

**The nature and effect of sexual sadistic actions on non-consenting
female victims in South Africa**

by

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Declaration

I, Bianca Gahler hereby declare that the dissertation submitted in fulfilment for the degree Master of Arts in Criminology at the University of Pretoria, is an original research dissertation that has not been plagiarised. The research is my own work and has not previously been submitted for a degree at other universities. Additionally, I declare that full acknowledgement of all sources used or quoted have been indicated by means of complete and proper references. I further understand that the data remains the intellectual property of the University of Pretoria and that I will not share the data with a third party without written consent from the University of Pretoria.

Bianca Gahler

Date

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Kind reminder

The topic discussed is of a sensitive nature and may be offensive to some individuals. The content in this dissertation is of a sexual nature, some of which is explicit. The dissertation is intended for adult readers only since it contains offensive language which may not be suitable for children. The dissertation is written in such a manner as to obtain the authenticity of criminal sexual sadism and express the severity of the phenomenon.

Editors letter

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This letter serves to inform you that I have done language editing on the thesis titled **The nature and effect of sexual sadistic actions on non-consenting female victims in South Africa** by Bianca Gahler.



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25th October, 2017

Abstract

TITLE: The nature and effect of sexual sadistic actions on non-consenting female victims in South Africa
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Due to the inimitable and elusive nature of criminal sexual sadism, there is a paucity of research on the phenomenon compared to other sexual offences. The phenomenon has not yet received notable attention and is under-recognised worldwide. Sexual sadism therefore often remains a challenging phenomenon to investigate. No universal theoretical framework to explain the aetiology of sexual sadistic behaviour has yet been developed. The psychopathology of these offenders is thus widely unknown. Subsequently, there is a dearth of knowledge pertaining to the nature and effect of sexual sadistic actions on non-consenting female victims, particularly within a South African context. Accordingly, this study provides ground-breaking information regarding the nature of sexual sadism, the aetiology of sexual sadistic behaviour and the consequences of sexual sadistic actions on non-willing victims. The fact that the researcher was unable to identify any similar studies worldwide renders the research study of great importance.

Key terms

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

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1. Introduction and purpose of the study

1.1. Introduction

Sexual sadism is a psychological disorder of sexual preference that focuses on the degradation, subjugation and suffering of non-consenting victims that manifests itself in assault, rape and/or lust murder. Criminal sexual sadists engage in abnormal sexual sadistic behaviours in order to dominate their victims, to perceive their anticipated fear and to satisfy their sexual lust (American Psychiatric Association, 2013:695). However, their primary objective is not to inflict pain and suffering, rather sadists engage in sexually aggressive behaviour to humiliate the victims. Due to the nature of criminal sexual sadism, practitioners including psychologists, criminologists and social workers should take caution not to misdiagnose offenders with other sexual crimes and/or mental disorders, especially if the perpetrators experience sexually aggressive fantasies. The extreme violence inflicted on victims of sexual sadism could also be misinterpreted as the work of psychotic offenders who use gratuitous violence (Nitschke, Blendl, Ottermann, Osterheider & Mokros, 2009a:685). The use of gratuitous violence involves the extreme unwarranted violence and torturing of victims by some criminals after achieving their instrumental goals. Offenders would for example, burn the victims with an iron in order to obtain compliance when demanding that the victims open the safe. The main distinction between these two crimes is the absence of sexual gratification experienced by non-sadistic offenders who use gratuitous violence to injure their victims severely (Bezuidenhout & Klopper, 2011:186).

Non-consenting criminal sexual sadism is a unique phenomenon that has not yet received a great deal of attention and has not yet been adequately researched within a South African context. The phenomenon is under-recognised in South Africa due to the fact that there is a paucity of research regarding the nature and effect of sexual sadistic actions on non-consenting victims, more specifically, female victims. It is also difficult to ascertain the prevalence of criminal sexual sadism as the phenomenon is rarely reported (Sadock, Sadock & Ruiz, 2015:597). The few incidences that are reported are recorded by the South African Police Service (SAPS) as either assault or rape, since the SAPS does not have a separate crime category for sexual sadism (South African Police Service, 2016:107). The researcher therefore contends that practitioners do not have the required knowledge to hand down an appropriate sentence and are not adequately equipped to deal with the trauma experienced by victims of criminal sexual sadism. The researcher further believes that, once practitioners have a better understanding of sexual sadistic actions within South Africa, they will be able to consider suitable sentencing possibilities and constructively assist the victims.

1.2. Origin of the study

During 2015, Brigadier Gérard Labuschagne (Former Head of the Investigative Psychology Unit (IPU)) presented a guest lecture to the Criminology Honours class at the University of Pretoria. He spoke about the IPU and explained what psychologically motivated crimes entail and the type of crimes the IPU investigate. The guest lecture left the researcher baffled by the mere fact that criminals commit crimes that have no external benefits, such as tangible rewards. The researcher was stunned by the offenders' complete disregard for the law and their lack of remorse towards their victims. The fact that the crime itself motivates offenders to satisfy their own internal or psychological needs was inexplicable to the researcher. The majority of psychologically motivated crimes have an overt or covert sexual component that is not related to a crime of passion that escalates between two partners (Labuschagne, 2015:1). Rather, the offenders' psychological equilibrium becomes overwhelmed and results in extreme, unprovoked sexually motivated violence towards victims in order to release the tension caused by their libido.

The researcher was intrigued by the mention of forensically relevant forms of sexual sadism and conducted further library based research to understand what criminal sexual sadism entails and the consequences thereof. A plethora of literature pertaining to sexual sadism explains when sexual sadism first became apparent, what the phenomenon entails and the current diagnostic vagueness that leads to the disorder being misdiagnosed amongst sexual sadistic offenders. However, no research relating to the effect of sexual sadistic actions against non-consenting female victims in South Africa could be found. The researcher therefore decided to conduct a study to expand the existing knowledge pertaining to the nature and effect of sexual sadistic actions on non-consenting female victims in South Africa. The motivation is to gather specific information regarding this phenomenon but not to implement an intervention plan. The findings will however be ground-breaking and could be used by practitioners to identify sexual sadists who are at risk of re-offending and require a unique treatment intervention. The findings would further assist practitioners to determine a fitting sentence and to develop an intervention plan that would constructively assist victims to deal with the trauma they experienced.

1.3. Rationale for the study

The severity of violence used by sexual sadistic offenders remains perplexing to practitioners because victims suffer from a variety of physical injuries and long lasting psychological consequences. The fact that criminal sexual sadists tend to conceal the truth about their sexual sadistic fantasies and urges further complicates the task of practitioners (McLawsen, Jackson, Vannoy, Gagliardi & Scalora, 2008:274). Consequently, inferences are made from

the assailants' and victims' statements or from a comprehensive description of pertinent offences. However, making inferences could have serious and lasting consequences for the perpetrators and society at large (Eher, Schilling, Hansmann, Pumberger, Nitschke, Habermeyer & Mokros, 2016:47). The danger of wrongly diagnosing rapists as sexual sadistic offenders could lead to an over-diagnosis of criminal sexual sadism. Moreover, receiving a diagnosis of Sexual Sadism Disorder could be pathologising, stigmatising and discriminating, while adversely affecting the individual's personal liberty, through long-term incarceration (Nitschke, Mokros, Osterheider & Marshall, 2012:1443; Frances & Wollert, 2012:410).

Failing to diagnose sexual sadistic offenders, on the other hand, may have severe implications for public safety, since sexual sadistic acts against unwilling victims could lead to sexual assault, rape and/or lust murder (Mokros, Schilling, Eher & Nitschke, 2012:764). The occurrence of sexual sadism is chiefly based on individuals in forensic settings and it has been estimated that the prevalence of sexual sadism fluctuates between 2%-30% in every community worldwide (Nitschke et al., 2009a:685). The fluctuation in prevalence is mainly due to practitioners not understanding the Diagnostic and Statistical Manual (DSM) requirements sufficiently and consequently misdiagnosing sexual sadism among sex offenders. The legal implications of under-diagnosing criminal sexual sadism tend to be severe since Sexual Sadism Disorder, as set out in the DSM 5, is considered to be a progressive disorder, because sexual sadists' will continue to engage in deviant sexual behaviours even after being released from custody (Myers, Chan, Vo & Lazarou, 2010:51). Hence, the perceived risk coupled with the likelihood of recidivism renders sexual sadistic perpetrators as dangerous offenders who should receive strict sentences.

Irrespective of the criminal sexual sadist's characteristics, motives and methods of attack or coercion, the social and emotional effect on non-consenting female victims is immense and generally demoralising (Bartol & Bartol, 2017:376). Therefore, the different experiences of victims must be taken into consideration when assessing the effect of sexual sadistic incidents since such events could lead to a variety of different criminal outcomes including assault, rape and/or lust murder (Nitschke et al., 2009a:685). However, there continues to be a paucity of research on the nature and effect of sexual sadistic actions on non-consenting female victims worldwide, as criminal sexual sadism usually only comes to the attention of authorities in sensational cases. Males almost exclusively make up the percentage of sexual sadistic offenders and mainly direct their aggressive sexual fantasies towards females who they perceive to be inherently vulnerable (Sadock et al., 2015:597).

Considering the discussion above, it is apparent that much research pertaining to practitioners' difficulties in diagnosing individuals with Sexual Sadistic Disorder has been published. Nonetheless, the researcher's focus for this study is to conduct an extensive review of the available literature pertaining to the nature and effect of sexual sadistic actions against non-consenting female victims in a South African context. The researcher consulted numerous online journals, via Sabinet and EBSCO Host, however, no articles relating to the nature and effect of sexual sadistic actions in South Africa could be found. Thus, a dearth of research on the topic of sexual sadism exists within the South African context. In addition, the researcher consulted a variety of international sources in order to obtain a thorough insight into the available literature pertaining to sexual sadistic actions worldwide. The researcher attempted to consult the most recent sources however some may be outdated, due to the scarcity of available literature. In total, the researcher consulted 98 sources to compile the literature review, 37 of which were directly related to sexual sadism and 61 were sources from which inferences were made from populations that have been exposed to similar incidences of sexual assault and/or rape.

More substantial and significant research needs to be conducted regarding the nature of criminal sexual sadistic actions, as well as the influence of such acts on non-willing female victims in South Africa. The findings obtained will allow practitioners to refine the clinical criteria to evaluate Sexual Sadism Disorder among sexual perpetrators and further identify potential risk factors in sadistic offenders. Less ambiguous diagnostic criteria will further assist practitioners to obtain a better understanding of sexual sadists' pathology and the unique treatment intervention that is required to prevent sexual sadistic offenders from re-offending. The information gathered could also assist the authorities, including the Criminal Justice System (CJS) personnel, to identify suitable sentencing possibilities and recognise the importance of a victim impact statement in such cases. Obtaining more significant information regarding the effect of sexual sadistic actions will allow practitioners to develop an appropriate intervention plan to assist victims of criminal sexual sadistic assault and/or rape to cope constructively with the traumatic incident. Additionally, the findings obtained could be used to initiate further research regarding forensically relevant forms of sexual sadism. The study is of great importance, as it will expand the existing knowledge pertaining to sexual sadism by providing an in-depth account of the nature of forensically relevant forms of sexual sadism, as well as the effect that such criminal actions have on non-consenting female victims. The primary research question is therefore: What is the nature and effect of sexual sadistic actions on non-consenting female victims in South Africa?

1.4. Aim and objectives

The aim of the study is to determine the nature and effect of sexual sadistic actions on non-consenting female victims in South Africa. The following objectives will be pursued in order to meet the aim of the research study:

- To determine the nature of criminal sexual sadistic actions on non-consenting female victims.
- To identify the physical effect of forensically relevant forms of sexual sadistic actions on non-consenting female victims.
- To establish the psychological effect of criminal sexual sadistic actions on non-consenting female victims.
- To determine what factors contribute to criminal sexual sadists' motivation to commit sexual sadistic actions.

1.5. Value of the research

More substantial research is required to obtain ground-breaking information regarding criminal sexual sadism in South Africa. The data gathered during this study can inspire and be used by researchers to conduct further research in the field of criminal sexual sadism. The findings could assist practitioners to refine the clinical criteria of individuals who exhibit Sexual Sadism Disorder and gain a better understanding of their psychopathology. Practitioners who have extensive knowledge and insight of the nature and pathology of sexual sadistic acts will be able to gain a more comprehensive understanding of the seriousness of such crimes. The motives behind sexual sadistic acts will become clearer and practitioners will be able to determine the perceived risks of sexual sadistic perpetrators more accurately. Based on the high recidivism rate and chronic nature of sexual sadism, practitioners will be able to use the information gathered to sentence the offenders accordingly and/or to implement unique treatment interventions. Being able to grasp these important aspects would improve the professional efficacy of the authorities and practitioners. Being able to work more vigorously on such traumatic incidents will reduce the duration of the legal process and minimise the trauma experienced by the victims.

Non-willing victims of criminal sexual sadism experience prolonged stress and trauma, which could be destructive to the individuals' psychological and physical health, as the effects of such a traumatic experience tend to escalate progressively as time passes (Bartol & Bartol, 2014:289; Bartol & Bartol, 2017:254). Prior knowledge of the financial, emotional, spiritual, physical and psychological influence that sexual sadism might have on victims will assist practitioners to develop an appropriate intervention programme to provide the victims with assistance to deal with the traumatic event in a constructive manner. Utilising constructive

coping strategies will allow victims of criminal sexual sadism to cope with life challenges more effectively and, as a result, victims could find themselves in a more positive emotional state. As such, victims are more likely to refrain from using maladaptive coping strategies as a means of ridding themselves of negative emotions that exacerbate the debilitating effects of being victims of criminal sexual sadism.

The study further holds great value for Criminology as a discipline, since the research study opens the doors for multidisciplinary and interdisciplinary thinking, as well as research. The researcher will utilise Criminological, Victimological, Biological and Psychological theories to explain why individuals diagnosed with a psychological disorder such as Sexual Sadistic Disorder are capable of being a threat to society. Furthermore, the study has numerous implications for social workers, mental health practitioners, criminologists and the legal profession, which provides various advantages for Criminology as a discipline. It allows criminologists to work with a variety of professionals from other disciplines to address traumatised victims of criminal sexual sadism, as each professional utilises his/her own set of skills to achieve a collaborative goal. Multidisciplinary and interdisciplinary thinking allows professionals to address an issue from a variety of different points of view and thus enhance the possibilities of assisting victims to deal with a traumatic event such as sexual sadism.

1.6. Research methods

Brief descriptions of the research methods that will be utilised during the research process are discussed. However, extensive detail about the manner in which the research will be conducted is provided in Chapter 4 of this dissertation. The research approach, type of research and research design will be described thoroughly along with the advantages and disadvantages of the research methods that will be employed. The researcher further details how trustworthiness can be achieved and the ethical considerations that will be taken into consideration throughout the research process.

An explorative qualitative research approach will be utilised to provide the readers with an in-depth account of the nature and effect of sexual sadistic actions on non-willing female victims in South Africa. Therefore, knowledge obtained could contribute towards a more detailed understanding of criminal sexual sadism by expanding the existing knowledge on the topic, without attempting to develop appropriate intervention strategies. The research study will thus be driven entirely by the researcher's curiosity and the need to fill the hiatus in current literature.

A collective case study design will be the most befitting qualitative research method, as a unique phenomenon will be studied of which little is known. Through the use of multiple case studies, an in-depth understanding of the nature and effect of non-consenting criminal sexual sadism will be provided. Thus, diverse sources of evidence will be used to explore the influence of sexual sadistic acts against non-willing victims from a variety of different perspectives, rather than making use of a single source.

Between eight and ten subject matter experts, such as mental health practitioners, sexologists, social workers and legal representatives, with experience and knowledge in the field of criminal sexual sadism will be interviewed. The specific non-probability sampling method that will be used is purposive sampling in conjunction with snowball sampling, as it is difficult to identify an adequate sample of experts with an understanding of the nature and effect of sexual sadistic actions in South Africa beforehand. Secondary resources will be utilised since obtaining information of such a personal and sensitive nature first hand could have serious emotional repercussions for the victims of criminal sexual sadism.

Individual, semi-structured in-depth interviews will be conducted to prevent the researcher from overlooking any possible information and to provide an in-depth account of criminal sexual sadism and the influences thereof on the victims. The verbal data obtained from the experts will be transcribed into written form and will be classified, analysed and described through thematic analysis. From the analysed data, the researcher will write an in-depth report regarding the nature of criminal sexual sadism and the effects of such actions on non-consenting female victims in South Africa.

1.7. Conceptualisation

In order to comprehend the study at hand fully, it is imperative to distinguish non-consenting criminal sexual sadism from voluntary sadomasochism, since some degree of sadomasochistic stimulation may accompany a normal sexual life. It is therefore important to note whether sexual sadistic actions are the primary source of sexual stimulation or whether they are a prerequisite for sexual gratification. Attributable to the unfamiliarity of these two phenomena, the researcher will provide both a scientific and operational definition of each concept, to ensure that the reader becomes familiar with the relevant concepts. It will further ensure that readers understand how the researcher interpreted and defined each concept throughout the study.

1.7.1 Sadism

Sadism is often narrowly understood as the infliction of cruelty, torture, punishment and physical pain of victims who do not yield voluntarily to the criminal sexual sadistic acts (Nitschke, Osterheider & Kokros, 2009b:263). However, the broader interpretation of sadism that is far more concerning than the physical cruelty is the profound emotional degradation and subjugation of the victims. The sadistic actions are not motivated by sexual gratification but rather the sadistic perpetrators objective is to perceive the victims' utter fear and distress before, during and after the execution of the violent acts (Kearney & Trull, 2018:333). The term was first coined by the Austro-German psychiatrist, Richard Freiherr von Krafft-Ebing (1840-1902), in his monograph, *Psychopathia Sexualis*, during the 19th century. He derived the term from the name of a French aristocrat, Marquis de Sade (1740-1814), who was purportedly a sexual sadist and who wrote various erotic novels where sexual sadism was a major theme (Yates, Hucker & Kingston, 2008:231). Von Krafft-Ebing was the first to provide a clear description of the features of such a clinical case and was instrumental in establishing the diagnostic criteria of sexual sadism in the DSM (Proulx, Blais & Beauregard, 2006:61).

Sadism can operationally be defined as the infliction of extreme, unwarranted violence against non-consenting victims. However, these acts are not sexually motivated, but are rather conducted to elicit the desired response of pain, suffering and humiliation from individuals who do not willingly agree to the sadistic acts.

1.7.2 Non-consenting criminal sexual sadism

Sexual sadism is a paraphilic disorder in which sexual offenders exert control, suffering and degradation over non-consenting victims. Sexual sadistic perpetrators furthermore inflict various physical injuries on numerous parts of the victims' bodies in order to experience sexual arousal (McLawsen et al., 2008:277). The victims of sexual sadistic assault and/or rape also tend to experience long lasting psychological effects and are most commonly diagnosed with Depressive Disorders, Anxiety Disorders, Trauma and Stressor related Disorders or Substance related and Addictive Disorders, which are rarely acknowledged by the authorities. Therefore, sexual sadistic offenders pose a particular threat to society and, as such, it is considered a forensically relevant disorder that is underdiagnosed amongst sex offenders (Nitschke et al., 2009a:685). Researchers use different terms to describe sexual sadism; the researcher will thus interchangeably use the terms non-consenting criminal sexual sadism and forensically relevant forms of sexual sadism throughout the study.

The operational definition refers to the aberrant sexual behaviour in which sexual offenders experience sexual gratification from the physiological and psychological suffering and

degradation of non-consenting victims and, more specifically, female victims. The arousal that sexual sadistic offenders experience during the commission of their acts therefore increases their feeling of power, control and dominance over non-consenting victims.

1.7.3. Sexual sadistic actions

Sexual sadistic acts involve a variety of physical actions that are directed towards victims of criminal sexual sadism with the intention of psychologically tormenting and humiliating the victims (American Psychiatric Association, 2013:695). Sexual sadists have a propensity to restrain, bite, strangle, suffocate, cut, stab or break victims' bones by beating them with foreign objects (Knoll & Hazelwood, 2009:107). Other sexual sadistic actions involve affectionately touching the victims, smearing body secretions on the victims, penetrating the victims anally or with foreign objects, have their genitals mutilated and being raped. Victims of criminal sexual sadism are also forced to masturbate in front of the offenders or to perform oral sex on the perpetrators (McLawsen et al., 2008:286). Sexual sadistic perpetrators often prudently select these acts to intensify their feeling of empowerment and to degrade the victims physically, sexually and psychologically (Yates et al., 2008:223).

Sexual sadistic actions can operationally be defined as the infliction of pain on non-consenting victims as a means of provoking suffering and eliciting the desired response of fear, humiliation, torment, helplessness and, ultimately, maltreatment. In effect, the physical punishment and injuries inflicted inevitably lead to the emotional trauma experienced by the victims. In addition, the sexual sadistic actions result in sexual abuse and harm without consent.

1.7.4. Voluntary sadomasochism

Sadomasochism is classified as an algolagnic disorder that is characterised by anomalous sexual preferences. Such paraphilic disorders involve the eroticisation of submission from an individual who wilfully agrees to acts of being degraded, subjugated, beaten or made to suffer (Eher et al., 2016:47). Thus, a mutual agreement is required between two consenting partners who share interests in sadomasochism. The active role of inflicting physical and/or psychological suffering on another person thus relates to sadism, whereas the passive role of willingly receiving physical and/or psychological pain refers to masochism hence the concept sadomasochism (Nolen-Hoeksema, 2011:409). Individuals engaging in consensual sadomasochism do not act violently towards non-consenting victims, as they do not have a desire to victimise others. The act of voluntary sadomasochism is also not distressing to the masochistic partner (Briken, Bourget & Dufour, 2014:224).

Voluntary sadomasochism can operationally be defined as the sexual interaction between two partners who willingly agree to engage in acts of actively inflicting and passively receiving physical and/or psychological suffering in order to experience sexual gratification. Subsequently, acts of sadomasochism are considered to be a primary source of sexual stimulation and accompany a normal sexual life.

1.8. Structure and layout of the report

Chapter 1 centres on the introduction and orientation of non-consenting criminal sexual sadism and the purpose of the study. The problem statement and rationale of the research study is discussed along with identifying the aim and objectives of the study. Furthermore, relevant key concepts central to the study are conceptualised and the methodological aspects supporting the study at hand are explored.

Chapter 2 explores and engages with the literature in terms of the aim and objectives of the study. The chapter specifically focuses on critically evaluating and synthesising a review of the nature and effect of sexual sadistic actions against non-consenting female victims within a South African context. A number of international and national case studies will be presented to express the authenticity of the phenomenon.

Chapter 3 provides a detailed description of the theoretical framework as it relates to the research study. The research will not only discuss why individuals engage in sexual sadism, but will also discuss why people become victims of sexual sadism. Therefore, the phenomenon of criminal sexual sadism is explained in an integrated theory in which Criminological, Victimological, Biological and Psychological theories are utilised.

Chapter 4 provides an extensive analysis of the methodological considerations of the study. It comprises a review of the qualitative nature of the study where an explorative design is utilised. The advantages and disadvantages of the individual, semi-structured, in-depth interviews are discussed in detail, along with the interview schedule used to conduct the research. The researcher further reflects on the process of thematic analysis and the trustworthiness of the data obtained.

Chapter 5 provides an analysis of the thematic data obtained during the research process and provides an in-depth description of the understanding that experts have pertaining to the nature and effect of sexual sadistic actions on non-consenting female victims in a South African context.

Chapter 6 involves synthesising the research data obtained and the literature review in which the final assumptions of the study are drawn. Thus, the results of the research study are linked to the central research question. Furthermore, possible contributions and limitations of the study are outlined and recommendations for future research regarding criminal sexual sadism are made. In conclusion, an overall summary will be provided.

1.9. Summary

The researcher became intrigued with non-consenting criminal sexual sadism after the former head of the IPU, Brigadier Labuschagne, presented a guest lecture to the Criminology Honours class of 2015 at the University of Pretoria. The mere fact that criminals commit crimes to satisfy their own internal and psychological needs was perplexing to the researcher as was the fact that criminal sexual sadists resort to extreme, unprovoked violence that results in detrimental, long-term physical and psychological consequences for the victims. Thus, the researcher conducted further library based research to understand the nature of sexual sadistic acts and the consequences thereof on non-consenting female victims.

It was apparent that a plethora of research has been conducted about sexual sadism. However, a global search for research studies regarding the nature and effect of sexual sadistic actions on non-consenting female victims did not heed any success. Consequently, this study will expand on the existing body of knowledge and will bring new insights to experts' understanding of the nature of sexual sadism and the influence of such acts on non-consenting female victims in a South African context. The findings obtained could be utilised by practitioners and health care professionals to develop an intervention programme that could appropriately assist victims of forensically relevant forms of sexual sadism to deal with the traumatic event in a constructive manner. In addition, the authorities, such as the SAPS and the CJS, could use the findings obtained to implement necessary strategies to prevent sexual sadistic actions.

A thorough discussion of the value of the research study has been presented along with the value that the research holds for Criminology as a discipline. The research study not only provides more insight into the nature and effect of sexual sadistic actions against non-consenting female victims, but it also opens new doors for multidisciplinary and interdisciplinary thinking. Furthermore, a brief description of the research methods used to conduct the study has been provided together with the strategies the researcher envisages to utilise during the research process. The key concepts have been outlined and the researcher has provided an overview of the structure and layout of the report, along with a description of each chapter.

2. Literature review of criminal sexual sadism

2.1. Introduction

Sexual sadism is a challenging phenomenon to investigate. Also, it is an inimitable phenomenon that is relatively under-recognised worldwide. Hence, a comprehensive literature search revealed that there is a dearth of research relating to the nature and effect of sexual sadistic actions on non-consenting female victims in South Africa. For this reason, an extensive review of the available literature pertaining to the nature and effect of sexual crimes in general will be conducted in order to contextualise the consequences of criminal sexual assault on unwilling female victims. Once an understanding of the impact of sexual assault and/or rape on unwilling victims is uncovered, the researcher will align these experiences with sexual sadism. As very little research has been conducted regarding criminal sexual sadism, the researcher will commence the study in a deductive way to unearth the nature and effect of sexual sadistic assault and rape on non-consenting victims and, more specifically, female victims. The lust nature of murder will also be explained.

2.2. Nature of sexual crimes

No consensus exists between role-players in the South African CJS on what sexual crimes entail. For example, The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 amalgamates 24 separate crimes relating to sexual offences in South Africa and sexual offences are deemed crimes against the community as a whole. The SAPS merely differentiates between four types of sexual offences – rape, sexual assault, attempted sexual offences and contact sexual offences (South African Police Service, 2017:11). The four sexual offences identified by the SAPS does not coincide precisely with the definitions of sexual offences as set out in the Criminal Law (Sexual Offences and Related Matters) Amendment Act. To complicate matters even further, the Department of Correctional Services (DCS) detains prisoners according to four definite sexual offence categories, namely rape, attempted rape, indecent assault and intercourse with a minor. Although not defined as a specific category, the DCS makes provision for additional sexual crimes that are not as prevalent, such as necrophilia, bestiality and incest (Department of Correctional Services, 2015:30). It is therefore not surprising that the South African society and, more specifically, the CJS does not have a universal understanding of the nature of the different categories of sexual crimes.

2.2.1. Nature of rape

Countries worldwide have disagreed in their definition of *rape* as a legal concept. In addition, the definition of rape tends to change over time. In South Africa for example, before the present Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 was promulgated, rape was restricted to male perpetrators having intentional, unlawful sexual intercourse with non-consenting female complainants. The act of rape was gender specific because sexual intercourse was previously confined to the penetration of women's vaginas by male perpetrators' penises. Thus, rape could solely be committed by male offenders against female victims as anal or oral penetration, along with penetration of females' sex organs by foreign objects, were not included in the definition of rape (Snyman, 2014:353).

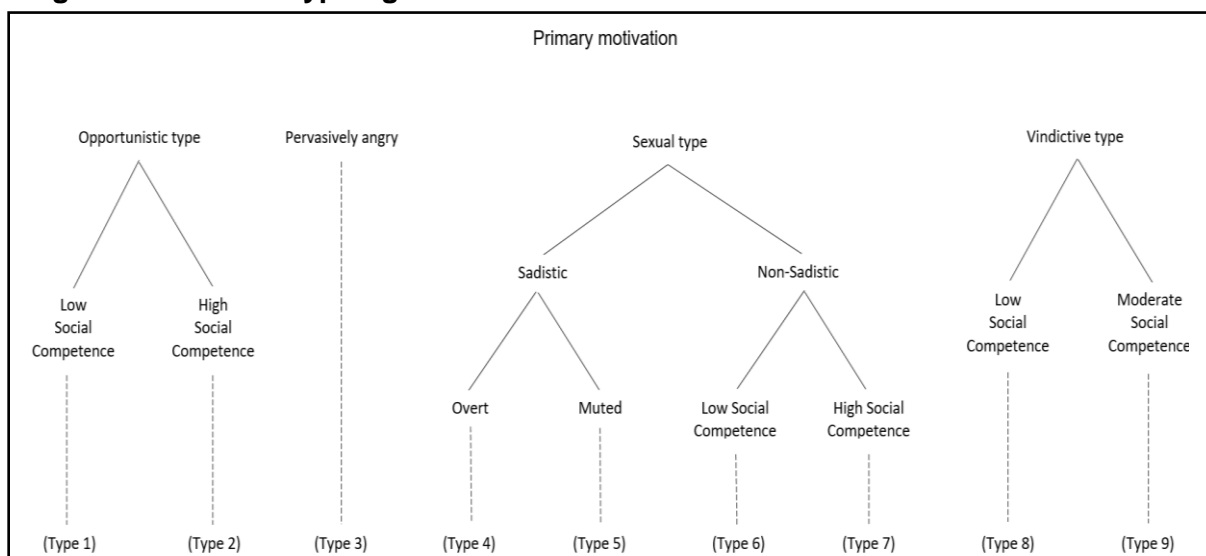
In 2007, the Constitutional Court of the Republic of South Africa in *Masiya v Director of Public Prosecutions 2007 2 SACR 435 (CC)* elaborated on the legal definition of rape and the Criminal Law (Sexual Offences and Related Matters) Act was passed/promulgated. The gender-neutral definition stipulates that men also fall under the ambit of rape which also encompasses the penetration of the anus, mouth or any sexual organ of both males and females. The current definition of rape comprises the insertion of a male penis or any object into another person's genitalia, irrespective of their gender. Thus, in South African law, sexual offences that were previously deemed indecent assault are now defined differently as rape, including sexual crimes committed against children and persons who are mentally disabled (Artz & Roehrs, 2009:465). The Act provides victims of sexual crimes with care services in order to aid them after the traumatic incident. Furthermore, alleged sex offenders are obligated to undergo compulsory HIV testing so that immediate treatment can commence for both the victims and the offenders. A national sex offender register was also introduced and implemented. The register contains details of sex offenders in order to assist the courts and national services providers in identifying and tracing the offenders. Another addition was the implementation of a national policy framework that identifies and regulates all criminal acts that relate to sexual offences (Snyman, 2014:353).

The existing definition of rape in South Africa is so extensive that sexual crimes became more heterogeneous in nature. Currently, sexual crimes comprise a variety of actions that are no longer restricted to vaginal penetration by a male perpetrator's penis (Kaseweter, Woodworth, Logan & Freimuth, 2016:124). Instead, the features of sexual offences vary greatly according to time, place, victim characteristics, methods of approach and perpetration. Additionally, sexual crimes are no longer gender specific and can be perpetrated by any person regardless of their gender (Seto & Lalumière, 2010:549).

Currently, sex offenders differ in terms of a variety of attributes including age, race, gender preference, upbringing, religious beliefs, attitude and interpersonal skills, to list a few. Seeing that sexual crimes are committed by a diverse group of perpetrators, an effort was subsequently made to classify rapists according to unusual behavioural patterns, rather than personal attributes (Bartol & Bartol, 2017:387). Such classification systems could be beneficial in ascertaining important information regarding risk management in correctional facilities, as it could provide guidelines on where specific inmates should be placed or what treatment programmes would be most appropriate (Wilson & Alison, 2011:69).

Rapist typologies, however, are permeated with a variety of drawbacks, due to the dearth of unified behaviour patterns that are often complicated and misunderstood (Wilson & Alison, 2011:69). Over the years, the Massachusetts Treatment Centre (MTC) developed a number of MTC rape typologies that have undergone multiple revisions. The MTC typologies are thus among the most meticulously tested classification systems for sex perpetrators. Although sex offenders do not always fit into a specific MTC typology, the classification system is considered useful to identify sex offenders based on their motives and behavioural characteristics (Goodwill, Alison & Beech, 2009:510). The MTC originally developed a classification system in which four primary categories of rapists – impulsive/exploitative, compensatory, displaced aggression and sadistic – are identified based on their sexual and aggressive characteristics (Bartol & Bartol, 2017:388). Later revisions of the MTC typologies refined these classifications to include a number of subcategories that are classified according to four principle drives as illustrated in Diagram 1 below (Jennings & Fox, 2016:74).

Diagram 1: MTC: R3 typologies



Source: Bartol and Bartol (2017:391)

Firstly, opportunistic types merely engage in the act of rape when an opportunity presents itself. The act of rape is thus dependent on circumstantial factors, rather than careful planning or protracted sexual fantasies, meaning that these rapists do not set out with the intention of raping victims but the rape is a consequence of another criminal act such as robbery or burglary (Wilson & Alison, 2011:70). However, new research indicates that sexual burglary is not necessarily a result of an opportunity that arises. In some cases, the offenders' primary motives are not to break into premises but they illegally enter a property with the intention of raping the residents. In such instances, offenders cannot be referred to as opportunistic rapists since the crimes are planned with the intent to rape. Nonetheless, the onus of proof will be difficult as investigators will have to provide evidence that the perpetrators' primary intentions were to rape and not to rob or burgle the residence. The incidence of rape is solely an example of such criminals' lack of impulse control, as these perpetrators engage in a variety of criminal behaviours over an extended period of time. Their victims are subjected to minimal violence, as these rapists exert the minimum amount of force necessary to obtain compliance from their victims (Bartol & Bartol, 2017:388). Thus, opportunistic rapists do not exhibit sexual or aggressive tendencies towards their victims, as the acts tend to be spontaneous in nature. These offenders are further delineated based on their social competence including their interpersonal and communication skills. Type 1 perpetrators have lower social competence and first exhibit their imprudent sexual actions during adolescence. Type 2 offenders' initial onset of impulsive sexual tendencies happens during adulthood and they are considered to have high social competence (Jennings & Fox, 2016:74).

The second category of rapists is the pervasively angry types (Type 3) who predominantly exert aggressive and violent behaviour on their victims without any or minimal intent to obtain sexual gratification (Kulkarni & Venumadhava, 2015:52). The aggressive acts are thus not primarily directed at the victims' erogenous zones, but rather focus on parts of the body that have no sexual significance. These rapists tend to use excessive force even if the victims yield to their rapists' demands. However, victim resistance could lead to increased violent behaviour. The victims are commonly subjected to numerous sadistic acts involving picquerism, which is aimed at degradation, subjugation and injuring the victims (Burgess & Hazelwood, 2009:351). The victims are also forced to masturbate or perform fellatio on the assailants to make them tumescent, since these rapists are not sexually stimulated by their acts of violence. Pervasively angry rapists act with violence towards female victims, as they subjectively believe that women are unsympathetic, demanding and unfaithful. There are no subcategories for type 3 offenders, leaving all pervasively angry rapists in one class (Bartol & Bartol, 2017:391).

The penultimate category of rapists is made up of the sexual gratification types. These rapists experience equivalent levels of violent and sexual features, since aggression, domination and humiliation are prerequisites for sexual gratification. Subsequently, the two features must coexist seeing that aggression is eroticised (Wilson & Alison, 2011:70). From early childhood, these sadistic rapists tend to have sexual sadistic fantasies that increase over time. Consequently, these rapists' desires increase and result in excessive violence towards their victims (Burgess & Hazelwood, 2009:355). Sexual gratification rapists are therefore inclined to use excessive violence that surpasses the amount of force necessary to obtain the victims' compliance, as they have a false belief that women want to be dominated, controlled and raped by men. To these rapists, their victims' resistance is considered a game. The injuries inflicted are however not directed at the victims' sex organs, but rather to other body parts that are not eroticised (Bartol & Bartol, 2017:389). Sexual gratification rapists can be divided into four subtypes depending on the sadistic and non-sadistic nature of their sexual fantasies. The sadistic type can be divided into type 4 (overt) perpetrators who act on their sadistic fantasies and type 5 (mute) offenders who merely fantasise and do not act on their aggressive impulses. Non-sadistic types are further subdivided into type 6 (low social competence) and type 7 (high social competence) offenders (Jennings & Fox, 2016:75).

The final category of rapists consists of the vindictive offender types. In accordance with the opportunistic rapists, aggressive behaviour towards their victims is not significant. The primary objective of vindictive rapists is not to physically or emotionally abuse the victims, but they want to prove their sexual proficiency and competence to women (Wilson & Alison, 2011:70). The prospects of rejection compel the rapists to sexually assault and/or rape non-compliant victims since they fear rejection by a consenting partner. Furthermore, these rapists often experience intense sexual urges that originate from specific environmental incitements (Kulkarni & Venumadhava, 2015:52). They live in their own reality which is based on fantasies and perceptions of victims who eagerly yield to sexual acts and find the rapists' sexual performance so sensational that the victims will seek another sexual encounter with them. The rapists' perceptions of reality are distorted to the extent that the rapists will seek further contact with the victims despite the fact that the victims resisted the sexual assault and/or rape (Bartol & Bartol, 2017:389). Vindictive rapists are also commonly subcategorised according to their social competence; type 8 offenders have low social competence whereas type 9 perpetrators exhibit moderate social competence. These offenders rarely have high levels of social competence (Jennings & Fox, 2016:75).

It is crucial however that a distinction be made between sexual gratification rapists and Sexual Sadism Disorder seeing that a small minority of sexual gratification rapists can receive an official DSM-5 diagnosis that qualifies as a mental disorder. Practitioners can easily misdiagnose the common, occasional and non-specific violence of sexual gratification rapists with the rare, extreme and specialised violence of individuals with Sexual Sadism Disorder (Briken et al., 2014:223). Both sexual gratification rapists and offenders diagnosed with Sexual Sadism Disorder calculatedly inflict suffering on non-consenting victims, whether physical or psychological, in order to become sexually gratified. Accordingly, the fear and suffering of victims are prerequisites for sexual sadists to become aroused. However, the severity of the perpetrators' cruelty and the extent to which the victims are suffering is not evidence of sexual sadism since acts of extreme violence are sometimes committed for non-sadistic purposes (Hazelwood, Dietz & Warren, 2009:464). Although both these types of offenders use excessive violence towards their victims and lack empathy and insight regarding their actions, these offenders are fundamentally different since the legal term *rape*, refers to a criminal act that has no underlying psychological disorder (Frances & Wollert, 2012:414).

2.2.2. Nature of sexual sadism

Algolagnic disorders such as Sexual Sadism Disorder are classified clinically as a paraphilia and are commonly characterised by anomalous sexual preferences that involve the infliction of physical and/or psychological torment on non-consenting victims. Thus, sexual sadistic offenders experience sexual gratification as a result of observing unwilling victims suffer and perceive their anticipated fear of the impending acts (American Psychiatric Association, 2013:695). The infliction of pain is merely a means to provoke suffering and eliciting the anticipated response of degradation, subjugation and maltreatment that is manifested in sexual assault, rape and/or lust murder (Mokros, Osterheider, Huncker & Nitschke, 2011:764). The act of humiliating victims result in increased sexual stimulation compared to having consensual sexual intercourse with a partner (Healey, Lussier & Beauregard, 2013:404). In an investigative interview conducted in West Virginia, a sexual sadist stated: "... I can't have normal sex with nobody. I have abnormal sex. I have to force people to give me what I want or I don't have no ejaculation, no erection or nothing ..." (Geberth, 2010:714). Sexual sadism is thus considered to be a chronic condition since sexual sadistic perpetrators exclusively derive sexual arousal from deviant sexual acts, which involve the use of unusual objects and sacraments (Sadock et al., 2015:597).

The nature of sexual sadists' behaviour ranges along a wide spectrum from non-criminal sexual sadism to sexual sadism that is considered to be a criminal offence. The classification

of these sadistic acts are however considered to be a challenge seeing that it is difficult to determine whether the violent acts generate sexual gratification for the offenders. It could thus be said that sexual sadism has two components – a sadistic component and a sexual component. Aggrawal (2009:176) proposed the following classification system that increases in the degree of psychopathology. Class I sexual sadists fantasise about the suffering of others however they do not act out on their aggressive desires. Class II sexual sadists fulfil their sexual sadistic fantasies with willing partners who freely consent to masochistic acts involving suffering and humiliation (Geberth, 2010:28). Nevertheless, the aggressive acts inflicted on the consenting partners are not severe and do not cause serious bodily harm. It is also common for class II sexual sadists to act on their sadistic fantasies with inanimate objects, most often with dolls, clothes and pictures, as these objects are passive and non-threatening (Hazelwood et al., 2009:464). An example of their acts will include dripping hot candle wax on the consenting partners or using a vaginal speculum during the sexual act. The suffering of individuals are imagined therefore these sexual sadists are usually law abiding citizens and do not meet the DSM-5 diagnostic criteria for Sexual Sadism Disorder. Class I and II sadists can rather be referred to as *leptosadists*, meaning that these individuals inflict mild suffering and do not become sexually stimulated from inflicting severe injuries on others (Aggrawal, 2009:176).

It is not uncommon for class I and II sadists to escalate their behaviour over time and increase the severity of their acts as sexual sadism is a progressive disorder. The sexual arousal derived from the role-play or masochistic acts decreases over time consequently sadists engage in more aggressive acts (Yates et al., 2008:223). The transformation of consenting partners into victims of sexual sadistic actions occurs over an extended period of time. Sadists gradually expose their partners to their sadistic urges and manipulate them into masochistic activities. In such instances, sadists shape their partners' behaviour to progressively accept the deviant sexual acts and, through social isolation and recurring abuse, sadists break down their partners' self-esteem until the partners are convinced that they deserve to be punished (Hazelwood et al., 2009:465). The withdrawal of consent by previously willing partners that goes unheeded falls under the ambit of class III sexual sadists. Class III sexual sadists are considered to be criminal, as these sadists commit crimes against victims who do not consent to the sadistic acts however the injuries inflicted on the victims are minor. Class IV sexual sadists, also known as severe sexual sadists, act on their sexual urges with non-willing victims and inflict serious injuries to their victims that could result in death. Due to the nature of class III and IV sexual sadists, these offenders become a concern to law enforcers because their acts can be classified as *barysadism* which means these offenders engage in unlawful forms of sexual sadism (Aggrawal, 2009:176).

The onset of sexual sadistic fantasies tends to start during childhood and, as the urges and fantasies become more prominent during early adulthood, the individual starts to act on these sadistic urges (Aggrawal, 2009:174). The following statement was transcribed from an advisory message that was recorded by a sexual sadist, known as Parker Ray, which he played to his victims: "I've been rapin' bitches ever since I was old enough to jerk off, and tie little girl's hands behind their back" (Geberth, 2010:571). Despite the limited information available on sexual sadistic perpetrators, it is evident that these offenders engage in sexually sadistic acts over a period of numerous years without the need to increase the potential for inflicting serious bodily harm. Usually however the severity of the sadistic actions increases over time, as the sexual sadists' intensity for gratification decreases (Yates et al., 2008:223). Parker Ray stated in this regard during the abovementioned tape recording, "we take four to five different girls each year, depending on our urges ..." (Geberth, 2010:571). Although researchers have a tendency to relate criminal sexual sadism to male sex offenders, sexual sadism is prevalent in both males and females (Stone, 2010:135). An unknown female sexual sadistic perpetrator narrated "Nothing turns me on more than the whimpering sounds and wincing facial expressions guys make or if they cry. I also find myself turned on if I see a guy limping" (Nairaland, 2015:1). Although the example quoted above is from an unscientific source, it is of great relevance to indicate the existence of female sexual sadists.

The characteristics of female sexual sadistic offenders are comparable to those of male sexual sadists. Nonetheless, the deviant sexual arousal of female sexual sadists is more associated with the infliction of psychological pain, rather than physical suffering, since most females do not tend to become sexually stimulated by the suffering of others (Pflugradt & Allen, 2012:334). Conversely, some females seek revenge and enjoy inflicting pain and suffering on men who are considered the symbolic equivalent of men who have abused them. These women however exhibit an additional set of characteristics that differentiates them from male sexual sadists (Stone, 2010:148). Female perpetrators manipulate others to torture the victims while observing or passively participating whereas male offenders rarely commit an offence with the assistance of co-offenders. Sharing the sadistic sexual experience with co-perpetrators intensifies the sexual arousal for females and escalates their behaviour more rapidly than when acting alone (Cortoni & Gannon, 2011:38). The following confession by a female sexual sadist confirms the notion that females work with accomplices: "I have intense fantasies of watching someone get seriously hurt or raped by a man I am with ... I always have the side fantasy of there being a disposable third person or woman to be more precise" (Experience Project's, 2009:1). The aforementioned quote is from an unscientific source nevertheless it provides the readers a practical example of how females collaborate with accomplices.

Criminal sexual sadists have a propensity to premeditate their offences. They are organised perpetrators; they prudently plan the crime according to their fantasies. Before the commencement of an offence, sadists identify potential victims based on personal criteria. Organised perpetrators further select a predetermined location to abduct the victims, before moving the victims to other areas that offer sadists solitude and safety, with little opportunity for the victims to escape or be rescued (Bartol & Bartol, 2017:315). The methodical elicitation of suffering reveals the meticulous care that sexual sadists take with detail. They cautiously plan what methods will be used to inflict pain and suffering on the victims and select and prepare the equipment that will be used in advance (Hucker, 2009:344). The following excerpt from the Parker Ray audio recording supports the notion that criminal sadists carefully premeditate their crimes: “You’re going to be kept in a hidden slave room. It is relatively sound proof, escape proof, and it is completely stocked with devices and equipment to satisfy our sexual fetishes and deviations” (Geberth, 2010:576). Sexual sadists make use of numerous techniques to approach their victims including the use of impersonation, manipulation, deception and luring victims under false pretences. Parker Ray stated in this regard, “we are very selective when we snatch a girl ... We prefer to snatch girls in the early to mid-teens, sexually developed, but still small bodied, scared shitless, easy to handle and easy to train ... And, with a little practice in deception, most if’em is very easy to get, with little risk” (Geberth, 2010:570).

Once victims are abducted, the sadists will restrain the victims to prevent them from attempting to escape or place the victims in a fixed sexually exposed position to restrict their movements while sexually assaulting or raping them (McLawsen et al., 2008:286). In the audio recording, Parker Ray explained to the victims that “You’re gonna be kept chained in a variety of different positions, usually with your legs or knees forced wide apart. Your wrists, ankles, knees, and hips will be strapped to a metal frame to hold your body in that position” (Geberth, 2010:573). In addition, sexual sadists physically torture and humiliate the victims to experience sexual stimulation. Criminal sexual sadists also have a propensity to take photos and/or videos of their victims while suffering, or diarise their crimes, draw pictures of the victims while they are bound in sexually exposed positions and keep media accounts of their crimes (Nitschke et al., 2009b:265). These records are kept hidden as a souvenir for future stimulation. Despite keeping records of their offences, sexual sadists usually collect trophies of each of the victims whether it is the victim’s undergarments, identification document (ID) or any other personal item of the victims. However, sexual sadistic offenders rarely retain body parts of their victims rather they would keep the corpses for a period of time (Hazelwood et al., 2009:471). A sexual sadist confessed during an interview with the investigating officer

that “I told them to get dressed. But, I may have took the panties and bras ... because the panties and bra turned me on” (Geberth, 2010:716).

The physiological stimulation experienced by criminal sexual sadists tends to increase their sense of power, control and dominance over victims who do not yield voluntarily to the sadistic acts (Yates et al., 2008:223). The intensity and gratification of the physiological responses experienced decreases over time. Consequently, these offenders’ desire to act on the sadistic fantasies increases and tend to be persistent and involuntary (Kingston, Seto, Firestone & Bradford, 2010:575). In addition, sexual sadists feel compelled to respond to a personally or socially aberrant impetus to experience sexual arousal and/or to attain an orgasm (Geberth, 2010:30). Most sexual sadists will continue to repeat their deviant sexual practices after their release from custody and thus have a high recidivism rate. Criminal sexual sadism is therefore a progressive disorder that poses a particular threat to society, since the disorder is considered to have a poor prognosis. As a result, practitioners must attempt to diagnose sex offenders accurately with Sexual Sadism Disorder (Myers et al., 2010:51).

The extreme, unwarranted violence used by sexual sadistic criminals’ distresses practitioners since the victims tend to suffer from severe physical injuries, as well as long lasting psychological consequences. What further complicates the task of practitioners is the fact that sexual sadists do not enter therapy voluntarily, tend to conceal the truth and are unlikely to disclose that they become sexually gratified by the suffering of the victims (Wright, 2010:1229). Moreover, sexual sadists most probably deny their sadistic desire to torture, degrade and/or humiliate victims in order to become sexually stimulated. During police investigations, sexual sadists spoke about their violent offences readily but were less likely to reveal their sexual desires (Hazelwood et al., 2009:469). Thus, practitioners’ reliance on sexual sadists’ self-reports to confess their sadistic desires is thus problematic and they should therefore rely on other evidence. Subsequently, practitioners occasionally derive information from victim statements or, alternatively, inferences are made regarding sadists’ sexual preferences from a detailed account of pertinent offences and behavioural indicators (Briken et al., 2014:223). Collateral information for example, former spouses and/or girlfriends, is another relevant source that can be considered to assist practitioners to make an accurate diagnosis. However, forming deductions from underlying sadistic perpetrators’ actions is a formidable task and could have severe and lasting consequences for sexual sadistic offenders and society at large because offenders who receive a clinical diagnosis of Sexual Sadism Disorder are at an increased risk of reoffending and are thus more likely to receive a prison sentence (Eher et al., 2016:46).

2.3. Comparable characteristics of sexual sadism and psychopathy

Psychopathy is classified as a personality disorder that is characterised by an enduring pattern of interpersonal, affective and antisocial tendencies that deviates from an individual's cultural norms and has serious harmful consequences for society. The psychopaths' inability to adhere to societal norms is governed by various aspects of their unlawful behaviour and their pervasive pattern of performing criminal acts that are grounds for apprehension (American Psychiatric Association, 2013:659). As well as readily violating society's norms without any sense of indignity, guilt or repentance, psychopaths are egoistic, grandiose, narcissistic, deceitful, calculating, superficial, callous, impulsive and hedonistic. Amongst its more essential features are an utter and total disregard for, and defilement of, the rights of other individuals and a tendency for predatory behaviour that begins in childhood and continues into adulthood (Sadock et al., 2015:749). Psychopaths are in touch with reality and are not considered to be insane; they do not suffer from hallucinations or delusions rather they are cognisant of their actions. Their behaviour is based on a calculating rationality driven by self-indulgence and a lack of conscience or remorse as indicated by their indifference and rationalisation of their acts (Nolen-Hoeksema, 2011:272).

Sexual sadistic perpetrators are a concern for law enforcement officials and are considered to be noteworthy adversaries seeing that criminal sexual sadists are cunning, manipulative and accomplished at deception. They have a tendency to vindicate their sexual aggressive tendencies, exhibit no remorse or guilt and are completely oblivious to compassion for others (Visser, DeBow, Pozzebon, Bogaert & Book, 2015:377). Sadists further consider themselves to be superior to the general public and to law enforcers, in particular. Although these offenders envy the hegemony and supremacy of police officers, they do not have any regard for them. Sexual sadists undermine law enforcers and perceive officers to be incompetent, and are therefore likely to consent to investigative interviews even after they have been advised of their rights (Hazelwood et al., 2009:472). They have an inflated self-esteem, believe they are intellectually superior to police officials and are in no danger of disclosing detrimental evidence about themselves. Rather, they anticipate obtaining more information regarding the case from the officers because they wish to determine how much the detectives know about their crimes and hope to establish the current status of the investigation. Sadists will however confess to their crimes in an attempt to justify their actions and, if they think it is in their best interest to confess, the confessions are usually an attempt to negotiate a plea bargain (Geberth, 2010:270).

Subsequently, it is evident that, in accordance with psychopaths, criminal sexual sadists have an inability to acknowledge the pain and suffering caused by their actions on others.

The failure to appreciate the distress caused by their behaviour explains how sexual sadists are able to torture and mutilate others without any sense of guilt (Mokros et al., 2011:190). They are completely unconcerned with the moral repercussions of their brutality and eroticise the sight of suffering, distress, fear and helpless victims whom sexual sadistic offenders perceive as objects to be exploited and humiliated. Although these offenders are in touch with reality and are able to differentiate between right and wrong – as indicated by the extent to which they premeditate their criminal acts – they simply do not care. According to Geberth (2010:737), offenders who exhibit an amalgam of psychopathic tendencies and criminal sexual sadism are a permanent danger and risk to the safety of society if they are not apprehended and detained. Nonetheless, practitioners should be careful not to generalise and take it for granted that offenders who commit sadistic acts are psychopaths. A difference exists between psychopaths and individuals who exhibit psychopathic tendencies and comorbidity. Offenders can only obtain a dual diagnosis of psychopathic sexual sadism after thorough clinical examinations and observations by professional practitioners have been conducted (Visser et al., 2015:377).

2.4. Case studies of criminal sexual sadism

To grasp the authenticity of sexual sadistic acts fully, a number of international and national case studies are presented in this section. The case studies clearly depict the nature of criminal sexual sadistic actions on non-willing victims and the psychopathic tendencies that these offenders often exhibit. The first four case studies presented, without a doubt, fall under the ambit of class IV sexual sadism. The unwilling victims were subjected to severe injuries that, in the first two case studies, resulted in death. The last case study, on the other hand, illustrates class II and possibly class III sexual sadism however it is difficult to prove that a transition occurred from being a consenting partner to being a compliant victim. Thus, the sadistic acts *per se* were not necessarily criminal, they were the sadists' ancillary actions that are considered criminal offences. Nonetheless, all five case studies, in one way or another, epitomise sexual sadistic behaviour.

2.4.1. International case studies

Although a number of criminals, including Albert Fish, Bruno Lüdke and Henry Lee Lucas, can be identified as sexual sadists, only two international case studies are presented. The two specific case studies were selected as each one provides important information relating to sexual sadism. The case of Dennis Rader illustrates how significant the role of aggressive fantasies are to sexual sadists and how such fantasies contribute to their autoerotic practices. Sadists' sadistic arrogance, pathological egocentricity, grandiose self-esteem, deceitfulness, callousness and impulsivity reflect their total disregard for the rights of others

and their tendency for predatory behaviour without exhibiting any sense of guilt or remorse. The case of Maury Travis further highlights the severity of the sadistic acts committed against their victims, along with sexual sadists' disdain for the consequences of their actions. The sadists' desire to dominate and control the victims, to disempower and humiliate them to the extent of helplessness, along with witnessing the victims' fear and suffering, are reflected in their sadistic behaviour. The act of binding victims, blind folding them and verbally insulting them indicates the sadists' need to degrade the victims psychologically. All of the above characteristics can be identified in the following two case studies.

2.4.1.1. Dennis Rader

The investigation into Dennis Rader's cases in which he **B**ind, **T**orture and **K**ill (BTK) his victims lasted over 30 years. The BTK investigation started in January 1974, when Dennis murdered four members of the Otero family at their home in Wichita, Kansas (Murphy, 2016:1). The father's arms, wrists and feet were bound and tied to the bed with cord and adhesive tape in order to restrict him from fighting back. Dennis also placed a shirt and plastic bag over his head, secured with his own belt and strangled him with a ligature. His wife was gagged with a pillowcase, her feet tied and her hands bound behind her back. Dennis strangled her twice because she gained consciousness after she was choked the first time (Anderson, 2014:1). Dennis then ejaculated on the bed next to her body. Their son was also bound and suffocated. He had two layers of plastic bags and two layers of clothing wrapped around his head. The fourth victim was their daughter, the primary target. She was found in the basement hanging by a piece of rope. Her shirt and bra was cut from her body and her pants pulled down around her ankles. Her wrists were bound behind her back and her ankles, legs and waist were tied up. While the victim was hanging from the ceiling, Dennis masturbated and ejaculated on her. The semen streaked down the inside of her legs and pooled on the floor next to her (Geberth, 2010:599).

During October 1974, the media reported that three suspects had been taken into custody for the Otero homicides. The news angered Dennis and, on 22 October, a two-page letter was found explaining that the three suspects in custody were not responsible for the Otero murders. In the letter, Dennis explicitly described what happened the night of 15 January 1974, when the Otero family was killed (Anderson, 2014:1). He further explained that he could not control "the monster" inside of him and that there was no cure for "the monster". He stated: "Society can be thankful that there are ways for people like me to relieve myself at time by day dreams of some victim being tortured and being mine" (Geberth, 2010:604). He mentioned that he had already identified his next victim and that he would not change his

modus operandi in his next kill; he would continue to bind them, torture them and kill them. Dennis continued to kill three other victims during a period of four years (Geberth 2010:604).

In 1978, a second letter of three pages along with a drawing was delivered to KAKE-TV claiming responsibility for the death of seven people. In the letter, Dennis complained about the lack of media attention (Geberth, 2010:606). He wrote: "I find the newspaper not writing about the poem on Vian (victim 6) unamusing. A little paragraph would have been enough. How many do I have to kill before I get a name in the paper or some national attention?" (Anderson, 2014:1). The letter further explained how he enjoyed watching his victims suffer: "... when I hung her really turn me on; her pleading for mercy then the rope took whole, she helpless; staring at me with wide terror ..." (Geberth, 2010:606). He also explained how his urges could not be treated or stopped: "There is no help, no cure, except death or being caught and put away. It is a terrible nightmare but, you see, I don't lose any sleep over it" (Geberth, 2010:608). Dennis wrote a number of other letters before he went dormant in 1979. The case had gone cold.

The media wrote an article in *The Wichita Eagle* newspaper on 15 January 2004, 25 years after the Otero family murders. On March 19, 2004, Dennis re-emerged and, after 16 years, started to communicate with the authorities again (Wilson, 2015:1). He began to taunt the authorities by writing a series of 11 cryptic communications over a period of 11 months. His personal need and yearning for attention from the media and the investigative unit is a common characteristic of malignant narcissism (Anderson, 2014:1). However, after each letter, Dennis's assurance in his ability to evade detection by the authorities increased. Subsequently, his elevated ego inadvertently caused him to become less cautious. His self-preoccupation and arrogance ultimately led to his arrest on 25 February 2005 (Wilson, 2015:1). During a 32-hour investigative interview, Dennis confessed to all ten murders and became sexually stimulated while recalling his events, without expressing any remorse for his actions. He mentioned that he did not become sexually gratified by penetrating the sex organs of his victims rather he became sexually aroused from observing his victims suffer and being strangled to death (Murphy, 2016:1).

2.4.1.2. Maury Troy Travis

Maury Travis, also known as the Street Walker Strangler or Bi-state Strangler, was 36 years of age at the time he committed his sexual sadistic murders. He abducted, tortured and killed at least 11, and possibly 20, black prostitutes and drug addicts who frequented the St. Louis area and an additional number of victims in the city of Illinois (YouTube, 2014:1). The multi-jurisdiction investigation team was unable to find any evidence that could lead to the

identification of the suspect from 2000 when the first body was discovered (Smith, O'Neil & Bryan, 2002:1). However, on May 24, 2002, an anonymous letter was sent to a reporter at the *Post-Dispatch*. The reporter, William Smith, informed the Illinois State Police of the letter. In the letter, Maury admired William's story that he published regarding one of the victims and requested William to write another story of his killings. Maury also included a computer-generated map where other victims could be found (Shinkle, 2002:1). The return address was to *I Thralldom*, which refers to slavery or enslavement, and is a website that contains graphic pictures of nude women who are bound and tortured.

The police were able to trace the computer-generated map back to Maury's computer. Maury was apprehended on June 7, 2002, at his house (Geberth, 2010:476). At the time of apprehension, the St. Louis police forensic teams also seized other evidence that was used during his crimes including ligatures, ropes, female undergarments, plans to construct a torture chamber in his basement and instructions on how to deal with his victims (Blanco, [sa]:1). Documents that indicated areas where the victims could be abducted and locations where the victims' bodies could be disposed of were also located at his residence (Geberth, 2010:478). In addition, the tyre thread design of his motor vehicle was a match to the tyre design pattern that was found on one of his victims after he had driven over her leg (Smith et al., 2002:1). The most compelling piece of evidence found was a video tape. On the video tape there was wedding footage that lasted approximately 1 hour and 26 minutes while the remainder of the footage contained recordings on how Maury sexually assaulted, tortured and killed his victims (ABC News, 2003:1).

One part of the tape showed how the victim was forced to perform oral sodomy on Maury, while her eyes were covered with duct tape. Later she was bound to a bed, lying with her face down and Maury engaged in anal sex with her. As the victim moaned and pleaded, Maury started to thrust harder. Afterwards the camera was focused on the victim's vagina while Maury fondled and probed her, along with jamming his fingers into her vagina (Geberth, 2010:65). During this ordeal, she constantly repeated, "You are the master and it pleases me to serve you" (ABC News, 2003:1). In the next scene, the victim gasped out in agony as Maury shoved a Corona beer bottle into the victim's vagina. He then forced her to spread her legs so as to expose her anal cavity and inserted the bottle into her anus. As she attempted to protect herself, he shouted: "Shut up or I'll put this mother fucker (meaning the bottle) up your mother fucking stomach" (Geberth, 2010:65). After she tried to take off her blindfold, he got angry and said: "I'm gonna put a plunger up your ass and I ain't pull'n it out till I see blood" (Geberth, 2010:66). After which he started chocking her with a chrome-coloured chain.

2.4.2. National case studies of sexual sadism

Sexual sadism is not a common phenomenon but there are three prominent criminal cases of a sexual sadistic nature that can be identified within the South African context. Each of these cases is however fundamentally different from the others even though each of the cases presents characteristics that relate to criminal sexual sadism. The case of Frans du Toit and Theuns Kruger illustrates how sexual sadistic perpetrators' behaviour escalates over a period of time and how their desire for control intensifies. Sadists' arrogance, pathological egocentricity, grandiose self-esteem, callousness and lack of remorse are reflected in their careful planning of their actions. Their utter disdain for the consequences of their acts is highlighted in their sadistic actions and their intention to kill their victims. The case of Johan Kotze, on the other hand, indicates sadists' ability to be manipulative and cunning, with a desire to be in control and to dominate. Their actions are intended to degrade and disempower their victims to the extent of defencelessness. Sadists' urge to witness their victims' prolonged suffering and anticipated fear is evident in their actions; they inflict serious bodily harm to their victims without any sense of repentance. The need of sexual sadistic offenders to subjugate their victims psychologically is also evident in their acts of bondage and verbal degradation. Dirk Prinsloo's case, although not criminal with regards to his sadistic behaviour, depicts sadists' ability to have complete control and dominance over their victims' behaviour. The sadists' complete contempt for, and defilement of, the rights of others are clearly portrayed.

2.4.2.1. Frans du Toit and Theuns Kruger

On 18 December 1994 during the early morning hours, Alison Botha was abducted outside her Port Elizabeth residence by Frans du Toit and Theuns Kruger, also known as the ripper rapists. They drove her to a remote area that was well hidden from any passing vehicles (Rank, 2003:1). Theuns got out of the vehicle and lit a cigarette while Frans demanded that Alison take off her clothes. She calmly undressed as she did not suspect that they would physically harm her; she just kept telling herself that she was strong enough to endure being raped. Frans pulled his tracksuit pants down and forced Alison to perform oral sex on him by ordering her to "Suck my cock" (Thamm, 1998:19). He was ramming her head on to his penis until she started to gag while he held a knife next to her head. Suddenly, he yanked her head up and started to perform oral sex on Alison. He started questioning and whispering, "Does your boyfriend do this to you? Do you like it? You have the nicest tasting fanny" (Thamm, 1998:20). He then gave her a 'love-bite' on her breast and started to kiss her. After Frans raped Alison he told Theuns that he could have sex with the lovely lady. Theuns replied, "No, I want to fuck the fucking bitch" (Thamm, 1998:21). He then kneeled between her legs, but

was repulsed by Frans's comment and he started to kiss her instead. Theuns again attempted to rape Alison however he was unable to (Rank, 2003:1).

Frans taunted Alison by asking, if they let her go, would she report the crime to the police. She replied that she would not because she did not want her parents to know what happened. Frans and Theuns discussed what their best option would be, to take all her clothes and leave her behind or to kill her so that she would not be able to identify them as the perpetrators. At this stage, she thought they were bluffing because she had not shown any fear during the night but then they wanted her to cry and beg for her life. They wanted to control her and have power over her (Thamm, 1998:24). Frans unexpectedly grabbed Alison's neck and started to choke her while he cut her abdomen open with his knife from her pubic area to her navel cavity. He then pushed her out of the vehicle and slit her throat after which he stabbed her 37 times in the torso (Collett, 2014:1). After Frans and Theuns drove off, Alison realised that her intestines were exposed and that she had been disembowelled. She pushed her intestines back into the open wound and applied pressure to her abdomen with a shirt to ensure her intestines did not fall out again (Rank, 2003:1). As she walked to seek help, she fainted and her head collapsed backwards. When Theuns slit her throat from ear to ear, he completely severed her anterior neck muscles and trachea while her thyroid gland was sliced in two. The wound was so severe that her spinal column was visible. Alison Botha survived and was able to identify Frans and Theuns as her attackers. They now are serving life sentences in correctional facilities without the option of parole (Steyn, 2016:1).

2.4.2.2. Johan Kotze

On January 3rd, 2012, Johan Kotze – known as the Modimolle monster – invited his estranged wife, Ina Bonnette, to his house in Modimolle under false pretences to discuss their divorce as he realised during the December holidays that their marriage was over. On Ina's arrival, Johan convinced her to collect a box with her belongings in the house. He let her walk in front (South African Press Association, 2012:1). Before entering the main room, he picked up a towel and a few coins fell to the ground. Ina offered to pick up the coins but Johan insisted that the maid would pick them up the next day (Louw-Carstens, 2015:1). She walked into the room and as she placed her handbag on the side table, Johan placed the towel over Ina's head and pulled her towards him (Van Heerden, 2012c:1). She attempted to kick herself off the ground so that Johan would lose his footing, but he remained steadfast. He forcefully pushed Ina onto the bed and, at that moment, she became aware of three other men in the room (Lombaard, 2012:1). She tried to escape but Johan pushed her back on the bed, pinned her down and ordered the three men to tie her up. The rope and cable ties were already in place. Johan ordered one of the men to get tape/tie out of the closet and place it

around her mouth; he wrapped the tape/tie round her head, leaving only a small opening at her nostrils. Johan started to hit Ina with his fists, after which he demanded that the men undress her (Louw-Carstens, 2015:1).

Johan took a pair of pliers out of the closet and stood next to Ina, he grabbed her right nipple with the pliers and cut her nipple off with a saw after which he held the nipple in front of her face and asked if he should safeguard it for her. He did the same with her left breast except that he used a side cutter instead of the saw (Van Heerden, 2012b:1). He went back to the closet and took out a steel nail; he stabbed her right breast seven times and her left breast five times (Van Heerden, 2012a:1). Every time Johan went back to the closet, Ina feared what instrument he would use next. Johan took the side cutter and mutilated her genitalia, after which he used a long instrument to penetrate her vaginal and anal cavities. While Johan violated Ina's body, he repeatedly stated that he was committing those deeds, because he loved her. He then ordered the three men to get themselves ready to rape Ina (South African Press Association, 2012:1). During this time, Johan pointed a firearm at her head and threatened to kill her if she did not comply. After each of the three men raped her, they were told to leave the room. Johan went on his knees and licked Ina between her legs. Johan then went back to the closet and got a bottle of chalybeate drops that he poured over her wounds (Louw-Carstens, 2015:1).

Not long after this, one of the three men re-entered the room and informed Johan that a motorbike had arrived. This was Conrad, Ina's son, who had also been lured to the house. Johan quickly covered her breasts with her bra and pulled up her pants. He took the firearm and held it against Ina's forehead and threatened that, if she made a noise, he would shoot her (Louw-Carstens, 2015:1). She remembered his threats to force her son, Conrad, to have sex with her and, if he resisted, Johan would shoot Conrad dead on top of her. Conrad entered the house; Ina heard him plead for his life and then Johan shot him three times (South African Press Association, 2012:1). Johan received two life sentences and an additional 25 years imprisonment. His co-accused, Andries Sithole, received two life sentences and an additional 18 years imprisonment while the other two co-accused, Pieta Mohlane and Sello Mphaka, each received one life sentence and an additional 18 years imprisonment (Van Heerden, 2013:1).

2.4.2.3. Dirk Prinsloo

In May 2001, Cezanne Visser was admitted as an advocate to the Pretoria Bar of advocates and, in September 2001, she moved in with Dirk Prinsloo, who was the chairman of the independent bar of advocates. Within three months, Dirk convinced Cezanne to end her

career as an advocate and promised her that he would assist her to become an international model, as long as she trusted him, did exactly what he said and never questioned him. Within a few months, he was able to change the innocent, conservative, naïve, “prudish virgin into a ‘cheap woman’ with enormous fake breasts” (South African Press Association, 2009:1). Dirk bought Cezanne an entire new wardrobe. Most of the clothes were skimpy and purchased from the Hustler Adult Shop. He stipulated what Cezanne should wear (Venter, 2009a:1). Her parents did not approve of the relationship and, subsequently, Dirk acquired a protection order against Cezanne’s parents to prevent them from interfering with their relationship. Without hesitation, Cezanne signed the document (Lemmer, 2011:38). Dirk had total control over her and she adhered to all his demands. She was so in awe of Dirk that she merely lived for the moments in which she was able to make him happy (Venter, 2009b:1). Dirk made it clear to Cezanne that he measured women based on their ability to perform oral sex. After watching a pornographic video, he explained to Cezanne that he preferred ‘deep throating’ and that she must learn how to perform oral sex without gagging as he liked to ejaculate in a lady’s throat (South African Press Association, 2009:1). It became the norm for Dirk to pull down his pants while driving and forcing Cezanne’s head down on him. She was also expected to perform oral sex on Dirk while her mother was in the back seat of the car (Venter, 2009a:1).

Dirk was a man who enjoyed sex and it was also a common habit for him to page through pornographic magazines while eating breakfast. He was willing to spend thousands of rand on different sized and coloured sex toys (Venter, 2009b:1). He was obsessed with atypical sexual acts and he subjected Cezanne to various perverse sexual acts including bestiality, sadomasochism and sex involving urine and faeces. Dirk would occasionally defecate in Cezanne’s hands, after which she was expected to smear her entire body with his faeces and then eat the left overs. On other occasions, she was expected to drink his urine. He would demand that she opened her mouth and he would urinate on her face (Venter, 2009a:1). Whenever Cezanne went against Dirk’s demands or did anything he disagreed with, she was subjected to punishment sex. This meant that 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. Additionally, she was forced to penetrate herself orally, anally and vaginally with various foreign objects including vegetables, candles, bottles, hunting knives and the barrel of his firearm. At times, he gave Cezanne an enema using whisky and expected her to clench the whisky in her rectum until he allowed her to relax and then expected her to drink it (Lemmer, 2011:47). She was also required to get various tattoos with reference to him and get both her nipples and private parts pierced (Venter, 2009a:1).

Cezanne also mentioned that she consented to Dirk's requests as it made her feel like a good woman. He told her to get him young girls therefore, early in 2002, she visited the Bramley Orphanage and the couple then invited a number of girls over to their home. During their visits, they were exposed to conversations with sexual overtones and numerous pornographic videos and magazines (Venter, 2009b:1). Cezanne showed her genital piercings to the girls, indicated to them how a vibrator is used and explained to them how Dirk preferred his oral sex to be performed. At times, the couple performed oral sex in front of the girls and engaged in sexual intercourse while the girls were present in the room (Venter, 2009a:1). Dirk also drugged the girls. Cezanne mentioned walking past the guest bedroom when she saw Dirk ejaculating over one of the girls who had passed out after becoming drowsy from the Rohypnol that Dirk placed in her beverage. He then ordered Cezanne to clean the child and wipe his sperm from her body (Lemmer, 2011:100). Dirk fled the country before his trial in South Africa could commence. In February 2010, he was imprisoned and sentenced to 13 years in a Belarus prison for theft and robbery. Once he is extradited from Belarus, he will be charged with the sexual offences he has committed in South Africa and will then stand trial (Otto, 2017:1).

2.5. The effects of sexual sadistic actions

During a traumatic incident including a sexual sadistic act, victims are affected in numerous ways including financially, emotionally, spiritually, physically and psychologically. The long-term negative consequences of sexual sadistic acts on non-consenting female victims are detrimental, not only to the victims, but also to their families and the community as a whole. The act of sexual sadism is distressing to the victims, regardless of the perpetrators' motivation and methods of attack. Although victims have to endure a variety of incalculable negative effects, the focus of the current discussion will be on their long-term physical and psychological effects.

2.5.1. Physical effects

According to Groth (cited in Bartol & Bartol, 2017:393), depending on the type of rapist, sexual assault and/or rape is considered to be a pseudo-sexual act because it is not inspired by sexual arousal, but rather by the need to exert power, control and aggression over other people. Frances and Wollert (2012:414) insist that, although rapists tend to become violent and aggressive, their victims are rarely exposed to severe physiological injuries that warrant medical treatment or hospitalisation. The minor injuries, cuts and bruises sustained by the victims usually occur when the victims resist the offenders' attempts to dominate them. Thus, force and aggression are used to ensure that the victims comply with the rapists' demands (Bartol & Bartol, 2017:377). Only in a few exceptional cases have victims suffered from

severe injuries since weapons, including firearms and knives, are used to threaten the victims but seldom employed by rapists to force the victims to comply with their demands. Severe physical injuries are however commonly found in sadistic attacks and are regarded as a primary distinction between rapists and criminal sexual sadists, along with the sexual gratification experienced as a result of inflicting pain, suffering and humiliation on victims (Healey et al., 2013:419). Parker Ray stated “I cannot get off with a girl unless I hurt her first. Mostly what we do to a captive is stick needles in her breasts and through her nipples, through her cunt lips, through her clit, and I’m into stretching certain things” (Geberth, 2010:576).

In light of the above, non-sadistic rape victims generally sustain minor injuries compared to victims of sexual sadistic attacks who often endure severe physical injuries on various parts of their bodies (Knoll & Hazelwood, 2009:107). The victims are often beaten with objects, restrained, burned with chemicals, electrocuted, mutilated and/or suffocated. Another common method preferred by sexual sadists is strangulation to the point of unconsciousness that gives sadists a sense of total control over their victims. Sexual sadistic perpetrators are also inclined to stab, cut or pierce the victims, specifically directing the injuries to the victims’ sex organs including the breasts, buttocks and genitalia (Flora & Keohane, 2013:257). Other forms of sexual sadistic acts involve the perpetrators fondling the victims, smearing the victims with body secretions, mutilating the victims’ sex organs, penetrating the victims using foreign instruments and raping the victims (Stone, 2010:134). Victims of these crimes may also be forced to masturbate in front of the offenders and to perform fellatio until they start gagging and have difficulty breathing (McLawsen et al., 2008:286). Parker Ray affirmed this by saying “I love oral sex, if it’s done right. I’m going to push my penis down your throat and keep it there until I get through squirtin’. You need to learn to hold your breath and to swallow every bit of the sperm” (Geberth, 2010:574). These acts indicate that criminal sexual sadists have a need for mastery and dehumanising their victims to such an extent that their victims become completely defenceless. Many sexual sadists also become sexually stimulated if victims urinate on them: “I had the blond sitting on my face and I made her piss in my mouth” (Geberth, 2010:715). Demanding that victims give the sexual sadists a “golden shower” could be an indication that sexual sadists may at times prefer to be in a controlled submissive position (Stone, 2010:134).

Criminal sexual sadists usually refrain from having vaginal intercourse with the victims since they are more inclined to use large dildos or other non-sexual objects such as baseball bats, bottles, umbrellas or clothing to penetrate the victims vaginally or anally. Sadists’ preference for using objects is explained in a statement by Parker Ray: “The dildos are gonna be used a

lot, more than anything else ... Many of them are long, very large in diameter and very painful while they're being forced in" (Geberth, 2010:577). Sexual sadists' predilection to penetrate the victims anally is not a reflection of homosexual desires but rather a means of inflicting pain and suffering upon the victims (Stone, 2010:140). These offenders may also engage in forcible rape with non-willing victims. However, these acts can only be considered sadistic if the penetration took place pre-mortem, as sexual sadism is characterised by the gratification experienced from the suffering of non-conforming victims. To sexually assault and/or rape victims' post-mortem would not afford sexual sadistic perpetrators the opportunity to witness the victims' pain and suffering (Labuschagne, 2007:15). These offenders are not only sexually stimulated by degrading their victims, but are also inclined to experience feelings of dominance and power. Consequently, in cases where more than one female victim is under the control of these offenders, they will compel the victims to engage in sexual activities with each other, including cunnilingus, while they observe. A sexual sadist told an investigator that "I made her get down on her knees between the other girl's thighs and I made her get down with her mouth on the other girl" (Geberth, 2010:715).

In more severe cases, criminal sexual sadists experience sexual stimulation, not only from perceiving the victims being tortured or humiliated, but rather from erotophonophilia which is the act of killing the victims (Knoll & Hazelwood, 2009:107). Lust murder could thus also involve defeminisation in which the sadistic lust murderer removes the victims' breasts and observes them bleeding to death. Other common acts include evisceration, which involves the removal of the victims' internal organs, or anthropophagy which is the practice of eating human flesh. Sexual sadistic perpetrators would for example, cut a piece of flesh from the victims while they are still alive and either cook the flesh or consume it raw (Geberth, 2010:397). In contrast to sexual sadistic offenders, who derive sexual gratification from observing the suffering and humiliation that the victims endure, sadistic lust murderers primarily experience orgasms from killing their victims and engaging in necrophilia. A sexual sadist said in this regard "... I chopped her head off. I reached a climax, because the blood excited me ... I had sex with the heads ... I had the heads between my thighs and I ejaculated in the mouths" (Geberth, 2010:717). Although sadistic lust murderers do not witness the prolonged suffering of the victims while engaging in necrophilia, they recollect images to satisfy their depravity (Flora & Keohane, 2013:253). The images could either be a product of sexual sadistic fantasies or a recollection of the actual offence before the victims were killed. Sadistic lust murderers engage in necrophilia to experience a sense of complete control, dominance and power over other beings (Palermo & Farkas, 2013:114).

2.5.2. Psychological effects

It is not uncommon for sadistic perpetrators to degrade the victims psychologically and verbally during and after the commission of the crime, by swearing, insulting the victims and/or calling the victims blasphemous names (Healey et al., 2013:419). Parker Ray confessed that “I make it a point never to like a slave and I fuckin’ sure don’t have any respect for you. Here your status is no more than that of one of the dogs, or of one of the animals out in the barn” (Geberth, 2010:571). Degrading victims to such an extent allows criminal sexual sadists to experience power over their victims, which validates the sadists’ contempt towards females, while simultaneously devaluing the victims and enhancing their own sexual gratification. Moreover, in order for sadists to minimise their self-reproach, they use derogatory terms to dehumanise and objectify their victims (Frances & Wollert, 2012:410). Parker Ray further explained to his victims “Your pussy and asshole is gonna get a real workout. Especially your asshole, because I’m into animal sex. Both of those holes are going to be subjected to a lotta use ... You’re also gonna be forced to suck cock and eat pussy until your jaws ache and your tongue is sore” (Geberth, 2010:571). Criminal sexual sadists tend to rationalise their pejorative language and sadistic behaviour in numerous ways that would be questionable to others, as their justifications stem from perverted mechanisms that can be interpreted as a duty performed or as a form of love (Healey et al., 2013:419).

Despite verbally degrading their victims, criminal sexual sadists psychologically demean their victims by binding, blindfolding, gagging and holding the victims captive for long periods of time. Although these acts are not physically painful, they cause psychological suffering since the victims are rendered helpless, unable to defend themselves and fear what might happen to them (Healey et al., 2013:419). Other psychological tactics employed by sexual sadists include forcing victims to describe sexual acts to sadistic perpetrators, explain in detail what the sadists intend to do with the victims, provide victims the opportunity to choose between slavery or death and offer victims a choice of means by which to die (Hazelwood et al., 2009:469). While psychologically degrading the victims and performing sexual sadistic acts, sexual sadists distance themselves from all emotions since they only seek sexual stimulation and gratification (Geberth, 2010:711). By de-voiding themselves from any emotions, they become more capable of inflicting serious and deadly bodily harm to their suffering victims since they do not associate their acts with disdain, but rather focus on the sexual lust (Mokros et al., 2011:190).

The experience of being victimised may be exacerbated upon reporting the criminal event, as survivors of criminal sexual sadism fear being exposed to secondary victimisation at the hands of the CJS and/or medical services (Bruce, 2013:100). Victims of sexual crimes often

perceive the police as being uninformed and unsympathetic which contributes to society's lack of faith in the CJS. Despite the victims' distrust of the police, they are expected to provide a vivid and detailed statement of the traumatic and degrading event to what they regard as an incompetent and insensitive officer, usually in front of others awaiting attention (Naidoo, 2013:210). Victims of sexual crimes could feel humiliated in such situations, as their physical and psychological privacy have been invaded by the criminal event while they are forced to relive the trauma under interrogation (Du Mont, White & McGregor, 2009:227). In addition, victims may be scrutinised by the media, vilified and stigmatised by the public or blamed for the victimisation. Consequently, victims blame themselves, doubt their own judgement or wonder whether they could have been responsible for the sexual sadistic assault and/or rape (Miller, Markman & Handley, 2007:130).

Although sexual crimes are considered to be violent crimes that require emergency medical attention, medical staff operates under the misconception that victims of sexual crimes must first report the criminal act to the police and lay charges before receiving medical care. Victims of sexual assault and/or rape seeking medical attention may also be turned away from medical institutions due to inadequate equipment at specific healthcare centres, or because they do not have a medical scheme. This can result in augmented shock, anger and feelings of helplessness (Jina, 2015:11). Furthermore, it is common for general practitioners to be disinclined to conduct medico-legal examinations owing to insufficient training and expertise, along with the time consuming nature of such examinations and the high workload in many hospitals. South Africa has a lack of financial resources and skilled staff that is clinically competent to perform medico-legal examinations on sexually assaulted and/or raped victims at most hospitals (Naidoo, 2013:210). In such instances, however, victims should be referred to the Thuthuzela Care Centres led by the National Prosecuting Authority's (NPA) Sexual Offences and Community Affairs Unit which is a one-stop facility staffed by prosecutors, social workers, health care professionals, magistrates and SAPS members to assist victims of rape (Thuthuzela Care Centre, 2009:3). Yet, The Constitution of the Republic of South Africa No. 108 of 1996 and the National Health Amendment Act No. 12 of 2013 specify that medical staff has a legal responsibility to provide emergency medical care to victims of sexual crimes. This is also related to the ethical duty of care as postulated by the Health Professions Amendment Act No 29 of 2007.

Despite victims being sexually violated by offenders, they are expected to provide consent to undergo a medical examination to establish physical evidence, confirm the use of excessive physical force and that penetration has occurred during the alleged sexual assault (Du Mont et al., 2009:227). All evidence, including the victims' demographic information, general

history, previous sexual assaults, gynaecological/genital and anal examination results, samples taken during the examination and any additional information found during the medical examination, should be documented on the prescribed J88 form. The evidence should be collected in a thorough and systematic manner in order to ensure its integrity (Palmiotto, 2013:150). It is also of vital importance that the continuity of possession is maintained throughout the investigative phase since the information obtained during the medical examination could be regarded as the most important evidence in court. During the medical examination, victims may experience a sense of being sexually violated again, as the process could last four to five hours (Jänisch, Meyer, Germerott, Albrecht, Schulz & Debertin, 2010:228).

The victims are expected to undress in front of medical examiners and describe in detail what happened during the commission of the sadistic acts while the examiners make use of rape kits to scrutinise, swab and photograph the victims' bodies for evidence (Jänisch et al., 2010:228). The medical examiner takes swabs of the outside of the mouth, genitalia and anus, along with a speculum assessment, in which internal swabs and examinations are done. It is also common for the examiner to scrape under victims' fingernails and comb through their pubic hair to collect potential physical evidence left behind by the perpetrators. After physically examining the victims, a colposcope is used to take photographs of the physical injuries sustained on the victims' bodies, genitalia and anus (Sommers, 2007:278). The victims should also receive post-exposure psychological counselling along with prophylaxis within three days of the critical incident to prevent HIV infection (Naidoo, 2013:210).

At trial, victims frequently find it daunting to face their attackers, as they fear revenge and having to relive the critical incident during the court procedures, which could further contribute to increased psychological distress (Gutheil, 2009:3). Moreover, victims have to explain their traumatic experiences in detail to the court and listen to expert witnesses present evidence about the event. Consequently, victims tend to re-experience the trauma, as they are repeatedly exposed to aversive details of the crime (American Psychiatric Association, 2013:271). Nonetheless, victims who are able to endure the distressing conditions of reporting a sexual sadistic assault and/or rape case to the authorities must prepare themselves psychologically for the criminal case where their privacy will be invaded and their credibility will be questioned by the defence. Despite the trials being psychologically draining, sexual sadistic assault and/or rape cases tend to be covered extensively by the media, which exacerbates the stressful conditions (Whitear-Nel, 2009:125). The distress caused by the traumatic event predisposes victims of sexual crimes to suffer numerous

psychological consequences. Therefore, the immense trauma anticipated by sexual sadistic victims for the resultant trial inhibits a vast majority of victims from reporting these criminal incidents to the authorities (Bartol & Bartol, 2017:377).

Irrespective of criminal sexual sadists' characteristics, motives or methods of attack, the social and emotional effects of these criminals on non-consenting female victims and their families are immense and demoralising. The extent of psychological harm is therefore not merely dependant on the force used or the number of injuries sustained by the victims, but also depends on the mental trauma caused by the incident and the resultant events (Sgarzi & McDevitt, 2003:124). The psychological effect of being a victim of criminal sexual sadism tends to be longer lasting and more damaging to the victims than other crimes. Initially, victims may be in a state of shock and disbelief and may experience feelings of fear, hatred, guilt and anger. Behavioural changes, including withdrawal, mood swings, sleep disturbances and hypervigilance, may be evident and could result in self-destructive depression, anxiety and sexual adjustment problems (Bartol & Bartol, 2017:377). Furthermore, these victims tend to abuse alcohol and other illegal substances, have suicide ideation and exhibit symptoms of Post-Traumatic Stress Disorder (PTSD). The innumerable psychological effects of criminal sexual sadism are however rarely acknowledged by judicial officers since the psychological effects are often in the rudimentary phase during the trial but can intensify as time passes (Sachs-Ericssona, Kendall-Tackettb, Shefflera, Arcea, Rushinga & Corsentinoa, 2014:718).

2.6. Summary

An extensive literature search regarding forensically relevant forms of sexual sadistic acts on non-consenting female victims revealed that there is a lack of information on the topic worldwide. Consequently, research collected on sexual crimes in general was used to draw comparative conclusions to contextualise the negative consequences of criminal sexual sadism. Sexual sadistic perpetrators can be distinguished from non-sadistic offenders by examining the use of severe violence, physical restraints, mutilation and humiliation. Further research indicates that a clinical diagnosis of Sexual Sadism Disorder can be considered when sex offenders become physiologically stimulated by the violence they inflict on unwilling victims and observe their suffering. The severe and unwarranted violence of sexual sadistic crimes more often than not result in injuries that warrant medical treatment or hospitalisation. The violence may be so severe that victims sustain permanent disfigurements and/or disabilities. The psychological trauma that victims of sexual sadism endure tends to be longer lasting and more destructive to the victims compared to non-sadistic sexual violence victims.

3. Theoretical underpinning focusing on criminal sexual sadism

3.1. Introduction

A literature search revealed that information regarding sexual sadistic acts against non-consenting female victims worldwide is scant and elusive, and little is known about its psychopathology. Compared to other sexual offences, there is a dearth of theoretical literature to explain the nature and effect of criminal sexual sadistic actions therefore a comprehensive theoretical framework is underdeveloped. In this chapter, an overview of a number of Criminological, Victimological and Biological theories to explain possible causes of criminal sexual behaviour are presented. Due to the psychological underpinning of criminal sexual sadism, it also provides Psychological theories regarding sexual sadistic perpetrators' behaviour and mental processes. The chapter places emphasis on the motives and drives behind sexual sadists' actions since understanding their behavioural development will guide the researcher to understand the nature and effect of sexual sadistic actions on non-consenting female victims as discussed in Chapter 2. A critical evaluation of each theory will be presented and the relevant components of each will be incorporated and applied to sexual sadism in an integrated theory at the end of the chapter. The researcher will also compile a matrix, called 'Cause-Effect Matrix', which is mainly a psychocriminological explanation that combines elements of a variety of multi-disciplinary theories. The matrix will discuss the reasons why sexual sadists act or refrain from acting on their sexual sadistic urges and the possible effects of their actions on their victims.

3.2. The Knight and Sims-Knight three-path model

The three-path model, proposed by Raymond Knight and Judith Sims-Knight in 2003, defines the fundamental causative pathways that result in the development of sexual coercive behaviour in juvenile and adult perpetrators (Bartol & Bartol, 2014:453). In 2010, Knight revised the MTC: R3 and developed the MTC: R4. Three personality traits namely, sexual preoccupation, antisocial behaviour and emotional detachment lead to coercive behaviour that is characterised by sexual sadism (Bartol & Bartol, 2017:392). These three personality traits may be reinforced by two distinct environmental causes during early childhood. Firstly, physical and/or verbal abuse has the potential to intensify the development of superciliousness, deceitfulness and callousness in children. These characteristics are similar to those of psychopaths. Additionally, Knight and Sims-Knight's (2003:74) original article stated that children may exhibit manifestations of amplified violent behaviour, antisocial behaviour and impulsivity which are features that, according to behavioural genetic research, are often inherited. Thus, despite some children's predisposition to aggressive behaviour,

physical and/or verbal abuse during childhood may increase their violent tendencies but are not always signs that these children will become criminal sexual sadists (Thakker & Ward, 2015:29).

The second factor that fosters children's sexually aggressive behaviour relates to childhood sexual abuse, which often results in sexual preoccupation and compulsivity. Due to their experiences of sexual abuse, these children become fixated with sexual fantasies that are associated with aggression and coercion, characteristics closely related to sexual sadism. However, physical, verbal or sexual abuse during childhood does not always lead to sexually aggressive behaviour (Knight & Sims-Knight, 2016:75). This is caused by exposure to a number of environmental risk factors and biological predispositions. Childhood abuse is merely one such risk factor nonetheless it is a recurring factor in the backgrounds of most sexual sadists and should therefore be regarded as an important contributing factor of sexually violent behaviour (Knight & Sims-Knight, 2003:74). The model plays a critical role in understanding the origin of sexual sadism and determining the risk of recidivism, which could potentially provide practitioners with a framework for intervention (Bartol & Bartol, 2017:393).

The MTC: R3 classification system (in Chapter 2) for sex offenders is among the most widely studied and rigorously tested sex offender typologies to date. The original version of the MTC typologies documented that sex perpetrators exhibit two specific features, aggression and sexuality, and classified sex offenders according to these two elements (Goodwill et al., 2009:509). Over the years, multiple revisions have been made and the most recent revision, the MTC: R4, expanded on the previous versions by identifying three personality traits that cause sexual offending. Unlike the MTC: R3 typology, the three core personalities identified in the MTC: R4 cannot be classified into discrete categories but are rather placed along a continuum. As stated by Knight and Sims-Knight (2011:132), more research, development, refinement and perhaps modification of the model is required which can include taking contemporary research of crossover offending into consideration. The model could then potentially become a unified theory that contributes to the understanding of sexual offending and provide a framework for preventing and treating sex offenders (Bartol & Bartol, 2017:393).

3.3. Positivist criminology

Based on Knight and Sims-Knight's three-path model above, it is evident that there are certain major risk factors that can be explained by the positivist school of thought, which is a theoretical approach that examines human actions through scientific methods. According to Positivist Criminology, people's behaviour can be attributed to multiple forces – biological,

psychological and social – that are internal and/or external to individuals and consequently beyond their control (Tierney, 2009:113). The primary principle associated with Positivism is the concept of determinism; theorists do not focus on the criminal act and legal frameworks, rather they concentrate on the individual offenders' behaviour and offer them treatment or rehabilitation to prevent them from reoffending and reintegrate them into society as law-abiding citizens (Reid, 2015:53). Positivist Criminology can be sub-divided into two branches namely, Individual and Sociological Positivism. Protagonists are of the opinion that the former revolves around the criminals themselves, their mental capacity and biological heritage whereas the latter purports that criminal tendencies stem from external factors within individuals' immediate environment (Joubert & Bezuidenhout, 2013:108).

3.3.1. Biological risk factors

Biological theorists of criminology believe that certain neurological and biochemical abnormalities or injuries predispose certain individuals to be more inclined to act with aggression towards others. The failure to neutralise such aggressive tendencies in children through socialisation and adequate parenting during childhood may result in a life path of anger and violence that could potentially result in sexual sadism. Contemporary criminologists, on the other hand, further maintain that any biological dysfunction is not solely due to genetics and hereditary factors, but is also influenced by forces in the individuals' social environment including parenting and peer association.

3.3.1.1. Dysfunctional limbic system

The development of sexual sadism is not specifically linked to any biological causative perspective nonetheless the most cited developmental contributing factors are related to brain damage and brain dysfunction. Sexual deviance is commonly related to dysfunctions in the limbic system, which comprises loosely connected brain structures and circuitry including the amygdala, the hippocampus and the hypothalamus, the structures that are responsible for the regulation of impulsive violence and sex drive (Zillmer, Spiers & Culbertson, 2008:150). Any damage to the limbic system simultaneously activates individuals' aggressive and sexual impulses, which could possibly result in sexual sadism. Due to the fact that both the temperament and sex signals are triggered at the same time, individuals with dysfunctional limbic systems are unable to differentiate between the two impulses. Hence, these individuals associate aggression with sex, resulting in aggression being eroticised (Healey, 2014:9).

Contemporary criminologists are reluctant to accept biological factors in explaining criminal behaviour due to biological theorists' biased views and their tendency to devalue the

importance of psychological and sociological factors (Brown, Esbensen & Geis, 2015:258). Abnormalities in the limbic system may be a strong indicator of future sexually aggressive behaviour, but cannot directly determine whether people will become sexual sadists rather it could increase or decrease the possibility of sexual sadistic behaviour. Thus, a dysfunctional limbic system may contribute to sexual sadism, but a number of other contributing causes that co-occur with brain damage or abnormalities are more likely to produce sexual sadism (Bartol & Bartol, 2017:90). Biological criminologists should therefore refer to neurological deficits as possibly being a predisposing factor that could potentially result in criminal behaviour and should recognise that single factor explanations of criminal behaviour are inadequate and that a combined perspective is required to provide an integrated explanation of deviant activities. Contemporary theorists must refrain from accepting biological factors of crime causation in isolation (Newburn, 2017:155).

3.3.2. Psychological risk factors

Psychological criminology mainly focuses on the scientific study of the mental and emotional processes of perpetrators. Instead of studying groups of people and society as a whole, psychological theorists of criminology are concerned with the forces, drives and motives behind individual offenders; how their behaviour is required, educed, sustained and modified. Criminal behaviour, according to the psychological perspective of crime, is the result of dysfunctional, abnormal and inappropriate mental processes of people's personalities.

3.3.2.1. Sigmund Freud's Psychoanalytic theory

According to Sigmund Freud's theory of psychoanalysis, humans are prone to aggressive instincts and are likely to engage in violent actions if their impulses are not managed and controlled. Violent behaviour is the manifestation of energy that accumulates as a result of people's inability to dissipate their aggressive energy adequately through a catharsis (Bartol & Bartol, 2017:140). The excess energy can be countered by the human psyche that is divided into three interacting forces namely, the id, the ego and the superego. The id is present at birth and regulates individuals' instinctual drives. It operates on the pleasure principle thus the id is completely selfish and seeks immediate gratification in order to discharge the psychic tension without reference to reality or moral consideration. The id seeks to maximise self-satisfaction and minimise pain (Burke, 2014:112). The ego starts to develop early in children's lives – six to eight months – as they become aware that not all their urges can be gratified immediately. The ego functions on the reality principle; it mediates between individuals' desires and what are considered socially acceptable ways of fulfilling people's urges. Through reason and intellectual resources, the ego meets the demands of the id in a manner that ascertains the welfare and existence of people (Nolen-

Hoeksema, 2011:46). The superego develops between the ages of three to five years and is described as the consciousness that controls the immoral demands of the id. It represents the moral standards and values of society which are internalised through children's early interactions with others, especially their parents (Sadock et al., 2015:194).

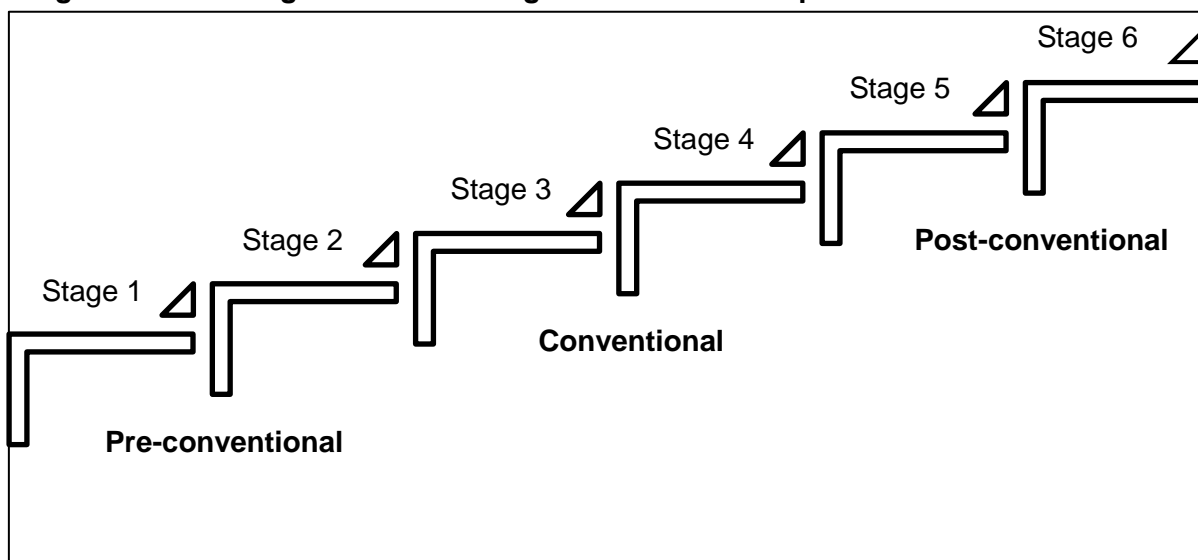
Intra-psychic conflict commonly occurs because of unresolved childhood problems, especially relating to the parent-child relationship. These childhood issues might present as threatening memories, thoughts, sadistic fantasies and sexually aggressive impulses that are generally stored in the unconscious mind by means of defence mechanisms (Burke, 2014:293). Repressing childhood conflicts can act as an adaptive defence mechanism that assists individuals to function in society however sexual sadistic behaviour may stem from relying too heavily on these defence mechanisms (Vito & Maahs, 2017:97). It is the responsibility of the ego to resolve the sadistic tensions that developed during childhood through activities that are sanctioned by society and that satisfy the urges of the id. Thus, it is the responsibility of the ego to balance the tensions between the sexual sadistic and aggressive desires of an individual with the prohibitions imposed by society (Brown et al., 2015:265). In other words, during childhood, individuals may have developed a weak ego and superego compared to the id that may have developed profoundly. Consequently, individuals may be predisposed to sexually sadistic tendencies because of their weak conscience and their inability to control the demands of the id for immediate gratification. These individuals are egocentric, they are self-centred, impulsive and, due to their weak superego, lack remorse for others (Newburn, 2017:161).

Freud is regarded as the most influential psychological thinker of the 20th century specifically concerning human behaviour and personality. His work is innovative, revolutionary and provides an explanation of the impact that childhood development has on subsequent behaviour (Winfree & Abadinsky, 2017:59). His work is critiqued largely for its difficulty to verify and empirically test intangible aspects such as the id, ego and superego since they cannot directly be observed or measured. Nevertheless, contemporary theorists recognise the limited application that psychoanalysis has to criminal behaviour and are consequently less likely to take a psychoanalytic orientation towards criminal offending (Vito & Maahs, 2017:97). Although the psychoanalytic perspective accounts for the occurrence of various behaviours during puberty, Freud's deterministic view prevented him from acknowledging the possibility of change during individuals' later years. He was therefore unable to provide an explanation for the widespread desistance from crime during late adolescence. Personal aspects including gender, age distribution and culture were not taken into consideration (Newburn, 2017:162).

3.3.2.2. Lawrence Kohlberg's stages of moral development

In 1971, Lawrence Kohlberg elaborated and adapted the stages of cognitive development originally conceived by Jean Piaget. Kohlberg's stages of moral development focus principally on the development of moral judgement and ethical reasoning; he was interested in the way people develop a sense of right, wrong and justice (Siegel & Welsh, 2017:116). The theory states that justice is an essential aspect of moral reasoning and that justice is heavily dependent upon the view of sound reasoning that is based on ideologies. The theory thus explains how individuals substantiate their behaviour instead of classifying how ethical their behaviour is (Bartol & Bartol, 2017:367). The development of morality progresses through three identifiable levels that can be sub-divided into six stages that are followed in an invariant sequence. Each stage equips individuals to react more adequately to moral dilemmas than its predecessor as each stage offers new viewpoints that are more comprehensive and discerning than the previous viewpoints (Gibbs, 2014:194). The insights gained in previous stages are retained and integrated with each other while the moral understandings obtained in earlier stages may be regarded by the later stages as less compelling. People progress through the stages of moral development by attempting to resolve ethical issues more effectively and consequently start reasoning at a higher moral stage. Diagram 2 is an outline of the levels and stages of moral development (Jensen, 2015:233).

Diagram 2: Kohlberg's levels and stages of moral development



Source: Jensen (2015:233)

The pre-conventional level of moral reasoning can commonly be identified in young children but it is not exclusive to youngsters as it may also be exhibited in adult sexual sadistic offenders who have never progressed to the second level of moral reasoning. Individuals

who reason at a pre-conventional level are inclined to judge the ethicality of their actions by its direct physical consequences and focus exclusively on the self in an egoistic manner (Gibbs, 2014:195). Individuals at this level of reasoning do not focus on upholding society's conventions of right and wrong, instead these individuals direct their attention to the anticipated consequences that particular acts may hold. In stage one (early pre-conventional), behaviour is not necessarily motivated by the need to obey authority figures in their lives but to avoid the threat and/or application of punishment (Jensen, 2015:233). These individuals fail to recognise that not everyone's perceptions are coherent and that other people may have different points of view regarding morally acceptable behaviour. The main objective of these individuals is to obtain rewards and avoid pain. This is behaviour that is most commonly seen in children under the age of seven and, unfortunately, in some adults. People who exhibit stage two (late pre-conventional) reasoning engage in acts that benefit the self. The need to act in self-interest emphasises a lack of consideration, not only for their own reputation, but also for their relationships with others. Concern for other people's needs is not based on loyalty or admiration but is based on their own desires (Bartol & Bartol, 2017:367). The characteristics exhibited by criminal sexual sadists show that the perpetrators have not surpassed level one of Kohlberg's moral reasoning; their behaviour is egocentric and they have no regard for the welfare of others, despite the societal repercussions of their actions (Visser et al., 2015:377).

The level of moral reasoning, driven by the acceptance of the rules and standards of significant others and society, often develops during teenage years and persists throughout one's life. The majority of people tend to remain at the conventional level and never develop post-conventional reasoning. Most individuals' morality thus continues to be dictated by outside forces (Jensen, 2015:233). Society's standards and norms are internalised – even in the absence of punishment – without questions of their appropriateness or fairness. Stage three (early conventional) reasoning is characterised by receptiveness to others' approval or disapproval and actions are based on the 'good boy/good girl' orientation. The morality of individuals' actions is based on conformity to society's expectations (Bartol & Bartol, 2017:367). These individuals have come to realise that being regarded by others as good, is more beneficial to the self than acting in non-conventional ways. Consequently, individuals become more involved in relationships that are based on respect and gratitude as peer pressure tends to play an important role in this stage and failing to comply with one's social group is often condemned. Individuals who function at the fourth stage (late conventional) of moral development abide by the laws of society, attempt to maintain social order and respond to the obligations of duty. These individuals no longer rely on the acceptance of their

peers rather they focus on avoiding guilt and disrepute for inflicting concrete harm on society. Their actions are based on respect for the authority of others (Siegel & Welsh, 2017:116).

Members of society seldom reach the post-conventional level of moral reasoning. Most accept and align their moral views with those around them and do not consider formulating ethical principles for themselves. Individuals who become aware that they are entities separate from society will realise that their own perceptions may well take precedence over society's conventions (Siegel & Welsh, 2017:116). These individuals regard rules as changeable mechanisms and not absolute edicts that are unquestionable. Any inconsistencies between the interests of society and the needs of these individuals are considered morally wrong. Individuals who reach the final two stages of moral reasoning possess higher cognitive functioning and have the ability to be reasonably abstract (Gibbs, 2014:196). Individuals in stage five (early post-conventional) are of the opinion that the world does not hold coherent perspectives and principle values but that individuals within all communities should have mutual respect for societal contracts. Individuals who have the cognitive and abstract ability of stage five reasoning base their actions on the Utilitarian Principle, also known as the greatest happiness principle. The principle advocates that individuals judge their actions as right or wrong depending on whether they will promote to the greatest happiness of the masses (Bartol & Bartol, 2017:367). Should any action fail to contribute to the welfare of the masses, such actions must be deemed as punishable by law. Individuals who exhibit the highest stage of moral reasoning incarnate the greatest human potential. Stage six (late post-conventional) people are of the belief that all of humanity has equal right and worth. Due consideration must be given to all individuals in any situation as their dignity is equally important as one's own (Jensen, 2015:233).

Kohlberg's work is criticised because the scenarios he presented to various individuals over the age of ten years were hypothetical and not in the context of a real situation. The uncertainty raised was whether the individuals would have acted similarly if the hypothetical scenario were indeed a reality in which the consequences of their actions could have had a real impact on their lives. Theorists further postulated that the stage at which individuals' reason might be dependent on the circumstances of a situation and that they might regress to a lower stage of reasoning to adequately address a situation (Newburn, 2017:173). Moreover, the focus of Kohlberg's theory was placed on moral reasoning instead of moral conduct thus it is possible for people to reason effectively, knowing what behaviour is morally correct, but behave according to different values in reality. The theory also failed to take the impact of people's culture, gender and moral values into consideration. The stages of moral development were merely applied to individuals from Western civilisation and the extent to

which these stages can be applied to people in other social contexts is contentious and beyond the scope of current empirical evidence. Kohlberg further conducted his research on male participants only thus failing to conclude that females outperform their male counterparts on the majority measures of moral development. Lastly, the theory overemphasises the role of justice in people's decision making to the exclusion of compassion towards others (Bartol & Bartol, 2017:367).

3.3.3. Sociological risk factors

The criminological understanding of social positivism proposes that individuals are driven to crime by external forces that do not come from within individuals but are rather caused, to some extent, by elements in people's structural or cultural surroundings. Structural factors refer to the underlying foundations of society that force people to engage in criminal acts. Examples of such factors include poverty, lack of education and poor health services. Cultural elements, on the other hand, denote criminal behaviour to people's relationship with others in society including their parents, peers and teachers.

3.3.3.1. Motivational Model

Burgess, Hartman, Ressler, Douglas and McCormack developed the Motivational Model during 1986. The model accounts for sexual homicide and the cognitive structures that support such deviant behaviour. The model implies that, in some cases, these offenders might have been raised in households that were characterised by an ineffective social environment in which their parents did not provide them with nurture, protection or consistent discipline (Yates et al., 2008:223). Consequently, the parents of these children disregarded, rationalised and/or normalised the children's deviant behaviour, or they supported the behaviour through their own deviant misrepresentations. The lack of interest in the children's behaviour results in negative bonding and poor family relationships hence the children fail to relate to and value other members of the society later in life (Beauregard & Martineau, 2017:15). In addition to the children's ineffective social environment, they were also exposed to abusive events during their childhood but the anxiety experienced by the traumatic event was neglected. The psychological deprivation experienced could have led to diminished emotional responses that ultimately resulted in the emergence of sexual sadists' fantasies in which they had control and power in an otherwise helpless environment (Thomas, 2014:56).

Concurrent with the sadistic fantasies, youngsters became distraught and, in order to reduce the anxiety, they had become emotionally and physiologically aroused resulting in relief and pleasure (Beauregard & Martineau, 2017:15). The likelihood that the youngsters acted on such sexually aggressive fantasies increased over time while the intensity and gratification of

the physiological responses experienced decreased. The teenagers' fixation with the sadistic themes and elevated sensory arousal caused them to act out such fantasies (Thomas, 2014:56). By acting out, the teenagers experienced feelings of pleasure, grandiosity and omnipotence, which further reduced their behavioural inhibition and increased their physiological arousal. Consequently, their perception of other individuals progressively became more distorted, while their desire to act on their sexually sadistic fantasies increased (Mokros et al., 2011:190). In the original article of Burgess et al. (1986:264), they emphasised that the lack of positive social interaction with others resulted in the failure of these adolescents to develop social values, including respect for other peoples' lives. As a result of the positive effects and the absence of sanctions in the adolescents' social environment, these violent and antisocial behaviours are reinforced, while their knowledge and skills to avoid detection increases (Burgess et al., 1986:264).

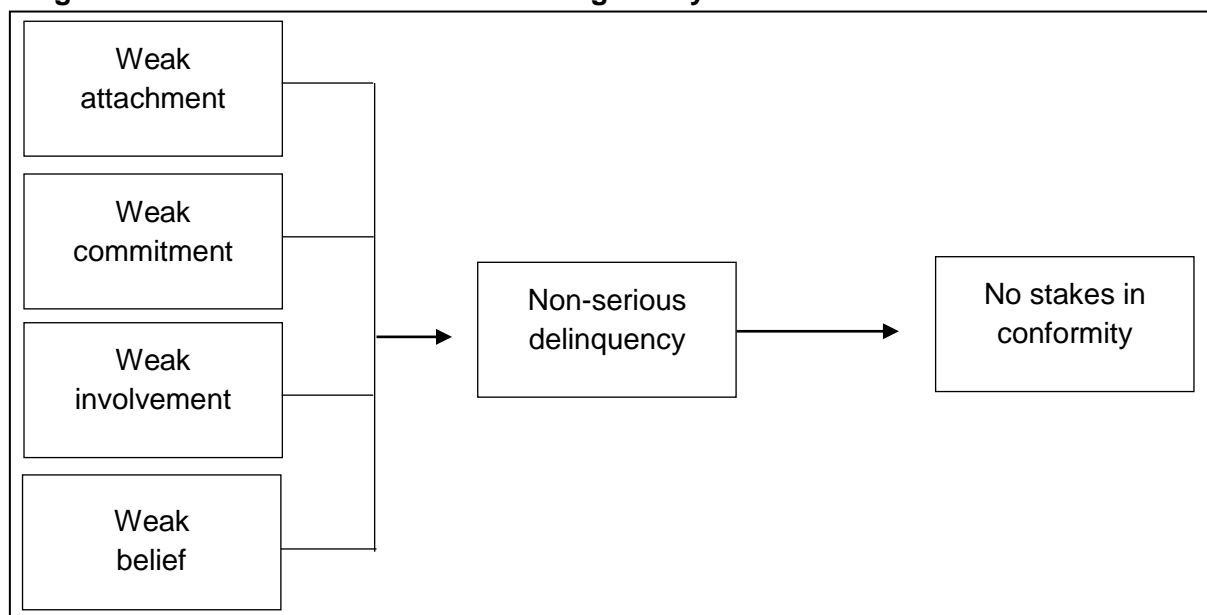
Originally, the Motivational Model was developed by Federal Bureau of Investigation (FBI) agents who were unable to determine the motive behind sexual homicides and consequently assessed the offenders' behavioural patterns. The FBI agents however did not measure the behavioural patterns with standardised measures of testing the offenders' psychological or neurological behavioural aspects. Sexual murderers' internal forces thus remain a speculative mystery. Noticeable behaviour may have contributed to the formulation of inferences regarding offenders' psychological operations but the data gathered should have been tested before conclusive statements were made (Gacono & Meloy, 2012:286). Despite these speculations, the Motivational Model comprises a more multifaceted and extensive framework when compared to previous models that merely focused on a single causative factor. The five interacting components are: (1) inadequate social environment; (2) formative events; (3) patterned reactions to the formative events; (4) actions towards others; and (5) a mental feedback filter (Burgess et al., 1986:262). The model integrates a series of aspects that are closely interrelated however the model principally focuses on psychosocial and cognitive aspects without considering the probability of biological abnormalities, including neurodevelopmental disabilities and genetic elements. Biological irregularities may significantly influence the development of criminal behaviour by interacting with psychological and social factors over the lifespan of individuals (Chan, 2015:61).

3.3.3.2. Travis Hirschi's Social Bonding theory

Travis Hirschi's primary goal for developing the Social Bonding theory in 1969 was to explain why individuals conform to the norms and standards of society and less on what causes criminal behaviour (Anderson, 2015:180). He proposed that all individuals are inclined and capable of committing criminal acts and that the onset of people's criminal behaviour can be

linked to their weak or disintegrated social bonds with society. He believes that it is people's basic instinct to engage in criminal acts however their impulses to violate the law are hindered by their fear of destroying their relationships with significant others and society (Williams & McShane, 2015:289). Without a desire to maintain these ties and a lack of compassion and concern for others, there is no motivation for people to refrain from misconduct and pursuing their own interests. Individuals who follow their own interests tend to act in a manner that will benefit the self (Warr, 2016:17). People's degree of morality varies and if individuals do not internalise society's norms and standards, this can contribute to their poor conscience when engaging in unconventional behaviours. Only individuals who exhibit a tight link with their social groups are likely to conform to society's social conventions. The four elements required to maintain a strong social bond with society are: attachment, commitment, involvement and belief (Diagram 3). These four elements must be present as they contribute to relationships in varying degrees. The interrelationship between these elements control and affect subsequent behaviours (Vandiver, Braithwaite & Stafford, 2017:39).

Diagram 3: Elements of the Social Bonding theory



Source: Siegel (2017:250)

Individuals' compassion and interest in the wellbeing of significant others and society as a whole refers to the first and most important element of Hirschi's theory which is attachment with others. Being unable to coherently bond with other individuals in society may lead to the inability of people, especially criminal sexual sadists, to relate to others and to develop a social conscience or superego (Siegel, 2017:250). Individuals who do not form attachments with others fail to maintain a relationship with society and are unable to comprehend what is

expected of them. Similar to sexual sadists, individuals with poor attachments do not have the opportunity to share a mutual understanding of what is considered socially acceptable behaviour with others rather they are self-focused and act in self-interest; they are not concerned about others' expectations and what people think of them (Vandiver et al., 2017:36). Individuals who become alienated from other people may not internalise society's conventions and may not understand the significance of these social contracts thus they are more inclined to become involved in unlawful activities such as criminal sexual sadism (Downes, Rock & McLaughlin, 2016:207).

The following two elements – commitment and involvement – are more difficult to relate to criminal sexual sadism since limited research of the sadistic perpetrators' daily routines is documented in previous studies. Nonetheless, the two elements will be discussed as they may be able to explain the motives behind sexual sadistic offenders' actions. The degree to which people are determined to devote time, energy and effort in conventional activities forms part of the second element of Hirschi's theory. People who are not committed to conventional values tend to engage in risk-taking behaviour since they have less to lose when caught violating social norms (Williams & McShane, 2015:292). These individuals are also less likely to develop coherent relationships with other people and do not tend to invest in social contracts, consequently they are more likely to commit criminal acts. Therefore, in order to maintain social order, society must be aware of criminal and non-criminal activities, and respectively punish and reward these acts (Anderson, 2015:182).

Involvement is the third element of the Social Bonding theory and refers to the participation in extracurricular activities. People who are not involved in recreational activities do not spend time with other individuals and are unable to form strong bonds with significant others, peers and society (Downes et al., 2016:207). The lack of willingness to partake in productive and constructive events produces opportunities for individuals to transgress. The less people become engaged in recreational activities, the weaker their relationships with others and their commitment to conventional society (Vandiver et al., 2017:37). Individuals who are not involved in extracurricular activities do not comprehend the value of hard work; they are impulsive and act on their desires for immediate gratification (Anderson, 2015:182). As stated above, it is difficult to obtain insight regarding sexual sadists' daily routines, including their commitments and involvements, unless they are apprehended and interrogated. Nevertheless, knowledge regarding sexual sadists' commitments to conventional activities and involvements in extramural activities could be of significant value to determine the motives behind their actions (Williams & McShane, 2015:292).

The fourth and final element is belief that alludes to the endorsement of legal values and norms. Individuals residing in the same social community often share similar ethical beliefs and abide by the same standards, as they share the same admiration for the legislative framework that guides them. Sexual sadists, on the other hand, do not value other people's perspectives and are totally oblivious to others' compassion. Sadists therefore abscond from these beliefs, do not conform to the boundaries that are placed on them by law and perceive these social contracts as incorrect and unworthy (Joubert & Bezuidenhout, 2013:118; Siegel, 2017:250).

Hirschi's Social Bonding theory is considered to be the best-known and most dominant control theory. It is the criminological theory that is most frequently discussed and researched, and has been corroborated by various studies across numerous countries. Although the Social Bonding theory has received significant empirical support and is recognised as the most significant theory to explain juvenile delinquency, some of the elements are under criticism and require further research (Vandiver et al., 2017:37). Theorists questioned the impact of attachment by arguing whether offenders' relationships with their significant others and peers are indeed strained, and whether strong social bonds with delinquent peers and family members influence their behaviour. Numerous other research studies however proposed that criminal family members and peers escalate deviancy rather than restrict it. Moreover, contentions regarding the possibility of miscalculating the direction between criminality and weak attachments exist. Hirschi simply presented one answer, but both propositions are plausible and act as an iterative relationship that are mutually reinforcing, whether positive or negative (Newburn, 2017:252). Excessive involvement in extramural activities may result in criminal behaviour as children spend less time at home and parents have less opportunity to regulate their children's behaviour thus these children are more prone to deviate. It was further speculated that the Social Bonding theory cannot explain all modes of criminality rather it explains minor delinquencies and not more serious criminal activities (Siegel, 2017:230).

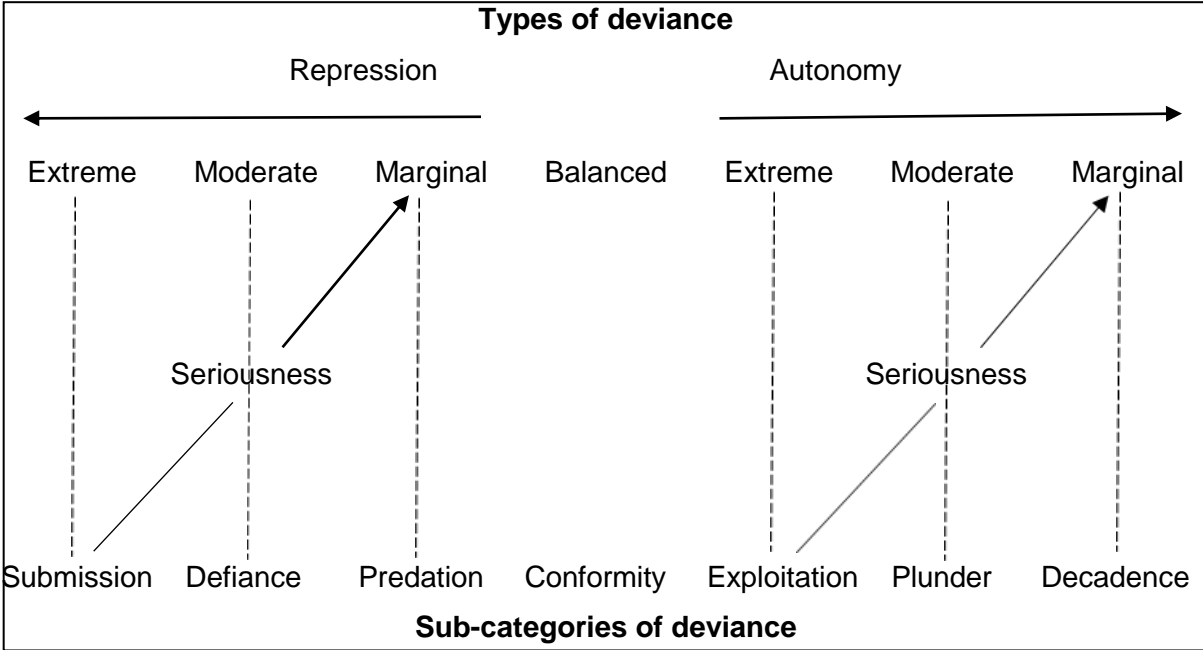
3.4. Charles Tittle's Control Balance theory

Control is a continuous variable that has a strong impact on the disposition of criminal behaviour and the restraints against criminal acts. The revised article by Charles Tittle (2004:397) stated that the main assertion of the Control Balance theory, which was developed in 1995, is that individuals respond negatively to situations in which they experience a control imbalance. Such an imbalance is produced by the extent to which people are subjected to control compared to the amount of control exercised over others. In other words, people with a balanced control ratio are more likely to conform to society's

norms as opposed to individuals with a control imbalance (Lilly, Cullen & Ball, 2011:131). However, the extent of control experienced may change over a period of time. People have a latent desire to acquire more control and once people realise that criminal behaviour could improve their control ratio, they become motivated to engage in unlawful acts (Akers, 2012:218). The inclination to gain more control is most likely to come to the consciousness of people who experience a control imbalance. Provocation, particularly situations that generate feelings of disgrace and degradation, bring the control imbalance to the fore. Nevertheless, motivated offenders do not commit crimes unless the opportunity to do so arises (Nobles & Fox, 2013:738).

Individuals who are experiencing a control imbalance can experience either a control deficit or a control surplus. People who experience a control deficit are subjected to more control than they can exercise while people who experience a control surplus are able to exert more control than that to which they are subjected (Tibbetts & Hemmens, 2015:320). The probability and the nature of the crime committed depends on the degree of control experienced. The crime committed can be divided into six distinct sub-types that range in severity. Individuals with a control deficit engage in ‘repressive’ crimes including predation, defiance or submission whereas individuals who experience an excess of control tend to commit ‘autonomous’ crimes that involve exploitation, plunder or decadence. As indicated in Diagram 4, each of these crimes can be placed along a continuum based on the seriousness of each of the acts (Saponaro, 2013:26).

Diagram 4: Variation of Tittle’s Control Balance ratio



Source: (Newburn, 2017:259)

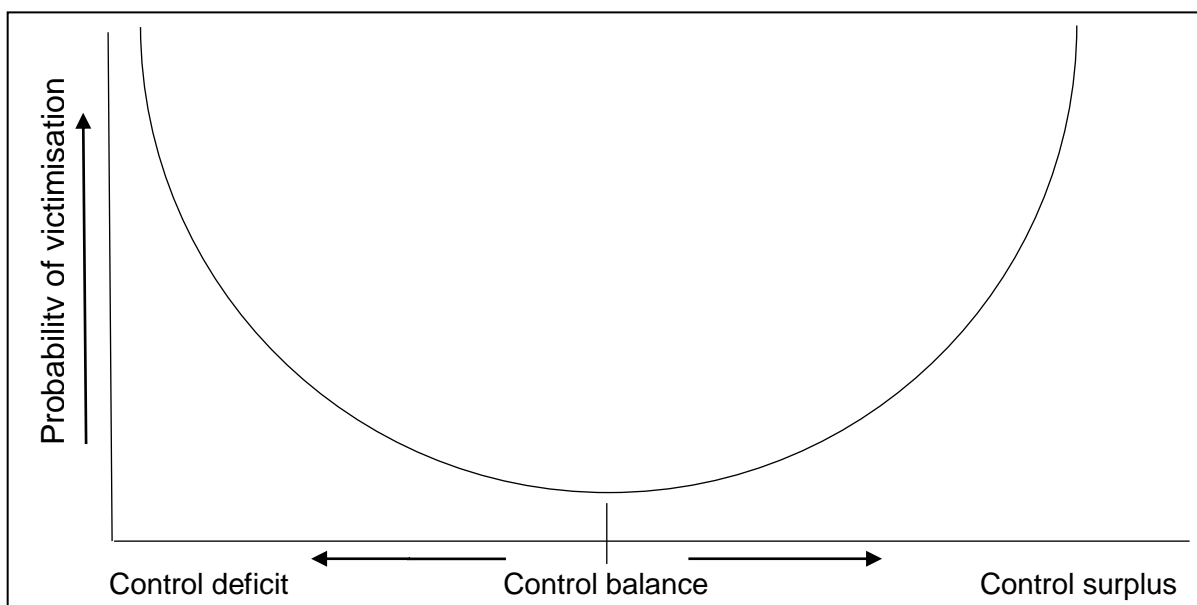
People with the lowest deficits are inclined to commit more serious forms of repressive offences such as sexual sadism while those with the highest control deficits engage in less serious repressive forms of crime. Individuals who exhibit a high control surplus have a propensity to commit the most serious forms of autonomous crimes and those who experience small to moderate control surpluses engage in the least serious autonomous offences. Repressive crimes can partly be differentiated from autonomous crimes based on their directness (Lilly et al., 2011:131). The nature of repressive acts involve directly confronting the victims, compared to autonomous crimes in which offenders do not personally confront the victims instead perpetrators who engage in autonomous acts make use of third parties, organisations or structural arrangements. The researcher's primary focus is therefore on individuals who experience a low control deficit since offenders experiencing such an imbalance tend to engage in predatory crimes including criminal sexual sadism in order to restore their sense of control (Thompson & Bynum, 2017:148).

Tittle's Control Balance theory is unique compared to the other control theories as it falls within the ambit of integrated theories by incorporating elements of control, rational choice, routine activities, differential association, strain and labelling theory. Moreover, mixed findings were obtained for Tittle's theory and some reassuring empirical evidence was collected that supports only some of the aspects in the theory. Nonetheless, most theorists are in favour of his work and the theory continues to gain attention (Lilly et al., 2011:131). Due to the prospective virtues of the theory, refinements can be made. Disputes concerning the feasibility of differentiating between autonomous and repressive deviance arises which is why some individuals with a control surplus resort to repressive acts while those with a control deficit engage in autonomous crimes. This is the opposite of what Tittle presumed (Newburn, 2017:259). The two continua thus should be combined into one continuum of control balance desirability in which the six sub-categories of deviance (predation, defiance, submission, exploitation, plunder and decadence) are eliminated and no longer categorise the designated divisions. The degree of seriousness for each of the categories is questionable and based on speculations that are not logically consistent with the premises of the theory and consequently it holds little value. It is also assumed that the continuum of seriousness does not neatly fall along the median of the control ratio continuum, as claimed by Tittle. In addition, theorists believe that autonomy is not a satisfactory all-inclusive explanation for human desires rather deviance is dependent on the intersection of four contingencies – control ratio, opportunity, constraint and self-control (Tittle, 2004:420).

3.5. Alex Piquero and Matthew Hickman's Extended Control Balance theory

Limited research has been conducted to explain why certain individuals are more vulnerable to victimisation than others. The recent emergence of Alex Piquero and Matthew Hickman's Extended Control Balance theory in 2003 has contributed to the understanding of criminal victimisation. The Control Balance theory was originally developed by Charles Tittle to account for deviant criminal behaviour however researchers speculated that selected variables, theoretically pertinent to explaining the aetiology of criminal behaviour, can be employed to effectively predict criminal victimisation (Higgins & Marcum, 2016:109). Piquero and Hickman were under the impression that offenders do not randomly victimise people but rather that certain lifestyles and personal characteristics predispose people to become victims of crime. Similar to the hypothesis that an imbalance in the control ratio results in deviant behaviour, control imbalances are concomitant with the possibility of being victimised for completely different reasons. Individuals who have a balanced control ratio are perhaps the least likely to be victimised (Daigle, 2013:32).

Diagram 5: Piquero and Hickman's Extended Control Balance ratio



Source: Tibbetts and Hemmens (2015:320)

Criminal sexual sadism could hence be best explained within the domain of a control deficit that is experienced by victims. Thus, victims are generally exposed to more control than they are able to exert, predisposing them to become weak as a result of their apparent control disadvantage and inability to fight off their offenders (Saponaro, 2013:26). The lack of control further interacts with these victims' aspirations for independence in a way that produces feelings of disparagement thus instigating them to become unreceptive, subservient and susceptible. In addition to the customarily operational motivators of actions, they become

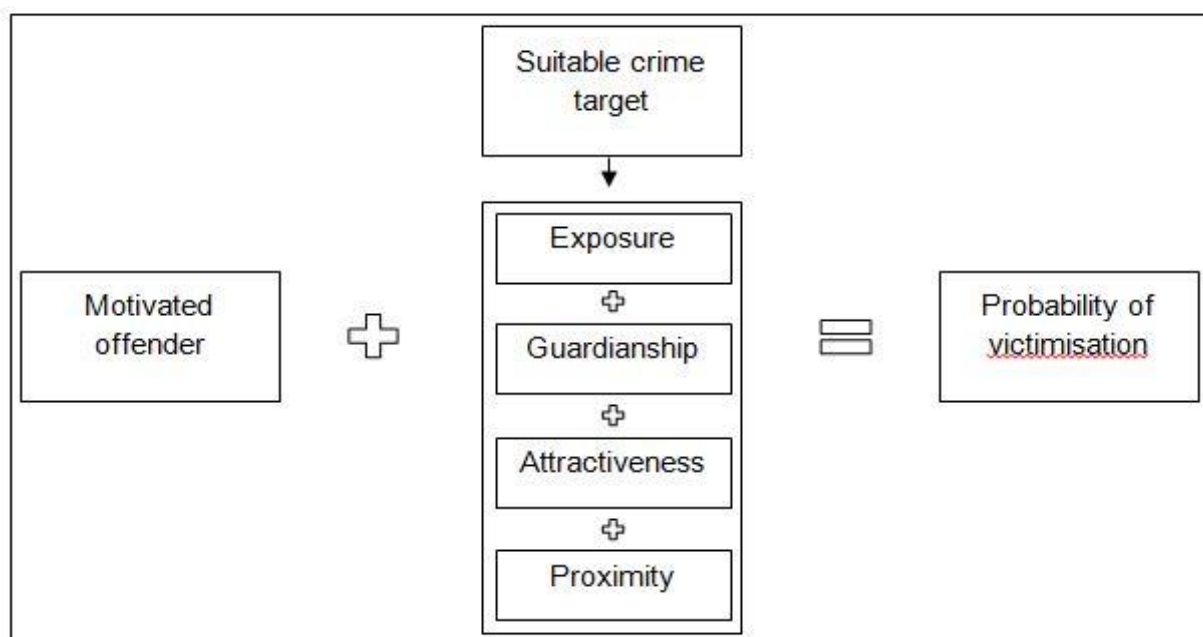
even more vulnerable to victimisation over a period of time, seeing that their surroundings constantly sensitise them to their submissive position. The original article of the Extended Control Balance theory illustrated that victims' perceived vulnerability is equated with their assessed probability to ward off sexual sadists, as victims exhibiting a control deficit are less likely to escape counter-controlling reactions from their perpetrators (Piquero & Hickman, 2003:285). The victims' inability to exercise control over perpetrators adversely affects their lives and is likely to engender feelings of apprehension, apathy or despair. In the end, these victims must accept their subordinate positions and the increased possibility of slavish submission without being able to visualise any alternative (Higgins & Marcum, 2016:110). Besides presenting a plausible theory to enhance researchers' appreciation of personal risks that result in victimisation, the theory further offers the benefit of suggesting how the victims could potentially react to the victimisation experience. Victims of sexual sadism experiencing a lack of control tend to cooperate during the commission of a crime. Victims may also passively accept that they are being victimised and, as a result, comply with the demands of the offenders. It could be argued that the victims' control deficit results in their inability to ward off the offenders consequently they become passive and submissive (Saponaro, 2013:26).

While Piquero and Hickman's theory has not expressly been classified as a victimisation theory, it extended Tittle's Control Balance theory of deviance causation to explain why individuals with a control imbalance could possibly be at risk of being victimised. They derived several important insights that suggest that the theory could act as a general theory for both deviance and victimisation. Moreover, limited empirical research has been conducted to verify their findings since the Extended Control Balance theory is regarded as a relatively new theory. Subsequently, more significant research is required regarding Piquero and Hickman's Extended Control Balance theory (Daigle, 2013:32). Questions arise whether individuals' control ratio can be regarded as a master trait that remains stable throughout their lifetime or whether it can be altered by subsequent experiences of being victimised and is thus different at each stage of their lives. For instance, individuals who experience a control surplus may experience a control deficit after being a victim of a crime. These individuals may either return to a control surplus or become resident in a control deficit (Davis, 2010:48). This further demands future research concerning repeat victimisation; whether being victimised exacerbates victims control ratio or whether victimisation has the potential to counter-control individuals' control ratio. For example, people with minor control deficits may experience greater control deficits after being victimised whereas others who experience control surpluses may experience control deficits after being subjected to victimisation (Piquero & Hickman, 2003:298).

3.6. Lawrence Felson and Marcus Cohen's Routine Activities theory

The Routine Activities theory was developed in 1979 and is generally criticised for not being able to explain the occurrence of physical and sexual abuse, seeing that the majority of violent offences are committed at the victims' residence or that the crime takes place spontaneously and impulsively. However, sexual sadistic attacks do not occur coincidentally; the offenders carefully premeditate the sadistic acts and wait for an opportunity to accost a suitable target (Vito & Maahs, 2017:57). The accessibility of opportunities is an important factor in the crime calculus. These opportunities may be present on a daily basis during social activities and interactions with others. Choices on the part of sexual sadistic offenders as well as potential victims may translate criminal tendencies into criminal actions. In other words, peoples' lifestyle choices may expose them to the opportunity to either engage in criminal transgression or become victims of crime (Brown et al, 2015:195). The theory further stipulates that the presence of three elements – a motivated offender, suitable target and the absence of a capable guardian – at a given time and place creates an opportunity to commit predatory crime. Nonetheless, the manifestation of all three elements does not guarantee that an offence will be committed; it merely increases the possibility of the occurrence. Thus, Lawrence Felson and Marcus Cohen's Routine Activities theory can be used to explain offending patterns and criminal victimisation (Tibbetts & Hemmens, 2015:81). Diagram 6 presents the interaction between the three elements of the Routine Activities theory.

Diagram 6: The elements of the Routine Activities theory



Source: Vito and Maahs (2017:57)

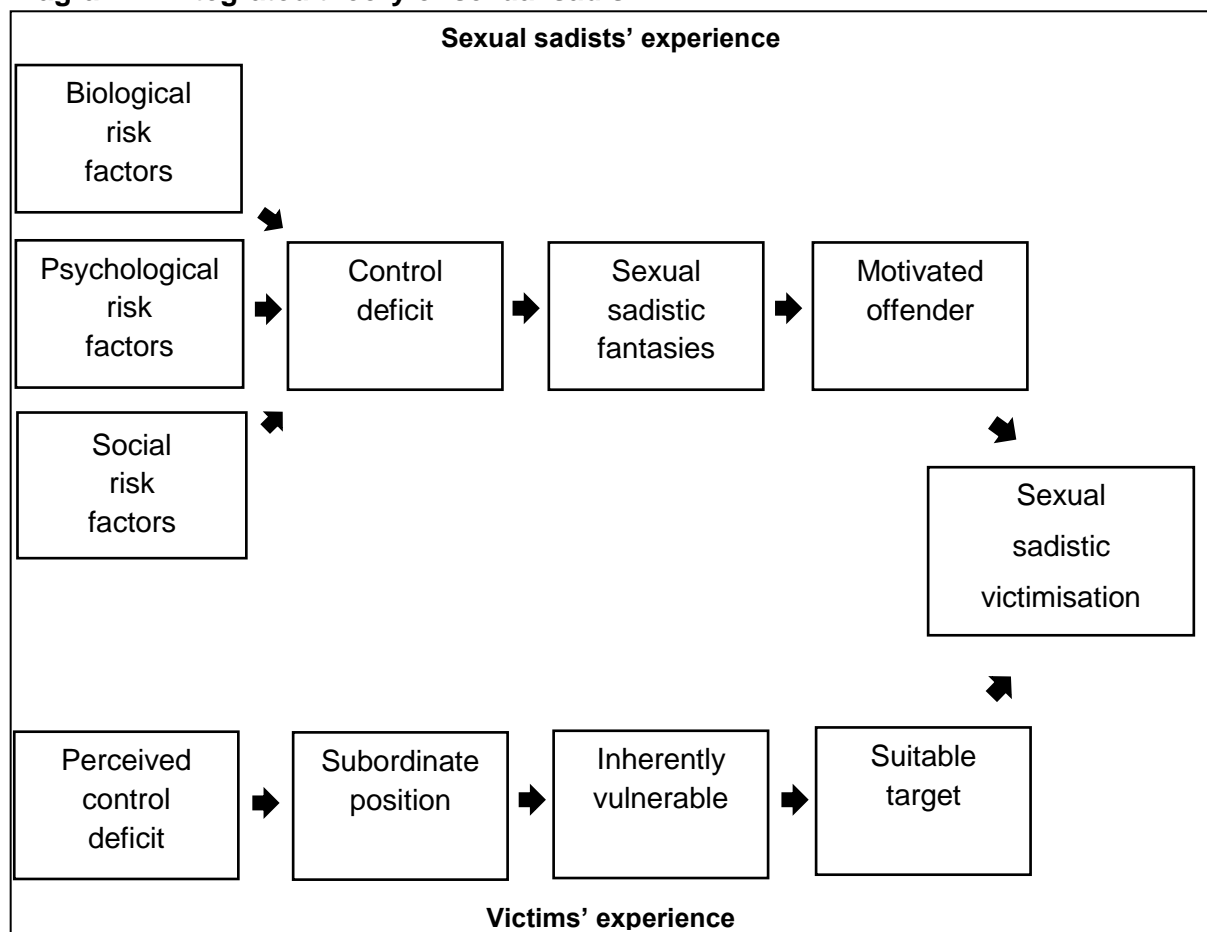
Internationally, there is an unremitting supply of criminals who are prepared and capable of committing predatory crimes if the opportunity arises thus it is believed that sexual sadistic offenders are hedonistic in nature. They assess the possible outcomes of their criminal acts in advance and, based on the probable outcomes, decide whether or not to commit the crime (Bratt, 2014:2423). Perpetrators choose the course of action that maximises pleasure and minimises pain for them; the instant material and/or sexual gratification to satisfy their lust provokes offenders to engage in deviant behaviour. Offenders further evaluate the possibility to commit crimes successfully based on suitable targets (Brown et al., 2015:195). The sexual stimulation experienced and symbolic gain of a target influences the sexual sadists' desirability to commit an offence, while the proximity between potential targets and motivated offenders is connected to the risk of being victimised. In addition, the accessibility of victims and the ease with which victims can be approached without attracting attention is evaluated to determine the victims' vulnerability and ability to resist the attacker. Accordingly, the presence of a capable guardian may potentially prevent motivated offenders from committing a crime (Branic, 2015:2).

The theory accounts for and places emphasis on the dynamics of three primary role players namely, motivated offenders, suitable victims and the absence of bystanders. In order to understand how an opportunity for a criminal act arises, it is imperative to obtain adequate knowledge regarding the decision making process of these role players and how their choices contribute to the convergence of all the relevant role players. The decisions made by the role players not only influence their own routine activities, but also affect their engagements on convergence (Saponaro, 2013:20). Critics however insist that the theory fails to address the notion that some perpetrators are more motivated to commit crimes than others, and that the motivation to commit crime remains unanswered. The theory further claims, to some extent, that victims are responsible for being victimised and that they are to blame for the criminal act; victims must take precautionary measures against crime and change their lifestyles (Newburn, 2017:306). Notwithstanding these drawbacks, the Routine Activities theory has the potential to explain crime in a variety of contexts including urban, suburban and rural areas, which further provides valuable information regarding situational crime prevention potentials. However, the theory fails to account for white-collar crimes and violent offences that occur spontaneously and impulsively. A more systematic analysis is thus required between the importance of each of these role players and the relative weight that each role player exhibits and consequently contributes to the criminal activity (Akers, 2012:28).

3.7. Integrated theory of sexual sadism

Theorists speculated that selected variables theoretically pertinent to explaining the aetiology of criminal behaviour can be employed effectively to predict criminal victimisation. In other words, theorists suggested that, in order to understand criminal victimisation it is important to take into account why offending occurs in the first place. Attempts are therefore made to merge the aforementioned theories from various disciplines, including the Criminological, Victimological, Biological and Psychological fields into a cohesive theory that attempts to account for sexual sadistic victimisation on a theoretical level. The purpose of devising an integrated theory is to incorporate elements from different theories into a comprehensive representation that provides a stronger explanatory tool which has been offered until now. Where theories have opposing views, attempts will be made to provide an explanation for the inconsistencies resulting from integrating theories with differing assumptions, thus retaining the theory's logical soundness. Diagram 7 below is a visual representation of how both the offenders' and the victims' experiences contribute to becoming victims of sexual sadism. Victimisation cannot occur in the absence of either the perpetrator or the victim; both these role-players must be present for a criminal sexual sadistic act to occur.

Diagram 7: Integrated theory of sexual sadism



Children who have dysfunctional limbic systems may express impulsive and unwarranted sexual behaviour during childhood, since the brain structures within the limbic system are responsible for regulating people's temperament and sex drive. Children grow up not being able to differentiate between these two impulses consequently they associate aggression with sexual stimulation. Brain anomalies at birth or perhaps brain injuries due to serious abuse or accidents that cause poor temperament and sex drive do not definitely result in sexual sadism but may increase or decrease the likelihood that children with this deficit will become criminal sexual sadists. Brain damage that co-exists with other contributing factors, on the other hand, are more likely to result in sexual sadism. For instance, some parents may become infuriated by children's preoccupation with sexually aggressive behaviour and attempt to reprimand and discipline them through physical and/or verbal punishment which may, in turn, intensify the children's arrogance, dishonesty, callousness and emotional detachment from significant others. Alternatively, parents may neglect or be unable to supervise their children's actions and fail to recognise their deviant behaviour consequently, the inappropriate behaviour of these children is not addressed which could further stimulate their sexual urges. The quality of their family relations and social interactions are important factors in young children's development.

Children who fail to establish strong family bonds may never have the opportunity to learn how to form positive relationships with other people and hence are unable to respect, relate to and value others' perceptions. Parents who do not have the knowledge to address their children's sexual violence adequately contribute to the children's impaired ability to form interpersonal relationships which results in the development of negative personal traits including hypersexual drive, antisocial behaviour and emotional detachment. Furthermore, these children are not concerned about other people's compassion or welfare; they are self-focused and act in self-interest due to a deficient moral development. They judge the ethicality of their sexually violent behaviour on their own personal desires and on how these acts might benefit themselves. They lack empathy towards others and do not value their relationships because their over-developed id causes them to focus on immediate self-gratification without exhibiting any remorse for their illegal acts and the suffering of their victims. Due to these children's underdeveloped superego and poor bonds with others, they tend to become alienated from society and fail to endorse the beliefs that are set by society. They also fail to progress to higher levels of moral reasoning and thus perceive social conventions as inappropriate and contemptible.

Children's relationships with society may degenerate even further after they experience a traumatic event during childhood, especially sexual abuse. The distressing situation may not

definitely result in sexual violence, but most sexual sadistic perpetrators were exposed to frequent sexual abuse in their lives. Children's lack of control to adjust or escape their ineffective social environment and to cope adequately with the traumatic incidents results in upsetting memories and fantasies that are stored in their unconscious shaping their developing thought patterns. These children become sexually preoccupied and compulsive. Their negative association with sexual abuse leads to the generation of sexually aggressive memories and fantasies in which violence is eroticised. The fixed thoughts associated with trauma generate thinking patterns that are conflicted and obsessed. The physical structure of these children's brains changes and adapts through a process referred to as neuroplasticity. Frequent experiences activate the neurons in the brain to stimulate the genes responsible for the structural changes and strengthen the pathways among the activated neurons (Siegel, 2012:8-1). Consequently, these children develop sadistic fantasies that aim to attain power and control over situations that make them feel inferior and helpless.

The children may also have experienced unrelenting physiological arousal during the traumatic events. When such stimulation interacts with children's repetitive thoughts (rumination) of the distressing incidents, their perceptions of sexual gratification become altered to an extent that sexual sadistic acts are a prerequisite for sexual stimulation. Over time, children may become motivated to act out on their fixations and thus exert power and dominance over other people to increase their sense of control. However, sexual sadistic offenders commit crimes when an opportunity arises, irrespective of their desires. Therefore, criminal sexual sadists only react on their perceived control imbalance when situational motivations present themselves and they are not constrained by their perception of external forces of control. Parker Ray for instance, stated that, depending on his desires and the opportunity, he abducts four to five girls a year (Geberth, 2010:571).

Victims of sexual sadism are not targeted coincidentally instead sexual sadistic perpetrators select their victims based on their assumed control deficit and inability to ward off the offenders. Thus, in some cases, victims might be partially responsible for the victimisation because their perceived anxiety, fear and hopelessness precipitate sexual sadists to interpret the victims' behaviour as submissive. Parker Ray explained that he targets young, weak girls who he perceives to be afraid and acquiescent (Geberth, 2010:570). Additionally, victims often facilitate the victimisation as their lack of ability to exercise control over others makes it much easier for criminal sexual sadists to act on their aggressive fantasies and experience a sense of complete control, dominance and supremacy. Consequently, victims become sensitised to their subservient position and accept that they are unable to exert control over others, which intensifies their vulnerability. Dirk Prinsloo sensitised Cezanne to such an

extent that he exerted complete control and dominance over her. She was so in awe of Dirk that she conceded to all his demands because she lived for his moments of contentment (Venter, 2009b:1). Therefore, sexual sadists can easily approach victims with a control deficit, as the victims are unlikely to engage in protective behaviour seeing that they lack the confidence and skills to overcome offenders who exert control over them. The presence of motivated sexual sadistic offenders and suitable targets does not guarantee that a crime will be committed, but increases the probability of its occurrence.

3.8. Cause-Effect Matrix concerning sexual sadists

Up to this point, the entire Chapter 3 revolved around specific theories that could plausibly explain the causes of sexual sadistic behaviour and the factors that drive and motivate sadistic perpetrators to offend. An integrated theory of sexual sadism was presented in section 3.7 which incorporates all the individual theories to provide a more comprehensive explanation of the aetiology of sexual sadistic offenders. The emphasis was placed on the development of criminal sexual sadists' behaviour in order to comprehend the nature of their actions as discussed in Chapter 2. Knowing sexual sadists' behaviourism is the key to understanding the characteristics that explain the nature and effect of sexual sadistic actions on female victims. Moreover, due to the dearth of research on sexual sadism, all available information is based on the nature of sexual sadistic crimes and the characteristics of the offenders. None of the information aims to explain the nature and effects of sexual sadistic acts on non-consenting female victims.

The researcher developed a matrix that has a twofold purpose and is therefore coined the 'Cause-Effect Matrix'. The first element of the matrix is to clarify the cause of sexual sadistic perpetrators' behaviour, to provide an explanation of their drives and motives, and to identify the characteristics of the nature of their actions. It further explains how sexual sadists can be classified into three distinct categories, ascending in the degree of psychopathology and severity: (1) Non-contact fantasy sexual sadists; (2) Moderate malapropos sexual sadists; and (3) Psychopathic sexual sadists. The second element of the matrix focuses on the effect of sexual sadistic actions on non-consenting female victims. Victims of sexual sadism do not react to the criminal offences similarly, they have different experiences and may present numerous effects depending on a variety of factors including their age, previous sexual experiences, the context in which the offence occurred, the severity of the sadistic act and other related factors. Making conjectures about how victims of sexual sadism should respond to the crime is therefore a difficult and challenging task. Nonetheless, three fictional case studies will be portrayed to depict how the 'Cause-Effect Matrix' can be utilised to classify

sexual sadists and predict the possible effects that the sexual sadistic actions may have on the victims.

Fictional case study of a non-contact fantasy sexual sadist

During Quinn Keohane's teenage years, he imagined how he would capture and restrain teenage girls to a pole in his basement. He would approach the helpless and terrified girl and undress her while he started to explore her body. He would ruminate how he would aggressively bite her breasts while she would whimper in fear of what to anticipate next. In his fantasies, he would gag the girl and familiarise himself with her body. He would start fondling her vaginal area and penetrate her anally, making her moan from pain while she struggled to no avail. The fictional scene of teenage girls being bound and raped without having a choice in the ordeal but to accept it, sexually stimulated Quinn. He was aroused by the idea that the girl was trembling in fear, unable to scream for help against the sexual onslaught without her consent. However, the bondage and the fact that the teenage girl was raped were the most influential parts of his fantasies.

Quinn would habitually spend time at places such as bars and nightclubs where he could observe girls having drinks and dancing all night. He would never attempt to approach any of the girls, instead he just watched them all dressed for the occasion. These cues started to build up until, in his mind, a man unknown to the girl, spanked her. The girl's reaction triggered his sadistic fantasies. He would then go home and page through his many bondage magazines depicting teenage girls tied, restrained and gagged in any imaginable way. Quinn also created his own fantasy drawings illustrating what he would do to the girl. He would become sexually gratified to the extent that he acted out his fantasies on dolls in order to relieve his repressed sexual tension. As the years passed, Quinn began to want the real thing and he wandered the streets in search of a teenage victim. It seemed however that it was about all he could do.

Based on the aforementioned fictional case study, non-contact fantasy sadists do not act out on their sexually aggressive desires rather they imagine the power and dominance they exert over their victims and envision the suffering and humiliation their victims endure. It is also common for non-contact fantasy sexual sadists to act out their sadistic fantasies with inanimate objects since sadists perceive objects to be passive, non-threatening and impersonal. Their high control deficit also prohibits these sadists from engaging in serious offences against others, because they are unable to exert more control over others than what

they themselves are exposed to. Thus, these sexual sadists are considered to be law-abiding citizens that internalise the social contracts of society since their fantasies or actions against inanimate objects do not cause any harm or discomfort to others. Although these sexual sadists may have been exposed to a dysfunctional family system or may have experienced trauma during their childhood years, they manage to maintain strong social relationships with other individuals in society. Subsequently, these sadists' high social competence allows them to take other individuals' opinions regarding socially acceptable behaviour into consideration, as they fear condemnation by their community members. Their high regard for their relationships with others prevents them from acting on their desires in illegal ways and their sufficiently developed egos assist them to seek alternative options to balance and satisfy their sadistic desires in a compliant manner that will not result in guilty feelings.

Some may regard non-contact fantasy sexual sadism as a harmless, victimless crime that has no effect on the victims because the perpetrators recurrently imagine sexual sadistic fantasies that are non-threatening to the victims. However, when a person realises that non-contact fantasy sexual sadists ruminate about sadistic acts that they want to do with others, they may feel victimised and experience effects that occur even long after the incident. The victims had not consented to being fantasised about in a sexually sadistic manner and could possibly have the impression that their privacy was surreptitiously invaded by another person even if non-contact fantasy sexual sadists did not make direct physical contact with the victims. The act of sexual sadistic fantasies invades the victims' private affairs and might result in feelings of mental anguish, humiliation, enragement, anxiousness, self-awareness and violation. Once they realise they are the object of fantasy, these victims could possibly lose trust in other people, try to avoid the sadist to the extent of living in isolation, constantly be vigilant about what is going on around them, experience nightmares on how the fantasies play out and blame themselves that others perceive them in a sexually sadistic way.

Fictional case study of a moderate malapropos sexual sadist

Although Quinn at first was hesitant and unable to act on his fantasies with non-consenting teenage girls, his repetitive and recurring fantasies were validated and reinforced his sexual desire for bondage and forceful sexual encounters. Instead of taking non-consenting girls by force, he further repressed his sexual desires until he found a girlfriend who was willing to engage in sadomasochistic acts with him. Quinn and his girlfriend had a mutual agreement that she would take a submissive role, while he acts out his desires without causing her any distress. At any point when she feels threatened or uncomfortable Quinn would either stop acting out his fantasies or retreat to activities preferred by both partners seeing that sadomasochists do not want to act violently

towards girls who do not consent to his actions. Their first sexual sadomasochistic encounter was planned according to his most prominent fantasy during his teenage years as depicted in fictional case study one. Perceiving his girlfriend restrained and helpless with no escape or way of preventing him to do acts that she did not consent to, made him feel empowered and in control. She was at his mercy and to some extent his sex slave.

Not long after their first consensual sadomasochistic experience, their behaviour escalated and was no longer restricted to bondage and sexual activities without any objects that could inflict mild injuries. They would engage in different forms of bondage and experiment with various sex toys including dildos, straps, chains and whips. Quinn would bound her ankles that is tightly secured to eyelets in the floor and chain her hands above her head in a doorway. He would whip her on her back, leaving scars and use derogatory language, swear and insult his girlfriend by calling her blasphemous names. He would force small dildos into her anal cavity, while the larger dildos were used for vaginal penetration. He always had a fascination with women's breasts, he would wrap and bound her breasts with straps after which he would pinch and bite her nipples. Both Quinn and his girlfriend approved to the sexual acts and became sexually stimulated by their sadomasochistic relationship.

Moderate malapropos sexual sadists merely act out and fulfil their sexual sadistic desires with individuals who take a passive role in the relationship and are willing to participate in masochistic acts in which they freely consent to activities in which mild physical and/or psychological punishment is inflicted. Although these acts are legal if the submissive partner consents to them, the majority of people perceive sadistic acts as unacceptable and inappropriate, even if the behaviour does not cause harm to society. Due to their moderate control deficit, these sadists seek consenting partners in an attempt to increase their sense of control over others and improve their control imbalance. Moderate malapropos sexual sadists are less socially competent than fantasised sexual sadists and are willing to sacrifice their social bonds with their community in order to gratify their sexually aggressive fantasies. Being raised in an inadequate household in which the children had a poor relationship with their parents and had to endure being abused might have resulted in their inability to differentiate between socially acceptable and unacceptable behaviour. Although, they are less concerned about the opinions and views of society, they are receptive to the approval of their partners. The ethicality of their acts is only, to some extent, driven by the standards of society and the expectations of others however these sadists may, at times, act in the interest of the self, but never to the detriment of their partners. Consequently, these sadists' id, ego and superego are in constant conflict.

Consenting sadomasochistic females who take the responsibility of the submissive partners may not experience effects that are long lasting seeing that they willingly engaged in the sadomasochistic acts and consequently more easily process and accept the consequences of their actions. The physical injuries inflicted on the female partners are usually mild and cause minimal distress, if any. The female partners may become anxious during acts that they might not fully consent to and which make them feel uncomfortable, as they are unable to escape the power of their male partners who restrained them and placed them in a position of vulnerability. They do not however stop the sadists or state that they feel violated, humiliated and objectified by their actions since they might be so indebted and in awe of the sadistic offenders that they would do anything to keep them happy.

Fictional case study of a psychopathic sexual sadist

Quinn later became less aroused by the sadomasochistic acts and decided to pierce his girlfriend's nipples with a nail. She shouted in agony and withdrew her consent. Her suffering and fear of what to anticipate next, along with the blood flowing from her nipples provided him with immediate sexual gratification like never before. His behaviour progressed, the cruelty of his acts increased and their relationship is no longer of a consenting sadomasochistic relationship, but rather an offender-victim relationship. Quinn could not help, but to lick the blood flowing down her breasts from her nipples and bite into her breasts. He prolonged the sadistic assaults for weeks and tortured the victim for hours, mainly focussing on mutilating specifically her breasts. He taped her mouth and ensured the victim's restraints were tightly secured; her vulnerability increased his sense of power and control.

Quinn developed into a methodical sadist, ruminating what is needed to compile a 'murder kit' and plan how his final encounter with his so-called 'girlfriend' (victim) will transpire. He constructed his basement into a torture chamber and equipped the room with numerous new torture devices. Quinn threatened to kill the victim and her family if she did not comply with his demands. He unchained her from the doorway, secured her arms behind her back and commanded her to the basement. The victim was traumatised by the sight of various dildos ranging in shapes, lengths and sizes, a number of sharp objects, ropes and straps hanging from the walls, poles that are secured into the floor and an electric cattle prod with electrodes plugged into the wall. Quinn forced the victim into the room and restrained her arms and ankles with handcuffs to the pole. He forced her to perform fellatio to the point where she started to gag and had difficulty breathing, he was angered by her reactions and strangle her. He also attached the electrodes to her nipples and shocked her as part of her punishment.

He shoved large dildos into both her anal and vaginal cavities which he secured with straps. At the end he removed both her breasts with a blunt knife and observed her bleed to death.

The final category of sexual sadists consists of the psychopathic sexual sadistic perpetrators. The nature of their sadistic acts is severe and directed against non-consenting victims. They inflict serious injuries on the victims that could potentially result in permanent disfigurements, disabilities or death, without any sense of remorse. Their actions are also often psychologically degrading and directed towards victims with the intent of tormenting and humiliating the victims, as the sight of the victims' suffering, fear and distress is sexually stimulating to the sadists. Psychopathic sexual sadists inflict such acts against non-willing victims in order to rectify their low control deficit and intensify their feeling of empowerment and supremacy. These sadists were generally abused as children and the emotional trauma experienced from the abusive acts was ignored and no therapeutic intervention was provided. Consequently, psychopathic sexual sadists are unable to relate to others and do not form strong bonds with society. Their low social competence and moral reasoning thus allows them to commit these crimes without any regard for others or experiencing any guilt feelings thus they have a complete disregard for the moral ramifications of their actions. They focus principally on gratifying their own personal desires and do not take other people's opinions and views into consideration since they fail to form strong attachments with other individuals and consequently do not have a mutual understanding of right and wrong. Psychopathic sexual sadistic sadists seek immediate gratification despite the unlawfulness of their actions. These sadistic offenders' behaviour is thus a concern for law enforcers since their actions closely represent those of psychopaths and perpetrators who exhibit manifestations of both psychopathy and sexual sadism which is a risk to society if they are not incarcerated.

It is hypothesised that the numerous effects that victims of psychopathic sexual sadistic sadists have to endure can either be short lived or, in most cases, be long lasting. The physical, psychological, social and financial costs to the victims and their families are incalculable and often debilitating. The victims often have to endure serious injuries that require medical assistance and possibly hospitalisation. The victims' bodies are mutilated to the extent that could result in permanent disfigurements, disabilities and potential infertility due to the injuries being inflicted mainly on the sex organs of the victims. Many victims who were raped during the ordeal are humiliated and experience fear that they might have contracted sexually transmitted diseases (STDs) including AIDS. The psyche of the victims is most often affected and consequently they experience symptoms associated with Post-

Traumatic Stress Disorder (PTSD) such as sleeping and eating disorders, difficulty concentrating and making constructive decisions, experiencing dissociative reactions and persistently re-experiencing the trauma through intrusive memories and dreams. They may also become detached and estranged from others due to their lack of trust and may have difficulty forming intimate relationships with others. They feel powerless and helpless that further impacts their integrity, privacy and dignity. The victims are also emotionally drained as a result of constant fear. Self-blame contributes to the psychological impairments experienced by the victims and is strengthened by the negative reactions of others. Despite the direct effects of the psychopathic sexual sadistic attacks, it is presumed that victims experience secondary victimisation by the CJS during the investigation of the incident. Undergoing a medical examination, media denigration and the victims' friends and family attributing the blame to the victims further violates the victims' dignity.

3.8.1. Phases of the 'Cause-Effect Matrix'

The three categories of sexual sadism appear to be interlinked. Non-contact fantasy sexual sadism develops during children's early development and, through validation and reinforcement, children's fantasies become more prominent and escalate in severity that could possibly last until their teenage years or adulthood. Sadists may attempt to repress the sadistic fantasies but, through cues and sadistic triggers, non-contact sexual sadists start to act on their fantasies through either self-stimulation or acting out the fantasies with inanimate objects. Some sadists remain in the non-contact fantasy sexual sadistic category and never develop a desire to act on the fantasies with another person, while others may become less gratified, acting out their fantasies with inanimate objects, escalating their behaviour and seeking consenting partners. Nevertheless, it is also possible to skip the moderate malapropos sexual sadistic phase and directly become psychopathic sexual sadists.

Moderate malapropos sexual sadists usually develop from the non-contact sexual sadists in later years, as their need for sexual gratification intensifies, but do not want to experience the distress and suffering of another person. Moderate malapropos sexual sadists might also skip the non-contact sexual sadistic phase and never experience sexual sadistic fantasies during their childhood or teenage years. They always prefer sadomasochistic relationships seeing that they become sexually aroused by exerting power over submissive individuals. Moderate malapropos sexual sadists may remain in this phase and never have the need to intensify their acts to the extent that the willing partners withdraw their consent. However, moderate malapropos sexual sadists who escalate their behaviour without their partner's consent can be difficult to convict in a court of law since the distinction between a consenting and non-consenting partner in a sadomasochistic relationship is extremely vague.

Psychopathic sexual sadists most often develop from moderate malapropos sexual sadists who escalate their behaviour without their partner's consent. Nevertheless, it is also possible that psychopathic sexual sadists skip the moderate malapropos sexual sadistic phase and never engage with a partner in a sadomasochistic relationship. Very rarely, psychopathic sexual sadists skip all the previous phases and do not fantasise or engage in consenting sadomasochistic relationships. A variety of sadistic triggers could cause such behaviour in offenders. There are three degrees of psychopathic sexual sadists ranging in psychopathology and severity: (i) sadists who merely focus on mutilating a specific body part; (ii) sadists who will mutilate the entire body; and (iii) sadists who seek complete power and kill their victims.

3.9. Summary

Considering the scarcity of information regarding criminal sexual sadism, it is comprehensible that an extensive theoretical framework on the topic has not yet been developed. Consequently, an effort is made to combine a number of Criminological, Victimological, Biological and Psychological theories into an integrated theory that accounts for both the occurrence and victimisation of sexual sadism. The aetiology of forensically relevant forms of sexual sadism is considered since different theoretically relevant variables explaining criminal behaviour can be used to interpret sadistic criminal victimisation. Understanding why certain offenders commit severely violent sexually biased crimes in the first place can assist role players such as theorists, criminologists and law enforcers to explain why perpetrators select specific victims with whom to act out their violent sadistic fantasies and urges. The 'Cause-Effect Matrix' is a theoretical model that was developed by the researcher against the backdrop of the literature review and theoretical underpinning. It could assist practitioners to classify sexual sadistic offenders into categories of psychopathology and the severity of their actions, which could potentially assist in determining a suitable sentence and/or treatment plan since the matrix explains why each of the three sexual sadists act on their fantasies. Despite the difficulty of explaining how sexual sadists should respond to the criminal act due to the numerous different factors that can be taken into consideration, the nature and effect of sexual sadistic actions on non-consenting female victims was also presented in the matrix. Practitioners may provide a more comprehensive description of the effects of sexual sadism based on intuitive analysis during their sessions with both the offenders and victims.

4. Research methodology and ethical implications

4.1. Introduction

In the preceding chapters, the researcher thoroughly dealt with the aim and objectives of the research study, along with the rationale, origin and values thereof. The key concepts relating to the research topic have been conceptualised and an outline of each chapter has been provided. In addition, a comprehensive review on the available literature associated with sexual sadistic actions against non-consenting victims has been discussed while the theoretical backdrop of sexual sadistic actions has been set out. In this chapter, an extensive description of the methodological outlay guiding the research study and the strategies used to undertake it will be provided.

Currently a dearth exists in research and established theories pertaining to the nature and effect of sexual sadistic actions against non-consenting female victims. The aim of the research study will be to explore and describe the unique and unfamiliar topic of the nature and effect of sexual sadistic actions on non-consenting female victims in the South African context. As such, no research hypothesis will be identified or tested. Rather, an in-depth account of the phenomenon will be provided, to explain what forensically relevant forms of sexual sadism involve and the effects thereof. The research study will thus be driven entirely by the researcher's curiosity and familiarity with the topic, without attempting to compare sexual sadistic actions with other similar phenomena.

4.2. Research paradigm and approach

A qualitative research methodology will be used since the study will be conducted to explore a unique and intricate phenomenon relating to the nature and effect of sexual sadistic actions on non-consenting female victims in the South African context. A subjectivist paradigm underlies this approach. It is concerned with understanding a complex phenomenon by collecting data regarding the behaviour and cognitions of sexual sadists, as well as their values, rituals, beliefs and emotions (Ograjenšek, 2016:214). Additionally, information regarding the stories and meaning-making processes of the victims' experiences and perceptions of sexual sadistic actions will be captured and interpreted from the perspective of subject matter experts who are or were involved in the victims' cases (Patton, 2015:1). The aim is to determine the interactions that occurred between sexual sadistic offenders and victims of sexual sadism, with specific emphasis on providing a holistic understanding of the unexpected, unplanned actions that resulted from the interactions. Diverse understandings

and multiple realities of individuals' experiences and opinions of sexual sadism will thus be explored in great depth (Taylor, Bogdan & DeVault, 2015:8).

The subjectivist paradigm is based on personal knowledge and emphasises the importance of personal perspectives and interpretation. 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). Delving into the past of such cases may elicit unanticipated emotions that may result in long lasting trauma. Insight into the inner world of sexual sadists and victims of criminal sexual sadism will therefore not be gained. Rather, secondary sources such as psychologists, sexologists and criminologists with insight and knowledge of sexual sadism will be approached. An understanding of others' experiences can be obtained within their societal, structural, communal and economical system (Patton, 2015:8). Consequently, a wealth of comprehensive data will be obtained from a small number of subject matter experts regarding their understanding of the nature and effect that criminal sexual sadistic actions have on non-consenting female victims. Collecting qualitative data will enhance the depth of understanding of the intricate phenomenon being studied however the generalisability of the data will be reduced due to the small number of practitioners who will be approached (Yin, 2016:9).

As qualitative research involves inductive reasoning, no attempts will be made to compare non-consenting criminal sexual sadism to other similar crimes. The researcher will desist from collecting quantifiable answers in order to provide a socially constructed interpretation of reality, which is prone to continuous change (Merriam & Tisdell, 2015:5). The researcher will endeavour to obtain insight about criminal sexual sadism in a way that is less structured than quantitative research. Additionally, inductive reasoning, as a qualitative methodology, is unavoidable during the exploratory phase of a poorly known phenomenon, especially for cases such as criminal sexual sadism, for which there are only loose theoretical frameworks (Ograjenšek, 2016:215). Insight into the inquiry will thus be captured by engaging in the details and specifics of criminal sexual sadism in order to discover important patterns, themes and interrelationships. Exploration and attention to what arises will then be followed by confirmatory review after which an analysis from the particular to the general will be guided by analytical principles that will end with an innovative synthesis (Patton, 2015:47).

4.3. Research purpose

The key role of the subjectivist paradigm is to describe a phenomenon in great detail rather than explain an occurrence. A descriptive research approach will therefore be the most

suitable method, as the aim is to portray the nature and effect of forensically relevant forms of sexual sadism accurately in their current state as it unfolds. The aim is not to alter or modify the situation in order to arrive at predisposed propositions rather the study will be entered with a neutral perspective with no predetermined results to support (Schutt, 2017:23). Furthermore, a cause-and-effect relationship is not anticipated, rather an accurate description of the phenomenon will be provided without explaining why such actions occur. Descriptive research will be useful for conducting a preliminary study about a relatively unstudied topic and to provide a detailed account of criminal sexual sadism and the consequences thereof (Robson & McCartan, 2016:39). Comprehensive descriptions will emphasise the severity of sexual sadistic crimes as detailed descriptions make it more challenging to negate the reality. The data presented will thus be true to the complexities and multiple perspectives that may emerge and both confirming and disconfirming conclusions will be offered (Hesse-Biber, 2017:15).

An explorative component will also be included in the study, since much of social research is conducted to explore a topic or to become familiar with a topic. Exploratory research will be conducted because the researcher is interested in examining criminal sexual sadism which is not a clearly defined phenomenon in South Africa. The researcher anticipates providing an in-depth account of the subject (Schutt, 2017:21). The explorative component will enhance the knowledge and expand our understanding of the phenomenon since the research study will break new ground and yield new insight into the present limited body of knowledge on the topic (Maxfield & Babbie, 2016:11). The study will therefore explore forensically relevant forms of sexual sadism in their entirety rather than simply describing the crime in a descriptive quantitative manner. Opting for an exploratory research approach will assist in deciding whether it is worth conducting a further research study on criminal sexual sadism (Leavy, 2017:5).

4.4. Type of research

The research study moves towards basic research, as direct answers will be obtained regarding the nature of criminal sexual sadistic actions and the influence that such acts have on non-consenting female victims in South Africa (Patton, 2015:251). The research study will be driven entirely by the researcher's curiosity and the need to acquire new knowledge in respect of criminal sexual sadism. Efforts will thus be made to increase the researcher's understanding and general knowledge without attempting to search for solutions, to illuminate a societal concern, to improve a policy or to solve the problem (Neuman, 2014:26). Subsequently, no intervention should take place based on the research results. Instead, the primary focus will be to expand on existing knowledge that will contribute towards a more

detailed understanding of sexual sadism and fill the hiatus in existing knowledge. However, the fact that no intervention is planned does not make the research study less important, as the findings could initiate further research (Gray, 2014:3). The research that will be conducted will be important to a number of role-players, including the legal system (to define and identify perpetrators who are at risk for recidivism), to mental health practitioners (to define and identify offenders who exhibit antisocial tendencies that require unique treatment) and for future researchers (to explain the causes of sexual sadistic behaviour).

4.5. Research design

The qualitative research design that will be used is a case study design, more specifically, a collective case study design. Collective case studies involve a robust investigation of a number of instrumental cases that intends to derive an in-depth understanding of a unique phenomenon such as criminal sexual sadism in its particularity, rather than simply focusing on a general phenomenon (Yin, 2016:68). Case study research will provide an accurate and precise description of the nature and effect of sexual sadistic actions on non-consenting female victims in South Africa, as it takes a holistic approach in considering a number of cases within this context. Forensically relevant forms of sexual sadism will therefore not be considered in isolation, but the numerous dimensions of criminal sexual sadistic actions will be studied as they are interrelated with the environment (Hesse-Biber, 2017:226). The use of multiple case studies will ensure that the researcher will be able to go beyond statistical generalisations and understand the analytical generalisations of sexual sadism. Subsequently, examining a number of case studies pertaining to a particular phenomenon will give rise to general themes and occurrences. Nevertheless, caution will be taken in generalising the findings obtained (Yin, 2016:68).

Since little is known about the nature and effect of criminal sexual sadism on non-consenting female victims, case study research will allow the researcher to gain a better understanding of these acts and to fill the knowledge hiatus in current literature. The focus will thus not simply be placed on a single source of evidence but information will be integrated from diverse sources (Thomas, 2016:10). Subsequently, the influence that criminal sexual sadistic actions have on non-consenting female victims will be explored from different perspectives (psychological, criminological and/or legal) seeing that the researcher endeavours to gather information from various experts in their respective fields. Numerous homogenous dimensions will have to be facilitated which, in turn, could further the appreciation that the nature and effect of forensically relevant forms of criminal sexual sadistic acts have on non-consenting female victims within their various contexts (Yates & Leggett, 2016:227).

4.6. Research methods

Extensive detail about the methodological outlay guiding the research is provided. The study population and sampling methods are described thoroughly along with the advantages and disadvantages of each method employed. The data gathering method and research instrument used are discussed along with how the data was analysed and presented.

4.6.1. Study population and sampling

Victims of non-consenting criminal sexual sadism rarely report the criminal incident to the SAPS (Sadock et al., 2015:597). Sensational cases that are reported to the SAPS are either recorded as rape or assault (South African Police Service, 2016:141). As such, the SAPS are unable to provide accurate statistics pertaining to the prevalence of sexual sadistic actions within a South African context. Therefore, a qualitative research approach will be adopted in which eight subject matter experts with experience of sexual sadistic crimes in South Africa will be selected through non-probability sampling which is a non-random technique used to select a small sample of participants from the entire population. The subject matter experts will thus not have an equal chance of being selected (Bryman, 2016:174). The unknown probability of being selected and the lack of randomness will affect the generalisability of the findings obtained to the entire population since the sample may not be representative of the target population. Nonetheless, through qualitative reasoning, the researcher will be able to generalise the findings upon completion of the research study to the sample population (Jensen & Laurie, 2016:97).

The specific non-probability sampling method that is deemed most suitable is purposive sampling since a small subset of experts was identified in the larger population, but the enumeration of all experts was not possible (Babbie, 2017:196). The experts will thus be selected based on their particular knowledge with regards to the nature and effect of being a victim of non-consenting criminal sexual sadism and who will purportedly provide the best information to achieve the objectives of the study. The selection of the experts will be guided by the paucity of current literature pertaining to the topic within a South African context (Padgett, 2017:67). Due to the limited number of experts with knowledge in the field of criminal sexual sadism, the sample may not be representative of the entire population. However, through qualitative reasoning and caution taken, the researcher will be able to generalise the findings to the target population, to some extent, as the researcher is primarily interested in the intricacies of the nature and effect of sexual sadistic actions (Palinkas, Horwitz, Green, Wisdom, Duan & Hoagwood, 2015:534). Despite the possibility that the sample may not be representative, the characteristics of the target population will be reflected as accurately as possible. Considering the qualitative nature of the research study,

it will not be considered a weakness if the sample is unrepresentative of the entire population (Bryman, 2016:174).

Before the commencement of the study, the researcher conversed with a subject matter expert regarding the feasibility of the proposed study. The expert expressed his/her opinion regarding the topic and his/her willingness to introduce other potential experts in the field to the researcher. Consequently, in addition to purposive sampling, the researcher will utilise snowball sampling, as it is a challenge to identify an adequate number of experts with knowledge in the field of criminal sadistic actions before commencing the study (Palinkas et al., 2015:535). Snowball sampling can be described as a cumulative process by which each expert in the field provides information about other potential experts who have knowledge regarding the topic within a South Africa context. These experts will be identified through a rolling interpretive method by peers and will be requested to take part in the research (Patton, 2015:270). The subjective nature of each participant however may cause them to send the researcher to another member of their own sub-group, resulting in a disproportionate amount of research conducted on a single sub-culture within the intended study. Nonetheless, the researcher will take care to select experts of various professions including psychologists, criminologists, sexologists and social workers (Maxfield & Babbie, 2016:165).

Secondary resources will be beneficial since obtaining information regarding the nature and effect of criminal sexual sadism first hand could have serious emotional repercussions for the victims, which could render the study unethical. The experts will provide the researcher with a generalised interpretation of how the victims are influenced by sexual sadistic actions, based on what the victims disclosed to them.

4.6.2. Data gathering method and instrument

Data will be collected by means of individual, semi-structured in-depth interviews, which will be recorded with consent by means of an audio recorder to obtain more accurate and detailed responses, which may otherwise be lost during note taking (Brinkmann & Kvale, 2015:204). It will also allow the researcher to make eye contact with the subject matter experts and encourage the development of rapport. More attention will thus be provided to the subject matter experts' non-verbal communication while listening to what they have to say, as it will allow the researcher to probe where necessary in order to obtain more in-depth answers (Hughes, 2016:272). Hence, recording the interview will improve the data quality and is essential for analytical purposes. Although it is not anticipated that the experts will be uncomfortable in the presence of an audio recorder, the researcher will explain why the

recording is being made and how it will be used. Additionally, before the commencement of the study, permission will be requested from each expert to make an audio recording of the interview (Appendix C). Using an audio recorder will make the conversation more neutral and less intrusive than taking notes (Merriam & Tisdell, 2015:131).

A personal interview with experts in the field is deemed most suitable for the study, as delving into the past of a victim of sexual sadism could trigger unexpected feelings that could cause long term psychological trauma. Conducting personal interviews in which open-ended, in-depth questions about a number of subject matter experts' perceptions, knowledge and opinions are asked will provide a comprehensive, contextual account of the nature and effect of sexual sadism (Patton, 2015:36). Furthermore, face-to-face interaction with the experts will allow the researcher to pay attention to the experts' non-verbal behaviour, which will further illustrate the experts' understanding and concern for such serious occurrences. Real time interaction with the experts, best supports the development of intimacy between the researcher and the respondent, which is considered a prerequisite to obtaining high quality data. It is also essential that the answers obtained from the experts remain anonymous since very personal and sensitive information will be disclosed about the victims' experiences (Maxfield & Babbie, 2016:190).

A semi-structured interview will be conducted since, little information pertaining to criminal sexual sadism is available in South Africa. To avoid overlooking any possible information during the data gathering process, specific topics and issues will be identified in advance. Furthermore, semi-structured interviews are beneficial as the outline increases the comprehensiveness of the information collected and the data collection process is more systematic for each interview. The researcher will thus have the opportunity to explain complex questions, while clarifying vague and ambiguous answers. It is also possible for the researcher to change, expand on or improve the questions during the interview (Hughes, 2016:266). In-depth interviews, on the other hand, will allow the researcher not only to obtain information regarding the nature of criminal sexual sadism, but also to elicit in-depth information of the effect of sexual sadistic actions on non-consenting female victims. In-depth interviews also allow experts in the field to reveal what victims of criminal sexual sadism experience and how they are influenced by such acts (Taylor et al., 2015:102).

The interviews will be conducted using a semi-structured interview schedule (Appendix B); more specifically, a matrix guide, in which predetermined questions will be presented in table format. A one-page matrix will prevent the researcher from flipping through the pages and encourages a natural conversation (Maxfield & Babbie, 2016:180). A carefully constructed

interview schedule will ensure that the researcher does not deviate from the original research question. In addition, the predetermined questions will be studied in advance to enable the researcher to pay attention to the conversation, note taking and monitoring the coverage of the topic. The flexibility offered by semi-structured interviews will allow the researcher to ask the questions in any order that would facilitate a flowing conversation (Taylor et al., 2015:123). The researcher will also be able to develop additional questions instinctively to clarify vague answers or to obtain a more ostentatious description of the nature and effect that sexual sadistic actions have on non-consenting female victims in South Africa. The researcher will further ensure that all the questions on the matrix have been adequately answered before the completion of the interview (Maxfield & Babbie, 2016:203).

The interview will start with questions that generally yield detailed descriptions of the expert's biographical information, along with verifying their experience and expertise in respect of the criminal sexual sadistic acts in South Africa. These are straightforward questions that require minimal recollection and interpretation, the questions are thus fairly easy to answer and motivate the experts to answer descriptively (Patton, 2015:445). Open-ended questions relating to the research objectives will follow, as they provide the experts the opportunity to express their understanding and opinion freely of what non-consenting female victims of sexual sadism experience (Dantzker, Hunter & Quinn, 2017:106). Thus, the questions will be more content driven and sensitive. Follow-up or probe questions will also be utilised where necessary to clarify any diluted information by asking direct questions or further pursuing a topic, or a particular line of thought being followed by the interviewee (Merriam & Tisdell, 2015:125).

Caution will be taken not to ask questions that could prompt the experts to answer the questions in a particular way as, leading questions generally result in false, slanted or misleading answers (Robson & McCartan, 2016:207). It is also important that the researcher desist from asking vague or generalised questions that could be ambiguous. In addition it is important to avoid asking double-barrelled questions that incorporate two separate topics into a single question; it may confuse the experts and they may be unable to provide a complete and honest answer, particularly if they have different opinions about the topics (Babbie, 2017:258). Additionally, the researcher will be wary of response bias, which could emerge from the way in which the questions are presented to the experts or the experts' desire to provide socially desirable responses (Yin, 2016:46).

4.6.3. Data analysis and reporting

A twofold approach is incorporated into the qualitative data analysis process, the analytical process initially commence while the interviews are conducted with the subject matter experts and their knowledge and insight regarding criminal sexual sadism are being audio-recorded to ensure that meticulous data is gathered and important information is not lost during note taking (Brinkmann & Kvale, 2015:204). Interacting and collecting the data from the subject matter experts personally, contributes to the researcher's ability to engage in the analysis of the data with prior knowledge and thoughts of possible analytical interests. Regardless, efforts must be made to become familiar with the content of the data (Hughes, 2016:272). Thematic analysis is classified as a qualitative data analysis design used to elucidate detailed themes from textual data through a systematic process consisting of six phases in which the aim is to look at the explicit descriptions of the data instead, of focusing on the implicit meaning of the content. The primary objective will therefore not be on a single experience of being a victim of sexual sadism, but rather on a collection of shared meanings and experiences of how sexual sadistic actions effect non-consenting female victims in South Africa (Ando, Cousins & Young, 2014:3).

Phase one: Familiarisation of the data

The verbal data obtained will not be outsourced; immersion will thus be achieved while transcribing the verbal interviews into typed transcripts in order to become familiar with the emotional nuances of the interviews. The researcher will actively read the field notes and listen to the audio recordings obtained from the experts at least once to ensure the standard of the typed transcriptions are acceptable (Stuckey, 2015:7). The researcher will further repeatedly read and engage with the information while, marking ideas to clarify and interpret the information for the coding that occurs in subsequent phases. If there is any uncertainty regarding the data obtained, a follow up personal interview will be arranged and conducted with the expert to clarify and elaborate where necessary. Provision will thus be made to ensure that there will be ample time to become acquainted with the data (Flick, 2014:422).

Phase two: Generate initial codes

Coding is a data reduction process that entails generating a preliminary list of important and recurring ideas and beliefs in its most basic segments. Despite the time-consuming nature of manual coding, notes will be made on the typed transcripts using a variety of coloured pens and highlighters to indicate potential patterns that arise among the different codes (Caulfield & Hill, 2014:186). The transformation of the raw data will make the identified codes more manageable to work with and if generated appropriately and thoroughly, no meaningful subtleties will be lost and thus the entire endeavour will be integrated (Vaismoradi, Jones,

Turunen & Snelgrove, 2016:104). Coding therefore forms an integral part of the analysis process and affects all the subsequent analytical progressions therefore, equal attention will be given to each transcript to ensure that the recurring comments of the experts will be identified. As soon as the initial codes are generated and the actual extracts are organised together within each code, time will be taken to ensure that the codes include characteristics that are relevant to the aim and objectives of the research study (Ando et al., 2014:3).

Phase three: Identify relevant candidate themes and sub-themes

The researcher will not attempt to fit the data into pre-existing themes, rather through data-driven inductive analysis the relevant coded extracts will be sorted and clustered into possible candidate themes and sub-themes based on the relationships and differences identified in the codes (Saldana, 2016:35; 75). Some of the initial codes will however not necessarily be considered in this phase since, the final themes will only be generated in subsequent phases. Nevertheless, instead of discarding some of the codes that hold important information pertaining to the topic, but do not form part of the identified candidate themes and sub-themes, an additional theme will be created referred to as miscellaneous (Ando et al., 2014:4).

Phase four: Revising the candidate themes and sub-themes

The identified and devised themes generated in phase three will be validated based on the relevance of each to the research aim and objectives being explored (Saldana, 2016:28). Reviewing the data consist of two stages, revising the coded extracts and refining the final themes. During stage one all the collated extracts will be evaluated to ensure the data forms a coherent pattern, if not the coded data must either be divided into relevant sub-themes, collapsed into one candidate theme or be discarded (Stuckey, 2015:9). Stage two involves revising the candidate themes to ensure that it accurately portrays the meaning evident in the data, any additional information that was initially excluded must be included. Re-coding could be expected in succeeding phases, as coding is considered an on-going process throughout the data analysis process (Ando et al., 2014:4).

Phase five: Naming and defining the final themes and sub-themes

After examining the final themes, any refinements or adjustments will be made to ensure that each theme is mutually exclusive and will be provided a concise and captivating name that are defined and explained (Saldana, 2016:28). The definition of each theme will portray the essence of what the theme entails. The data gathered will not be interpreted in the current chapter however, certain verbatim extracts of the subject matter experts will be presented to

support the themes and sub-themes formulated from the codes identified (Vaismoradi et al, 2016:105).

Phase six: Report writing

Lastly, the findings are interpreted based on the analysed information and presented in a research report that provides an in-depth account of the subject matter experts' perceptions on the nature and effect of sexual sadism on non-consenting female victims in South Africa (Vaismoradi et al., 2016:105). The report will not merely be paraphrases of the information disclosed by the experts, but will rather be interesting facts that will answer the research question. The reader will thus be able to identify the data extracts that are used to provide concise and coherent evidence of the themes easily (Flick, 2014:422). In order to indicate to the reader the value of the analysis, the final report will provide an in-depth account of the experts' perceptions of criminal sexual sadism. The report will go further than mere description and will aim to increase society's understanding of the nature and effect of sexual sadistic actions on non-consenting female victims in South Africa (Vaismoradi et al., 2016:105).

4.7. Data quality

Since a small number of experts with particular knowledge regarding the experience of being a victim of sexual sadism will be investigated in great depth, trustworthiness is of fundamental importance. The trustworthiness of a study is ensured through various techniques including credibility, audibility, transferability and confirmability. Trustworthiness will be achieved by authentically collecting and accurately representing the experts' understanding of the nature and effect of sexual sadistic actions against non-consenting female victims in the report. However, only credibility and audibility are relevant to the current study.

The auditability of the research study will be ensured through peer debriefing. The researcher consulted with her supervisor and other individuals who are experienced in qualitative methodology before commencing the study, to discuss the research methods and techniques most befitting the qualitative study at hand (Noble & Smith, 2015:35). Their feedback enhanced the research process, as new ideas were generated and potential pitfalls relating to the methodology were identified during peer debriefing. Discussing the research study with knowledgeable individuals promoted reflexivity, as it allows the researcher to be more sensitised to the influence that reactivity and bias has on the final research report (Yin, 2016:46).

Credibility will be ensured by producing a comprehensive record of the experts' understanding of the nature and effect of sexual sadistic actions on non-consenting female victims in South Africa. It is therefore important that the researcher continuously reflects on how her assumptions and preconceptions of the research study influences her decisions during the research process (Yin, 2016:45). In addition, the researcher must reflect how the intersubjective dynamics between the researcher and subject matter expert could affect the expert's responses to the questions. Precautions will be taken against the inevitable bias that arises from qualitative research, by keeping a reflective journal during the data analysis process. The researcher will also be open to any preconceptions that could influence her interpretation of the experts' responses in any way (Robson & McCartan, 2016:78). Through reflexivity, the researcher will further be able to ensure that the understanding that the experts have on the nature and effect of sexual sadistic actions on non-consenting female victims is closely represented in the report (Berger, 2015:220).

Respondent validation, also known as member checking, will be incorporated into the study; it involves taking the initial report to the experts and provide them with the opportunity to question, correct or clarify the findings if necessary (Robson & McCartan, 2016:127). By doing so, the researcher will be able to confirm with the experts whether the findings are accurate and whether the report realistically represents their understanding of the nature and effect of sexual sadistic actions on non-consenting female victims (Noble & Smith, 2015:35). Respondent validation allows the researcher to establish trustworthiness, as it provides authority to the experts' understanding of the nature and effect of sexual sadistic acts against non-consenting victims – especially females. In order to indicate to the readers the credibility of the data, the researcher will incorporate the experts' reactions regarding the data analysis into the final report (Yates & Leggett, 2016:227).

4.8. Ethical considerations

During the commencement of the research study there are many moral principles that will be considered and governed by the researcher. The integrity of the scientific investigation will be ensured by adhering to the ethical principles and by conducting the research responsibly. Adhering to the established professional norms will ensure that the researcher maintain the welfare and dignity of the subject matter experts and that the report will be presented accurately and honestly. The research that will be conducted will therefore make a positive contribution to the social sciences and will not be used for malicious resolutions (Babbie, 2017:62). Furthermore, before the research study was conducted, a research proposal was presented to the Department of Social Work and Criminology's research panel at the University of Pretoria. The proposal was also submitted to the Research Ethics Committee

for approval. Only after approval was granted, the research process commenced (Appendix A) (Jensen & Laurie, 2016:53).

The subject matter experts must willingly agree to participate in the study without feeling obligated, forced or coerced thus, none of the experts will be pressured or intimidated to partake in the research. Hence, no tangible benefits or inducements will be provided to the experts in order to encourage them to participate in the research study (Babbie, 2017:63). The experts will be thoroughly informed about the purpose of the study before conducting the interview, without deceiving the experts and misrepresent or withhold information in any way (Bryman, 2016:125). The procedures to be followed in the study and what the research will require of the experts will be explained in detail. The experts will be informed about the research procedures that will be employed, their rights will be discussed, potential risks and benefits will be mentioned, the researcher's contact information will be provided, and the levels of confidentiality and the possible uses of the research will be conveyed to the experts (Dantzker et al., 2017:26).

The experts will further be informed that they are free to withdraw from the study at any time without expecting to disclose the reason of discontinuation, be questioned about their withdrawal or be penalised for not completing the study. Furthermore, all information collected from the expert will be retracted if they decide to withdraw from the study (Robson & McCartan, 2016:207; 226). The research experience will be evaluated to identify any potential risks of harm, and where possible, the risks will be removed from the study. However, considering that the participants of the study are experts in the field, no physical, psychological, social, economic or legal harm to the experts will be anticipated (Bryman, 2016:125). Lastly, the experts will be reassured that the data will be stored for archiving purposes only at the University of Pretoria and will not be used for future research purposes (Ryen, 2016:33).

After the information is conveyed to the experts, and before the commencement of the study, experts will be required to give informed consent by signing an informed consent document (Appendix C), stating that they have full knowledge of what the study entails, what it requires from them, and all the other ethical issues discussed above (Jensen & Laurie, 2016:54). Measures will also be taken to ensure that each expert's confidentiality is maintained, by keeping the information disclosed confidential. It will thus require that all personal information of the participant be kept confidential with only the researcher having access to that information and the information being kept safe and not to be viewed by others. The right of privacy will also be assured by making use of pseudonyms or assigning numeric numbers, if

the experts do not wish for their identities to be known. Any identifiable information will thus be removed in order to protect and respect the privacy of the experts who prefer to remain anonymous (Ryen, 2016:33). The researcher will further respect the expert's right to disclosure, which means that the experts have the right to decide which information to disclose and which information they prefer to keep private. After the data is analysed the experts will also be provided with an opportunity to read the final product to ensure that it is an accurate representation of their perceptions, and comment on changes they wish to make (Noble & Smith, 2015:35).

4.9. Summary

An exposition of the methodological strategies, which shaped the framework of the envisaged research approach is provided. A qualitative research methodology will be conducted to explore and describe a unique and relatively unstudied phenomenon, namely criminal sexual sadism. Nonetheless, basic research will be employed, since no intervention should originate from the research findings obtained. Rather, the researcher's primary motive is to provide an accurate account of the nature and effect of sexual sadistic actions on non-consenting female victims, specifically within a South African context. Through the use of collective case studies, the researcher will be able to obtain a holistic view of criminal sexual sadism from a small sample of experts.

Since non-consenting criminal sexual sadism is an intricate and unfamiliar phenomenon, the researcher will conduct individual, semi-structured in-depth interviews with twelve experts that will be selected through non-probability sampling. The researcher opts for purposive sampling, since the experts will be selected based merely on their expertise, however, due to the limited number of known experts in the field, snowball sampling will be utilised. The data obtained from the experts will further be transcribed and coded after which it will be analysed through thematic analysis. The trustworthiness of the data will be ensured through the credibility and audibility of the data obtained and analysed. In addition, the researcher will ensure that the research study complied with all ethical considerations and that the experts are informed of all aspects of the study.

5. Exposition of the empirical results

5.1. Introduction

The current chapter will provide an exposition of the qualitative data analysis process. The data will be scrutinised and integrated to present a detailed account of the expert insights regarding the phenomenon under study. A qualitative analytical procedure examines, interprets and processes the information captured into an understandable and insightful analysis that is presented in a non-numerical report (Caulfield & Hill, 2014:186). However, the research respondents' demographic information will be presented using traditionally quantitative methods of analysis in which some data will be presented in tables and graphs. This does not make the gathered information quantitative therefore the data will remain qualitative in nature. Qualitative data presented in numbers is only a strategy used to complement the research process (Maxwell, 2010:480).

The remaining information relating to the objectives of the study will be presented using verbatim extracts from the interviews in order to provide a detailed account of the perceptions of experts regarding the nature and effects of sexual sadistic actions on non-consenting female victims in South Africa (Maxwell, 2010:480). The inimitable and sensitive nature of the current study necessitated that a qualitative research methodology be used in which individual, semi-structured, in-depth interviews be conducted with a number of subject matter experts. Conducting interviews with victims of sexual sadism and obtaining insights of their subjective experiences may fuel unforeseen emotional suffering (Patton, 2015:36). For victims to discuss a traumatic event, they have to relive that moment in their minds and share memories of their experiences that they may prefer not to remember and therefore repress in their unconscious minds. The data presented will be based on the perceptions of subject matter experts who have consulted with either the offenders and/or victims of sexual sadism (Burke, 2014:293).

5.2. Analysis process of collected data

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. The researcher was able to proceed with the data analysis with prior understanding and discernments of the information obtained since the researcher conducted the individual, semi-structured in-depth interviews personally. Moreover, to ensure the confidentiality of the research respondents, the researcher

requested the research participants to sign an informed consent letter (Appendix C). The experts were also asked to indicate on the letter whether they could be identified by name or wished to remain anonymous and be assigned an identification number. Six of the eight research respondents agreed to be identified by name, but, due to the sensitive nature of the topic, it was decided that none of the respondents' names will be mentioned during the analysis of the data. All identifying information will be omitted to ensure that the research respondents will not be linked to the individual responses quoted in the study.

Respondent 8 suggested that it would be beneficial to obtain first-hand information from a victim of sexual sadism as it would add great value to the current study and support the information provided by the expert. The respondent contacted a victim, whom he/she closely worked with during and after the court proceedings, and arranged for her to be present during the interview. The researcher did not design an additional interview schedule to conduct the interview rather the existing interview schedule was used as all questions were directed towards Respondent 8. The victim merely took cognisance of the answers provided by the respondent and, when deemed, added additional information regarding her personal experiences. Despite not directly interviewing the victim, the researcher requested her to sign a letter of informed consent. The victim agreed to be identified by name since she was aware of the fact that her ordeal was such a sensational and high profile case at the time that it would be easy to identify her. Nonetheless, she is also a motivational speaker who, after her ordeal, advocates against sexual abuse and welcomed research of this nature. The researcher arranged with Respondent 8 to assist the victim with debriefing if any discomfort was experienced however she did not experience any emotional distress. The information obtained by the victim will be utilised in line with her prerequisites in Chapter 6.

The second data analysis process involved identifying emerging themes by systematically utilising the six phases of thematic analysis. This approach allowed the researcher 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.

5.2.1. Phase one: Familiarisation of the data

The researcher personally transcribed the audio recordings into typed transcripts and translated the Afrikaans interviews into English. To ensure the quality of the transcriptions, the researcher repeatedly listened to the audio recordings and repeatedly read the transcriptions, while incorporating the field notes to galvanise the information provided by the experts. The method selected of transcribing the interviews personally instead of outsourcing

them ensured that the researcher became closely acquainted with the data obtained from the research respondents. The researcher did not deem it necessary to re-interview any of the research respondents as the data obtained was sufficient and the transcripts accurately addressed the aim and objectives of the study.

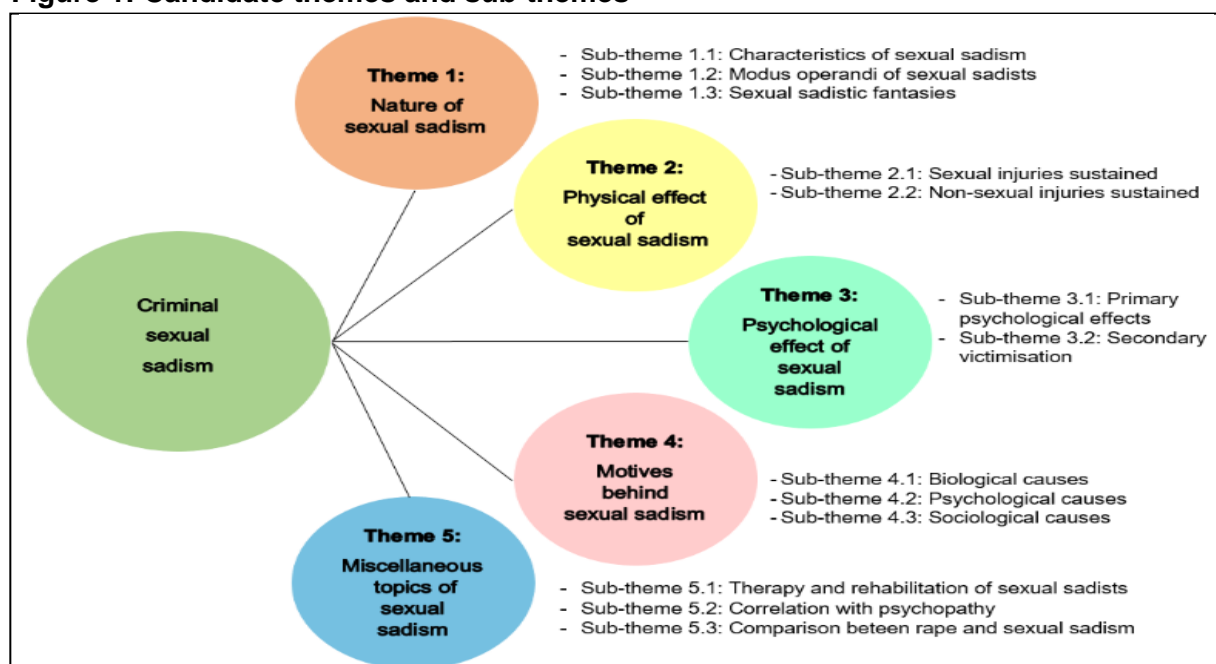
5.2.2. Phase two: Identify initial codes

Although coding the data manually on the typed transcripts was a time-consuming endeavour, the researcher compiled an initial list of potential recurring patterns using coloured pens and highlighters, without distorting and dismissing any valuable information. Due to the researcher's awareness that the quality of all the subsequent phases depended on the initial coding process, the researcher spent an equal amount of time on each transcript to ensure that the quality of the coding was of a high standard. At the end of the initial coding process, the researcher grouped all the relevant codes with similar ideas together in order to filter the information into more manageable and categorical data bundles.

5.2.3. Phase three: Identify relevant candidate themes and sub-themes

The candidate themes and sub-themes that emerged from the initial list of coded data were generated using a data-driven inductive approach thus the data was not collated into pre-existing themes, but was rather collated according to their similarities and differences. Although not all the initial coded data was considered at the time that the candidate themes and sub-themes were created, none of the additional codes were discarded but rather moved to an alternative miscellaneous theme.

Figure 1: Candidate themes and sub-themes



5.2.4. Phase four: Revising the candidate themes and sub-themes

The devised candidate themes and sub-themes identified in phase three, as illustrated in Figure 1 above, were validated to ensure that the aim and objectives of the study were accurately addressed. The revising and validation of the candidate themes and sub-themes was done in two separate stages. Firstly, the researcher revised all the sorted and collated extracts to ensure a coherent pattern was formed. The researcher made, *inter alia*, the following adjustments to the final themes and sub-themes as depicted in Figure 2 below.

Theme 1: Nature of sexual sadism – Sub-theme 1.3: Power and degradation was included due to the fact that not all the sexual sadistic acts were aimed at injuring the victims, but rather to exert control and power over them and to degrade the victims to the extent that they were objectified and were undermined into a submissive position.

Theme 2: Effect of sexual sadistic acts on the victim – To ensure that all the themes were mutually exclusive, the researcher consolidated all the possible effects that a victim might be exposed to into one over-arching theme, instead of separating the different types of effects into two separate themes. This further ensured cohesion throughout the research study.

Theme 3: Motives behind sexual sadism – Due to the lack of insight into the psyche of sexual sadistic offenders, the research respondents provided limited data regarding the motives of sexual sadism. The motives are thus discussed in general rather than discussing the different causes of sexual sadism separately.

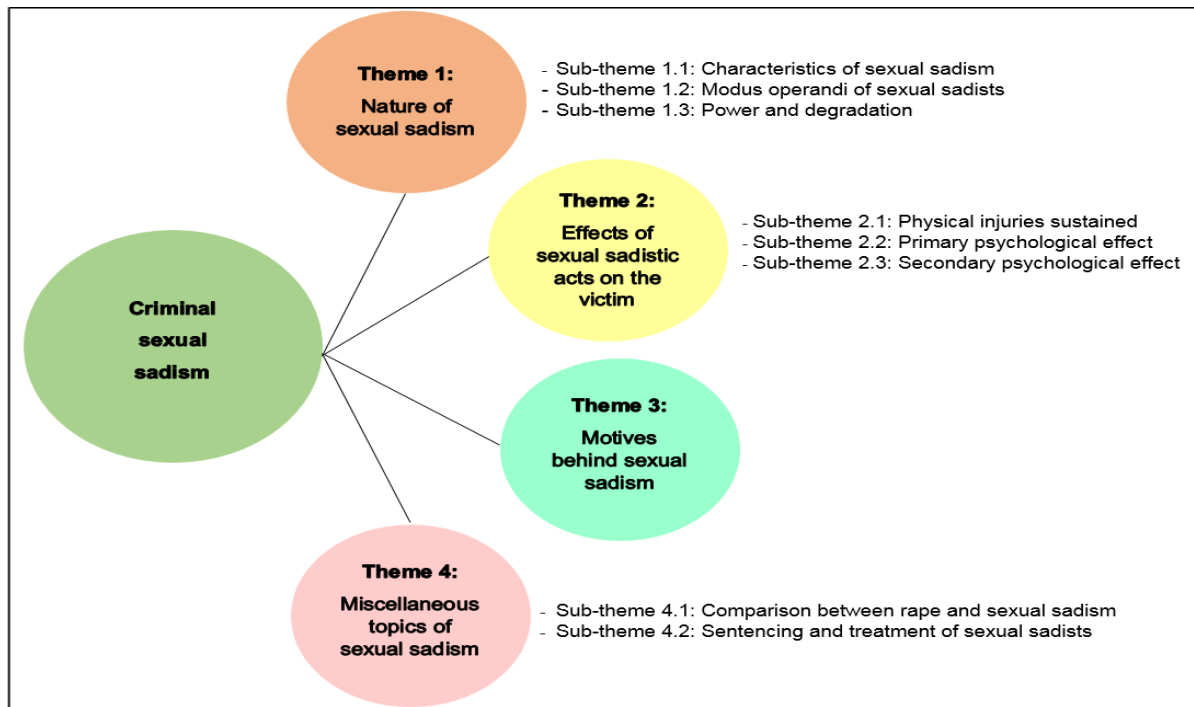
Theme 4: Miscellaneous topics of sexual sadism – Although sub-theme 4.2: Sentencing and treatment of sexual sadists does not fall within the scope of the research aims and objectives, it was the only sub-theme retained due to its significance according to the practitioners.

Theme 4: Miscellaneous topics of sexual sadism – Sub-theme 5.3: Correlation with psychopathy (Figure 1) was not dismissed, but rather integrated into Sub-theme 1.1: Characteristics of sexual sadism (Figure 2) as criminal sexual sadists are known to display traits of psychopathy.

During the second stage of revising and validating the candidate themes and sub-themes, the researcher ensured that the final themes and sub-themes accurately portrayed the meaning of the data obtained from the research respondents. Figure 2 below is a visual

representation of the final themes and sub-themes identified based on the codes generated from the typed interview transcripts.

Figure 2: Final themes and sub-themes

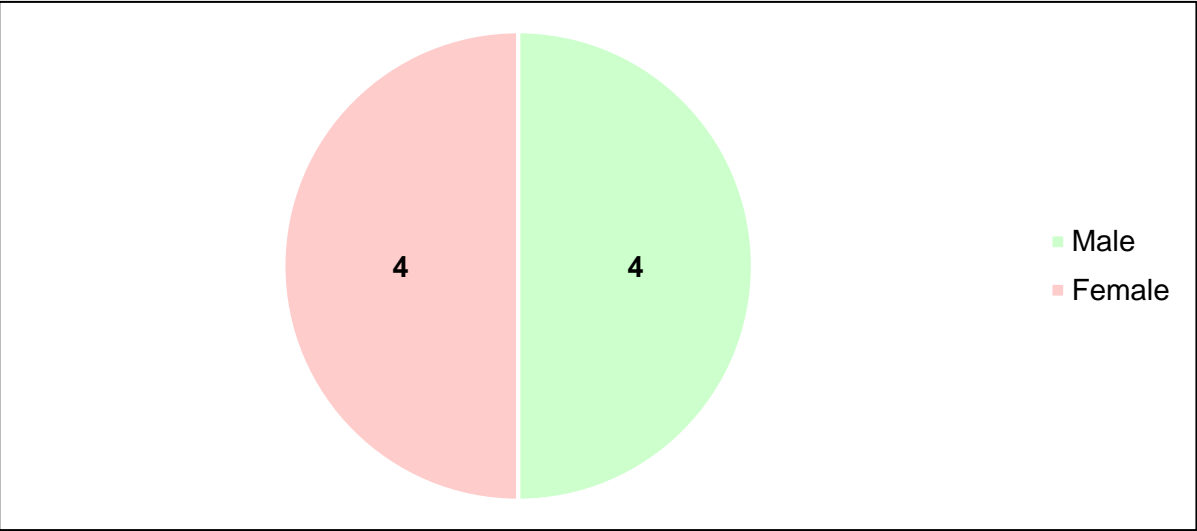


5.2.5. Phase five: Naming and defining the final themes and sub-themes

Before naming and defining the final identified themes and sub-themes, the demographic data obtained from the research respondents will be analysed by means of descriptive statistics. The data will be visually represented and displayed in graphs to improve the readability of the data. A summative textual explanation of the information portrayed will also be provided to add detail and content to the graphs.

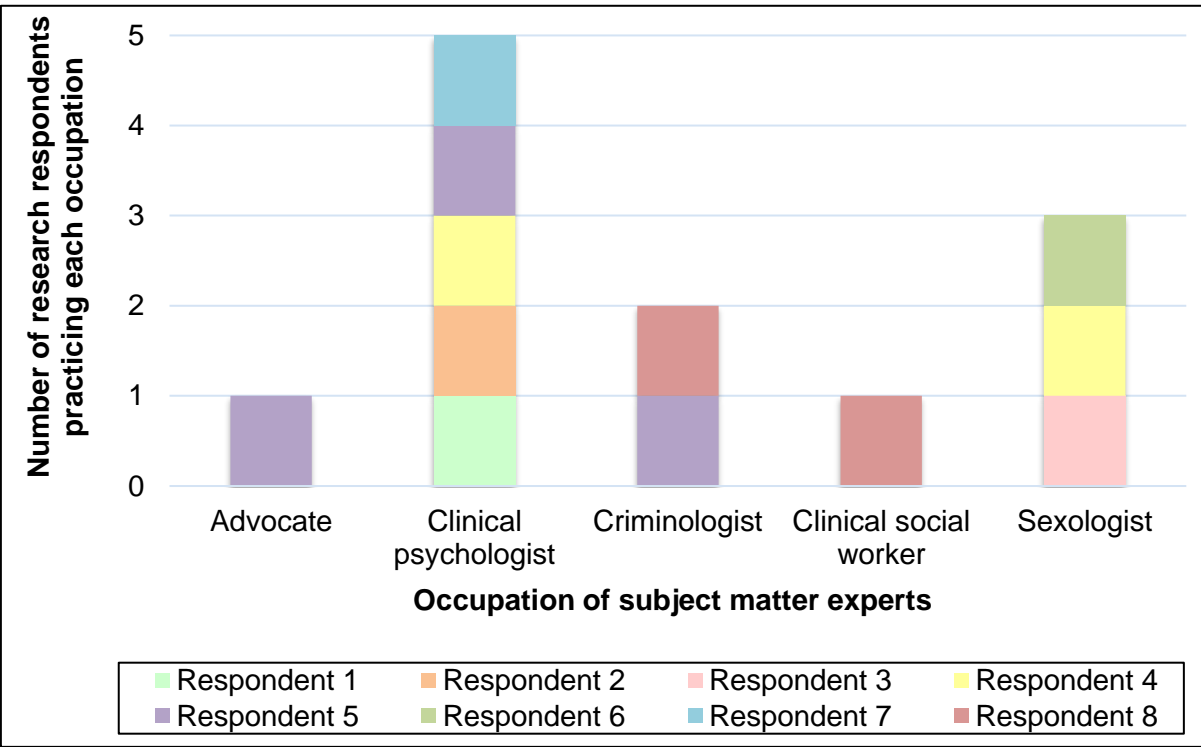
At first sight, the pie chart in Figure 3 below may not provide any important or relevant information. However, the gender of the respondents plays an important role because the information provided is based on exclusively male sexual sadists who target non-consenting female victims. The researcher thus feels that it is essential to include the pie chart to indicate that the data obtained is unbiased and represents the insights and knowledge of both male (n=4; 50%) and female (n=4; 50%) respondents.

Figure 3: Gender of research respondents



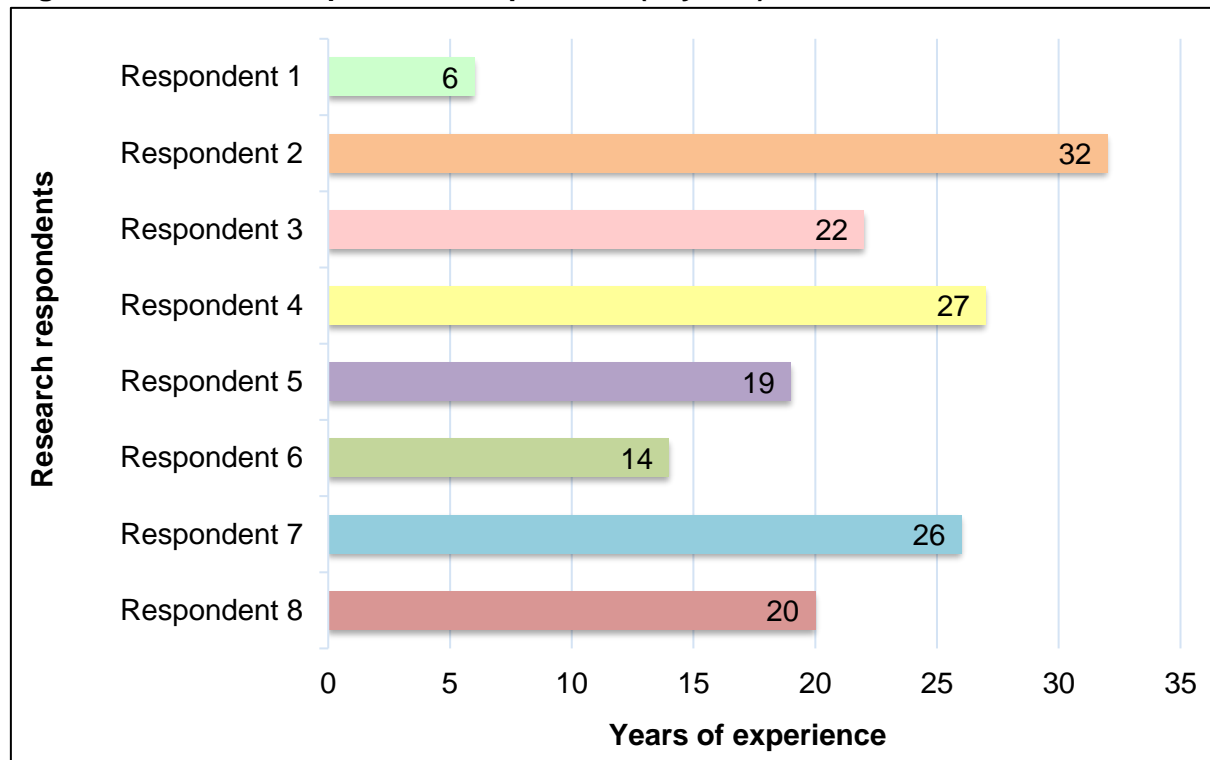
As illustrated in Figure 4 below, a number of the respondents are qualified to practice in more than one occupation. More than half (n=5; 62.5%) of the respondents are qualified clinical psychologists. Three (37.5%) are sexologists while two of the respondents are criminologists. Furthermore, one respondent practises as an advocate and another as a clinical social worker. Three of the respondents practise more than one occupation, two of which practise two occupations and one of the respondents pursues three occupations. The other five respondents are practicing one occupation.

Figure 4: Occupations of research respondents



Notably, in Figure 5, five of the eight respondents have 20 years or more experience working with either the offenders or victims of criminal sexual sadism and three of these respondents have more than 25 years of experience in this field. Four of the respondents have less than 20 years of experience working with either the offenders or victims of sexual sadism, of which one of the respondents has less than ten years, but more than five years' experience. The average experience of the research respondents is 20.75 years.

Figure 5: Research respondents' experience (in years) with sexual sadism



After the final themes and sub-themes were identified, the researcher ensured that each of the themes was aligned with the aim and objectives of the study. A detailed account of each of the different themes will be presented based on various verbatim extracts quoted from the research respondents.

5.2.5.1. Theme 1: Nature of sexual sadism

The central aspects of what sexual sadistic actions entail and how the criminal sexual sadists perpetrate the offences range along a wide continuum. The characteristics of sexual sadists and the severity of their actions vary according to each sadistic offender. The methods used by criminal sexual sadists are very heterogeneous in nature and depend on their personal preferences and fantasies.

5.2.5.1.1. Sub-theme 1.1: Characteristics of sexual sadism

When initially asked what sexual sadism entailed, the respondents indicated that sexual sadism is a paraphilia in which sexual sadistic perpetrators experience sexual gratification from inflicting pain and suffering to non-consenting victims. Sexual sadistic perpetrators thus do not become sexually gratified from having intercourse with willing partners. Respondent 3 further mentioned that sexual sadistic perpetrators empower themselves by exerting control over the victims and humiliate them to the extent that they are degraded and undermined. Sexual sadists however do not have to commit these offences to be diagnosed as sexual sadists; some merely fantasise about inflicting pain and humiliating the victims. Respondent 6 elaborated and explained that sexual sadists can be sub-divided into four categories, ranging from non-pathological sexual sadists who do not violate the law to extreme cases of psychopathology in which the sadists commit criminal offences.

RR 3: *"The basic principle of sexual sadism is about being in control. For the sexual sadist that would be being in control, where the victim has absolutely no power. The victim is totally defenceless. It is also about the sadist inflicting pain and humiliating the victim to obtain sexual satisfaction. However, the acts do not have to be of a sexual nature. Sexual sadism can also be diagnosed in people who only fantasise about it."*

RR 6: *"Sexual sadism as pathology is a paraphilia. Aggrawal classified sexual sadism into four classes. Class I sexual sadists are bothered by their sadistic fantasies, but do not act out their fantasies. Class II sexual sadists act on the sadistic sexual urges with consenting partners. Class III sexual sadists act on their sadistic urges with non-consenting victims, but do not seriously injure or kill them. Class IV sexual sadists act on their urges with non-consenting victims, but they seriously injure or kill the victims."*

RR 7: *"It is the infliction of pain for sexual please. So, there has to be some kind of damage, or pain, or discomfort inflicted on the victim in order for the sadist to experience gratification. That is the root whereby they gratify themselves."*

Some of the respondents made it clear that sexual sadism is, in some cases, a scare tactic that may be evident in cases of sexual assault, rape and/or lust murder. Sexual sadistic cases are seldom documented however the rare instances that are reported tend to be severe. The low prevalence rate may be attributed to the poor DSM-5 diagnostic criteria and that practitioners may experience difficulties determining whether the violent acts generated sexual stimulation for the perpetrators. Thus, sexual sadism has two components, sexual and sadistic. Although the sadistic component is easily identified in most criminal cases, it is difficult to prove that both these components were present during the commission of the criminal offence.

RR 1: *"I have seen a few offenders that would fit that criteria. It is not a lot, I would say probably between four or five offenders."*

RR 4: *"I maybe saw six or seven in my entire professional career."*

RR 5: *"It would mainly be in cases of rape and murder ... it was not a very common thing."*

RR 7: *"Over 26 years of experience... I have had quite a few patients in our forensic firm... probably 12 where this was involved."*

The respondents were of the opinion that sexual sadism is a progressive disorder in which sexual sadistic perpetrators' behaviour intensifies over a long period and that the severity of their actions escalates as their sexual arousal decreases. Their sexual sadistic actions tend to be mild at first but, as the sadists become more sophisticated and they evade apprehension, they tend to become more irrational and commit more serious offences to the extent that they become oblivious to the risks associated with their crimes. Sexual sadistic perpetrators who escalate their behaviour over an extended period without being apprehended could result in their victims being murdered and further mutilated after death. Respondent 4 further mentioned that the victims' reactions to the acts could trigger sexual sadists to escalate their behaviour and cause more harm and discomfort for the victims.

RR 2: *"The bad thing about sadistic deviation is that it becomes worse with time. It progresses step for step. You can have like light whipping at the beginning of the continuum and you can even have a mutilation at the end of the continuum and then death."*

RR 4: *"The sexual sadists tend to exert more suffer and humiliation on the victims when they attempt to resist. Also the manner in which the victims react to the sadistic actions could further trigger sexual sadists to become more aggressive."*

RR 7: *"Sexual sadists also develop ... it often starts off in a small way, in a not so violent or not so cruel way, but it develops over time. The sadists say: 'I could not stop and it progressed' and they actually admit, 'it started controlling me.' It develops over time and it can develop into killing and orally incorporating even."*

RR 8: *"Sexual sadism develops each time the offender is not apprehended. It develops to an extent that it becomes irrational and they do not realise the risk of their actions that is why they are eventually apprehended."*

All the respondents emphasised that practitioners should be cautious not to generalise and assume that all sexual sadistic offenders are psychopaths, some of the less sophisticated sexual sadists may simply exhibit some characteristics of psychopathy. Some respondents therefore illustrated that professional practitioners with experience must evaluate and

observe the sexual sadists to ascertain whether they can receive a dual diagnosis of psychopathic sexual sadism. The most prominent aspects of psychopathy that are certain to be identified in sexual sadists are the lack of empathy towards the victims and their ability to manipulate. Moreover, they do not have any respect for other people's boundaries; they are egoistic, narcissistic and only focus on satisfying their own personal needs without taking the standards and norms of society into consideration. Sexual sadistic offenders have an inability to recognise the distress of the victims; they have no concern for the victims' well-being and are unable to connect with the victims on an emotional level. Sexual sadists do not show any remorse for the injuries inflicted or for degrading the victims, as they are inclined to objectify their victims.

RR 1: *"With some of the offenders, some of the criteria would be there and with other offenders you would definitely see that there is a psychopathic personality structure. They definitely have a lack of empathy. It is not just a failure to recognise the harm done to others. It is a complete absence of caring. It is the failure on their part to make that emotional connection to the victims and they derive pleasure from the victim's suffering. Their lack of empathy contributes to them being able to cause so much harm to their victims. It allows them to distance themselves from the victim and see the victim as an object rather than a human being. They are also master manipulators."*

Based on the previously mentioned verbatim quotes, sexual sadism is an algolagnic disorder that is characterised by anomalous sexual preferences in which sexual sadistic perpetrators want to dominate their victims by inflicting physical and psychological harm on them. Sexual sadistic offenders do not necessarily have to commit a criminal offence, as individuals who merely fantasise about inflicting harm to others could receive a diagnosis of sexual sadism. The categories of sexual sadism range along a continuum based on the individuals' pathology and the severity of their acts. Sexual sadism is thus not a criminal offence as such but, due to the progressive nature of the phenomenon, it often evolves into criminal acts that could result in sexual assault, rape and/or murder. Criminal sexual sadism is however a rare phenomenon due to the fact that it is difficult to provide proof that sexual sadistic offenders become sexually aroused by degrading their victims until they have absolutely no power while being harmed and dominated. Moreover, sexual sadistic perpetrators are able to cause grievous bodily harm to others without any remorse due to their lack of empathy while exhibiting a number of psychopathic tendencies.

5.2.5.1.2. Sub-theme 1.2: Modus operandi of sexual sadists

The respondents were all of the opinion that sexual sadists premeditate their criminal events, to a certain extent, since they become empowered by what they are planning to do to their victims. Most sexual sadists fantasise in their minds about the incidents and visualise their crimes for years before the commission of the actual offence. The extent to which the crimes are premeditated also depends on the personality structure of the sexual sadists – the more psychopathic features the offenders display and the more developed these features become over a number of years, the more likely it becomes that these sexual sadistic perpetrators think and plan their crimes. In addition to planning their sexual sadistic attacks, some respondents indicated that, during the sexual sadistic events, the perpetrators' behaviour could escalate to the point where additional impulsive acts could be added to the initial premeditated pattern of events due to a strong emotional component that they are unable to control.

RR 1: *"It depends on the type of offender in terms of his own personality structure. With your more psychopathic offenders, there will definitely be more premeditation involved in terms of planning their offences, while other perpetrators tend to be a little bit more impulsive or there might be incidents where it is also opportunistic in nature."*

RR 7: *"Over time as offenders develop, they become much more premeditated. They plan, they think. It is not an impulsive, spur of the moment thing. The selection of a victim is one of the first kind of steps and they are quite adept. They are quite good at selecting naive, often conservative, dependent-type women and they are even able to ascertain how long it is going to take to seduce this woman. Many of them select a very specific type of physical person."*

RR 8: *"There is a very strong component of planning, because that is how the sadists empower themselves. They visualise the crime scene and what they are going to do however there is a rational process involved. I also think there is an impulsive and very strong emotional component that the sadists cannot control. So, even if they plan their crimes, they do not really know how the crime is going to take place, they are not aware what they are capable of until the crime takes place. Many offenders state that it was not their intention but, while they committed the crime, they were angered."*

The majority of the respondents solely mentioned that sexual sadists employ a variety of methods to approach their victims. Nonetheless, criminal sexual sadists are very specific in terms of how to obtain the trust of the victims in order to lure them to more secluded areas that offer the sadists solitude and the victims less opportunity to escape. The sadists identify very specific victims and, only after they have selected the victim, the seduction process

starts but it has nothing to do with sex. Sexual sadistic perpetrators use their ability to manipulate the victims; they make them feel good about themselves and, with false pretences, the victims voluntarily accompany the sadists, after which the sexually sadistic perpetrators would apprehend the victims when the opportunity presents itself.

RR 1: *"The methods used to approach the victims depend on the perpetrators' personality. It could either be they would meet the victims at a social setting and they would then start engaging with the victim or it would be a case of waiting for a victim and apprehend the victim and either take them to a more secluded place."*

RR 5: *"It is more likely that they have used some con story to lure the victim to a place where they can do what they want to do. For instance, offer employment to a victim."*

RR 7: *"Sexual sadists are able to lie and manipulate very well. That is how they initially entrap you, with their ability to manipulate you, make you feel good about yourself, make you feel safe, make you feel that they are gentle, supportive and strong."*

Sexual sadists do not use one particular method of controlling the victims and ensuring that the victims comply with their demands. The most common methods are the use of verbal threats and having weapons to intimidate the victims. The victims are subjected to numerous threats of being physically punished, tortured or killed thus the sexual sadists psychologically torment the victims. Moreover, the victims are held in isolation with no means of escape. They are often bound, restrained and gagged therefore unable to seek assistance. The victims' realisation that any failure to comply with the criminal sexual sadists' demands would result in the sadists acting on their threats resulting in the victims' submission. The power differential thus changes immediately and the sadists take control.

RR 1: *"Sadists ensure that the victims comply with their demands using many verbal threats. Threats against the families and killing the victim 'if you do not comply or shut up, I am going to kill you. I am going to cut your throat.' It is quite violent and implicit threats."*

RR 3: *"Bondage. There are a variety of ways in which bondage can be used. 'I am going to tie you up, I am going to put you in a cage, I am going to lock you in a room, I am going to restrain you with chains.' Sexual sadists also gag the victims so they cannot talk."*

RR 7: *"It starts with physical abuse, he would limit her movements, he would tie her up and hurt her and she then starts realising that there is threat of further violence. She retracts, she steps back, she does not stand up against it and slowly but surely, he gains more and more power and he has a hold over her. Being abused and*

demeaned, the psychological part of it is powerful. The sadist will punish her: 'If you do not do what I say, you will be tied up tonight and locked in your room without water or food.' The sadist will get into bed next to the victim with a knife or gun under his pillow."

Criminal sexual sadists almost certainly keep souvenirs of their sexual sadistic attacks; it is a ritual that they follow. Keeping memorabilia that belongs to the victims empowers the sadists and elevates the perpetrators' identity because they are proud of their achievements. A respondent mentioned that the souvenirs are like trophies to the offenders, except they do not display the trophies to everyone, they keep them hidden for themselves only. The souvenirs can be anything such as underwear, shoes or make-up. The objects are used as a reminder of the sadistic events; the sadists use them to think about the victims and to stimulate themselves sexually when they do not have a victim. Invoking the memories becomes a souvenir in itself. On rare occasions, sexual sadistic offenders would eat the body parts of their victims or they would keep the body parts to intimidate their next victims.

RR 2: *"They keep souvenirs because they want to relive the criminal incident. They will often tell you that it is nice to sit in their living room and sort of relive the incident while looking or fondling the souvenir. It is to sort of just enjoy it for the meantime. What they normally do is, they take the souvenir and they have a period where the sadistic behaviour does not occur for a while and, in that period, they use the souvenir to fantasise until the psychological need becomes too great, then the next victim is sought."*

RR 7: *"So, they would eat parts of the body that they have taken. Sexual sadists believe that 'if I kill you, I had the ultimate power over you, but if I then eat you, wow'. That is the predator who has killed his victim and he is now eating her. So that it can sustain him, part of the victim is feeding him. But not all sadists become killers, but it is the same mechanism. 'I am keeping something that is yours, I have got control and power over you to that extent. I can keep a little piece of your ear, or I can keep a shoe, or I can keep your lipstick.' The sadist feels he owns the victim."*

RR 8: *"That is how they build their identity. They are proud of themselves and the souvenirs empower them and heighten their self-concept."*

From the responses, it became apparent that sexual sadistic perpetrators premeditate their sexual sadistic actions to a certain extent because they have always had fantasies and visualised how the offences will take place. The role of impulsivity and opportunity should however not be disregarded, as emotionality during the commission of the crime could result

in additional events that were not originally premeditated. The initial planning is done to select a target. Sadists select very specific targets before they start manipulating the victims with false pretences and gain their trust. Once the victims' trust is earned, the victims willingly accompany the sadists to secluded areas where they are then abducted. To ensure the victims conform to the sexual sadists' demands, they verbally threaten the victims, inflict physical harm, isolate and restrain the victims to prevent them from seeking help. Most sadists take souvenirs from the victims to indicate their superiority and keep them as reminders of their work. The souvenirs are often used to re-experience the criminal events and the sadists are sexually gratified until their desires become too great and they seek new victims for their next attack.

5.2.5.1.3. *Sub-theme 1.3: Power and degradation*

Disparaging language is often used to humiliate and degrade the victims, to psychologically break the victims down and make them fearful. It is done specifically to get the victims to comply because sexual sadists exert dominance over their victims to make themselves feel in control and to place themselves in a superior position over the victims. Sexual sadistic perpetrators thus subjugate their victims through words and deeds; the use of derogatory language is to objectify the victims and remove their own emotions, similar to any process of indoctrination.

RR 7: *"The psychological part of being abused and demeaned is powerful. The demeaning, the swearing at them, the breaking them down, telling them they are useless, telling them they are sluts. That is degrading and being sworn at while having sex. They often do this. They swear at them. They defile them. Breaking down, breaking down."*

RR 8: *"It is a projection of their anger. It is a way of empowering themselves. They are in control and the victims are totally disempowered. It is a process in which they empower themselves and humiliate the victims."*

The acts used to degrade the victims are physical, sexual and psychological. To prevent the victims from resisting the imminent acts, the sexual sadists restrain and gag the victims. This further prevents the victims from possibly overpowering the sadists and attempting to escape. Sexual sadists most frequently suffocate or strangle the victims with objects or they use their hands to feel how the victims become defenceless and they have the power to let the victims either live or die. Other physical acts include dunking the victims under water, taking photos of the helpless victims, making them eat their faeces and urinating on them. Victims are sexually humiliated in a variety of ways. Forcing the victims to get undressed and taking their clothes is already degrading. The victims are also expected to perform atypical

sexual acts that involve penetrating almost all the orifices including the mouth, anus and vagina. Unusually large sex toys are used to penetrate the victims; they are forced to watch pornography and sometimes to have sex with animals.

RR 2: *“Having sex in a really rough way and strangling the victim while raping her. For a sadist, anything goes. It can be anal sex. It can be oral sex. It can be having the victim have sex with animals.”*

RR 5: *“It is almost always going to be anal sex. You get the person that urinates on the victim, suffocates the victim as part of the degrading process, but oral sex, anal and vaginal.”*

RR 6: *“They take photos of the victims to show their power and they let them eat their faeces. They force them to do it. They must use an anal plug to penetrate their mouths until there are sores inside.”*

RR 7: *“The victims will find themselves quickly doing sexual acts that fall outside of their moral compass. Extreme acts, having quite big objects inserted, having to watch pornography. It is about tying up the victim and dunking her under water or strangling the victim and making her feel life or death is not far away. It could come very quickly if the sadist just holds on to the victim’s neck a little longer. The sadist decides who dies, who lives. So, he is god.”*

A variety of responses were shared by the respondents regarding sexual sadists’ preference to penetrate their victims anally instead of vaginally. Anal penetration is often seen as abnormal and there is a social norm surrounding anal sex that means that it is not acceptable and is considered a taboo. It crosses the victims’ boundaries and is not normally part of their common practice so it is more degrading and breaks the victims down. Sexual sadists also derive more pleasure because the orifice is smaller and tighter; it inflicts more pain for the victims and the sadists become empowered because they have to force themselves into the victims. The victims are also in a more vulnerable position. The sadists have more control over the victims and feel superior because the victims are not allowed to look at the perpetrators. Sexual sadists may also consider anal penetration to be less intimate than having missionary intercourse with the victims. Research respondent 7 provided a clear and comprehensive discussion as quoted below.

RR 7: *“It is similar to the predator that will always attack from the back. It is a vulnerable spot. If the victim is on her stomach, she cannot look at the sadist. It is one of the strongest positions when it comes to control. The sadist really has the victim controlled from the back. So there is a lot of the control issue and the conflict between pure, good,*

healthy sexuality and the dirty, filthy, unpleasant part. Very few women would consent to anal sex, it is very limited. So it transgresses that bodily boundary, it makes the victim do something that they would really not want to do normally. Anal sex is specifically used to degrade, embarrass, control and to give that message that the victim is completely undermined. Some sadists mentioned that, in that position, they could get a good hold of the hair and pull the head back and that it is like riding an animal that you have got completely controlled and you can inflict pain and make her utter sounds."

The respondents indicated that a variety of objects available to the sexual sadists at that particular time are used to penetrate the victims vaginally or anally. Foreign objects including different fruits, fish, bottles, bricks or broomsticks are used to degrade the victims and make them feel uncomfortable and embarrassed. This creates fear in the victims of what to anticipate next which further places the sadists in a position of control and power. The objects used tend to be larger than the male penis. They are usually abnormally big in order to inflict more pain and harm to the victims' internal and sexual organs. The sadists may become sexually stimulated by the sadistic acts however not all perpetrators get an erection and experience an erectile dysfunction. To them, object insertion is thus the next best option.

RR 1: *"A lot of the times it is something that is available, depending on where it occurs. It can be a bottle or a stick. In one instance, the sadist used a brick that he inserted into the victim's private parts and then he removed the brick and used his whole hand, his whole arm to inflict pain. Object insertion is humiliating and very degrading. There might be elements that prevent sadists from connecting with others and they have deficits in terms of intimacy. They do not necessarily want to get intimate with the victim. It also causes more harm, suffering and inflicts more pain."*

RR 2: *"Because their penis is not big enough. It is not hurtful enough. They would start with a penis penetration in the anus, or the vagina, but a penis is only so big. They need a bigger object that is abnormally big."*

RR 7: *"The objects that they would insert into the victims are often quite big. So, hurting the anal and vaginal areas. Other objects would be bananas, different fruits, bottles, various sex toys like dildos, screwdrivers, enemas are quite common. It really is quite widespread and often it is just what is available. It is degrading to the victims, they want to punish them, whatever they do, always is tied to sexual gratification. So, when they do this, they become sexually excited and gratified and they cannot become gratified if they do not see that this is uncomfortable or painful. The sadist is creating discomfort, pain, embarrassment and degradation for the victim."*

A respondent mentioned that the percentage of sexual sadists who commit lust murder is low because sexual sadism is progressive and sexual sadistic perpetrators will only kill their victims if they are able to continue with their sadistic acts for long enough. Some offenders keep their victims for an extended period and only kill them so that they are unable to report, identify or testify against the sadists. Other sexual sadistic offenders subconsciously kill their victims. They would have liked to prolong the victims' suffering, but they did not realise the severity of their acts and consequently reduced their own pleasure. The act of murdering the victims is seen as the ultimate control and power because they completely degrade and damage their victims. Respondent 6 however believed that the power lies in letting the victims live and torturing them, as killing the victims spares them the suffering.

RR 1: *"One of the reasons are more instrumental in nature, that they killed the victim not to be recognised, especially if it was occurring over a longer period of time. It is in terms of the victim being able to testify or to point that offender out as the specific perpetrator."*

RR 2: *"Sometimes they simply go too far, they would have liked to prolong it and keep the victim, but I think they sometimes just go too far. Before they know it, the play thing is dead. They could have murdered the victim without wanting to, but they actually went too far and, in their lust, they did not realise it was going too far. So, they sort of shorten their own pleasure because of their sadistic needs."*

RR 6: *"It is more suffering to let them live. It is more power to let them live than to kill them. So, the clever pathologist sadists will let them live suffering, because they get their kick out of the suffering."*

RR 7: *"I think it is more often the case of progression, if they are allowed to continue with this for long enough. I think they reach that point where the ultimate control is killing. It is not accidental, but it is just that one time where they go too far and then once they have done it, then they want to do it again."*

Criminal sexual sadists seldom engage in necrophilia, because the victims do not express any more fear, humiliation or suffering thus the sadistic offenders do not have the satisfaction of witnessing their victims' distress. In the rare cases in which the sadists engage in necrophilia, the perpetrators imagine and re-experience the incidents with the victims, they fantasise about their utter dominance and control over the victims who are unable to speak or protest against the ordeal. The victims are perceived as objects and are no longer considered as human beings therefore the sadists can fully act out their fantasies with the corpses as the victims' bodies are at the sadistic perpetrators' mercy.

RR 1: *"It is a further degrading of the victim. If you are able to degrade the victim's body even after death, it is like the final insult. It is the final objectification, it is that final rejection of that victim as a human being."*

RR 5: *"I would not say that necrophilia would be a common feature of sexual sadism, because you are not getting any power or control, you may be trying to re-fantasise about what you did with that victim at that time, when they are dead."*

RR 8: *"They engage in necrophilia because they are so insecure and they cannot maintain themselves towards others. It is easier for them to maintain themselves towards a corpse compared to non-consenting victims. The necrophiliac has just reached that point where there is utter and total dominance and control, because the corpse cannot speak and cannot protest."*

It is clear from the extracts *supra* that sexual sadists employ a number of strategies to enforce power and control over their victims since their intention is to have complete superiority over their victims. The sadists use vulgar and derogatory language to subjugate the victims and instil fear in them so that they comply with their demands. To prevent the victims from resisting, the sexual sadistic perpetrators restrain and gag the victims after which they are subjected to a number of physical, sexual and psychological torments. The victims are forced to engage in atypical sexual activities of which anal penetration is the most common because it empowers the sadists as they have to force themselves into the victims. The object is to inflict as much pain as possible especially as the victims would not consent to the acts. Foreign object insertion is another act that is frequently used to inflict more suffering as the objects are usually very large. The sadistic acts may become so severe that they result in the victims' death. This means that the sadists' behaviour progresses subconsciously to the extent that they gain ultimate control which is to kill their victims. On rare occasions, the sadistic perpetrators further mutilate the corpses of their victims to show that they are in complete control.

5.2.5.2. Theme 2: Effects of sexual sadistic acts on the victim

Victims of criminal sexual sadism who have been exposed to a traumatic and distressing event often experience adverse effects that could either be short-lived or long-lasting. The victims therefore have to establish coping mechanisms that would successfully eradicate the symptoms of distress. Without constructive coping mechanisms, the physical and psychological effects of sexual sadism could permeate the victims' daily lives and result in detrimental effects, not only for the victims, but for their families as well. The effects of a sexual sadistic attack may remain in a victim's mind, body and spirit in a number of ways.

5.2.5.2.1. Sub-theme 2.1: Physical injuries sustained

Various methods are used to inflict pain and suffering to the victims however the nature of the injuries can vary depending on the type of sexual sadistic perpetrator and his level of violence. Injuries inflicted by sexual sadists who are not developed and sophisticated may be minor punching resulting in bruising or burning the victims with hot wax or cigarettes and making small incision wounds that leave scars. The more developed and psychopathic sexual sadists inflict more serious injuries including large lacerations, piercing the victims' flesh with sharp objects and mutilating the genitals that could result in internal damage.

RR 5: *"You can get sadists who is aroused by punching the victim in the face causing blunt force. The more sophisticated sadists would use a razor blade to cut the nipples, who is going to burn the victim with cigarettes. It can be anything from blunt force to more carefully made type of very painful wounds."*

RR 7: *"The sadist can drip something hot on the victims, make small cuts or hit the victims with something. The piercings, inserting things through your flesh to make you bleed and to make you whine and feel pain. Sexual sadists can go to the extent of cutting the victims eyes out or cutting the victims ears off."*

Sexual sadists inflict most of the injuries to the erogenous zones of the victims such as the breasts, vagina and anus. Very few sadists inflict physical injuries to the victim's entire body. Respondent 5 provided an explanation of the specific body areas targeted by the sadists.

RR 5: *"The most common areas to inflict injuries would be the sexual organs, the breasts, pubic area and anus. You could have people who would target the entire body. So anywhere, but I would say probably the sexual organs are going to be more targeted by a sexual sadist. Specifically, your very, very elevated types of sadists."*

Depending on the pathology of the sexual sadists and the severity of the physical and sexual injuries inflicted, the victims may require medical attention which includes treatment for wounds and antiretroviral medication. The victims of sexual sadistic attacks are not always hospitalised however, in severe cases, they may experience internal bleeding, experience gynaecological problems and struggle with infections that require close attention. Respondent 7 believes that sophisticated sexual sadists would not inflict injuries severe enough to require immediate medical attention or hospitalisation, as the injuries sustained may only present in later years.

- RR 4: *"Women are sometimes penetrated with broomsticks to the extent that it is forced through their internal organs. Some of the victims survive such instances however they require medical attention and hospitalisation due to internal bleeding. Additionally, these victims struggle with dysentery and septicaemia from which they eventually die."*
- RR 5: *"Victims of sexual sadists almost always require medical attention. There are those sadists that will keep the victims for days and weeks. Even longer and do to them whatever they feel like and do whatever they like, but ultimately in the end, they are going to such extremes that the person is going to need hospitalisation."*
- RR 7: *"It has to do with the sophistication of the sadist. Some of them are very sophisticated and clever and they stop just short of that being necessary and that is why often these women do not go to emergency rooms. If it is a less sophisticated sexual sadist, they slip up and there is a medical problem and an emergency and these women get hospitalised, but it is quite rare. These women tend to either be torn, internally damaged or compromised."*
- RR 8: *"They tend to have gynaecological problems and struggle with infections that require medical attention. They must take antiretroviral medication for years. So, they are very aware how doctors treat them and specifically their physical bodies."*

Most of the respondents were of the opinion that sexual sadistic perpetrators' behaviour does not tend to be severe enough to leave the victims with permanent disabilities or disfigurements. Some of the injuries sustained may heal immediately, whereas other injuries remain for a longer period leaving the victims with permanent scars. On rare occasions, the victims can have permanent deformities particularly of their sex organs. The respondents however indicated that the psychological effects are longer lasting and impact the victims' health to a greater extent than the physical injuries sustained.

- RR 2: *"They have permanent injuries. Women cannot bear children anymore, or they have internal scars that are horrific, but the psychological mental scars are much more."*
- RR 4: *"A person's body tend to recuperate through the process of generating scar tissue. So, the scars will always be visible, that is, if the victim survives. So, physically the human body might recover, but psychological effects will always be present."*
- RR 5: *"On average, there would not be permanent disfigurements or disabilities. It is wounds that would heal to some degree. I would say most of it would probably recover. You might have scars, but it would not be that the victim's nose or ear is cut off."*
- RR 7: *"Yes, they have permanent injuries and disabilities, often specifically focused on the sex organs. So, the cuts that might have been performed on their stomachs, on their*

backs, on their vaginas, they had piercing that leaves holes. There are areas that have been disfigured. Some things can be fixed fairly quickly, but other things remain. Physically and psychologically the scarring is there for a long time.”

From the responses, it is evident that the injuries inflicted depend on the type of sexual sadists involved. The injuries sustained range from minor injuries that do not require any medical attention and can heal quickly to serious injuries that require immediate medical attention or hospitalisation. The injuries are primarily centred on the victims' sex organs and often leave the victims with disfigurements nonetheless most of the injuries inflicted merely leave scars. Moreover, the victims will have to be on antiretroviral medication to ensure that the victims do not contract HIV and will be prescribed medication to prevent them from being infected with STDs.

5.2.5.2.2. Sub-theme 2.2: Primary psychological effect

The initial psychological effects of being a victim of sexual sadism are the feeling of being vulnerable and suffering from a low self-esteem. The victims may go into a state of denial and survival mode and may feel numb for long periods that later result in anger, anxiety and sadness. If the trauma is not immediately addressed, the victims may become emotionally and mentally unstable or develop Post-Traumatic Stress Disorder (PTSD). They can also develop anxiety disorders such as Obsessive-Compulsive Disorder (OCD) to feel in control and Differential Identity Disorder (DID) because they have learnt to dissociate and move away from the pain they experience. Respondent 8 provided an explanation of the most common psychological effects of being a victim of sexual sadism.

RR 8: *“The victims experience long-term fear of being re-victimisation and that the offender might retaliate. They have constant flashbacks; that is why they often have sleep disorders. Usually, at two o'clock in the mornings, they would dream about the incidents because, during the day, they have to work and don't think about the incident. However, their senses could act as a trigger and take them back to the incident, things they hear, smell, see, taste and feel all act as triggers. The most common psychological effects would be anxiety disorders, depression, Post-Traumatic Stress Disorder, phobias, illusions, eating disorders, in which they either stop eating or eat too much, and sleep disorders. It is also common to develop Obsessive-Compulsive Disorder, the victims want to control everything that goes on around them and they develop dissociative disorders in which they withdraw, they mention that the incident was not that severe and that they weren't there when the incident took place.”*

After this kind of traumatic event, the victims' intimate relationships with their husbands or other men are completely compromised. They must therefore be taught to understand the act of sex again, which involves reformulating their cognitive view of relationships. Their sexual identity is distorted and they may no longer be comfortable with their mutilated bodies. The victims often develop sexual dysfunctions in which they either become hyper-sexualised, puritanical or re-enact the sexual sadistic relationship in their other relationships. They may be unable to have normal functioning relationships where there is equal power between the male and female. The severity of the psychological effects will, to some extent, also depend on the sensitivity of the victims' partners and how they react towards the victims after the sadistic incidents occurred.

RR 2: *"The victims' intimate relationships are affected very seriously. Many of the victims develop sexual dysfunctions like dyspareunia. So, many of the people are not left without a sexual dysfunction, or you can even have nymphomania. So, where a person actually becomes over-sexed, where they have actually learnt to only interact with people on a sexual level. It destabilises the person's sexual development."*

RR 4: *"The victim's intimate relationship is severely affected. There are men that are very sensitive towards the situation and support the victim to regain her own dignity. Other men perceive the victim as damaged goods and treat her as such, which further prevent the victim to reintegrate herself as a sexual being. Initially, the victims find it difficult to think that any man would ever be interested in her on a sexual level again. The emotional maturity of the husband plays an integral role in the victim's recovery."*

RR 7: *"The normal ability to relate to a man, to have a normal relationship with a normal man, now becomes compromised. The victim carries her baggage into her relationship. So, she plays out her little drama in this normal relationship. You often find the victim tend to try and please him to the point where he finds it irritating. They play out the power dynamics of the sexual sadistic relationship. The power differential is immediately brought into the relationship. 'You, my man, are the complete and total boss and I am the complete submissive slave.' It is a sadomasochistic relationship."*

Not only are the victims traumatised by the sexual sadistic incident, the victims' entire family structure, in which they function, can be affected. The victims tend to withdraw and isolate themselves from their family members because they feel ashamed of what they had to endure and fear that their families will no longer value them in the same way that they did prior to the incident. The victims may form close relationships with a few people because they are not able to easily trust again. One of the respondents mentioned that some of the

family members do not provide any support for the victims and do not want anything to do with them as they are ashamed of what the victim went through.

RR 2: *"It causes the victims to withdraw from their family, because they themselves know that there is something seriously wrong with them and they often cannot share what happened with their family. So, that brings a barrier between them and the family. They do not discuss the incident with the family because of guilt; they feel they should have been able to do something. It can be because of shame. It is so horrific, to tell it to somebody is very shameful for them and it can also be fear of them belittling oneself in the eyes of somebody else."*

RR 5: *"I would say more in the sense that, like any person who is depressed, it affects your personal relationship and I do not think the victims now hate their family, but it is more a secondary impact of being depressed, anxious and fearful."*

RR 7: *"Some family members, when they hear what acts the victim performed, they push her away. She loses them. They are disgusted with her. That feels like they have lost the love of important people in their lives."*

RR 8: *"The victims isolate themselves; they don't want people close to them. Only at a later stage, they will have three or four close relationships. They distance themselves. Family members would say 'She is physically here, but mentally she is absent.' The entire family structure is disturbed, not only the victim. It is therefore important to work holistically with the entire family during therapy, with the husband and the children."*

Very few victims become empowered by the sexual sadistic incident, because the traumatic experience is too great. They do not see a happy future ahead and they feel they have no meaning in life. The victims experience difficulty trusting others again, they doubt themselves, wonder why it happened to them or whether they, in some way, contributed to the sadistic events. Some respondents stated that all victims can recover, it all depends on the victims will because, if victims place mind over matter, they are able to heal. Rarely, do the victims become empowered by the sadistic attacks but their level of coping, resistance and resilience from a young age plays an important role just as the victims' access to certain skills and family support.

RR 3: *"The victims' personality and resilience plays an important role in victims' perception of the future. The victim's personal background as well. If the person feels secure and safe, if the person love them self and is emotionally stable then it is easier to work through a traumatic event without being shattered completely. Over a period of time and through therapy and a strong support system, these individuals might feel*

empowered by the incident that they are stronger than before. They took back their power. Someone who already has an underlying 'I am not good enough, the world is not a safe place' will most likely be disempowered."

RR 7: *"Victim will forever remain in shock. They do not trust anymore. They are anxious, they are hypo, they are uncertain, they do not believe anymore, they do not have hope. Sometime you will get a woman, and it depends on the personality, who transcends, who transforms and uses what happened in a strong way and they have hope and they are almost determined to get what they never had. It is the resilience factors that are in their personality from a young age. Certain resilience factors are partly nature and partly nurture, but some personalities just have, from day one, a certain robustness, a certain ability to cope with stress. Their stress coping mechanisms are just better. Their physiology is just so programmed that they have a lower resting anxiety state and that helps them go through the pain, violence and abuse. But it is unfortunately rarer, because not that these women do not exists, but because the sadist does not often make the mistake to pick one like that."*

The psychological effects of being a victim of criminal sexual sadism are vast and incalculable. If the victim does not receive immediate therapy, she may develop numerous psychological disorders that are debilitating. The victim may have difficulties maintaining an intimate relationship with her husband or forming new intimate relationships with men. These relationships are characterised by sexual dysfunctions or are re-enactments of the power differential experienced in the sexual sadistic attack. Sexual sadistic incidents also have negative effects on the victims' entire family system. The victims tend to withdraw and have no trust therefore they form relationships with only a few people. Due to the adverse effects of being a victim of sexual sadism, most victims become disempowered by the events and their perceptions of the future are distorted. Only few victims become empowered by the events due to their strong coping mechanisms and support systems to assist the victims through the ordeal.

5.2.5.2.3. *Sub-theme 2.3: Secondary psychological effect*

The respondents stressed that victims of sexual sadism are unwilling to report the criminal offences to the police because the officers are usually incompetent and do not make the victims feel safe. Rather, the victims feel threatened by the officers who are supposed to provide them with support. If the victims do not report the ordeals to the police, they will come to the attention of a health worker because the victims often require medical attention. The victims do not necessarily open a criminal case against the offenders due to their fear of

secondary victimisation by the police, CJS and a welfare system that fails to support them thereby doing more damage.

RR 3: *"In South Africa, sexual crimes are so common that, for most police officers, it is just another case that is being reported. It is difficult for most of the victims to report the crime and often, while the case is being investigated, the victim withdraws the case even before it reaches the court due to fear. The victim is too scared to stand in court with the offender. The victim is being re-victimised."*

RR 4: *"Victims are sceptic to report the crime to the police, most experience it as secondary victimisation. First of all, the victim feels extremely threatened. Anything in their environment make them feel threatened, because their bodies go in immediate survival mode and results in hyper vigilance. So, now you go report the crime to a person who has a duty to protect you, but you don't feel protected, the victim feels even more exposed. The victim realise that there is further danger and it make the psychological effect even worse."*

RR 6: *"The victims are frightened to report the crime. It is fear. Fear of the perpetrator and fear of the system, the way the system deals with the victims. They are victimised twice. First by the perpetrator and then victimised by the system."*

Victims' experiences of the medico-legal examination depend on the medical examiners. Some medical examiners are specially trained to conduct these examinations and make an effort to gain the confidence of the victims and explain the examination step-by-step. Victims may not find the medical examinations pleasant but they are obligated by law to undergo them even if they are painful if the victims have injuries. The victims often experience the medico-legal examinations as traumatic and feel violated because there are not enough qualified and specialised medico-legal examiners to work with victims of this type of crime.

RR 3: *"Unfortunately, one of the more difficult processes is to undergo a medical examination after the sexual sadistic event due to legislation. It is a very important process to undergo. The medical practitioner conducting the evaluation should be specialised and trained to conduct such examinations and know how to work with victims of a sexual crime, emotionally and physically. It is a bad experience and often re-traumatising but, if the examiner talks the victim through the process and explains everything in detail, the process will be less traumatising. Unfortunately, in South Africa the medical personal are not very sensitised towards the victims."*

RR 7: *"The experience of the medical examination will depend on the victim. It is about being opened up, about boundaries being transgressed, about being an object and now it*

is: 'First I was used and literally violated. Now I am almost being studied, measured and probed.' Unless the victim is really resilient and can get the mind-set that it is important, it is crucial, it is necessary, then she is re-victimised, especially with a slightly less sympathetic medical examiner. We have got wonderful medical examiners, but we also have some that are really not and it now just depends where this person ends up."

The court process is often a traumatic experience for victims of sexual sadism. It is therefore imperative for the state advocates to prepare the victims for the court case and explain to them exactly what to expect. Most victims fear the process of cross-examination since their credibility is questioned and they are left feeling that they are suspected of not telling the truth. Moreover, they also have to face the accused for a second time in court. The victims have to relive the sexual sadistic events because they have to present detailed accounts of the incidents and listen to the details discussed in court. The victims are controlled again however this time it is by the legal system, judges and advocates; they have power over the victims and the victims are again left to feel helpless and subjugated. One respondent indicated that the court process might also be experienced as a milestone in which the victims can make their voice heard and find justice for what the sexual sadists have done to them.

RR 5: *"In court the victim can be exposed to cross-examination that is not particularly pleasant, which can let her feel she is not being believed. Even if it is not an unpleasant cross-examination, the victim has to tell the detail and everything that happened. So, it is still having to recount a very painful thing. The retelling and reliving the experience to a degree is a form of secondary victimisation. So, it could be upsetting. It will also depend on whether the victim was properly prepared by the prosecutor before the evidence was provided. There are other victims who come of feeling like 'it was my chance to confront my accuser, to say my side of the story' and they see it like a milestone they have passed that actually allows her to move on, because that is like the last hurdle she had to play."*

RR 7: *"The court process tend to be traumatising to the victim, especially if it is in open court and perhaps if there is media. Psychologically, they relive and re-experience the incident. The victims also tend to have Post-Traumatic Stress Disorder and it is like asking them to relive the nightmare. So, they are completely opened up again. This is the interesting thing. Again, they have no control over that being opened up. Somebody else has power over them again. This time it is the legal system, the judge, the advocates who can ask them things, proved, opened up and they relive*

this whole thing again. It is very traumatic. The cross-examinations can be severe; the victims are made to feel dirty and guilty.”

RR 8: *“The experience of being in court depends on how well the victim was prepared. The victim must be placed in the right context and be explained the entire process. So, the state advocate plays an integral role. The advocate must ensure that the victim’s voice is heard in court. It is also important to empower the victim before the court proceedings. Yes, it takes them back to the experience and it is very traumatic. A court process, composing an affidavit and leading evidence is a traumatic experience however the victim’s therapist should empower her to refer back to the past rather than placing themselves back in the situation.”*

The effect that stigmatisation has on the victim will depend on the victim’s own ego strength. If the victim does not have a strong personality, the effects of stigmatisation tend to be adverse and break the victim down even further. Some respondents, though, indicated that stigma is not an issue for the victims because society does not stigmatise them but they are recognised by the public and their communities do not know how to react towards them.

RR 7: *“Stigmatisation is huge, it almost does more damage than the initial incident. They are called certain things and names. Stigma, per se, is a massive thing. They are super-recognised; for years they cannot walk into a restaurant without people pointing. It is terrible and it is the prolonged secondary victimisation that unfortunately keeps the victims traumatised.”*

RR 8: *“People are more stigmatised in the sense that if they walk into the Pick ‘n Pay everyone goes quiet and all eyes are on you, but the victim is never stigmatised as such. It is more that the community do not know how to handle the situation.”*

Victims always blame themselves, to some degree, for the sexual sadistic attacks because blaming oneself for the victimisation is a natural phenomenon. They believe that they should have predicted it and that they should have fought harder against the offenders to ward them off. These victims seldom attend therapy due to their perceptions of having no self-worth.

RR 2: *“First of all, victims that blame themselves will not go for therapy because they feel that it is their fault and it gives the victim a very poor self-concept. A very poor acceptance of the self and self-worth.”*

RR 5: *“Probably all victims blame themselves to some degree. Unfairly so. Every victim is going to blame herself. The degree is just going to differ.”*

RR 7: *“Victims blame themselves severely because they, at some point, do blame themselves. They take ownership and that is part of what the sadist wants. So yes, blame, blame, blame, which reinforces the initial idea that ‘I am not really worthy’.”*

RR 8: *“The victim is often angry at herself, but it will depend on temperament of the victim. A person with a choleric temperament will be angry at themselves, because they should have predicted what is going to happen, they should have not have ignored the warning signs. Victims that have a strong personality will grind themselves. While others aren’t that bad, they do blame themselves, but it is not blame, it is more self-denial and anger.”*

Based on the extracts, the secondary victimisation experienced by the victims of sexual sadism are severe. The victims are hesitant to report the cases to the police due to their lack of sensitivity and, as a result, most victims withdraw the charges against their perpetrators before the court case even commences. The medico-legal examinations are further traumatising for the victims however the experience of being medically examined depends on whether the examiners are specialised and how the medical examiners work with the victims on an emotional and physical level. South Africa however does not have sufficient specialised and trained forensic medical examiners. The experience of presenting the evidence in court and having to re-experience the incidents, undergo cross-examinations in which the victims’ credibility is being questioned and confronting the accused could result in fear and discomfort. Victims of criminal sexual sadism are less likely to be stigmatised by society even though they are widely recognised and the people’s reactions towards the victims may be inappropriate. Additionally, self-blame is always a component that will be present in most criminal events and could result in a lack of self-esteem that leads the victims to feel that they are unworthy.

5.2.5.3. Theme 3: Motives behind sexual sadism

Understanding the motives, drives and forces behind sexual sadistic offenders’ actions is a difficult task because only a few sexual sadistic perpetrators attend therapy when mandated to do so and, when they do attend therapy sessions, they are reluctant to engage with the practitioners. Consequently, limited information regarding sexual sadistic offenders’ psyche is available nonetheless, the most prominent causes and drives of sexual sadism, according to the research respondents, will be provided. Respondent 5 had the following to say regarding the understanding of sexual sadistic motives”

RR 5: *“Sexual sadism is a paraphilia. So, for whatever reasons, this particular individual has linked his sexual interests predominantly to pain and suffering of others. We do not*

know why one person becomes a sexual sadist; there are lots of little theories. I do not think anybody actually understands. So, it is not a choice, it is just who they are."

Sexual sadistic perpetrators may have a number of brain anomalies, but it is not the main determinant of becoming a sexual sadist but it increases the risk of becoming a sadist when coupled with other causative factors. Injuries to the limbic system may lead to experiencing a high sex drive whereas abnormal functioning of the amygdala, which is located in the limbic system, might result in the sadists lacking a conscience. Other biological factors include genetically inheriting psychopathic tendencies, since the perpetrators physiology has already been comprised at birth. The cause cannot be attributed to nature only, nurture is also important and they influence each other.

RR 2: *"There can be brain injury that can actually cause serious, aggressive impulses. There can be injury to the limbic system. So, within the limbic system, you have your sexual drive and you can be over-sexed. These offenders also have executive functioning problems. If there is a brain injury present, that would be extreme extenuating circumstances for such a person."*

RR 5: *"It is possible, but I cannot say that the majority of sexual sadists have all had brain injuries. So, it can, but I do not think a brain injury is going to cause someone to become a sexual sadist. Because then you would have to have the behaviour of sexual sadism exhibiting quite close to around the injury time. I do not quite know if by biology or brain injury would explain these crimes."*

RR 7: *"First of all, generically there is the transference of certain psychopathic tendencies. There is a certain genetic inheritance. There is a lot of physiology behind sexual sadism. It is in the physiology already, in that neuro-pathway. With sadists, the excitatory system and the inhibition of excitement, the gates that we use to inhibit excitement, are already compromised."*

RR 8: *"If we look at psychopathology and we look at brain dysfunctions, then the amygdala might not be functioning normally. The emotional side of the amygdala, the conscious part of the amygdala, is not intact. There is definitely a neurological component that contributes to sexual sadists' actions, but remember trauma can change the brain."*

Often, sexual sadists were eroticised too early. Children should not have certain erotic experiences before a certain age. In most cases of sexual sadism, the offenders have backgrounds of physical and/or sexual abuse, especially by females who damaged the psyche of the perpetrators. The sadists thus developed an uncontrollable anger towards women. Sexual sadists internalise the traumatic experiences and develop distorted sexual

identities because their first sexual encounters, in childhood, were traumatic and sadists did not have the opportunity to develop normal sexual pathways. One of the respondents however, is not convinced that abuse during childhood could cause sexual sadism because, if that is true, then the phenomenon would be much more prevalent, which is not the case.

RR 1: *"A lot of them have been sexually abused as a child. The explanation is then that because of the sexual abuse that formed the first sexual pathway of the experience for these offenders in terms of their own sexual development and functioning, and it never started in a normal way. For them, it started off in a very traumatic and a very violent way. Their own sexual development and their own first sexual experience might have been through sexual abuse, violence might have been used and they might have been seriously harmed and that is where the sexual fantasies start."*

RR 2: *"Childhood abuse contributes very much to sexual sadism because they interject the perpetrator. When they were small, they had a perpetrator. So, they interject the perpetrator and they also become a perpetrator and very often some of them actually also take some of the techniques of the perpetrator. Regardless of the fact of how they felt when it was done to them."*

RR 3: *"We often see that sexual sadists came from a dysfunctional family where there was no love and no security, physical and/or sexual abuse was often a reality. The sexual sadist forms a trauma-bond between the physical and sexual abuse."*

RR 8: *"The offender developed a sexual deviation at a very young age due to the fact that their sexual identity or concept of sexuality developed incorrectly mainly because of trauma. At a young age, the offender might have been subjected to aggression and was often abused. As a result, they question their existence. The people closest to the sadist abused him consequently, he is unable to trust others and he develops extreme aggression. He has no conscience, because he learned to hide his emotions."*

Criminal sexual sadists develop internal aggression, frustration and anger from a very young age because they had no control during their childhood years, they were totally subjugated by their parents. As children, sexual sadists were unable to develop a normal moral compass of right and wrong. During their teenage years, when puberty starts, they begin having sexually aggressive fantasies in which they are in control and they have the power over other individuals. In their fantasies, they were no longer the person being controlled. The teenager's desire for power and control in later years resulted in acting out.

RR 6: *“Pathology starts very early, it is rare that it starts in adulthood. Most of it starts in early childhood. Specifically, if one looks at Kohlberg’s stages of moral development, they were deprived of their power in childhood. They do not have power in childhood. They are not recognised. They are ignored. Sexual sadists therefore have a tremendous self-esteem problem, inferiority, a desire to possess power. A desire for power. That is the biggest thing, an insatiable hunger for power, a separate need for power.”*

RR 7: *“It always develops from a young age. You do not have a sexual sadist who has a normal life history and suddenly one day he wakes up a sadist. It is because Kohlberg’s phases of moral development have gone horribly wrong. They are very confused about morality, what is right, what is wrong, what is okay, what is not. And as puberty strikes, there it goes wrong for the first time. They engage in very strange sexual practices or at least strange thoughts and fantasies. Deviance starts there and then it develops from there, because they have to regain some sense of control and power in their lives that they never had. So, they were unprotected and felt unloved and they could not control anything. Their sadistic actions are to regain power and control in their lives and it is the ultimate power and control. It becomes controlling somebody completely.”*

RR 8: *“As child, the sexual sadist was often disempowered and his frustration and aggression escalated over the years. So, the sexual sadist would empower himself in a sexual way. It is a combination of childhood trauma resulting in a misconception of sexuality and being disempowered. He empowers himself through sexual acts.”*

Humans are complex beings and the development of psychopathology is never simple, as no single cause can be identified for the occurrence of sexual sadism. A combination of theoretical explanations needs to be considered to obtain a comprehensive understanding of the motives behind sexual sadism. Although neurological anomalies may contribute to sexual sadistic actions, the most common causes are trauma that occurs during childhood. Nature may contribute to sexual sadism, but nurture is an augmenting factor that could contribute to sexual sadism. In childhood, sexual sadists were physically and/or sexually abused resulting in their developing misconceptions of sexuality. In many cases, the children were always overpowered by their parents and they failed to develop moral standards thus they strove to empower themselves through sexual dominance over others.

5.2.5.4. Theme 4: Miscellaneous topics of sexual sadism

The role of the CJS and treatment programmes for offenders are not listed as an objective for the current study however the information could be valuable to practitioners in order to identify offenders at risk of sexual sadism more accurately which will assist with possible

treatment interventions. Due to the low prevalence rate of criminal sexual sadism, the CJS and practitioners do not always know how to engage with sexual sadistic cases including the sentencing of the offenders and how to provide treatment for the perpetrators.

5.2.5.4.1. *Sub-theme 4.1: Comparison between rape and sexual sadism*

Not all rapists are criminal sexual sadists. Although it might be difficult to differentiate between the two offences due to sexual sadists raping their victims, some aspects of the two crimes differ. Rape is often an impulsive act that occurs when an opportunity presents itself. The offenders' aim is to be aggressive towards their victims and to overpower them. Sexual sadists, on the other hand, experience sexual arousal from the infliction of pain and suffering on their victims. The sadists' acts are more serious and the victims will have more severe injuries compared to those of rapists. Sexual sadistic perpetrators also prolong their actions, they entrap the victims and they disempower the victims to gain power and control.

RR 2: *"A rapist is about power. Just power. The sadist also wants control and feeling powerful, but he wants sexual satisfaction. It is not just about power. It is about the sexual satisfaction of hurting that person and becoming sexually aroused more and more."*

RR 5: *"It will be wrong to say that all rapists are sexual sadists, just because rape is against someone's will but, for me, the sexual sadist is going to be more preoccupied with sexual arousal through harming of other people. If rape is the only time where the perpetrator is aggressive in sexual acts, I would be very careful about saying that he is a sexual sadist. The normal average rapist will not try to make the event even more traumatic, terrible and terrifying as possible."*

RR 7: *"Rape is, of course, subsumed under sexual sadism. It is one of the things that a sexual sadist would do but the rapist himself need not be a sexual sadist. Rape is an aggressive act. It is often an impulsive, spur-of-the-moment act. It is here and now. 'I am going to be aggressive and damage you because I want to control you and hurt you' and so on which, with sadism, it is a lot different. It is often a long, prolonged process of grooming, entrapping the victim, manipulating the victim and so on. So, they look dynamically quite different."*

From the extracts, it is clear that the differences between rape and sexual sadism are ambiguous and that there are small distinctions between the two offences that can easily be misinterpreted. Rapists are usually less violent and act on impulse; they do not plan their crimes as thoroughly as sadists do and usually do not hold their victims for long periods. The rapists want to feel that they have power over their victims and act aggressively to gain that

power. The aggressive acts (e.g. displaced anger) have no sexual value for the rapists. However, sexual sadists are preoccupied with sexual gratification and with causing serious bodily harm to their victims. They want to humiliate and subjugate the victims for extended periods, as this is the very essence of their sexual fantasies and gratification.

5.2.5.4.2. *Sub-theme 4.2: Sentencing and treatment of sexual sadists*

The respondents are of the opinion that the South African CJS does not have the capacity to process sexual sadistic cases and that it does not understand the complexity of the offences. The CJS must prove whether the sexual sadists were *compos mentis* at the time of the offences however, due to the nature of the criminal acts, it is suggested that the CJS requests specialised multi-disciplinary teams to clinically observe and evaluate the offenders. If found guilty and sent to prison, sexual sadists tend to become worse; they are often not good candidates for therapy and, if they are in therapy, it may not be intensive enough or sufficient. The CJS is not equipped and staffed to treat sexual sadists. During imprisonment, the sadists may also be victimised and their desire for power can become greater. They learn and fantasise about new techniques and, when released, they tend to reoffend in more severe ways. A respondent suggested that sexual sadists should be admitted to a clinical hospital that can observe them and decide if they are fit to be released.

RR 1: *"The South African CJS is not equipped to manage sexual sadists. The Correctional Services are quite understaffed in terms of psychologists within the department. If you do get sexual sadists and you involve them in therapy, it would need to be quite intensive and long-term, it cannot be short-term based. So, whether the CJS is equipped or not, just in terms of resources available, even if there is treatment and there is programs developed, there will not be staff to implement any of this."*

RR 2: *"I think it is important that the legal system look at how they can accommodate this type of sexual deviations. Because, in the legal system, a forensic psychologist evaluate somebody to say if the person was compos mentis when they did that, if they were in control of their faculties and if they knew what is the difference between right and wrong, or if they did not, why did they not? But, in these cases, it is much more complex. So, I think that the law does not actually provide for the complexity of this."*

RR 3: *"I hope the judge would request a psychological report. Sexual sadism is not something that most people would work with on a daily basis. So, the judge should request a professional report and that the sexual sadistic perpetrator be admitted for clinical observation so that a multi-professional therapeutic team can assess the*

offender. It is not going to help to have one, two or three sessions with such a person. The clinicians should be professionals that have experience and know what to do."

RR 7: *"The offender is sentenced and released back into society and we hope the sexual sadist is rehabilitated. No! In fact, I think they are often put back and they are now worse because they have now been in the CJS along with other psychopaths and they have learned new tricks. Some of their perversions have become worse. They have been often re-victimised there. So, they were now being raped in prison. They are being abused. The anger is now more, the sense that the sadist is not in control is now more. I do not think the CJS understands how to handle this. They have committed criminal acts, but they should be treated as victims. In other words, like any state patient who was found to be not culpable. They should be removed from society. They should be put into hospitals and the clinical staff should, at some point, decide if they are okay to be released or not and, if not, they stay in that place for the rest of their lives. No, I am sorry. The CJS has got no idea what they are doing and it is not working.*

Due to the complexity and unique nature of sexual sadism, the practitioners conducting the therapeutic sessions or clinical evaluations should be highly specialised with years of experience working with individuals with such pathologies. Sexual sadists can easily start manipulating the therapists. It is therefore imperative that the therapists are trained clinicians that worked with these types of offenders before. The therapists must know how to work with sexual sadists and know what questions to ask to obtain the relevant information. The therapists cannot be uncomfortable with what is being discussed or shocked by the sadists' actions. The therapists must be able to provide a comfortable environment to make the offenders feel at ease and be more forthcoming.

RR 3: *"Sexual sadists are very reluctant to discuss their fantasies with any therapist. Therapists who work with such instances on a daily basis and who have been in the profession for years know that the type of questions asked are very important and the fact that the therapist should be comfortable with the discussion without being judgemental. By not being judgemental and not shocked by what the sadist has to say, actually provides them permission to discuss more and more until they feel comfortable to discuss their fantasies. It is therefore important to know what questions to ask and to not hold back when the sadist then feels comfortable in the therapeutic environment they will be more forthcoming."*

RR 7: *"It is possible for sexual sadists to manipulate clinicians. You need very experienced clinicians. People who understand psychopathy, sexual sadism and that spectrum of*

pathology, who have a lot of experience, not only in assessing them, but having worked with them in therapy, in programmes. They are the people who must do that final assessment. Not any psychologist or any criminologist. It is a super specialisation.”

Sexual sadistic perpetrators, especially if they exhibit psychopathic tendencies, seldom seek therapeutic assistance. They only enter therapy once they are caught and are obligated to enter therapy. It is extremely difficult to keep sexual sadists in therapy even if they were ordered by the court to do so. They are noncompliant and hardly ever discuss their sexual sadistic fantasies of which they are very protective. Respondent 7 however indicated that some sexual sadistic offenders who have been convicted tend to talk openly about their fantasies; they are proud of their actions and they want to boast about what they did and may therefore exaggerate their actions.

RR 1: *“Sexual sadists are reluctant to enter therapy and, if they do come for therapy, they would fall out quite quickly because they tend to be quite protective of their sexual fantasies. They would not necessarily share those fantasies with you and, if they do, it is very limited in content. I think it is quite difficult to treat these individuals, a lot of the time they become worse. They become better at what they are doing if they go through therapy. They learn more skills to become more clever, to reoffend in the future again.”*

RR 2: *“Often they are forced to go to therapy because the court ordered them to go to therapy. The problem is the prognosis for a sadistic person is very poor.”*

RR 7: *“It is notoriously difficult to get sexual sadists to enter therapy willingly and once they are in therapy, unfortunately they are difficult to keep in therapy. They are not very compliant. They struggle to shift the dynamic that allowed them to get into this trouble in the first place. They do not come out with their fantasies, only ones that have been caught and punished. Then they come out and then often it is quite, it is like a trophy on a wall. Then they come and they almost brag. Then they are willing to tell you everything and they almost get a kick out of it. It gives them a sense of self-esteem.”*

It is nearly impossible to rehabilitate sexual sadistic offenders who exhibit psychopathic tendencies as they have a high recidivism rate. The prognosis is poor because sadists do not believe that their behaviour is inappropriate; they blame the victims for the incident. The rehabilitation process is a ruse as the sadists have no remorse. Moreover, the sexual sadists do not want to make a mind shift, their fantasies are so entrenched in their being and

cognitive scripts from childhood that they are reluctant to give them up. Sadists are hesitant to renounce the power they experience when they dominate other human beings.

RR 1: *"It becomes quite difficult to rehabilitate sexual sadists if they have a psychopathic personality structure. The diagnosis of psychopathy increases the risk to reoffend quite significantly and then, if you get certain additional elements such as sexual sadism, it increases the risk to reoffend even further. They are very reluctant to let go of and work on the sexual fantasies; it serves such a large function in terms of their own psychological functioning that it is really difficult to give up. It is so integral, so essential to their functioning because they cannot sexually satisfy themselves or psychologically satisfy themselves in a normal way."*

RR 6: *"The prognoses are not good because there are no guilt feelings. Sadists feel 'the problem is not me, the problem is others'. As long as the sadists have that attitude, rehabilitation is not possible. The rehabilitation process is not sincere and they do not show real remorse. That is why they can get parole and be out of jail within five or seven years, because they will be a 100% prisoner, but not because of remorse."*

RR 7: *"It is not possible to rehabilitate a sexual sadist. As clinicians, we know the chances are very, very rare that a sexual sadist would rehabilitate because you must understand what you need to shift in the sadist. How old it is. How long it has been there. It is on the moral level, it is on the physiological excitatory system level. Physiologically, they have become reactive towards certain stimuli. Seen something in pain and then having excitement. That physiological pathway has been habituated. No, it is just too much entrenched in their personalities and in who they have become because you are asking them to relinquish power and to gain control in other ways."*

The respondents in the current study are of the opinion that the South African CJS is currently not equipped to work with sexual sadistic perpetrators and that the CJS does not understand the complexity of the offences. They propose that a matter of this magnitude should be referred to multi-professional teams of experts to conduct clinical observations and evaluations to provide the necessary treatment interventions for these offenders. The therapists should be experienced and skilled as the respondents insist that sexual sadists are not compliant and refrain from sharing their sadistic fantasies with others, making it almost impossible to treat and rehabilitate these offenders. Their fantasies are intrinsic to their existence and a permanent feature in their cognitive scripts and, over numerous years they have become habituated to such an extent that it is almost imprudent to expect these sexual sadists to change their sexually aggressive tendencies and fantasies.

5.2.6. Phase six: Report writing

The extracts quoted from the research respondents in phase five will be interpreted and discussed relative to the information obtained in the literature review and theoretical underpinning. The report will not be based on mere descriptions but will rather be a comprehensive report of the research respondents' perceptions of the nature and effect of sexual sadistic actions on non-consenting female victims. The necessary literature and theoretical underpinning will also be integrated with the responses from the participants in the final chapter of the report.

5.3. Conclusion

The collected data was analysed using five of the six phases of the thematic analysis approach. The first two phases were conducted to collate the data into more manageable sets while the next two phases assisted the researcher to identify the emerging themes and sub-themes within the coded data. In phase five, a biographical overview of the research respondents was provided followed by an exposition of the research participants' verbatim extracts that reflect their perceptions of the nature and effect of sexual sadistic acts on non-consenting female victims in South Africa. The final phase of thematic analysis is conducted in Chapter 6 and involves the composite interpretation, discussion and the final segment of the report writing. The final segment of the report will deal with the aim and objectives of the study wherein the researcher will use the findings, literature review in Chapter 2 and the theoretical underpinning in Chapter 3 to indicate whether the objectives of the study were achieved. Moreover, the limitations of the study along with guidelines and recommendations for future research on sexual sadism will be forthcoming.

6. Interpretation and recommendations

6.1. Introduction

The study was primarily undertaken to conduct a research project with the aim to determine the nature and effect of sexual sadistic actions on non-consenting female victims in South Africa. The process of the current research study can be outlined as follows: Chapter 1 is devoted to a discussion on the origin, rationale and value of the study. It also provides a list of key conceptualisations and a synopsis of the methodological processes that were applied during the research study. Chapter 2 contains a literature review that illustrates the distinctive and meticulous nature of the phenomenon. A comprehensive literature search was conducted on the impact of sexual assault and/or rape on the victims in order to uncover and align the effects with victims of criminal sexual sadism. Chapter 3 covers numerous Criminological, Victimological, Biological and Psychological theories that provide a possible explanation of the causes, drives and motives of criminal sexual sadistic behaviour. The theories were incorporated into an integrated theoretical framework to obtain a more comprehensive understanding of sexual sadists' behavioural development. Combining all the above aspects and the information discussed in the literature review, the researcher developed a theoretical 'Cause-Effect Matrix' of sexual sadism to shine some light on this unspoken phenomenon. Chapter 4 provides an extensive description of the methodological processes implemented to undertake the study and discusses the ethical implications that were paramount during the commission of the research study. Chapter 5 comprises the exposition of the analytical process utilised to disseminate the information obtained into more manageable data sets.

Although literature pertaining to the nature of sexual sadistic actions has been published, a dearth exists regarding the effects that sexual sadistic actions have on non-consenting victims. This was the researcher's rationale to embark on the current research project. Consequently, the researcher made use of a qualitative method to determine the nature of the encounters and effects experienced by victims of criminal sexual sadism. In the final chapter, the aim and objectives of the study are considered against the backdrop of the findings. Moreover, the knowledge gained during the research process is interpreted and discussed according to the relevant themes as outlined in the previous chapter. The analysed data will further be integrated with the literature and theoretical framework emanating from Chapters 2 and 3. The researcher will also provide recommendations for future research endeavours, discuss the limitations of the study and present concluding remarks.

6.2. Achievement of the aim and objectives of the study

The research study aimed to determine the nature and effect of sexual sadistic actions on non-consenting female victims in South Africa. The researcher is of the opinion that the aim of the study was achieved and that significant information regarding the topic was obtained and presented based on the following objectives:

- **To determine the nature of criminal sexual sadistic actions on non-consenting female victims.**

Although scant research exists about this topic, the researcher did an extensive local and international search to get literature on sexual crimes in general and contextualise the consequences to obtain an understanding of the impact of sexual crimes on unwilling victims to enlighten the possible impact of criminal sexual sadism. It became clear after weeks of searching that the phenomenon is under-researched. A number of South African online search engines including Sabinet and EBSCO Host were accessed with no success. International articles, relevant books, internet sources and media reports regarding the topic were perused. Although there is not an abundance of studies available in this regard, the researcher collated all the available sources in Chapter 2. From this body of knowledge, the researcher developed a semi-structured interview schedule to guide her during the interview process with the subject matter experts.

- **To determine the factors that contribute to criminal sexual sadists' motivation to commit sexual sadistic actions.**

The literature search conducted revealed that information regarding sexual sadists' behavioural development is scant; no satisfactory theoretical framework has yet been developed to explain sexual sadistic perpetrators' drives and motives. Furthermore, very little is known about their psychopathology. A number of applicable Criminological, Victimological, Biological and Psychological theories were considered in Chapter 3 to provide an integrated theory to guide the researcher's understanding of sexual sadism and to develop a 'Cause-Effect Matrix' in an effort to classify sexual sadists according to their degree of psychopathology and provide possible effects that the victims may experience.

- **To identify the physical and psychological effects of forensically relevant forms of sexual sadistic actions on non-consenting female victims.**

To date, the researcher has not been able to find any study regarding the effects of sexual sadistic actions on non-consenting female victims worldwide. Extensive reading and consultation uncovered a large body of knowledge that is available on the impact of

rape on victims. This is however not exactly in line with the current study. The researcher therefore had to use this available body of knowledge to align the experiences and consequences of sexual assault and/or rape with sexual sadism. Based on the available information regarding sexual assault and/or rape, the researcher could widen the semi-structured interview schedule to include questions on the effect of sexual sadism.

After conducting a thorough literature study of all the objectives, the researcher conducted individual, semi-structured in-depth interviews with the subject matter experts using the semi-structured interview schedule that was developed from the literature review. The researcher gained informed consent from the experts to audio record the interviews in order to retain the quality of the responses. The interviews were personally transcribed and analysed, according to the process explained in Chapter 4, to present the subject matter experts' perceptions regarding the nature and effect of sexual sadistic actions on non-consenting female victims in South Africa.

6.3. Discussion of key themes that emerged from the empirical findings

The data obtained from the subject matter experts was analysed using thematic analysis (a detailed exposition of the process is provided in Chapter 4). The analytic process consists of six systematic phases; the initial five phases of the process were conducted in Chapter 5 and the final phase, which involves writing a report of the findings, will be presented next. The findings interpreted will not just be mere descriptions, but rather a composite discussion of the subject matter experts' perceptions of the nature and effect of sexual sadistic actions on non-consenting female victims in South Africa. The themes and sub-themes that emanated from Chapter 5 are interpreted and discussed in relation to the literature review and theoretical frameworks in Chapters 2 and 3 respectively. The discussion will be supported by testimonies from a victim (referred to as 'V') that were made during a consultation with research respondent 8. The victim shared her experiences of being a victim of sexual sadism during the interview with Respondent 8.

6.3.1. Theme 1: Nature of sexual sadism

Criminal sexual sadism is an aberrant sexual preference that involves the infliction of physical and psychological suffering on non-consenting female victims in order to derive sexual gratification. Sexual sadistic fantasies usually commence during childhood and progress into sadistic actions during early adulthood. The sexual sadistic actions often reflect the sexual sadists' desire for physical, sexual and/or psychological domination of another person. The acts are varied and do not always result in the physical harm of victims but bring about psychological degradation and subjugation. In severe cases, the sexual sadistic

perpetrators' behaviour could result in serious injuries and potentially the death of their victims.

6.3.1.1. Sub-theme 1.1: Characteristics of sexual sadism

The ambiguous DSM-5 diagnostic criteria merely define sexual sadism in terms of sexual gratification experienced by a person who acts on or fantasises inflicting physical and psychological suffering on victims (American Psychiatric Association, 2013:695). Moreover, the equivocal definitions provided in various sources make it challenging to compile a comprehensive definition that explains criminal sexual sadism holistically. Although these features are characteristics of sexual sadism, a variety of other aspects identified is fundamental to the diagnosis of sexual sadism. These include the offenders displaying control, power and dominance over the victims; degrading, subjugating and humiliating the victims; and subjecting the victims to cruelty, torture and sexual mutilation. These features however vary in severity according to the psychopathology of the sexual sadists. Accordingly, the 'Cause-Effect Matrix' may be utilised by specialised practitioners to distinguish between the three types of sexual sadists identified in section 3.8. The practitioners must be able to identify non-contact fantasy sadists who merely envision a victim's suffering and humiliation, the moderate malapropos sexual sadists who act out their fantasies with a willing partner in a sadomasochistic relationship and the psychopathic sexual sadistic perpetrators who cause mild or severe harm to their victims.

Practitioners must keep in mind that sexual sadism is an algolagnic disorder clinically classified as a paraphilia. The perpetrators have a chronic condition in which they engage in abnormal sexual preferences because they are unable to experience sexual arousal while having consensual sexual intercourse with a partner (Healey et al., 2013:404). The difficulty in providing an all-inclusive explanation of the effects of sexual sadistic acts on non-consenting females could be due to the scarcity of literature on the phenomenon and, more so, the low prevalence rate of criminal sexual sadism. The low prevalence rate can further be contributed to the difficulty in determining whether sexual sadistic perpetrators become sexually aroused by their sadistic actions. The sadistic attacks that are rarely reported and documented tend to be severe. The literature supports the low prevalence rate (2%-30%) of sexual sadism in forensic settings worldwide and attributes the high fluctuation rate to the poor DSM diagnostic criteria and practitioners' inability to sufficiently apply the diagnostic requirements that thus often results in the misdiagnosis of sexual perpetrators (Nitschke et al., 2009a:685).

Underdiagnosing sexual sadism in sex offenders could have severe legal implications, since sexual sadism is a progressive disorder in which the perpetrators tend to escalate their sexually aggressive behaviour over an extended period and continue with their activities in order to satisfy their sexual sadistic urges. Sexual sadistic desires develop during childhood and become more prominent during adulthood when the sadists start to act out their urges (Aggrawal, 2009:174). Sexual sadists' escalation is mainly due to a decrease in the intensity of their sexual arousal experienced and the decrease in physiological stimulation experienced over time, as they become more eager for power, control and domination (Kingston et al., 2010:575). At first, the fantasies of non-contact fantasy sadists tend to be superficial but, as the sadists become more experienced and evade apprehension, their acts often escalate. Their behaviour becomes irrational and the sexual sadistic offenders do not comprehend the risks that their acts hold for their victims. Psychopathic sexual sadistic perpetrators, who are not convicted, are inclined to escalate their behaviour over time which eventually may result in murder or, in severe cases, lead to necrophilia. Practitioners must also be mindful that sexual sadists' behaviour can stagnate for a number of years before they have a need to commit sexual sadistic acts that are more serious in nature.

Practitioners should be wary not to generalise and postulate that all sexual sadistic offenders are psychopaths. Psychopathy ranges along a wide continuum and the degree to which sexual sadists exhibit psychopathic tendencies depends on sexual sadists' psychopathology. Sexual sadists who are less elevated and are non-pathological display only some of the features of psychopathy, whereas severe psychopathic sexual sadistic perpetrators exhibit a psychopathic personality structure that meets the full criteria of psychopathy (Visser et al., 2015:377). Specialised clinical practitioners with years of experience must therefore conduct observations and evaluations to ensure whether the offenders should be diagnosed with psychopathic sexual sadism in which sexual sadism is superimposed on psychopathy. The most prominent psychopathic features that sexual sadists exhibit are a lack of empathy and their ability to manipulate victims. They are egoistic, grandiose and narcissistic, they have no regard for others' boundaries and have an utter disdain for society's rules. These sadists are only concerned with their own satisfaction and personal desires. Moreover, psychopathic sexual sadistic perpetrators are oblivious to the harm and distress of their victims; they have an inability to emotionally connect with their victims and eroticise the pain and suffering of others. Sexual sadistic offenders have no remorse; they objectify their victims and fail to take responsibility for their actions. They always tend to blame the victims for the sadistic attacks (Mokros et al., 2011:190).

V: *"He enjoyed it. Every moment that he made me suffer and violated my body, he had a smile on his face. While he was hurting me, he smiled and told me that he is doing this because he loves me."*

6.3.1.2. Sub-theme 1.2: Modus operandi of sexual sadists

Sexual sadistic offenders may fantasise about their sexual sadistic desires for years. They visualise in their minds how the criminal offences will be conducted. The events are largely organised and premeditated because discreetly planning the criminal actions empowers the sexual sadistic perpetrators. Prior to the criminal acts, sexual sadists carefully select their victims, identify a location to apprehend their victims and transport their victims to a secluded area. Sexual sadists meticulously plan the methods to undermine their victims and ensure that all the necessary equipment to inflict pain and suffering to the victims is prepared (Hucker, 2009:344). At times however sexual sadists may deviate from their premeditated acts, their emotions evolve and the deviation in their behaviour can be attributed to unsatisfied urges that gradually lead them to act impulsively and increase their sexual sadistic behaviour. The victims' unexpected reactions towards the criminals may further trigger the sadists to act in an impulsive manner and to cause more serious injuries and discomfort for the victims. The extent to which the sexual sadists plan and ruminate about their crimes depends on the perpetrators' personality structures. Sexual sadists who display many psychopathic tendencies that have become more sophisticated over numerous years are more inclined to premeditate their sadistic attacks, compared to sadists who are less developed. The next quote from the victim of a sexual sadistic attack that attended the interview with Respondent 8 illustrates that sexual sadists meticulously plan their crimes.

V: *"While walking down the passage, the offender picked-up a towel with coins on it. The coins fell onto the wooden floor, today I know that the sound of the coins falling on the floor was a sign for the three men that he arranged to rape me, to hide. He bought all the equipment in advance, the tape, ropes, pliers, saw, side cutter, steel nails etcetera, all the equipment was placed in a wardrobe; he knew exactly what he was going to do that day."*

The methods employed by criminal sexual sadists to approach their victims are vast and depend on the sexual sadists' personal preferences or which methods will be most suitable to approach specific victims at a particular moment in time. Sexual sadists often select very specific victims who seem vulnerable, naïve and conservative. Only after the victims are identified, will the seduction process or overpowering commence. Some sexual sadists attempt to gain the trust of the victims; they compliment them and build their self-esteem resulting in the victims accompanying the sexual sadists on their own accord. With their

ability to manipulate the victims, they lure them with false pretences to an isolated area where they are abducted against their will with no means of escape to seek assistance from others (Bartol & Bartol, 2017:315). Some sadists overpower their victims with the intent to hurt them immediately for gratification and therefore they omit the grooming phase. Sadists employ a number of techniques to control the victims and ensure that they comply with their demands. The victims are often held in isolation; they are restrained, bound and gagged to ensure that they are rendered helpless and unable to defend themselves. This exacerbates the fear that the victims experience. The victims are psychologically tormented to break them down; they are verbally threatened by the sadists and are intimidated with various weapons. The victims quickly comprehend that, if they resist the sadists' commands, 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.

V: *"The perpetrator was sitting on top of me to prevent me from escaping, he ordered the three men to tie me down. My arms were tied to the headboard of the bed and the window still. The one man was then ordered to gag my mouth, he put the tape right round my head, leaving a small opening at one nostril. I was now unable to scream for help. The offender pointed a firearm to my head and threatened to kill me if I do not comply with his demands. He threatened that he is going to bring my son into the room and force him to have sex with me and if he does not comply, he will shoot my son on top off me."*

An important characteristic of sexual sadists is their propensity to take souvenirs from the criminal events. This becomes a ritual that perpetrators follow because the memorabilia often strengthens the sadists' identities. Taking something that belongs to the victims empowers the offenders. The sadists feel they now own the victims and they are proud of their accomplishments. The sadists often perceive the souvenirs as trophies however they do not showcase the souvenirs for others to see rather they hide the items and keep them to themselves (Hazelwood et al., 2009:471). The souvenirs collected contain a measure of personal sentiment which implies that the sexual sadists become personally invested in their crimes. The souvenirs range from recording the incident, taking photos and keeping media abstracts to more personal items such as the victims' undergarments, a lock of hair or make-up (Nitschke et al., 2009b:265). The souvenirs are thus not necessarily personal items of the victims but are a reminder that triggers the sexual sadistic perpetrators' memories or fantasies, resulting in sexual stimulation. The memorabilia are used to empower the sadists for an undetermined time whilst they do not experience the urge to conduct physical criminal offences against non-willing victims. The sexual sadists seek their next victims once their psychological and physical needs for sexual stimulation become insurmountable and

intolerable. Sexual sadists rarely eat or retain the victims' body parts to illustrate their power or to show their latest victim what they are capable of doing to them.

6.3.1.3. Sub-theme 1.3: Power and degradation

The literature study and statements by the respondents depicted that offensive language is a standard feature of criminal sexual sadism. The use of foul and derogatory language allows criminal sexual sadists to de-void themselves of any emotions and it minimises their self-reproach towards their victims. Sexual sadists demean and devalue the victims to the extent of dehumanising and objectifying them. That further allows the sexual sadistic offenders to exert their sexually aggressive fantasies onto the victims without expressing any guilt or remorse. Sexual sadistic perpetrators obtain power over their victims by insulting them and calling them disrespectful names. The victims are psychologically tormented to become fearful of the sadists' actions. Furthermore, the perpetrators use disparaging language to exert dominance and control over the victims to ensure that victims comply with their demands. The offenders' vulgar language often humiliates, degrades and subjugates the victims. The process in which the sadists "train" their victims to conform and obey their demands is similar to indoctrination.

The criminal sexual sadists' desire for mastery and dominance are key elements of sexual sadism. The perpetrators engage in a variety of physical, sexual and psychological acts to exert power and control over the victims so that they feel degraded and dehumanised to mere objects. The victims are frequently restrained, bound and gagged to preclude them from counterattacking and warding off the sexual sadists or from escaping the ordeal. The acts inflicted on the victims to further empower the sadists and subjugate the victims range along a wide spectrum. Some acts cause minor injuries such as pinching, biting and beating the victims to more serious acts in which the sexual sadists electrocute, suffocate and, most commonly, strangle their victims, because they have the ability to make the decision whether the victims will live or die (Flora & Keohane, 2013:257). The extent to which sexual sadists harm their victims depends on the temperament of the sexual sadistic perpetrators. Aggressive offenders act more impulsively and violently towards their victims if they do not comply or execute the sadists' demands.

Criminal sexual sadists have a propensity to penetrate their victims anally. Certain sadists even refrain from having vaginal intercourse with their victims (Stone, 2010:140). Penetrating the victims from behind is considered a powerful position in which the sexual sadists have more control over the victims and this makes them feel superior. The victims are in a vulnerable position, they are totally degraded and are not worthy enough to look the sexual

sadistic perpetrators in the eyes while having intercourse (e.g. as during missionary position). The victims tend to be treated like animals in which the predators attack their prey from behind. 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. He is empowered because he feels his penis is 'bigger' since he has to force himself into the victim's anal cavity, causing more pain for the victim. The act of anal penetration is considered by the larger portion of society to be abnormal and is disparaged. It is a defilement of the victims' boundaries and the victims usually do not provide their consent. The act is usually unpleasant and humiliating for the victims as it is not part of the victims' common sexual experience. Anal penetration is often considered 'filthy and dirty'. It is also a less intimate sexual act because sadists dehumanise their victims and perceive them as objects.

Sexual sadistic perpetrators usually use foreign objects to penetrate the victims anally or vaginally (Stone, 2010:134). The sadists use perversely large and long objects to cause more harm and damage to the victims. In most cases, their penis is simply not large enough to cause the victims enough pain and suffering even if the offenders engage in rough vaginal or anal sex. When objects are used, they can vary from anything that is available at that moment to carefully preselected objects that are long and large in diameter to inflict as much pain as possible and cause damage to the victims' sex organs and even their internal organs. The objects however do not necessarily have to cause any pain to the victims as long as the sexual sadists perceive their victims' discomfort and embarrassment. They become sexually gratified by the victims' humiliation and fear of what will happen next. The sexual sadistic offenders experience control and power over the victims when inserting objects into their vaginal and anal cavities. Additionally, 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 dirty and do not want to become emotionally invested or sexually intimate with them. To avoid STD infection, the sadists often engage in foreign object insertion. 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. This could trigger increased agitation and, to cause pain, the sadists use objects to compensate for their inability to get an erection. They also consider other forms of submission such as gagging, bounding, caging, among others.

V: *"The sadist took a long shiny object, I called it the 'blink Stefaans', because I do not know what the object was. He literally forced the object into my vagina and anus. He violated my body."*

It is not prevalent for moderate malapropos sexual sadistic perpetrators to commit lust murder during their sexual sadistic attacks. However, due to the progressive nature of the phenomenon, a few sexual sadists' behaviour escalates and results in them killing their victims. The motives for murdering the victims vary. It could be because they prolonged the pain and suffering for weeks or longer and they then want to get rid of the victims. Psychopathic sexual sadists often fear that the victims will report the sexual sadistic incidents to the authorities or that the victims will be able to recognise the sexual sadists and testify against them. As sexual sadistic offenders' desire for dominance and superiority increases, their actions become more severe and they often unintentionally kill their victims. Without realising it, by killing the victims, the sadists essentially limit their own sexual stimulus derived from their victims' pain and degradation. In severe cases, psychopathic sexual sadists are unable to have erections without killing the victims – they become eroticised by erotophonophilia. This implies that killing the victims is perceived as the ultimate control and power that sadists can have. The most frequently used techniques include strangulation, defeminisation, evisceration and anthropophagy (Geberth, 2010:397). However, the more sophisticated sexual sadists believe that the power is not in killing the victims, but lies in letting the victims live. Accordingly, the suffering becomes the victims' constant reminder of the sadistic events that transpired.

Many believe that sexual sadistic offenders do not engage in necrophilia because the sadists no longer see or experience the victims' distress, suffering and degradation. Nevertheless, on rare occasions, some psychopathic sexual sadists defile their victims' corpses (Flora & Keohane, 2013:253). Some perpetrators satisfy their depravity by recollecting images of the actual crimes that transpired and relive the moments with the victims' defenceless corpses. The sexual sadistic offenders then have the ability to experience their fantasies of being in complete control of the victims and exerting power over them. This makes the sadists feel superior and empowered. The dead victims are unable to resist the sexual sadists' actions and do not talk back thus they are completely undermined and at the sadists' mercy. To degrade the victims after death is some sexual sadists' final rejection of the victims as human beings. The victims are defiled as mere objects post mortem by these sadists.

6.3.2. Theme 2: Effects of sexual sadistic acts on the victim

The effects of sexual sadism on the victims include the initial physical trauma experienced. The injuries sustained vary in severity depending on the psychopathology of the sexual sadists and is mainly focused on the female victims' reproductive organs including the breasts, vagina as well as the rectum. The physical consequences of sexual sadistic attacks are diverse and often require medical attention or hospitalisation. The psychological trauma of sexual sadism is however longer lasting. 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.

6.3.2.1. Sub-theme 2.1: Physical injuries sustained

The severity of the injuries sustained by the victims of sexual sadism depends on the pathology and degree of psychopathic tendencies of the sexual sadistic offenders. The injuries can vary from minor bruising, lacerations and burns to severe mutilation of the body. Sexual sadistic perpetrators pierce the victims' flesh, make large incision wounds on their bodies and cause a number of internal injuries. Few sexual sadists inflict injuries to the victim's entire body; most sexual sadistic offenders focus on mutilating the victims' sex organs, mainly the breasts, pubic area and anus (the erogenous zones) (Flora & Keohane, 2013:257). The most elevated psychopathic 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 are capable of inflicting serious and deadly bodily harm to their victims with no empathy or regard. To demean them even further, the victims are forced to masturbate in front of the offenders, forced to perform fellatio on the perpetrators or 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 to be very degrading and they render themselves defenceless and do it because of the threats and physical torture.

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.”

Although V needed hospitalisation after the ordeal, she reflected on in the above section, many victims do not end up in hospital. 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 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 of psychopathic sexual sadists experience internal bleeding, struggle with infections and have gynaecological problems that need close attention after the sadistic episode. The most elevated and sophisticated sexual sadistic criminals often do not inflict injuries serious enough to seek immediate 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 sex organs in an attempt to cause disfigurements and break the victims down. The offenders want to destroy the femininity and reproductive capacity of the females so that they are unable to bear children and feel ashamed of their bodies.

6.3.2.2. Sub-theme 2.2: Primary psychological effect

The psychological effects experienced by the victims after the sexual sadistic attacks are longer lasting and usually have a greater impact on the victims' well-being than the physical injuries sustained. The psychological harm is immense and demoralising but is not dependent on the number of injuries sustained rather the psychological effects experienced are contingent with the mental trauma caused by the sadistic attacks (Sgarzi & McDevitt, 2003:124). Initially, the victims experience feelings of fear and helplessness, which is followed by shock, disbelief and denial. The victims go into a state of basic survival. Their feelings are numbed for an undetermined time after which they experience feelings of anger and hatred towards the 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 have irregular sleeping patterns; they have difficulties falling asleep and are unable to sleep through the night. During the day, the victims' minds are too preoccupied to think about the events that transpired however, at night during REM sleep, they often have nightmares about what happened and suddenly wake in a state of distress. Various disorders are prevalent in some victims of psychopathic sexual sadism including anxiety disorders due to fear of the possibility that it might happen again, PTSD as a result of frequently reliving the traumatic incident, OCD to feel in control of their surroundings and DID as a defence mechanism to distance themselves from the pain that they endured.

Victims may have difficulties forming intimate relationships with their partners after the sexual sadistic attacks or may be hesitant to trust others and form new intimate relationships with men. 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, shame and filth. Victims may no longer be able to relate to men, because they are ashamed of their bodies and they believe that their femininity has been violated. The victims have misperceptions that no man 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 sensitivity and emotional maturity of the husbands or partners towards the victims are fundamental for the victims' recovery in order 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. Moreover, victims may not be able to function in relationships that have equal power differentials. The victims often attempt to re-enact the sexual sadistic relationships in order to make their husbands or partners happy and to obtain their approval.

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 too severe and they are ashamed. They 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 the 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. Accordingly, victims and their spouses must attend therapy to counteract these false perceptions and inappropriate actions. Only after some time will the victims form close relationships with family and friends, because, after the sexual sadistic attack, they may become sceptical about others and are unable to trust people easily. In other instances, the victims' family and friends might reject them if they perceive the victims to be dirty and have feelings of disgust. The rejection by family and friends further increases the victims' feeling of loss and contemptibility.

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 was and is still is my Alfa and Omega. Our relationship became stronger. Family from my previous marriage said to me: 'Why are you not shot dead, instead of your son.' That is the type of people I have to cope with."*

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. They do not think that life is worth living, as, the traumatic event they experienced stripped their sense of purpose from them. 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 near insurmountable amount of will power, resilience, determination and self-motivation is required to conquer the amount of 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 the ordeals. These victims have certain coping skills that are innate to them which include being resistant, resilient and enduring. It does not mean however that only a few women exhibit these features rather that sexual sadistic perpetrators are socially intelligent and approach victims that they perceive to be emotionally unstable and vulnerable. Sexual sadistic offenders very rarely misinterpret the victims' emotional strength therefore only a few victims have the ability to become empowered after the sexual sadistic incidents.

6.3.2.3. Sub-theme 2.3: Secondary psychological effect

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 the officers are unsympathetic and not competent to work with cases of a sensitive nature. The officers who are supposed to provide protection for the victims violate the privacy of the victims even further while taking their statements (Du Mont et al., 2009:227). The victims are often expected to provide detailed accounts of the criminal events to the police officers in front of other individuals waiting for service, humiliating them further. Although the victims do not always report these criminal incidents, if 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. The victims' determination to endure the process of getting the sadists convicted will depend on how the police officials assisted them when they reported the criminal offences. Not all the police officials are insensitive towards victims and the level of service delivery often depends on where the victims went to report the crimes and who was on duty at the time the crimes are reported.

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). South Africa does not have enough skilled staff that is clinically trained to perform medico-legal examinations of this nature. Many medical staff rushes through the examinations due to high workloads and often the victims feel re-victimised by the medical examiners. The victims experience the examinations as unpleasant and feel debased, as their boundaries are transgressed again. 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. Usually victims are then expected, for a

second time, to explain in detail what happened in order to document the information on the prescribed J88 forms. A rape kit is used to take samples from the victims, which may be painful due to the injuries sustained. The examiners do speculum assessments to evaluate the victims internally and do a colposcopy to take photos of all the internal injuries sustained by the victims (Sommers, 2007:278). The victims also receive post-exposure prophylaxis, within 72 hours of the sexual sadistic attacks, to prevent contracting AIDS and other STDs. Resilient victims understand the importance of the examinations and are able to 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 fucken 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."*

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. Additionally, the psychological distress experienced by the victims increases due to the defence cross-examining them and questioning their credibility (Gutheil, 2009:3). Should the cases become public, the victims must expect their privacy to be invaded by extensive media coverage and to be exposed to the adverse details of the sexual sadistic events repeatedly. 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 relive the sadistic attacks contributes to the accumulation of the psychological trauma of the victims and predisposes them to numerous psychological consequences. During the trials, the victims are controlled by the CJS and they, once again, experience a sense of being helpless and subjugated. It is understandable that the immense trauma anticipated prevents victims from opening cases against the accused. Some victims may perceive the court proceedings as their chance to make their voice 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."*

The extent to which victims are affected by stigmatisation depends on the victims' personalities. Society is not inclined to stigmatise victims of sexual sadism but the victims are recognised in the community due to the media coverage. The members of the community do not know how to react towards the victims. They may become quiet, stop and stare because they feel uncomfortable and do not know how to engage in a conversation with them. 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 area of the erogenous zones like the vaginal area spark a biological process which is under the control of the parasympathetic nerve system. It is uncontrollable and often confuses the victim during and after the sadistic attack (Atkinson, 2008:188). 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 enervating 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."*

6.3.3. Theme 3: Motives behind sexual sadism

The study revealed that no universally accepted theoretical framework to explain the nature and effect of sexual sadistic actions on non-consenting female victims has yet been developed. Moreover, little is known about the psychopathology of sexual sadistic perpetrators due to the scarcity of theoretical literature pertaining to the possible causes of criminal sexual sadistic behaviour. The dearth of research on the aetiology of sexual sadism

may be attributed to the offenders' unwillingness to engage in therapy and their reluctance to discuss their fantasies with practitioners. Consequently, limited information relating to the psyche of sexual sadistic offenders is available. In order to understand the influence of sexual sadistic behaviour on non-consenting female victims, a holistic perspective is required. Theories from multiple disciplines, including Criminological, Victimological, Biological and Psychological fields are incorporated into an integrated explanation of sexual sadism due to the complexity of the phenomenon. From the aetiology of the motives and drives of sexual sadistic behaviour, interpretations of sadistic criminal victimisation and the effects on victims can be made.

Sexual sadism has no specific link to any biological causative factor. However, children who have a dysfunctional limbic system due to brain anomalies at birth or brain injuries during childhood tend to become preoccupied with impulsive sexual behaviour. The loosely connected brain structures within the limbic system regulate the aggressive and sexual impulses of children. The simultaneous activation of the impulsive and sex signals result in the inability to make a distinction between the two impulses which causes the eroticisation of sexually aggressive behaviour (Healey, 2014:9). While sexually aggressive compulsivity cannot be attributed to a single neurological abnormality, it predisposes individuals to become sexual sadists especially in combination with other contributing factors. Parents who become frustrated with their children's sexually impulsive behaviour might attempt to reprimand them with physical and/or verbal punishment. The severity of the punishment could amplify the manifestation of callousness, superciliousness and deceitfulness. These characteristics are similar to those of psychopaths and are often genetically inherited from the fathers' side (Thakker & Ward, 2015:29).

Children experiencing physical and/or verbal abuse become emotionally detached from significant others and fail to form positive relationships with their family members. Due to their impaired ability to establish strong interpersonal bonds with other people, they are unable to respect, value and relate to others. Their lack of compassion for others is a result of deficient moral development. They are unable to differentiate between right and wrong because their overdeveloped id causes them to judge the morality of their actions based on self-interests. These children's underdeveloped superego further contributes to their failure to endorse a higher level of moral reasoning and consequently fails to accept society's conventions (Visser et al., 2015:377). Children's bonds are further compromised when they are erotised too early which further increases their sexual compulsivity. Sexual abuse is not a definite determinate for the development of sexual sadism because the phenomenon would then be much more prevalent. As children, these sadists internalised the traumatic events,

which resulted in a distorted sexual identity, because their first sexual encounter was associated with the negative connotations of abuse (Knight & Sims-Knight, 2016:75).

The physical structure of children's brains that were eroticised before a certain age change due to neuroplasticity in which frequent experiences, such as sexual abuse, trigger the neurons to activate the genes responsible for developing an altered sexual pathway that is related to violence being eroticised (Siegel, 2012:8-1). As children, some sadists developed and internalised an uncontrollable anger because they experienced a lack of control. In addition, they were unable to adjust or escape their traumatic circumstances as their parents completely undermined them. The children generated a thinking pattern that is conflicted and obsessed with upsetting memories of their traumatic experiences and they develop fantasies in which they exert power and control over the circumstances that made them feel inferior and helpless (Akers, 2012:218). During their teenage years when puberty commences, the desire to act on the fantasies becomes greater as they have an altered perception of sexual gratification and violence has become a prerequisite for sexual stimulation.

Sexual sadistic perpetrators only tend to react on their fantasies when an opportunity arises, irrespective of their desires. If the situational circumstances present any risks, the sexual sadists will usually refrain from acting on their perceived control imbalance (Vito & Maahs, 2017:57). Sexual sadistic offenders do not coincidentally target their victims rather the sadists carefully select victims who seem to be subservient. The sadists are triggered by the victims' perceived anxiety, distress and powerlessness. The victims are assumed to have a control deficit, which renders them unable to fend for themselves and thwart off the offenders. Thus, sexual sadistic criminals target victims who do not have the confidence and skills to engage in protective behaviour (Daigle, 2013:32). The victims' perceived lack of ability to exercise control over others renders them easy targets. Subsequently, the victims become sensitised to their subordinate position and accept their inability to exercise control over others resulting in increased vulnerability which is the sadists' expert complete control, power and supremacy over their victims.

6.3.4. Theme 4: Miscellaneous topics of sexual sadism

Sexual sadism is often misdiagnosed among sex offenders due to several contributing factors. The vague diagnostic criteria for sexual sadism increase some practitioners' inability to differentiate between sexual gratification rapists and sexual sadistic perpetrators. The chronic condition of sexual sadistic behaviour often causes sexual sadists to come into conflict with the CJS due to their complacency and arrogance. The legal process may further impair and delay the sexual sadistic offenders' treatment due to the CJS's inability to grasp

the complexity of the phenomenon. Sexual sadists are often unwilling to enter therapy voluntarily and are non-compliant when ordered to do so by the court because they are reluctant to discuss their fantasies with practitioners. Sexual sadistic perpetrators should rather be referred to psychiatric institutions in which specialised multi-disciplinary teams with experience can offer the treatment that sexual sadists require.

6.3.4.1. Sub-theme 4.1: Comparison between rape and sexual sadism

Sexual sadism is a perplexing subject to investigate due to its inimitable nature and the scarcity of research available with regard to the phenomenon. Numerous practitioners often misinterpret sexual sadism as sexual assault and/or rape due to the aspects of the crimes overlapping to some extent. Nonetheless, sexual sadism has specific features that are uncommon and seldom identified in other sexual offences. The distinction between criminal sexual sadism and the categories of rapists identified in the MTC: R3 typology is clear however sexual gratification rapists present features that closely represent sexual sadism (Burgess & Hazelwood, 2009:355). It is imperative that the peculiarities between these two criminal offences are understood since not all sexual gratification rapists are sexual sadists who have an underlying psychological disorder. The main difference is that sexual gratification rapists tend to be impulsive and opportunistic in nature; they seek to be in a position of power and act aggressively towards their victims. Sexual sadists, on the other hand, prolong the victims' suffering to experience sexual gratification and to experience control and power over their victims who are in a submissive position. Additional idiosyncrasies are that sexual gratification rapists do not inflict injuries to the victims' erogenous areas whereas sexual sadists focus on mutilating the victims' sex organs and rarely inflict injuries to the victims' entire body (Bartol & Bartol, 2017:389). The distinction between these two types of offenders is vague and potentially contributes to the misdiagnosis of sexual sadism among sexual gratification rapists.

6.3.4.2. Sub-theme 4.2: Sentencing and treatment of sexual sadists

According to the literature, criminal sexual sadists' psychopathic characteristics provide the offenders with a sense of superiority over the rest of society and particularly the CJS. They have an absolute disregard for members of the CJS and resent its hegemony and sovereignty. Sexual sadists perceive law enforcers as inept and undermine their ability to conduct investigations. The sadists consequently agree to investigative interviews, after being advised of their rights, because the sadistic perpetrators often want to establish what the law enforcement officers know about their actions, what the status of the investigation is and to obtain information regarding the case (Hazelwood et al., 2009:472). The sadists' inflated self-esteem makes them oblivious to the fact that they are divulging important

evidence of their actions, as they believe court officials are intellectually inferior. Sexual sadists will only confess to their actions if they believe it to be in their best interests. They will always attempt to rationalise their actions and seek to negotiate a plea bargain (Geberth, 2010:709). It was alleged by the respondents in this study that the South African CJS is incapable of working with sexual sadistic offenders and that the court officials do not grasp the nature as well as the complexity of the criminal offence.

The role of the South African CJS is to indicate and provide evidence to prove whether the sexual sadistic offenders were *compos mentis* during the execution of the crimes. The court officials must illustrate whether the offenders were aware of the consequences of their actions. If the perpetrators were not mindful of their actions, the CJS must further suggest why the offenders were unable to grasp the unlawfulness of the crimes. It is therefore imperative that the CJS forms a multi-disciplinary team that is specialised in clinical observations and evaluations of sexual sadistic perpetrators. The practitioners must be highly specialised, with years of experience working with offenders who have this type of pathology. The offenders should be removed from society and be admitted to a psychiatric institution where clinical staff can decide whether the sadistic offenders could be released or not. If the offenders fail to comply with the therapeutic sessions and are not rehabilitated, they will remain in the institution for the rest of their lives. Handing down a prison sentence for sexual sadists is an incorrect form of punishment. The DCS is not equipped to provide intensive, long-term therapy to sexual sadists, because the clinical practitioners tend to be understaffed and sadists are unwilling to engage in therapy. Moreover, the sadistic offenders are usually victimised by other inmates and their urge for power and control escalates because of this. In addition, they gain increased knowledge of the CJS and, upon release, they are at high risk of reoffending with an elevated severity of aggression and in depth knowledge to elude the CJS.

Sexual sadistic perpetrators do not tend to seek therapeutic assistance willingly prior to their arrest rather they enter therapy once they are caught and ordered to attend therapy for a determined period. The sadistic offenders however rarely comply with court orders and if they do, they conceal the truth and deny their sexual sadistic fantasies because they are very protective of it and do not reveal the truth. Only specialised therapists, who understand the complexity and unique nature of the phenomenon, should conduct therapeutic sessions with them. The practitioners must be prepared to listen to the sexual sadists and not seem shocked by the offenders' behaviour. Once the offenders feel comfortable and at ease in the therapeutic sessions, they tend to be more forthcoming. It is however possible that, after conviction, some sadists openly discuss their fantasies, because they are proud of their

achievements. The perpetrators however tend to exaggerate their actions to make them seem more superior and powerful. Practitioners should also rely on additional sources to develop an individualised therapeutic intervention programme for the sadists. Collaborative information from the sadists' spouses or parents could be valuable, along with using victim statements and evidence from the case dockets. The information derived can assist the practitioners to make a possible diagnosis of Sexual Sadism Disorder (Briken et al., 2014:223).

Sexual sadistic perpetrators are notoriously difficult to rehabilitate, especially those who have a psychopathic personality structure. They have absolutely no remorse for their victims and are egoistic. Furthermore, they do not grasp the inappropriateness of their behaviour and believe that the victims are to blame for the criminal incident. The rehabilitation process is extremely difficult considering how deep-seated the mind-set is of the offenders; they do not want to abandon their fantasies, it has been ingrained in their being since childhood. Subsequently, sexual sadism has a poor prognosis. The fantasies experienced are recurring and involuntary; they feel compelled to respond to certain triggers, and the sadists are under the impression that, without their fantasies, they will not be able to experience sexual arousal. These offenders do not have any control over their fantasies and therefore have a high recidivism rate. It is therefore practically imprudent of practitioners to expect sadists to relinquish their power and control.

6.4. Value of the study

According to the researcher, the study provides ground-breaking information regarding the effects of sexual sadistic actions on non-consenting female victims. The research study complemented the scant body of existing literature regarding criminal sexual sadism and further provided new insights on the potential influence of sexual sadistic actions on the victims. From all the online and library searches, the researcher could not find a similar study within a South African or International context. Moreover, the study adds to the knowledge base of Criminology and may encourage other researchers to conduct similar, more extensive studies in future. The study provides valuable information to refine the diagnostic criteria of Sexual Sadism Disorder and to better comprehend the complexity of the offenders' pathology. The study will further contribute to the awareness of the seriousness and sensitive nature of the phenomenon. An effort was made to develop a 'Cause-Effect Matrix' from Criminological, Victimological, Biological and Psychological theories. The first purpose of the matrix is focused on elucidating the aetiology of sexual sadistic actions and to classify the nature of sexual sadists' behaviour into three distinct categories that vary in psychopathology and severity. The second purpose is to identify and explain the possible effects that non-

willing victims of sexual sadism experience during and after the sadistic events. The effects experienced are however varied and depend on a number of factors which consequently complicates the task of making conjectures on how victims react to the incidents.

The study has shown that the current South African CJS is to a large extent incapable of dealing with sexual sadistic cases due to the lack of court officials' insight and understanding of the complexity and severity of sexual sadistic crimes. From this study, CJS officials may be able to hand down sentences in accordance to the crimes committed and/or implement unique intervention plans to treat the sexual sadistic perpetrators. Grasping the unique nature of the crimes and the effects that the offences have on the victims, it will allow the CJS to be more sympathetic towards the victims and reduce the duration of the legal processes, which further reduces the psychological trauma and distress experienced by the victims. The prolonged stress experienced by victims of sexual sadism is debilitating to the well-being of the victims and the effects progressively escalate as time passes. The study may provide practitioners with knowledge of the potential physical and psychological effects of sexual sadism on non-consenting female victims, which may assist practitioners to develop intervention programmes that will allow some victims to deal constructively with the aftermath of the sadistic attacks. Furthermore, the study opens the doors for multidisciplinary and interdisciplinary thinking; it provides criminologists the opportunity to work with a number of professionals from other disciplines to assist in addressing the complex and sensitive nature of the phenomenon. Working with a variety of professionals increases the possibilities of understanding the criminal offences and the effects of these actions on the victims.

6.5. Limitation of the study

The following limitations were identified in the current study:

- After extensive research was conducted, the researcher was 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, a dearth of literature is available on the topic and, as a result, the researcher consulted a number of dated seminal sources, as only a few up-to-date findings were available.
- The researcher could not find any similar studies to date on the physical and psychological effects of sexual sadistic actions on non-consenting victims. The researcher had to conduct an extensive review of the available literature on sexual crimes in general and contextualise the consequences to obtain an understanding of the possible impact of sexual crimes on unwilling victims. Only after the effects of sexual

crimes in general were uncovered, was the researcher able to align the experiences with sexual sadism.

- No theoretical framework has been developed to explain the behavioural development of criminal sexual sadists and their motives. The researcher had to make use of multiple Criminological, Victimological, Biological and Psychological theories to formulate an integrated theory of sexual sadism and to develop a 'Cause-Effect Matrix'. The selected theories and matrix have however not been verified empirically with reference to sexual sadism but leave enough food for thought to address this in future research.
- Due to the serious and sensitive nature of sexual sadism, the findings obtained are not based on the subjective experiences of victims of sexual sadistic attacks, but rather on the perceptions of subject matter experts who engaged with the offenders or victims of sexual sadism. The limited number of subject matter experts interviewed is a result of the low prevalence rate of sexual sadism and, 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.

6.6. Recommendations for future research endeavours

Based on the literature study and the findings obtained in the current study, the need for further research in the following fields was identified:

- Further research studies regarding the sentencing procedures of sexual sadistic perpetrators should be conducted. Considering that the offenders' behaviour most probably escalates after imprisonment and that sexual sadism is a chronic condition that has a poor prognosis, the envisaged study could provide valuable insights concerning the procedures followed and the type of sentences imposed. It is however recommended that the researcher have both a criminological and legal background.
- A theoretical effort was made to provide guidelines in determining the motives and behavioural development of sexual sadistic perpetrators and to explain the possible effects of sexual sadistic actions on non-consenting female victims, which was verified later in the study. The 'Cause-Effect Matrix' was not empirically tested and subsequently should be verified and expanded by future research.
- A suggestion for further studies includes conducting research on the effects of sexual sadistic actions on non-willing victims. The primary focus of the study was to ascertain the physical and psychological effects of sexual sadistic actions on non-consenting female victims in South Africa. Nonetheless, research relating to the financial, spiritual and emotional effects remains unstudied. It is recommended that practitioners with

experience employ intuitive analysis during consultations with the offenders and victims to provide a comprehensive description of these effects.

- Individuals who have a psychological background might consider conducting further research on implementing appropriate intervention programmes to assist victims of sexual sadism. The programmes will have to be long-term and commence immediately once the sexual sadistic attack comes to the attention of practitioners. The programme must assist the victims throughout the investigation and court proceedings. Furthermore, the programme must continue after the criminal case has been closed to ensure the victims obtain appropriate therapeutic assistance.

6.7. Concluding thoughts

Sexual sadism is an algolagnic disorder, clinically classified as a paraphilia. The perpetrators have an aberrant sexual preference in which the sadists' arousal is based on control, power and supremacy over the victims; degradation, subjugation and humiliation of the victims; and they torture, torment and mutilate the victims. The seriousness of these characteristics varies according to the sexual sadistic offenders' psychopathology. It is therefore, imperative that clinically trained practitioners are able to, not only identify criminal pathological sexual sadists, but innocuous non-pathological sexual sadists who are at risk of escalating their behaviour. The 'Cause-Effect Matrix' may assist practitioners to differentiate between the different types of sexual sadistic offenders. Initially, non-contact fantasy sadists lack the physical and psychological desire to act on their sexual inclinations. These sadists rather imagine the victims' degradation while taking pleasure in the sexual gratification stemming from the victims' suffering. On the other hand, moderate malapropos sexual sadists escalate their behaviour and act out their sexual desires on consenting female partners who take a submissive role in the sadomasochistic relationships. Although the sexual sadistic partners exert mild suffering, degradation and subjugation on their female partners, the acts remain within the ambit of the CJS since the passive female partners provide their consent to these atypical acts. Ultimately, psychopathic sexual sadists exert their sexually aggressive desires on non-consenting female victims by inducing severe physical injuries and psychological torment. Their lack of remorse and empathy towards their victims poses a threat to society since they are at risk of reoffending.

The sexual sadistic perpetrators often manifest a number of psychopathic tendencies that further amplify the seriousness of their pathology. The sadists have absolutely no empathy or remorse towards their victims, as they fail to recognise the distress of others and respect their boundaries. They are egoistic and act according to their own personal desires. As a result, sexual sadistic offenders perceive society's conventions as contemptible. Moreover,

sexual sadism is a progressive disorder in which the offenders' desire for physiological arousal increases and their behaviour becomes more severe. However, the sexual sadistic perpetrators' behaviour tends to become stagnant for a few years before their need to commit offences that are more serious emerges. The failure of the CJS to apprehend sexual sadists will therefore provide the perpetrators the opportunity to gain a sense of supremacy and regard the CJS as incompetent. Thus, the sexual sadistic criminals' behaviour becomes more pathological and may result in the mutilation and death of their victims. It is believed that the sexual sadists' psychopathic tendencies increase their risk of reoffending after imprisonment with an escalation in the seriousness of their behaviours due to increased knowledge of the CJS. The South African CJS is not equipped to work with cases of sexual sadism and apprehended sadists should rather be referred to psychiatric institutions. An alternative sentence of psychiatric hospitalisation is thus advised in which the perpetrators are observed and evaluated by specialised multi-disciplinary teams that can provide the sadists with intensive long-term therapy. Sadists are reluctant to enter therapy to discuss their fantasies and make a mind shift. Nevertheless, the perpetrators must remain admitted to the psychiatric institution until deemed fit by the clinical staff to be released.

Consulting victims of sexual sadism to obtain subjective knowledge of the experience could trigger unexpected feelings that may result in further long-term psychological trauma. The phenomenon is under-recognised and a limited number of subject matter experts have knowledge and experience of working with sexual sadistic perpetrators or the victims of sexual sadism. The effects of criminal sexual sadism therefore remain a challenging and perplexing topic to investigate. Nevertheless, sexual sadistic actions 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 actions lead to the death of the victim.

The physical injuries sustained are fixated on the victims' erogenous zones, leaving them with permanent scars and, in severe cases, disfigurements. The extent of the trauma experienced by victims of sexual sadism is not only dependent on the force and number of injuries sustained, but is mostly attributed to the mental trauma elicited by the incident and the distressing nature of the resultant events. The psychological trauma of the sadistic incidents tends to be long lasting and damaging to the victims and their interpersonal relationships. 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.

The initial psychological trauma experienced commences from the moment the victims are exposed to the imminent harm of the sexual sadistic attacks. They are bound, restrained and gagged which renders them helpless and unable to fend for themselves. The sadists further torment the victims psychologically by threatening them verbally and physically to ensure they comply with the sadists' demands. The victims consequently become submissive due to their fear of the impending acts. The numerous atypical sexual activities that victims are forced to perform, and would not usually consent to, not only causes physical harm to the victims but also result in feelings of being degraded, subjugated and humiliated. The sexual sadistic experiences are debilitating and detrimental to the victims' psyche; they are disempowered by the incidents and cannot envision a future that is worth living. The victims usually isolate themselves due to their struggle in establishing new relationships and their inability to trust others. They become wary and sceptical of others' behaviours and doubt their intentions. The effects permeate the victims' lives and result in long-term incapacitating psychological disorders that increase the difficulty of the recovery process.

The re-traumatisation experienced when reporting the sexual sadistic incidents to the police often prevents the victims from opening a case against the accused. The victims develop mistrust in the SAPS's ability to provide them with protection and feel that they are at an increased risk. The officers who took an oath to protect the citizens of South Africa are perceived by many victims as being incompetent and insensitive. The victims are further humiliated during the medico-legal examination as their boundaries are invaded again by being examined by medical examiners who are often not sufficiently trained to conduct medical examinations of this nature. Due to the lack of trained personnel, the examinations are often perceived as a violation of the victims' privacy and are experienced as painful and unpleasant. The victims are once again forced to confront and re-experience the traumatic events when providing detailed accounts of the sexual sadistic incidents to the examiners. During the court proceedings, the victims are forced to relive the sexual sadistic events in as much detail as possible. The distresses experienced by some victims are exacerbated by the thought of having to confront the sexual sadistic perpetrators and their legal teams. The events are further compounded as the perpetrators legal representatives often place the victims' recollection of the events into question by highlighting any ambiguous statements made by the victims. The victims' privacy is thus constantly being invaded and they are forced to provide comprehensive accounts of the sexual sadistic attacks on numerous occasions. From this study, it became clear that further research is needed to empower non-

consenting victims of sexual sadistic attacks, assist behavioural scientists to intervene with these sadists in a therapeutic environment and to enlighten the subject matter of this poorly understood sexual crime.

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Appendix A: Ethical clearance



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Research Ethics Committee

1 July 2016

Dear Prof Lombard

Project: The nature and effect of sexual sadistic actions on non-consenting female victims in South Africa
Researcher: B Gahler
Supervisor: Prof C Bezuidenhout
Department: Social Work and Criminology
Reference number: 11308682 (GW20160619HS)

Thank you for the application that was submitted for ethical consideration.

I am pleased to inform you that the above application was **approved** by the **Research Ethics Committee** on 30 June 2016. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

The Committee requests you to convey this approval to the researcher.

We wish you success with the project.

Sincerely

Prof Maxi Schoeman
Deputy Dean: Postgraduate Studies and Ethics
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: tracey.andrew@up.ac.za

Kindly note that your original signed approval certificate will be sent to your supervisor via the Head of Department. Please liaise with your supervisor.

Research Ethics Committee Members: Prof MME Schoeman (Deputy Dean); Prof KL Harris; Dr L Blokland; Dr R Fasselt; Ms KT Govinder; Dr E Johnson; Dr C Panebianco; Dr C Puttergill; Dr D Reyburn; Prof GM Spies; Prof E Taljard; Ms B Tsebe; Dr E van der Klashorst; Mr V Sithole

Appendix B: Interview schedule

Semi-structured interview schedule for subject matter experts

Biographical information

Questions	Identify the participants gender Male _____ Female _____	Describe the nature of your occupation?	For how long have you been practicing this occupation?	What experience do you have regarding criminal sexual sadism?
Adequately answered	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____

Information relating to sexual sadism

	Nature	Physical effects	Psychological effects	Theory
Questions	What does sexual sadism entail?	What physical effects are sustained by victims of sexual sadism?	What are the psychological effects of being a victim of sexual sadism?	Why do individuals engage in sexual sadistic acts? Why do individuals become victims of sexual sadism?
Adequately answered	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____

Are there any other important factors that were not mentioned/discussed?

Are there any other subject matter experts you can refer me to?

Appendix C: Informed consent

Ref: B Gahler
Cell: 082 495 1464
E-mail: gahler@outlook.com
[Date]

Dear [Subject matter expert]

INFORMED CONSENT BY THE SUBJECT MATTER EXPERT TO PARTICIPATE IN THE RESEARCH PROCESS

Thank you for your involvement in the proposed study. It is ethical practice to get informed consent from a research participant prior to the commencement of a research study. Informed consent entails the following:

- 1. Title of the study:** The nature and effect of sexual sadistic actions on non-consenting female victims in South Africa.
- 2. Purpose of the study:** The current study is being undertaken as fulfilment of a Master's Degree in Criminology at the University of Pretoria. The purpose of the study is to obtain an understanding of the nature and effect of sexual sadistic actions against non-consenting female victims.
- 3. Procedures:** The researcher will conduct an individual, semi-structured in-depth interview with subject matter experts in the field of sexual sadism, which will be recorded by means of an audio recorder to obtain more accurate and detailed responses. The questions will be open-ended to encourage an open dialogue and free flow of information. The duration of the interview will approximately be one hour.
- 4. Risks and discomfort:** The researcher does not foresee any physical or psychological risk pertaining to the participation in the research. Additionally, the dissemination of the information will not pose any risk to the subject matter expert.
- 5. Benefits:** There are no tangible benefits or inducements available to any of the experts participating in the study. However, participation might contribute to a better understanding of sexual sadism and the effects thereof.
- 6. Participant's rights:** The participating expert is free to withdraw from the study at any stage. As participation is voluntary, no negative consequences will be imposed on the subject matter expert and all data received will be assumed void.
- 7. Avoidance of deception:** The researcher will not in any way purposefully mislead the expert and/or intentionally withhold any information regarding the study. The information provided will be a true and comprehensive description of what the study entails and what the subject matter expert can expect.
- 8. Confidentiality:** Confidentiality pertains to the manner in which the expert's information is used and the protection of his/her identity. Identifying information will only be forthcoming based on acknowledgement and signing of this consent letter. Should the participating expert request confidentiality the researcher will ensure that no identifying information is used in the research study. Therefore no names or identifying details will

be revealed. The researcher will use a numerical value to refer the respondent (e.g. Respondent 1 postulates that...)

- 9. Research data and storage:** After the data has been analysed the expert will have an opportunity to read the final product to ensure that it is an accurate representation of his/her perceptions. The data collected will be stored for archiving purposes only and will not be used for future research purposes.
- 10. Ethical clearance:** This research has been approved by the Post Graduate Committee and the Research Ethics Committee of the Faculty of Humanities of the University of Pretoria (Letters of approval attached for your perusal).
- 11. Questions and concerns:** Should any concerns or questions arise, the researcher and/or her supervisor could be contacted at the following cell phone numbers or e-mail addresses. Bianca Gahler (researcher) 082 495 1464 [gahler@outlook.com] and Prof C Bezuidenhout (supervisor) 083 310 4520 [cb@up.ac.za].

If you have any questions about the study please contact me or my supervisor.

DECLARATION

I _____, understand my rights as a subject matter expert and voluntarily consent to participate in the study. I understand what the study entails, how and why it is being conducted. I am further aware that the data will be stored for fifteen years at the University of Pretoria for archival purposes only. I will receive a signed copy of this consent letter.

Please tick the appropriate box

- ☐ I agree to be identified by name and profession when referring to interview data
- ☐ I prefer not to be identified in the research report
I would prefer that a numerical system be used when referring to my opinion and interview data (e.g. Respondent 1)

Thank you for your co-operation and time.

Subject matter expert signature

Date

Researcher signature

Date