is presented various sexual events in which the victim's consent level, constraints and level of violence

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are manipulated (Balon, 2016). The main objective of the treatment of sexual sadism is to control the impulses, fantasies and associated behavioral tendencies, as well as to reduce the level of distress associated with these symptoms (Constrachevici L, M., & Delcea C., 2019). Pharmacological intervention is the first line of treatment in the case of severe sadistic disorders. There are three main classes of drugs used to treat this condition: SSRI (fluoxetine; sertraline; fluvoxamine); antiandrogens (medroxyprogesterone; cyprotonone); GNRH analogues (tryptorelin; leuprorelin). Drug treatment is enhanced by psychotherapeutic treatment, in which the risk factors for future criminal behavior are targeted, including relationship difficulties, poor self-regulation or deviant sexual concerns (Balon, 2016).

CONCLUSIONS

We can identify a number of major problems within SSD, namely: (a) the lack of a definition that has high clinical utility; (b) poor identification of people with sexual sadism in the non-criminal population; (c) non-specific treatment, guided by the treatment of sexual paraphilias in general; (d) lack of consensus on SSD origins (Balon, 2016; Foulkes, 2019). To truly understand the motivations behind TSS and to create specific treatments it is vital to consider all of the above issues (Foulkes, 2019).

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