



Case Report

Sexual Sadism: 'The Elephant in the Room'

Shinto Devassy

Senior Resident, Department of Forensic Medicine, AIIMS, New Delhi.

Abstract

In India, the act of Sadomasochism can be dated back to the ancient times of Kamasutra where it had been intended to increase lust. Also, many acts of non-consensual sexual sadism (especially in torturing enemies) can be seen in history. The present article describes a case of sexual sadism and reviews the current diagnostic approaches of sexual sadism and its medico legal implications. The reported cases of sexual sadism indicate just a tip of the iceberg as most of the cases go unreported in a country like India, where any talk of sex or divorce are a taboo. Only, when it becomes extremely unbearable do women seek medical treatment and bring to light the torture they had been subjected to through the years. This article describes the medico legal implications so that the public can be educated and emphasises the importance of diagnosing the person and treating him/her early so that the assailant doesn't become a threat to the society.

Keywords: Sexual sadism, Paraphilia, Sexual deviance

Date Received: 27th October 2019

Date Accepted: 04th December 2019

Correspondence should be directed to:

Dr Shinto Devassy, Senior Resident,
Department of Forensic Medicine, AIIMS, New Delhi.

Email- shinto.devassy@gmail.com

Introduction

The term Sexual Sadism was coined from the philosopher and writer Marquis de Sade Donatien Alphonse Francois, who was famous for his liberative sexuality, eroticism of violence and cruelty.

Austrian psychiatrist Richard Freiherr Von Krafft-Ebing was the first to attempt to describe this sexual disorder in his book *Psychopathia Sexualis* (1886). Kraft-Ebing, defined sexual sadism as the experience of pleasure

resulting out of cruelty and punishment directed toward humans or animals, or the desire to humiliate, strike, hurt and even destroy others in order to experience sexual pleasure (Long pre et al., 2019). Hence, he initially classified sadism under the perversion 'lust murderer'.

Sexual sadism is different from sadomasochism as the word itself is formed from two words; sadism and masochism. Here, one partner will be the sadist who gets sexual arousal from inflicting pain or humiliating pain on the other while the other is the masochist who enjoys pain or humiliation (Hyde & DeLamater, 1999). But in India, a sadomasochist couple is difficult to find, as most of the marriages are arranged by families and the individuals know little about each other before their marriage.

The prevalence of sadism is largely unknown. The DSM-5 estimated the prevalence of sadism as 2 to 30 percent (APA, 2013) with higher rates among committed sexual offenders (about 10%) and those who have committed sexually-motivated homicide (37-75%) (American Psychiatric Association,

2013). This wide range of prevalence speaks to the need for new epidemiological studies both domestically and internationally. But in a country like India, where talking about sex to a third person or getting divorced from your husband is considered a taboo, extracting the exact data is always a challenge. The woman never tells on her partner unless something grievous happens. This taboo makes it difficult to know the prevalence of the perversion in our country.

Case history

A 37 year old female was presented in the emergency of JPNATC, AIIMS, New Delhi with a history of assault by husband. No one was accompanying her and she looked frightened. The patient was reluctant to reveal details to the emergency physician. All her vitals were normal and she was conscious and oriented. There was history of an object being inserted into her vagina. The emergency physician informed the duty gynaecologist for examination.

The gynaecologist noticed she was already traumatised and after gaining her trust she asked the history in detail. The patient

revealed that her husband had been drunk and while performing sex had tied both her hands together with a 'dupatta' and started whipping her with his belt. He strangulated her with a nylon rope and inserted a 'chapathi' rolling stick into her vagina. After the incident she had severe pain in the vaginal area. She had previously been subjected to such acts but the insertion of object was for the first time. The gynaecology resident called the forensic resident for help in the examination and documentation of the injuries.

On examination

On examination of her neck, a pressure abrasion was noted showing the pattern of a rope measuring 18 cm x 0.5 cm, horizontally placed and over the front of neck. There was a small reddish blue contusion over her right wrist measuring 3 x 0.4 cm. Diffused reddish blue contusion present over the buttocks area with showing patterned contusion of size 10 x 4 cm over the back of left thigh and another 4 x 2 cm extending from the diffused contusion to the outer aspect of back of thigh. On examination of the vagina, there was reddish

contusion over the anterior and posterior wall of lower part of vagina. After the examination, the police were intimidated.

Discussion

The lady was tortured by her husband for his sexual pleasure. However, she told nobody for fear of the humiliation she and her family would have to face from society, as it would have led to problems in the relationship with the husband's family and ended in separation /divorce. Furthermore, as it was related to sex, she was unable to speak to anyone in her family. All these taboos forced her to suffer to a very large extent but when things became too extreme, she asked for help. This scenario made sure that the sexual sadist did not receive any psychiatric help. Hence, this case proves that the prevalence of similar instances always go unreported because of the prevailing social factors. In the case of this lady, the husband was said to consume alcohol every night even though she was unable to identify the quantity. In some studies, significant co morbidity has been identified between sexual sadism and substance use disorders and alcoholism. In fact,

sexual sadism had the highest mean score, when different types of paraphilia had been correlated with the mean score of Michigan Alcohol Screening Test (MAST) (Allnut et al., 1996).

Marshall and Hucker developed a dimensional scale of sexual sadism which was first of its kind. The sexual sadism scale (SSS) had 35 diagnostic criterias (Marshall & Hucker, 2006) and later Mokros, Nitske and colleagues evaluated SSS for its psychometric properties and designed a new scale composed of 11 items and named it as severe sexual sadism scale (SeSaS) (Mokros et al., 2012). Cross validation of the original structure was done on a new sample. The limitation of the scale was of negative interim correlations and only the initial study has reported a maximum score of 11. The SeSaS items are dichotomous (yes/no) and coded with 1 and 0 respectively. A value of 4 or above considered indicative of sexual sadism.

Items in the Severe Sexual Sadism Scale

1. Offender is sexually aroused by sadistic acts
2. Offender exercised power /control/domination over victim
3. Offender humiliates or degrade the victim
4. Offender tortures victim or engages in acts of cruelty on the victim
5. Offender mutilates sexual parts of the victim's body
6. Offender engages in gratuitous violence wounding towards the victim
7. Offender keep records (other than trophies) or trophies (eg hair, underwear, ID)
8. Offender mutilates non sexual parts of the victim body
9. Victim is abducted or confined
10. Evidence of ritualism in the offence
11. Insertion of object into bodily orifices

In the present case, when we compare the SeSaS scale with the history of the wife, we get a score of 5 which is indicative of sexual sadism. Hence, SeSaS scale should be used as a screening in all reported cases of domestic violence and divorces, thereby helping the government provide proper treatment where required and not just imprisonment or divorce.

Medico legal implications

Two scenarios arise in each and every case. One is that of sadomasochism, where the lady is

presented to the emergency for treatment only if she gets hurt. Here, the emergency physician faces the dilemma of whether or not to make it a medico legal case and intimate the police. The other scenario is where consent is not present, and the lady is tortured and seeks treatment only when she is severely hurt. In this case, the husband typically pleads that it had been with consent, but after so many years, the wife is alleging abuse with other dubious intentions. To understand the role of consent, we can go through Spanners case which was a case of sadomasochism.

Spanners case

In the late 1970's and 1980's, a group of homosexual men in the UK documented the SM activities at their play parties (gatherings to practise sadomasochism), through photographs and videotapes. One of the videotapes came into the possession of the Greater Manchester police. Numerous identifiable men were seen engaged in sexual activities such as beatings, genital abrasions and laceration. Following this, 'Operation Spanner' was launched to search the home of the owner and his associates (White, 2006).

Around two to three hundred

individuals were interviewed in the enquiry that followed. No medical attention was required by any of the men as none of them had suffered any grievous injuries nor had there been any murders. In late 1989, following the interviews, charges of assault, aiding and abetting assault and keeping a disorderly house were filed against 16 men, while a further 26 men were cautioned. The charges specifically included grievous and/or actual bodily harm on oneself and on others, aiding and abetting grievous bodily harm on oneself, conspiracy to commit assault, publishing indecent material, conspiracy to distribute indecent material, conspiracy to distribute indecent material and keeping a disorderly house (White, 2006).

In Dec 1990; during Spanner case trial Judge Rant ruled that, a defence of consent was ineligible and the events in question fell outside the exemptions to the law of assault. Thus, on the advice of their legal counsel, all 16 men plead guilty to a number of offences and were either jailed or fined. On appeal, even though the convictions were upheld, the sentences for the defendants were curtailed on grounds that they might have been

not aware that activities they performed were illegal (Robert & Ridinger, 2006).

A case was registered with the European Court of Human Rights (ECHR), Strasbowg, in March 1993, alleging that a breach of Article 8 of the European Convention on Human Rights (1950), had been committed by the UK government in the Spanner trial. Article 8 establishes a right to privacy, which was considered to extend to private expression of sexuality. The European Commissioners who reviewed the case in Dec 1995, recognised that the case was about 'mutual sexual gratification' and not violence, and hence should be sent to the ECHR. However, they opined that the UK govt was within its rights to intervene. The ECHR, in Oct 1996, reviewed the appeal, and unanimously upheld the UK judges' verdict, on Feb 19, 1997. They ruled that the government for the sake of public health, has a right to intervene in the private sexual activities of their citizens (Robert & Ridinger, 2006).

The Indian Law

In India as per IPC (Indian Penal Code) 87, consent is not valid in any

act intended to be likely to cause death or grievous hurt (Indian Penal Code, 1860). This is not specifically mentioned in relation with the consent for indulging in sadomasochist activities. The Domestic violence act 2005, describes domestic violence as any act that harms or injures or endangers the health, safety, life, limb or well being, whether mental or physical, of the aggrieved person or tends to do so and includes causing physical abuse, sexual abuse, verbal and emotional abuse. The act defines physical abuse as any act or conducts which is of such a nature as to cause bodily pain, harm, or danger to life, limb or health or impair the health or development of the aggrieved person and includes assault, criminal intimidation and criminal force. It also mentions that sexual abuse includes any conduct of a sexual nature that abuses, humiliates, degrades or otherwise violates the dignity of women. So every woman who gets sexually tortured should know her rights and how they can report the issue while remaining immune. On registering a case under sexual sadism which can be included in the sexual abuse of the domestic

violence act 2005, she will have the right to get a protection order, residence order, compensation, free legal aid and right to file an FIR under section 498A (Protection of Women from Domestic Violence Act, 2005). Section 498 A of IPC deals with cruelty by husband or relatives of husband and punishment with imprisonment which can extend up to three years term and might be obliged to pay fine. The other sections of IPC which can be charged accordingly are 323 IPC causing simple hurt, section 324 causing hurt by dangerous weapons or means, section 325 causing grievous hurt and section 326 causing grievous hurt by dangerous weapons or means (Indian Penal Code, 1860).

Conclusion

Sexual sadism is a paraphilia where only the tip of the iceberg can be seen. The extent of the issues will be exposed, mostly, only at the time of interrogation/investigation of murder or when the tolerance of the partner comes to an end. In India, where any talk about marital sexual experiences is considered private and women tend to sacrifice or suffer extremely for fear of humiliating her family, many of

these cases of sexual deviation go un-reported. The onus should be more on treating this as a condition which requires psychiatric intervention so that the assailant doesn't turn out to be a threat to the society. At the same time, the fact that this in turn is a criminal activity should also not go unknown.

Treatment typically involves psychotherapy and medications. Cognitive-behavioural therapy and cognitive restructuring can also help the person whereas medications like antidepressants sometimes in combination with antiandrogenic drugs can help in suppressing the sex drive.

Conflict of interest statement

The author reports no conflicts of interest. The author alone is responsible for the content and writing of this article.

References

1. Allnutt, S. H., Bradford, J. M., Greenberg, D. M., & Curry, S. (1996). Co-morbidity of alcoholism and the paraphilias. *Journal of Forensic Science*, 41(2), 234-239.
2. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders*

- (5th ed.). Washington, DC: Author. <https://doi.org/10.1176/appi.books.9780890425596>.
3. Hyde, J. S., & DeLamater, J. D. (1999). Understanding human sexuality. McGraw-Hill, Inc. 432-435.
 4. Longpre, N., Guay, J.P., Knight, R.A. (2019). MTC Sadism scale: Toward a dimensional assessment of severe sexual sadism with behavioural markers. *Assessment*, Jan. 26(1), 70-84
 5. Marshall, W.L., & Hucker, S. J. (2006). Issues in the diagnosis of sexual sadism. *Sexual Offender Treatment*, 1(2), 1-4.
 6. Mokros, A., Schilling, F., Eher, R., & Nitschke, J. (2012). The severe sexual sadism scale: Cross-validation and scale properties. *Psychological Assessment*, Sep. 24(3), 764-769.
 7. Protection of Women from Domestic Violence Act, 2005. Govt. of India. <https://wcd.nic.in/act/2314>.
 8. Robert, B., Ridinger, M.A. (2006). Negotiating Limits. *Journal of Homosexuality*, 50 (2-3), 189-216.
 9. The Indian Penal Code, 1860, Section 498A, Section 323, Section 324, Section 325, and Section 326. <https://devgan.in>.
 10. The Indian Penal Code, 1860, Section 87. <https://devgan.in>.
 11. White, C. (2006). The Spanner Trials and the Changing Law on Sadomasochism in the UK. *Journal of Homosexuality*, 50(2-3), 167-187.