

POSTER

Perspectives on Sexual Sadism: The Role of Diagnostic Experience

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Research examining the reliability and validity of the diagnosis of sexual sadism has yielded discrepant results regarding characteristics and behaviors associated with sexual sadism, as well as how professionals understand and apply this diagnosis. First, some researchers contend that personal characteristics and offense behaviors (cf., Dietz, Hazelwood, & Warren, 1990; Gratz & Bradford, 1995) associated with sexually sadistic offenders fail to differentiate sexual offenders with and without a sexual sadism diagnosis (Marshall, Kennedy, & Yates, 2002). Other researchers, however, have identified a handful of offense behaviors that reliably differentiate offenders with and without a sexual sadism diagnosis (Jackson, Richards, McCraw, & Koenen, 2006, March). Second, several studies have found that diagnosticians use idiosyncratic methods to diagnose sexual sadism (Marshall, Kennedy, Yates, & Serran, 2002), and diagnose sexual sadism with low interrater reliability (Levenson, 2004; Levenson & Morin, 2006; Levenson & Packard, 2006). On the other hand, a recent study demonstrated that professionals who work with sexual abusers reliably discriminate between sadistic and non-sadistic offense behaviors (McLawsen et al., 2007, November; McLawsen, Jackson, Vannoy, Gagliardi, & Scalora, in press). These contradictory findings raise questions about how diagnosticians conceptualize and apply this diagnosis.

The present study investigated how professionals who had never considered making a diagnosis of sexual sadism ($n = 25$) understood the relative importance of behaviors associated with this diagnosis, and compared their responses to those of professionals who had previously considered making a diagnosis of sexual sadism at least once ($n = 34$, "Group"). Participants, all of whom reported professional experience with perpetrators of sexual abuse, rated 62 behaviors according to their "essentialness" for a diagnosis of sexual sadism. Between-group ANOVAs showed that participants who had never considered making a diagnosis of sexual sadism rated 18 out of 41 "sadistic" behaviors as significantly more "essential" to making this diagnosis, compared to the ratings of professionals who had considered making a diagnosis of sexual sadism. Between-group ANOVAS also showed that participants who had never considered making a diagnosis of sexual sadism rated 3 out of 21 "non-sadistic" behaviors as significantly more "essential" to making a diagnosis of sexual sadism.

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Ratings for the remaining 41 sadistic and non-sadistic behaviors did not significantly differ between the two groups. Results suggest that participants who had never considered making a diagnosis of sexual sadism tended to rate behaviors more in line with DSM criteria, compared to participants who had considered making a diagnosis of sexual sadism.

A 2-group linear discriminant function demonstrated that variables including age, education, years of experience and type of experience, reliably discriminated between the two groups, $\lambda = .380$, $\chi^2 = 45.945$, $p < .001$, $R^2_{canonical} = .624$. Participants who had never considered making a diagnosis of sexual sadism tended to be younger college graduates and graduate students with fewer years of experience. Participants who had considered making a diagnosis of sexual sadism tended to be older PhD-level professionals who had more years of experience and primarily worked in assessment and evaluation capacities. These results corroborate recent findings that when making diagnostic decisions, graduate students tend to focus on DSM-specific symptoms, whereas doctoral-level psychologists tend to make decisions based on their own schemata developed from clinical experience (Brown, 2007). Results from the present study are discussed in terms of how they could be applied towards improving diagnostic decision-making.