Prevalence of sexual sadism

Business

The prevalence of sexual sadism is not directly determinable as the perpetrators do not self report.

The available data is based on the number of convicts and reported cases. Several studies have been carried out to indicate the prevalence. Another report found that 3-12% women and 10-20% men are stimulated by masochism. Hunt (1974) found out that, 2% women and 5% men to be sexually satisfied by the notion of inflicting pain on the partners. If pornography was to be used as an indication of sadism, 10-20% of pornography magazines portray masochism and sadism (Hucker, S.

). The condition is common with males and starts mostly at puberty as fantasies and may escalate with time. Cases of sadism among children have as well been reported. Sexual sadism among the other sexual offenders is estimated to be low raging from 2-5% of the total. However, these estimates are subject to the estimation criteria that are used. Broader criteria such as the one that were used by Krafft-Ebing yield a s high percentage as 50%.

These deviations are as a result of inconsistencies in diagnosis, assessments and the samples that are used. Therefore the reports must be scrutinized with details for any conclusion to be drawn from them (Krafft-Ebing, 1886). Several theories have been advanced to explain the origin of this condition. These include: Psychodynamic theories; in these theories, various motivation factors have been cited to be the causes, such as, the child viewing parental control as subjection and maltreatment, death instincts, toilet training and the masturbation experiences in the childhood, boy mother relationship which sees the boy being manipulated and mistreated by the mother.

Absence of a masculine figure in the childhood, such as the father is also cited as a possible cause. Psychological factors such as abnormalities have been suggested as well to be a possible cause of sexual sadism.

Finally, cognitive behavioral and behavior theory was advanced as the possible cause of the condition. This theory suggests that it develops as a result of sexual arousal, excitation, urges and aggressive stimuli, the pairing of these factors which are then motivated and maintained through fantasies and masturbation. These factors added to sexual failure drive the motivation to the point where the perpetrators cede from fantasies and engage in the real actions. A recent study by McCulloch and Colleagues (2000) noted that the behavior causes of the sadistic behavior can account for the escalation of the condition but the origin of it cannot be explained by them. He posited that the early childhood mistreatment as the actual cause of the condition (Laws & Donohue, 2008).

DSM-IV diagnosis

The diagnostic and statistical manual of mental disorders has been criticized by various researches and several amendments have been proposed for the upcoming DSM-V, it has been cited as stigmatizing, discriminating, pathologizing to people who go for the alternative sexual practices.

The condition has been included in to the DSM criteria since it was discovered. In DSM-1, it included sexual assault, mutilation and rape. In DSM-II, masochism was also included. DSM-III, some diagnostic criteria were expanded to include, on non-consenting partner (who inflicted physical and psychological pain for sexual excitement); with a consenting partner

(humiliation and mild injury), for sexual excitement and finally on a consenting partner (extensive, permanent or even mortality). DSM-III-R modified the criteria to include six month of intense sexual fantasies and the urges that include the actual acting. According to DSM-IV (American Psychiatric Association-1994), the criterion was modified further to incorporate the behaviors such that it included sexual urges, sexual arousing fantasis, or behavior.

The criterion removed the word " acted" and replaced with " distress that is significant clinically, social impairment, occupation or any other important functioning area."(Krueger, R. 2009). Finally, DSM-IV TR (2000), brought back the notion " acted" with a non-consenting person and the notion of interpersonal difficulty and distress was returned. This modification was meant to guard the fact that the issue of sexual sadism may not always cause negative feelings. This was however was cautioned by the FBI who argued that any sexual offence could warrant diagnosis of sexual sadism just on the base of repetition and therefore sought it to be removed.

Several other amendments have been suggested, these include issues such as homosexuality which are not actually classified as diseases to be removed (Spitzer, 2005).

Symptoms

The symptoms include; derivation of excitement from engaging in sexual intercourse that inflicts psychological or physical suffering and humiliation to the victims. The urges, fantasies and the behaviors must be in the vicinity for

about 6 months and should cause functional impairment and distress as outlined in the DSM-IV criteria (Sadism, 2012).

Prognosis

A sexual sadism diagnostic criterion is as directed by the DSM-IV criteria. The criteria requires that there should be recurrence, intense sexual fantasies and urges and behaviors which are real and not stimulated, with effects of suffering and humiliation to the victims and they must cause functional impairment and distress to a significant degree (World Health Organization, 1989). If the condition goes untreated for some time, it tends to be chronic.

It may decrease in the old age but the person retains the fantasies. Poor prognosis can be detected by no guilt or remorse in the act of sadism, increased frequency of engaging, poor social and sexual relationship (Sadism, 2012).

Treatments

Patients of this condition mostly come for the treatment as a result of legal issues and complications. Some patients reports fantasies they experience while engaging with the partners. Sexual sadists who engage in the act with un-consented partners usually go on with the act until they are apprehended or the condition is intense to the extent of hurting others. The diagnosis procedure is a clinical one and it is based on psychological no laboratory procedures have been carried out.

The patients are taken through series of psychological disorder tests which are designed to identify any other psychological disorders that can be associated with the sadism. Penile plethysmography is as well carried out to

establish arousals that are also connected with sadistic behavior. However, the reliability is not guaranteed as it may yield incorrect information. Differential diagnosis is at times advocated for, it involves consensual sadomasochistic stimulation that is mild and used to enhance the normal behavior. As it is the case with most sexual behavior conditions, behavioral technique may not be much effective.

Pharmacological treatments are therefore favored. In some extreme cases, the treatment includes stereotactic neurosurgery and surgical castration (Hucker)Seeking for treatment is necessary as the condition, may lead to legal complication and the perpetrators may end up in jail, also the perpetrators may end up hurting those close to them subconsciously. The complications may extend to other areas; this is as a result of extreme involvements such as consuming blood and wounding the partners in the process (Sadism, 2012). The major concern surrounding the treatment is the fact that the condition is not well understood. The focus should be mainly on the researches that are designed to give a proper understanding the condition.

For instance, there have been suggestions that the condition can be related to the way a child was brought up, association with other psychological disorders among others. Researches ought to be carries out to substantiate facts from suggestions and hence improving he treatment procedure. Castrating the individuals found with this condition denies them their rights.

Demography of Sexual Sadism

Demography for sexual sadism varies considerably but it has been found to be more prevalent in males especially those who are on the onset of the puberty stage. Interestingly, sexual sadism has also been found to be prevalent in children.

Usually, sexual sadism starts with fantasizing and then leads to action in mild forms in ones consensual relationship. Slowly but progressively, the perpetrator of sexual sadism will continue with this behavior before it escalates with time with use of increased violence. This is done to increase or stimulate ones sexual response. For females, sexual sadism occurs as a result of them being in a relationship with men who could like to be dominated in the relationship.

Causes of Sexual Sadism

Psychodynamic theories

Different people have come up with different theories to explain the causes of sexual sadism.

Freud (1920) initially had the idea that it is caused as a result of ‘ mental impulses’ but later suggested that it may be as a result of children watching ‘ prime scenes’ from adults having sexual intercourse. According to Sadger (1926), children develop the act as a result of the kids’ caretakers bringing sexual pleasure but could not perform it during toilet training. Another suggestion was put forth by Friedberg in 1956 that the act was as a result of sadism (Hucker).

Brain Abnormalities

Some researchers have suggested that sexual sadism is caused by a brain disorder but evidence has suggested so but not just conclusively. Studies have shown that 55 % of the sadists have shown neurological disorders by CT scans done by Hucker et al.

, (1988).

Behavioral Views

The suggestion is that people who later become sadists develop an imprinting during their early sex experiences. Thus, Raymond (1956) suggests that a female fetish develops, say for a bra, such that wherever one sees a bra will result to masturbating even if it belongs to his mother.

Endocrine Abnormalities

According to other researchers, sadism is as a result of a chromosomal abnormality or hormonal changes. Studies suggest that quiet a number of sadists may contain endocrine abnormalities like Klinefelter’s syndrome (Hucker).

Research Findings

Data for the researches as most of the acts are illegal and warrants arrest and possible prosecution thus no voluntary information.

Most of the information that is used for the research is obtained from the convicts. The convicts’ information need to be scrutinized as they may give information that is designed to exonerate them from the judgment. Although

there are researches that are carried out to civilians for comparative purposes, the findings ought to be interpreted courteously as the obtained information is much of descriptive. This is so, since there also other groups of sexual murderers who are not actually sadists, also non sadist rapists and the sexual offenders portraying similar characteristics as sadists may give conflicting information.