

ARTICLE

An exploration of sexual sadistic acts on non-consenting female victims in South Africa

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ABSTRACT

Non-consenting criminal sexual sadistic acts as a phenomenon are unique and have not received a great deal of attention, especially in South Africa. There is a lack of research regarding the nature and effect of sexual sadistic acts on non-consenting victims, especially female victims. The severity of violence used remains perplexing to practitioners such as psychologists, criminologists and medical practitioners, because victims suffer both psychologically and physically. The psychological and physical severity of these types of crimes makes it difficult for victims to share their stories. Eight experts, one victim and two documented cases were consulted to gain insight into this phenomenon. In this article, the authors describe the sexual sadistic acts forced on non-consenting female victims in South Africa.

KEYWORDS AND PHRASES

Sadism; criminal sexual sadism; non-consenting victim; physical effects; psychological effects

INTRODUCTION AND CONCEPTUAL DIRECTION

Sexual sadism is a psychological disorder of sexual preference that focuses on the degradation, subjugation and suffering of another person that manifests itself in assault, rape and/or lustful harming behaviour (Longpré, Guay, Knight & Benbouriche, 2018:403). Criminal sexual sadists engage in abnormal sexual sadistic behaviour to dominate their victims, observe their anticipated fear and satisfy their lust (American Psychiatric Association, 2013:695). Algolagnic disorders such as sexual sadism disorder are classified clinically as forms of paraphilia and are commonly characterised by anomalous sexual preferences that involve the infliction of physical and/or psychological torment on non-consenting victims (Bartol & Bartol, 2021; Nel & Lake, 2019:422). Paraphilia is described as deviant sexual interest and behaviour and abnormal

sexual fixation or obsession (Konrad, Welke & Opitz-Welke, 2015). Criminal sexual sadists experience sexual gratification when they observe how their unwilling victims suffer and perceive their anticipated fear of impending acts (American Psychiatric Association, 2013:695; Nel & Lake, 2019:424).

The infliction of pain is merely a means to provoke suffering and elicit the anticipated response of degradation, subjugation and maltreatment that is manifested in sexual assault, rape and/or lust murder (Mokros, Osterheider, Hucker & Nitschke, 2011:764). The act of humiliating a victim, results in increased sexual stimulation compared to having consensual sexual intercourse with a partner (Healey, Lussier & Beauregard, 2013:404-424). Sexual sadism is thus considered to be a chronic condition since a criminal sexual

sadist, in most instances, derives sexual arousal from deviant sexual acts (Sadock, Sadock & Ruiz, 2015:597). Between 2017 and November 2021, 3123 sexual offenders were registered on the National Register for Sexual Offenders in South Africa (Solomons, 2022). The statistics revealed that sex offences increased by 4.7% from July to September 2021. South Africa is facing high rates of sexual violence, with a prevalence of 17.4%, while the global average is 7.2% (Ajayi, Mudefi & Owolabi, 2021:300). In December 2021, the backlog of sexual offence cases in the court system stood at 15 605, which constitutes 81.4% of sexual offence cases in the country (Kunene, 2022). It is not clear how many of these cases involve sexual sadism but many of these cases are marked by severe physical assault. It is difficult to ascertain the prevalence of criminal sadism as the phenomenon is rarely reported and no specific crime category exists in the South African Police Service (SAPS) crime statistics or the SAPS's Crime Administration System (CAS) for this phenomenon (Sadock et al., 2015:597; SAPS, 2016:107). The few incidences where criminal sexual sadism is recorded by SAPS, are usually documented as sexual assault or rape.

CONTEXTUALISING SEXUAL SADISM

The modus operandi of sexual sadists

Criminal sexual sadists may fantasize about their sexual sadistic desires for years (Klopper & Bezuidenhout, 2020:337). They visualize how the deeds will be conducted. Planning criminal acts empowers sexual sadistic offenders and their crimes are largely organised (Bartol & Bartol, 2021). Before committing their criminal acts, sexual sadists carefully select their victims, identify a location to apprehend their victims and transport their victims to a secluded area (Dietz, Hazelwood & Warren, 1990). Sexual sadists meticulously plan the methods to undermine their victims and ensure that all the necessary equipment to inflict pain and suffering on the victims is prepared (Hucker, 2009:344). At times, however, sexual sadists may deviate from their premeditated acts and the deviation in their behaviour can be attributed to unsatisfied urges that gradually evolve. These lead them to act impulsively and increase their urge to express sexual sadistic behaviour (James & Proulx, 2016). The victims' unexpected reactions towards the criminals may further trigger the sadists to act impulsively and cause more serious injuries and discomfort for the victims (Klopper & Bezuidenhout, 2020:337).

Criminal sexual sadists use a vast variety of methods to approach their victims. These are dependent on the sexual sadists' personal preferences or methods most suitable to approach specific victims at a particular moment. According to Dietz et al. (1990), sexual sadists often use a "con" technique to openly approach the victim under some or other pretext. Sexual sadists often select very specific victims who seem to be vulnerable (Beauregard, Chopin & Darjee, 2002). Only after the victims have been identified, will the seduction process or overpowering commence (Geberth, 2010:570). Some sexual sadists attempt to gain their victims' trust; they compliment them and build their self-esteem resulting in the victims accompanying the sexual sadists voluntarily (Bartol & Bartol, 2017:383; Woodhams & Labuschagne, 2012). With their ability to manipulate the victims, they lure them with false pretences to an isolated area where they are kept with no means of

escape or of seeking assistance from other people. Some sadists overpower their victims with the intent of hurting them immediately for gratification and therefore they omit the grooming phase (Bartol & Bartol, 2017:315). The context and existing situation influence the sadist's decision-making process in this regard. According to James and Proulx (2016), "criminological and psychological studies of the modus operandi of sexual aggressors against women have demonstrated that these offenders exhibit a wide range of modus operandi, each of which is associated with specific situational and contextual factors".

Sadists employ several techniques to control their victims and ensure that they comply with their demands. "Inflicting pain is a means to create suffering and to elicit the desired responses of obedience, submission, humiliation, fear and terror" (Baeza & Turvey, 2002:435). The victims are often held in isolation, restrained, bound and gagged to ensure that they are rendered helpless and unable to defend themselves (McLawsen, Jackson, Vannoy, Gagliardi & Scalora, 2008:286; Nel & Lake, 2019:425). This exacerbates the victims' fear. The victims are psychologically tormented to break them down; verbally threatened by the sadists and intimidated with various weapons (Healey et al., 2013:407). The victims quickly realise that, if they resist the sadists' demands, they will be subjected to punishment, torture and/or death. The victims are forced to take a subservient position and the power differential instantly changes (Healey et al., 2013:419).

Sexual sadists also have the propensity to take souvenirs from criminal events. These souvenirs become part of their ritual and often strengthen the sadists' identities (Bartol & Bartol, 2021). The act of taking something that belongs to their victims creates a feeling of empowerment (Nitschke, Osterheider & Kokros, 2009:265) as the sadists feel they now own the victim and are proud of their accomplishments. Some sadists often perceive the souvenirs as trophies, however, they do not showcase these souvenirs for others to see but rather hide them and keep them to themselves. The collected souvenirs contain a measure of personal sentiment which implies that the sexual sadists become personally invested in their crimes (Dietz et al., 1990). Souvenirs can range from recording the incident, taking photos and keeping media abstracts of news reports to collecting more personal items such as the victims' undergarments, a lock of hair or make-up (Hazelwood, Dietz & Warren, 2009:471). The souvenirs are thus not necessarily personal items of the victims but rather a reminder that triggers the criminal sexual sadists' memories or fantasies, resulting in sexual stimulation. The souvenirs are often used to empower the sadists for an undetermined time while they do not experience the urge to conduct physical criminal offences for that period (Dietz et al., 1990). However, sexual sadists seek their next victims once their psychological and physical needs for sexual stimulation have become insurmountable and intolerable (Geberth, 2010:716).

Power and degradation

Offensive language is often a standard feature of criminal sexual sadism (Bartol & Bartol, 2021). The use of foul and derogatory language allows criminal sexual sadists to distance themselves from any emotions and minimise their self-reproach towards their

victims. Sexual sadists demean and devalue their victims to the extent of dehumanising and objectifying them (Frances & Wollert, 2012:410). That further allows criminal sexual sadists to exert their sexually aggressive fantasies onto the victims without expressing any guilt or remorse (De Lisi, Drury, Elbert, Tahja, Caropreso & Heinrichs, 2017). Criminal sexual sadists obtain power over their victims by insulting them and calling them disrespectful names, while the victims are psychologically tormented to become fearful of the sadists' actions (Bartol & Bartol, 2021). Furthermore, these perpetrators use disparaging language to exert dominance and control over the victims to ensure that their victims comply with their demands. The process in which the sadists "train" their victims to conform and obey their demands is similar to indoctrination (Healey et al., 2013:419).

The criminal sexual sadists' desire for mastery and dominance are key elements of sexual sadism (Longpré et al., 2018). Perpetrators seemingly engage in a variety of repetitive pre-planned physical, sexual and psychological acts to exert power and control over the victims so that they feel degraded and dehumanised to mere objects to feed their own pathology. The victims are frequently restrained, bound and gagged to prevent them from counter-attacking and warding off the sexual sadists or from escaping the ordeal (McLawsen et al., 2008:286). The acts inflicted on the victims further empower the sadists and subjugate the victims. These acts cover a wide spectrum. Acts range from causing minor injuries such as pinching, biting and beating, to more severe acts where sexual sadists electrocute, suffocate and frequently strangle their victims. These individuals believe they possess the capability and authority to determine whether their victims will survive or perish (Flora & Keohane, 2013:257). The extent to which sexual sadists harm their victims depends on the temperament of the criminal sexual sadists. Aggressive offenders act more impulsively and violently towards their victims if they do not comply or execute the sadists' demands (Bartol & Bartol, 2021).

Another tactic to degrade the victim is to refrain from having vaginal intercourse with their victims. Stone (2010:140) postulates that they penetrate the victims from behind which makes the sexual sadists feel superior. It is considered a powerful position in which the sexual sadists have more control over the victim. The victims are in a vulnerable position and totally degraded (Dietz et al., 1990). The researchers hypothesise that another explanation for penetrating victims anally could be because anal sex provides more sexual gratification to sexual sadists as the orifice is smaller and tighter compared to the vagina and mouth. In addition, the societal view that anal sex is regarded by many as painful and taboo could motivate these sadists to choose anal penetration as another way to show power and dominance. The act is usually unpleasant and humiliating for the victims (Marshall, Kennedy, Yates & Serran, 2002).

Some criminal sexual sadists use foreign objects to penetrate their victims anally or vaginally. Foreign object insertion, fisting and genital mutilation are often focused on the victim's genitals or anus, due to immature, fixated or deviant exploration, or due to targeting orifices painfully and destructively (Beauregard et al., 2022; Labuschagne, 2007). The sadists use perversely large and

long objects to cause more pain and damage to the victims. In most cases, their penis is simply not large enough to cause their victims enough pain and suffering even if the offenders engage in rough vaginal or anal sex (Stone, 2010:134). When objects are used, they can vary from anything available at that moment to objects that have carefully been preselected (Labuschagne, 2007). These objects are either sharp or long and large in diameter to inflict as much pain as possible and cause damage to the victim's sex organs and even internal organs. The objects do not necessarily have to cause any pain to the victims as long as the sexual sadists perceive their victims' discomfort and embarrassment (Geberth, 2010:577). They become sexually gratified by the victims' humiliation and fear of what will happen next. Criminal sexual sadists experience control and power over the victims when inserting objects into their vaginal and anal cavities (Beauregard et al., 2022). In addition, they can decide on the length and width of the objects used to penetrate the victims as well as the depth of penetration. Some sexual sadists perceive their victims as unhealthy and do not want to become sexually intimate with them. To avoid infection due to sexually transmitted diseases (STDs), the sadists often engage in foreign object insertion (Labuschagne, 2007). It is also possible that the sexual sadists are sexually stimulated by the sexual sadistic attacks but due to the brutality of the acts, they sometimes experience erectile dysfunction and become impotent during the sadistic episodes and are thus unable to penetrate the victims (Bartol & Bartol, 2021). This could trigger increased agitation and, to cause pain, the sadists use objects to compensate for their inability to get an erection.

It is not prevalent among criminal sexual sadists to commit lust murder during their sexual sadistic attacks (Dietz et al., 1990). However, due to the progressive nature of the phenomenon, a few sexual sadists' behaviour has escalated and resulted in them murdering their victims (Knoll & Hazelwood, 2009:107). The motives for murdering the victims vary and could be because they prolonged the pain and suffering for days or longer and then want to get rid of their victims (Day, 2018).

In this study, the researchers wanted to explore sexual sadistic acts on non-consenting female victims in South Africa.

METHODOLOGY

Participants

Due to the difficulty to identify victims of sexual sadism, their unwillingness to relive the episode and the possible emotional harm interviews can cause a primary victim, the researchers had to rely mostly on secondary sources of information to investigate the nature of the phenomenon. These included interviews with psychologists, sexologists and criminologists with insight into and knowledge of sexual sadism (Patton, 2015:8). One victim indicated that she wanted to share her ordeal which was why her case was included in the research. Another two documented cases were included to gain insight into the nature of the phenomenon and corroborate the information gleaned from the victim's case study. Consequently, a wealth of comprehensive data was obtained regarding the nature and effect that criminal sexual sadistic acts have on non-consenting female victims (Yin, 2016:9).

A qualitative research approach was adopted in which eight subject matter experts were selected through non-probability sampling (Bezuidenhout, 2020:53). The technique is a non-random technique used to select a small sample of participants from the entire population. The specific non-probability sampling method used is purposive sampling since a small subset of experts had been identified in the larger population (Babbie, 2017:196). The experts are thus selected based on their specific knowledge about the nature and effect of being a victim of non-consenting criminal sexual sadism. In addition to purposive sampling, snowball sampling was utilised, as it is a challenge to identify an adequate number of experts that have specific knowledge of the modus operandi of a sexual sadist and the effect it has on the victim. Snowball sampling can be described as a cumulative process through which each expert in the field provides information about other potential experts regarding the topic. Eight experts were identified through a rolling interpretive method by peers and requested to participate in the research (Patton, 2015:270). The participants consisted of two clinical psychologists, one advocate, two criminologists, two sexologists and a clinical social worker. The experts each have 20 years or more experience in working with sexual sadism cases.

To ensure the confidentiality of the research respondents, they had to sign an informed consent letter. All identifying information was therefore omitted to ensure that the research respondents would not be linked to the individual responses. However, one of the respondents suggested that it would be beneficial to obtain first-hand information from a willing victim of sexual sadism as it would add great value to the current contribution and support the information provided by him/her. Fortunately, the respondent was in consultation with a victim of a sexual sadistic attack who was willing to be interviewed at the time when the research for this article was undertaken. The victim also consented to the use of her responses in the publication. The victim has held a regular job since the incident and she is also a motivational speaker who has been advocating against sexual abuse after her ordeal. The researchers interviewed her on two occasions in the presence of research respondent 8 to assist with debriefing if any discomfort was experienced. The victim welcomed research of this nature and did not experience any emotional discomfort during the interviews. The victim also indicated that the sharing of the ordeal acted as a therapeutic process. The information obtained was utilised in line with her responses presented in the discussion section. Due to the sensitive nature of the research topic, no other victims contacted by the subject specialists were willing to share their experiences. Details of two other cases were added as part of the discussion section. The researchers agree that it is important to explore the subjective meaning that non-consenting female victims attach to their experience of being a victim of sexual sadism seeing that the answer often lies within the individual and is enmeshed in the victims' background, personality, worldview and actions (Silverman, 2016:7). However, consulting victims of sexual sadism to obtain subjective knowledge of the experience may elicit unanticipated and unexpected emotions that could result in further long-term psychological trauma. Therefore, the researchers used subject specialists, documented cases and one victim's insights to gain an understanding of the phenomenon. All ethical protocols of the University of Pretoria were adhered to.

Design and procedure

Data was collected making use of individual, semi-structured in-depth interviews and case reports. The interviews were recorded using an audio recorder to obtain more accurate and detailed responses, which may otherwise have been lost during note-taking (Brinkmann & Kvale, 2015: 204). Prior to the commencement of the study, permission was requested from each expert to make an audio recording of the interview. Recording the interviews improved the data quality and was essential for analytical purposes (Merriam & Tisdell, 2015:131). The interviews were conducted using a semi-structured interview schedule; more specifically, a matrix guide, in which predetermined questions were presented in table format (Maxfield & Babbie, 2016:180). A carefully constructed interview schedule ensured that the researchers did not deviate from the topic. In addition, the predetermined questions were studied in advance to enable the interviewer to pay attention to the conversation, take notes and monitor the coverage of the topic. The flexibility offered by semi-structured interviews allows a researcher to ask questions in any order that would facilitate a flowing conversation (Taylor, Bogdan & DeVault, 2015:123). It also allows a researcher to develop additional questions instinctively to clarify vague answers or to obtain a more detailed description. The researcher ensured that all the questions on the matrix were adequately answered before the interviews were concluded (Maxfield & Babbie, 2016:203).

Analysis

The qualitative data analysis process was divided into two distinct approaches. The first analytical process took place during the data collection phase by audio recording the interviews to ensure that the data obtained was thorough and that no information was lost while taking field notes on key aspects (Brinkmann & Kvale, 2015:204). Since the individual, semi-structured in-depth interviews were undertaken in person, data analysis was made more comprehensible as a prior understanding and discernment of the information obtained existed (Hughes, 2016:272). The second data analysis process involved identifying emerging themes by systematically utilising the six phases of deductive thematic analysis and shared meanings. This approach allowed the researchers to analyse the explicit descriptions of the information gathered rather than focusing on the implicit meaning of the research participants' perceptions of the nature and effect of sexual sadistic actions on non-consenting female victims in South Africa (Ando, Cousins & Young, 2014:3).

The audio recordings were transcribed. To ensure the quality of the transcriptions, the researchers repeatedly listened to the audio recordings and reread the transcriptions, while incorporating the field notes to enhance the information provided by the experts (Stuckey, 2015:7). Although coding the data manually on the typed transcripts was a time-consuming endeavour, the researchers compiled an initial list of potential recurring patterns using coloured pens and highlighters, without distorting and dismissing any valuable information (Caulfield & Hill, 2014:186). At the end of the initial coding process, all the relevant codes with similar ideas were grouped to filter the information into more manageable and categorised data bundles (Ando et al., 2014:3).

The themes and sub-themes that emerged from the initial list of coded data were generated using a data-driven inductive approach. The data were not collated into pre-existing themes but rather collated according to their similarities and differences. The devised themes and sub-themes were revised and validated in two separate stages. Firstly, all the sorted and collated extracts were revised to ensure that a coherent pattern was formed. During the second stage, the researchers ensured that the final themes and sub-themes accurately portrayed the meaning of the data obtained from the research respondents (Stuckey, 2015:9).

After examining the final themes, refinements or adjustments were made to ensure that each theme was mutually exclusive. The report was not based on mere descriptions but rather a comprehensive representation of the respondents' perceptions of the nature and effect of sexual sadistic acts on non-consenting female victims (Vaismoradi, Jones, Turunen & Snelgrove, 2016:104). The main findings of the study related to the physical trauma experienced, as well as the primary and secondary psychological effects of sexual sadism on non-consenting victims.

DISCUSSION

The effects of sexual sadism on the victims include the initial physical trauma they experienced. The injuries sustained varied in severity depending on the psychopathology of the sexual sadists and were mainly focused on the female victims' reproductive organs including their breasts, vagina as well as rectum (Beauregard et al., 2022). The physical consequences of sexual sadistic attacks are diverse and often require medical attention or hospitalisation. The psychological trauma of sexual sadism is longer lasting and the mental health consequences are often both short- and long-term. The aftermath of sexual sadism results in acute and chronic psychological effects that, in many cases, inhibit the victims' ability to deal with the recovery process constructively. Victims of sexual sadism, therefore, require intense therapy that addresses both the short- and long-term psychological consequences (Nel & Lake, 2019).

Physical injuries sustained

The experts in this study agreed that the severity of the injuries sustained by the victims of sexual sadism depends on the pathology and degree of psychopathic tendencies of the criminal sexual sadists. The injuries can vary from minor bruising, lacerations and burns to severe mutilation of the body (Flora & Keohane, 2013). Criminal sexual sadists can sometimes pierce the victims' flesh, make large incision wounds on their bodies and cause several internal injuries. Few sexual sadists inflict injuries to the victim's entire body. The majority of criminal sexual sadists focus on mutilating the victims' sexual or reproductive organs, mainly the breasts, pubic area and anus (the erogenous zones) (Flora & Keohane, 2013:257). The most elevated sexual sadists do not link their acts with disparagement because they distance themselves from any emotions. They also deprive themselves of the suffering of others thus they can inflict serious and deadly bodily harm to their victims with no empathy or regard (De Lisi et al., 2017). To demean them even further, the victims are forced to masturbate in front of the sexual sadist, and forced to perform fellatio on the perpetrators, alternatively the sexual sadist will engage in cunnilingus.

In some cases, the victims are urinated on or forced to eat the sexual sadists' faeces. In addition, some sexual sadists are inclined to make the victims engage in bestiality, most often with big dogs (McLawson et al., 2008:286). These acts are atypical and victims would usually not consent to bestiality in an intimate relationship. The victims find these acts degrading and render them defenceless - the victims comply with the instruction due to the threats and physical torture by sexual sadists. To contextualise this type of behaviour and the responses from the respondents, the researchers used excerpts from the interview with the victim (V) and interpreted information from two related cases (C1, C2).

V: *"After tying me down, the perpetrator started to punch me with his fist all over my body, especially the left side of my body. He walked over to the wardrobe and then walked to my right breast, he grabbed my nipple with pliers and pulled it. He took a saw and started to cut off my nipple, the wound was deep and wide. He waved the nipple in front of my face and said: 'Must I keep it for you?' He walked to my left breast and did the same, but this time he used a side cutter. After a while, he walked to the wardrobe and took a steel nail, he stabbed my right breast seven times and my left breast five times. Every time he walked to the wardrobe, I wondered what was going to happen next. He got the side cutter again and cut my private parts. The sadist ordered the three men to get ready and to rape me, he then went down on his knees and licked me between the legs where the rape just took place."*

C1: *"He was ramming her head on to his penis until she started to gag ... started to choke her while he cut her abdomen open with his knife from her pubic area to her navel cavity ..."* (Thamm, 1998:19).

C2: *"... when she went against his demands, she was subjected to punishment sex. This meant he would typically have anal sex with her, slap her head with both hands and tell her that she was brain-dead and an idiot or he would have vaginal sex with her while he spat in her face and strangled her"* (Lemmer, 2011:47).

The experts concurred that depending on the sexual sadists' level of pathology, the victims may require medical assistance after the sadistic attacks. Although most injuries are not severe enough to warrant hospitalisation, the wounds often require medical attention. The victims will also be prescribed antiretroviral medication to prevent them from contracting HIV/AIDS and medication to prevent them from being infected with STDs. The injuries sustained tend to heal over time and, at most, cause permanent scarring. At times, hospitalisation is required, especially if the victims experience internal bleeding, struggle with infections and have gynaecological problems that need devoted attention after the sadistic episode. The experts stated that most elevated and sophisticated sexual sadistic criminals often do not inflict injuries serious enough to seek emergency assistance. However, the injuries sustained may be long-lasting and often cause psychological harm. These victims are usually left with scars and deformities that are constant reminders of the sadistic incidents. The sadists mostly target the female sexual organs to cause disfigurements and break the victims down. The sexual sadists want to destroy the femininity

and reproductive capacity of the female victims so that they are unable to bear children and feel ashamed of their bodies.

Primary psychological effect

The respondents postulated that the psychological effects experienced by the victims after the sexual sadistic attacks last longer and usually have a greater impact on the victims' well-being than the physical injuries they sustained. The psychological harm is immense and demoralising but is not dependent on the extent of the injuries sustained. The psychological effects experienced are contingent on the mental trauma caused by the sadistic attacks (Sgarzi & McDevitt, 2003:124). Initially, the victims experience feelings of fear and helplessness, followed by shock, disbelief and denial. The victims often go into a state of basic survival during which their feelings are numbed for an undetermined time after which they experience feelings of anger and hatred towards their offenders. Additionally, they may be anxious, sad and experience feelings of guilt causing their emotional and mental state to be unstable. The behavioural changes include mood swings, withdrawal, isolation from others and hypervigilance. The victims can experience irregular sleeping patterns; have difficulty falling asleep or are unable to sleep through the night. The experts stated that often during the day, the victims' minds are too pre-occupied to think about the events that transpired. However, at night during Rapid Eye Movement Sleep (REMS), they often have nightmares about what happened and suddenly wake in a state of distress (Sgarzi & McDevitt, 2003). According to the research participants, various disorders are prevalent in some victims. These include the following:

- anxiety disorders due to fear of the possibility that it might happen again;
- post-traumatic stress disorder (PTSD) because of frequently reliving the traumatic incident;
- such a traumatic life event was often the biggest single cause of depression;
- obsessive-compulsive disorder (OCD) to feel in control of their surroundings; and
- dissociative identity disorder (DID) as a defence mechanism to distance themselves from the pain that they have endured or is still enduring (Bartol & Bartol, 2021).

In the documented cases the psychological effects of sexual sadism were described as follows:

C1: *"... it is never behind you; it doesn't ever not matter. You can choose every day to have a good day or a bad day and I have grown up enough not to blame every bad day on being a victim ..."* (De Groot, 2018).

C2: *"... he systematically isolated her, destroyed her self-worth and changed her into a woman who had to address him as her 'god'... He achieved total control over her life through fear ... was diagnosed as suffering from battered woman syndrome and depression ..."* (Venter, 2009:1).

The experts stated that victims may experience difficulties forming intimate relationships with their partners after experiencing the sexual sadistic attacks or may be hesitant to trust others and form new intimate relationships. A general perception of the research

participants was that the victims' sexual identities are compromised and they develop a distorted view of sexuality. They must formulate new understandings of the concept of sex and make cognitive changes to comprehend that intimacy is not linked to dominance, pain and shame. Some victims may no longer be able to relate to partners because they are ashamed of their bodies and believe that their femininity has been violated. One research participant indicated that the victims have misconceptions that no one would ever again be interested in them, especially on an intimate level. They believe that men perceive them as damaged and dirty.

V: *"I cannot say that I will never have an intimate relationship again, because someone once reminded me of the meaning never. When I meet someone, they will have to accept more than what I will have to accept. He will have to accept a body that is violated. I am not looking for a relationship. I have many male friends, but not intimate relationships."*

The experts agreed that the sensitivity and emotional maturity of the partners towards the victims are fundamental for the victims' recovery to regain a sense of dignity and reintegrate them as sexual beings. Most of the victims develop sexual dysfunctions as they may become nymphomaniacs in which they have an uncontrollable sexual drive; they become puritanical in which they have a censorious moral attitude towards sex; or they may experience dyspareunia that results in sexual intercourse being uncomfortable and painful. Another observation by the respondents was that victims often struggle to function in relationships that have equal power differentials. The victims often attempt to re-enact the sexual sadistic relationships to make their husbands or partners constantly happy and to obtain their approval.

An incident of this nature can have a detrimental impact on the family as well. The psychologists and the social worker who participated in the current study explained the impact on the family in the following way. The sexual sadistic events not only affect the victims. The entire family structure is to some extent traumatised by the incident. The family members do not always understand how to interact with the victims especially if the victims withdraw and isolate themselves from others. The family may perceive the victims' withdrawal as being unappreciative of their support and may become frustrated with the victims, which further contributes to the victims' belief of being unworthy and unloved. In addition, victims are not inclined to discuss their traumatic experiences with their families. The incidents are often too severe, they are ashamed and fear discussing the events with others because they might be disparaged and think that their family will no longer value them. It is suggested that, after extensive therapy with the victims of sexual sadism, the therapists should conduct therapeutic sessions in the presence of the family members. It is important to take a holistic approach because unstable family structures will negatively influence the victims' recovery processes. Victims may avoid sexual encounters with their significant others due to the false belief that all men, including their husbands or partners, have the intention to inflict harm on them. The victims' reactions may lead their partners to act unintentionally in an inappropriate manner that causes the victims to retract

themselves from the relationship. Therefore, victims and their partners must attend therapy to counteract these false perceptions and inappropriate actions. Only after a period will some victims form close relationships with family and friends again. This is because after the sexual sadistic attack, they may become sceptical about others and unable to trust people easily. In other instances, the victims' family and friends might reject them when they perceive the victims to be dirty and have feelings of disgust. The rejection by family and friends further increases the victims' feelings of loss and contemptibility. Bartol and Bartol (2021) indicate that the victims of sexual assault are often blamed for their attacks. The researchers also refer to the just-world phenomenon, which suggests good things happen to good people and bad things happen to bad people. The victim who voiced her opinion in the current study shared the following in this regard.

V: *"My family include my daughter, mother and father. I have two brothers, my older brother rejected me and believe I ruined the family name. I went so far to tell my parents that I am sorry that I am such a bad daughter to them and that I caused so much pain in their lives. They do not deserve the suffering and that I do not deserve their love and support. My mom, dad and daughter were and still is (sic) my Alpha and Omega. Our relationship became stronger. Family from my previous marriage said to me: 'Why are (sic) you not shot dead, instead of your son.' That is the type of people I have to cope with."*

C1: *"... had to prepare herself for telling her children what happened to her ... I have never lied to my sons - but I never told them more than they were asking. My oldest son was about five when he asked about the scar on my neck ..."* (De Groot, 2018).

Sexual sadistic experiences are incapacitating and detrimental to the victims who become disempowered and are unable to visualise a future that is characterised by support and happiness (Bartol & Bartol, 2021). They do not think that life is worth living, as the traumatic event they experienced stripped their sense of purpose from them. A general response from the research participants in this regard is summarised hereafter. The respondents stated that typically, the victims have no trust in others, they are always in doubt, wonder whether they somehow contributed to the attacks and always question the incidents. Recovery is not an easy process, as a nearly insurmountable amount of willpower, resilience, determination and self-motivation is required to conquer the extent of the trauma suffered. Victims will only overcome the sadistic experiences if they apply their minds and time to the recovery process. In exceptional circumstances, the victims become empowered and advocate against sexual crimes. They become determined to motivate and assist other victims to overcome their ordeals. These victims have certain coping skills that are innate to them which include being resistant, resilient and enduring. It does, however, not mean that only a few women exhibit these features, but rather that criminal sexual sadists are socially intelligent and approach victims that they perceive to be emotionally unstable and vulnerable. Criminal sexual sadists very rarely misinterpret the victims' emotional strength, therefore, only a few victims can become empowered after the sexual sadistic incidents.

Documented case C1 said the following about her traumatic experience:

C1: *"The attack has put me on this path where I get to travel the world and help inspire other people ..."* (Marais, 2016).

Secondary psychological effects

The experts noted that the psychological effects of secondary victimisation exacerbate the traumatic experience and prevent victims of sexual sadism from reporting the incident to the police (Bruce, 2013:100). Many victims feel that the police officials are unsympathetic and not competent to work with cases of a sensitive nature. The police officials who are supposed to protect the victims violate the privacy of the victims even further while taking their statements (Du Mont, White & McGregor, 2009:227). The victims are often expected to provide detailed accounts of the criminal events to the police officials in front of other individuals waiting for service, humiliating them further. Although the victims do not always report these criminal incidents, when they require medical attention, medical practitioners will take note of their injuries. The few victims who do report the crimes to the police and open a case against the sexual sadists often withdraw the charges before the case goes to court because of their fear of the system and of confronting the perpetrators. Furthermore, the respondents concurred that the victims' determination to endure the process of getting the sadists convicted will often depend on how the police officials assisted them when they reported the criminal offences. Not all police officials are insensitive towards victims and the level of service delivery often depends on where the victims reported the crimes and who was on duty at the time when the crimes were reported.

C1: *".... found her lying in the road and stayed with her until the ambulance arrived. At the time he was studying to become a veterinary technologist, but the night changed the trajectory of his life. Through his military service he started studying to become a doctor. He later also completed a diploma in anaesthesiology. He was the anaesthesiologist during the birth of ... second son."* (Marais, 2016).

However, many medical practitioners have a misconception that the victims first have to report the incident to the police before medico-legal examinations can be conducted. They may therefore turn the victims away which can result in augmented shock, disbelief and helplessness (Jina, 2015:11). Participants in this study mentioned that South Africa does not have enough skilled staff who are clinically trained to perform medico-legal examinations. The medical staff members rush through the examinations due to high workloads leaving the victims feeling re-victimised by the medical examiners. The victims experience the examinations as unpleasant and feel debased, as their boundaries are transgressed again. During the COVID-19 pandemic, medical staff members were under severe pressure to attend to patients with COVID-19 which probably exacerbated the challenges victims of sexual crimes experienced in hospitals. Examinations that are conducted correctly may last between four and five hours while the examiners gain the victims' confidence by explaining to them what to expect. The victims are then expected, for a second time, to

explain in detail what happened to document the information on the prescribed J88 forms (the report completed by an authorised medical practitioner following a medico-legal examination). A rape kit is used to take medical samples from the victims, which may be painful due to the injuries sustained. The medical examiner does a speculum assessment to evaluate the victim internally and does a colposcopy to do an internal examination of the victim's sexual organs (Sommers, 2007:278). The victim also receives post-exposure prophylaxis, within 72 hours of the sexual sadistic attack, to prevent contracting HIV/AIDS and other STDs. Resilient victims understand the importance of the examinations and can grasp that the examinations should not be experienced as secondary victimisation, but rather as a necessity to obtain evidence to present in court.

V: *"I was not myself when I arrived at the hospital, but a lady told me afterwards that when I arrived the doctor said 'Excuse me, here is another f*&n rape case'. I confronted him, I phoned him in Cape and told him 'I just want to tell you that I am glad you left this area, because a victim should not be treated that way'. The medical experience was very unpleasant. Despite the fact that you must repeat what just happened, photos are taken of all the injuries and you are literally examined from all angles. It was the most unpleasant experience ever, being exposed again after the incident."*

The experts stated that before the trial, the victims must prepare themselves psychologically and their legal representatives must further empower them through the process and explain what to expect during the court proceedings. The victims' first fear is to face the accused in court. In addition, the psychological distress experienced by the victims increases due to the defence cross-examining them and questioning their credibility (Gutheil, 2009:3). Should these cases become public, the victims must expect their privacy to be invaded by extensive media coverage and to be repeatedly exposed to the adverse details of the sexual sadistic events. The victims have to present detailed accounts of the traumatic experiences to the court and note how the expert witnesses present the evidence during the trials. To relieve the sadistic attacks contributes to the accumulation of the psychological trauma of the victims and make them more susceptible to numerous psychological consequences. During the trials, the victims are controlled by the Criminal Justice System (CJS) and they, once again, experience a sense of being helpless and subjugated. Understandably, the immense trauma anticipated prevents victims from opening cases against the accused.

C1: *"One of the men who was serving a life sentence for the brutal attack, bragged about the possibility of getting parole. The news was horrifying to ..."* (Germaner, 2012).

Some victims may perceive the court proceedings as their chance to make their voices heard and confront the accused; they want to explain to the court what they had to endure. These victims believe that the trial is their opportunity to get justice for what happened, they consider the trial to be an achievement and an obstacle that they have overcome.

V: *"The court proceedings took 18 months, it does not sound like a long period, but it feels like a lifetime. Every time I had to confront the perpetrator and three men who raped me, listen to their lies and insults. I had to endure listening what a bad person I am and that I deserved what happened to me. Every day I had to fight for survival. One day, I made the decision that justice must be served, not for me, but for my son and that was my perception throughout the court case. But, I was well-prepared for the trial beforehand. I was told to only react to questions. They showed me where I was going to sit and where the judge and the accused was going to sit."*

It is common practice for victims to blame themselves to some extent for the sexual sadistic events. They believe that they should have seen it coming or that they should have fought off their offenders to escape the attacks. In the case of vaginal sex, vaginal lubrication could occur which also reduces penile friction. Although controversial, vaginal secretion production can occur even in cases of harsh physical stimulation. Violent sexual deeds (even crude acts) in the erogenous zones such as the vaginal area, spark a biological process that is under the control of the parasympathetic nervous system. It is uncontrollable and often confuses the victim during and after the sadistic attack (Atkinson, 2008:188). A general comment by the research participants was that most victims who blame themselves for the traumatic incident are reluctant to engage in therapy because they perceive themselves as unworthy, dirty and damaged. The psychological effects may become more debilitating to the victims than the initial attack, which could further exacerbate the stressful conditions.

V: *"I walk into the shopping centre, and everybody stops and their eyes are on you. They do not know what to do, they want to avoid my family and walk a circle around us. We feel unwelcome when visiting others because people do not know what to talk about."*

The extent to which victims are affected by stigmatisation depends on the victims' personalities. There is also evidence that some victims show signs of resilience after some time after a traumatic incident such as sexual assault (Bonanno, 2013). Another important issue is that our study highlighted the fact that society is not always inclined to stigmatise victims of sexual sadism but some victims are recognised in the community due to the media coverage. Respondent 1 indicated that some members of the community do not know how to react towards the victims, resulting in them becoming quiet, stopping and staring because they feel uncomfortable and do not know how to engage in a conversation with the victims.

LIMITATIONS

After extensive research had been conducted, the researchers were unable to find adequate South African data relating to sexual sadism. Subsequently, the literature study was mainly based on international sources. Moreover, due to the complex, unique and sensitive nature of the phenomenon and the lack of literature available on the topic, the researchers were forced to consult several dated seminal sources, as only a few up-to-date findings were available.

Due to the serious and sensitive nature of sexual sadism, the findings obtained are not based predominantly on the subjective experiences of victims of sexual sadistic attacks, but rather on the perceptions of subject matter experts who engaged with the offenders and/or victims of sexual sadism. The limited number of subject matter experts interviewed is a result of the low prevalence of sexual sadism. Consequently, identifying subject matter experts with knowledge and experience on the topic was difficult. The study further did not include cross-cultural aspects during the discussion of the information because of the limited information and expertise available in this regard.

CONCLUSION

Sexual sadistic acts have dire consequences for the victims of the offence because the effects tend to be detrimental to the well-being of the victims. The physical injuries sustained are varied and range from minor bruising and small incision wounds that require medical assistance to severe mutilation of the body that warrants emergency care and hospitalisation. In some cases, the sadistic acts lead to the death of the victim. The psychological trauma of sadistic incidents tends to be long-lasting and damaging to the victims. They have to endure the anticipation of constantly re-experiencing the incidents and may be exposed to a variety of factors that contribute to the secondary victimisation of the victims. From this study, it became clear that further research is needed to provide more information on the subject matter of this poorly understood sexual crime and to empower non-consenting victims of sexual sadistic attacks.

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