

**CASE REPORT****PSYCHIATRY & BEHAVIORAL SCIENCES**

*Felice Carabellese,<sup>1</sup> M.D.; Roberto Maniglio,<sup>2</sup> Psy.D.; Oronzo Greco,<sup>2</sup> M.D.; and Roberto Catanesi,<sup>1</sup> M.D.*

## The Role of Fantasy in a Serial Sexual Offender: A Brief Review of the Literature and a Case Report

**ABSTRACT:** Extensive research has attempted to elucidate the role of fantasy in sexual offending. In this paper, the authors summarize the main results of the literature, especially the contents, themes, dynamics, etiopathogenesis, and potential functions of fantasy in sexual offending. Further, the authors analyze the case of a serial sexual offender who assaulted 39 women. The forensic-psychiatric assessment revealed that his fantasies of forced sex, sexual coercion, and dominance, which were linked to narcissistic personality organization and functioning, were the primary drive mechanism in his crimes, because he imagined himself in the role of the aggressor, identified with the power associated with the role of perpetrator, and was sexually aroused by such images of omnipotent control of the victim. In conclusions, the authors suggest that fantasies of sexual aggression, coercion, and dominance of women may stimulate grandiosity and omnipotence and, in a minority of cases, may lead to sexual offending.

**KEYWORDS:** forensic science, psychiatry, behavioral science, serial offenders, rape, fantasy

Fantasy plays an important role in healthy human sexuality (1). Most people entertain sexual fantasies at least occasionally as an integral part of their masturbatory and interpersonal sexual acts in order to create or intensify sexual arousal. A large body of research has demonstrated that people who have never participated in sexually deviant behavior are likely to imagine sexual scenes in which they are aggressive, in which they rape, humiliate, or beat up a woman. Nevertheless, such fantasies appear to be dangerous for some people, because in a minority of cases deviant fantasies might lead to sex crimes. In this paper, the authors provide both a brief review of the literature on fantasy in sexual offending and a case report, in order to highlight the role of deviant sexual fantasies in sex crimes.

### Brief Review of the Literature

Extensive research has attempted to elucidate the role of fantasy in sexual offending, with many researchers suggesting that deviant sexual fantasies (such as fantasies of forced sex, rape, sexual aggression, coercion, or dominance) may be a primary drive mechanism in sexual offenses (2–13), especially in sexual homicides (14) and in serial sex crimes (15,16).

Research has highlighted several potential functions of fantasy in sexual offending (6–9,16). First, fantasy may serve to plan an offense or to select the victim. For example, the offender may imagine the stages of the offense and a number of situational or

demographic characteristics of the potential victim, such as gender and age of the victim, also when or where the aggression may take place. Second, fantasy may serve to increase sexual activity, because sexual fantasies are likely to reduce behavioral inhibition, while stimulating sexual arousal and physiologically releasing orgasmic tension perhaps in preparation for an offense. Third, it is also possible that fantasy serves as rehearsal for masturbation. For example, the offender may relive past experiences or create new experiences in a process of simulation, in order to use such fantasies during masturbation. Fourth, fantasy appears to regulate both the offender's mood state (such as negative affect brought on by problems in life) and his sexual arousal, perhaps as a precursor to masturbation. Fifth, it is possible that fantasy may serve as a coping mechanism either to escape reality or to feel in control over threats. Last, fantasy appears to stimulate grandiosity and omnipotence, because sexual offenders are likely to imagine themselves in the role of the aggressor, to identify with the power associated with the role of perpetrator, and to be sexually aroused by such images of omnipotent control of the victim.

Therefore, for sexual offenders, rape is a fantasy come true, a particularly exciting form of impersonal sex that enables them to dominate and control their victims (12).

It is apparent that sex offenders are likely to entertain sexual fantasies both before and after committing their crimes (15). Fantasies appear to occur throughout the offense process, with different content and themes, depending on the stage of the offense chain (6,7).

Five subcategories of sexual fantasy content have been postulated (6,8): demographic (i.e., the demographic characteristics of the individuals present within the offender's sexual fantasy, such as gender and age), paraphilic/behavioral (i.e., the sexual activity that transpires in the offender's fantasies), relational (i.e., the

<sup>1</sup>Department of Criminology and Forensic Psychiatry, University of Bari, Piazza Giulio Cesare 14, 70124 Bari, Italy.

<sup>2</sup>Department of Pedagogic, Psychological, and Didactic Sciences, University of Salento, Via Stampacchia 45/47, 73100 Lecce, Italy.

Received 11 June 2009; and in revised form 19 Oct. 2009; accepted 19 Oct. 2009.

interpersonal context of the fantasy), situational (i.e., the situational context of the fantasy, such as when and where the sexual fantasy is taking place), and self-perceptual (i.e., how the individual perceives himself during a particular fantasy). Although this schematic for sexual fantasy may be particularly useful for understanding the structure of the fantasy world of sexual offenders, it has yet to be empirically validated.

Sexual offenders seem to be likely to entertain only general sexual fantasies (i.e., fantasy themes that, although being sexual in nature, are unrelated to sexual offending behavior) in the period prior to first offense, only offense-specific fantasies (i.e., fantasy themes that refer to specific offense characteristics, such as specific victim characteristics and specific offense behaviors) at the time of the initial offense, and both general and offense-specific fantasies during relapse (6). However, unlike the initial offense, the relapse phase may bring an escalation in all of the five subcategories of sexual fantasy content (demographic, behavioral, relational, situational, and self-perceptual characteristics). In other words, in the build-up and during relapse, the fantasies appear to gain both detail and intensity as well as to broaden in scope.

The content of sexual fantasy seems to be highly related to what an individual reads, sees, hears, and directly experiences (1). For example, it has been suggested that deviant fantasies might be stimulated by sexist, humiliating, and aggressive movies, magazines, and pornography (17,18). However, certain personality variables (such as psychopathy) have been found to mediate the relationship between pornography use and deviant sexual behavior as well as the relationship between fantasy and deviant sexual behavior (19).

Indeed, the content of sexual fantasy appears to vary as a function of an individual's level of creativity, cognitive style, personality, and past experiences (20–22). For example, a sexually inappropriate family environment, use of pornography during childhood and adolescence, and deviant sexual fantasies during childhood and adolescence have been found to be related to the development of deviant sexual preferences among adult rapists (23). According to a model of the etiology of sexual coercion against women (24), sexual, physical, and verbal abuse may disinhibit sexual drive, sexual fantasies, or antisocial behavior, which in turn disinhibit hostile sexual fantasies and lead to sexual coercion. However, it should be noted that the majority of abuse victims do not engage in sexual coercion. Child abuse may not have a primary role in the development of sexual offending. For example, the perpetration of child sexual abuse appears to be associated not only with a history of child abuse but also with several other psychological and family risk factors (25).

In conclusion, although the findings of many studies suggest that deviant sexual fantasies (such as fantasies of dominance, coercion, and aggression) play a role in sexual offending, it is not clear from these studies whether sexual fantasies lead directly to sexual offending. However, fantasy management is often part of the treatment plan for sexual offenders (4,26,27). Modifying fantasies is a central role in most sexual offender treatment programs. A number of cognitive-behavioral techniques, such as aversion therapy, covert sensitization (28), verbal satiation, and masturbatory satiation (29,30), have been proposed to change fantasies by requiring the sexual offender to change from deviant to nondeviant fantasies (31).

There is a great deal more to be known about fantasies of sex offenders. For example, the role of fantasy in personality organization and functioning in sexual offenders needs to be better understood.

To highlight the role of deviant sexual fantasies in personality and behavior in sexual offenders, a case report is provided. In this

paper, we analyze the case of a serial sexual offender who assaulted 39 women.

## Case Report

### *Case History*

Between September 2002 and November 2005, there were 19 reports of sexual assault on young women in two small towns of southern Italy. The investigations into the early, isolated, and sporadic reports were followed-up by various detectives, but with no positive identification of the offenders. It was the increase in reports with similar dynamics that instilled alarm across the territory. Therefore, a more incisive investigation into these episodes was set into motion. The “modus operandi” of the offenders was identical enough in each of the reports and led the investigators toward a hypothesis that these assaults were all work of a single individual.

The 19 victims were all women, with an average age of 21. While 15 of them were adult women, four of them were girls in their minor age (under 18 in Italy; while three victims were 17, one was only 10 years old).

All the victims were assaulted in the evening, while they were coming back home alone. They were assaulted near their apartment blocks, which were situated in suburban areas, lacking services and public transport. Because such areas were very close to roads leading out of the town, investigators argued that the offender could have had a vehicle within easy reach and giving him a possible quick get-away. Investigators realized that the offender was an opportunist who selected his potential victims casually and acted only if the situation was favorable, perhaps after having remained for a while in the area.

The potential victim had to be alone and of female gender. The offender followed his victim, probably on foot, until she entered the main door to the apartment block. The offender usually entered together with the woman, asking for information or something similar, though being extremely careful in not arousing any suspicion. In some instances, the man entered shortly after his victim, silently so as not to be heard, reaching the woman from behind, before suddenly blocking her on the stairs or at the door of the elevator. At this stage, the offender took the woman by the hair and threatened her with a knife on her throat or with a gun to the temple (though the pistol was later to be identified as a plastic toy replica). Whispering to the woman to be silent, the offender would then touch the inner thigh or genital area of his victim, before leaving quickly and before the victim could cry out for help, an act which on numerous occasions occurred.

Only on one occasion, the man actually had sexual intercourse with his victim. This victim was the eldest among them. She was 34 years old. The woman said to the police that, for fear of being hurt, she accepted at once to having intercourse with the offender as long as he exacted no physical violence. The woman took him to a nearby secluded spot, undressing herself and subsequently having a sexual intercourse with him. The woman did not report the incident at first. It was only after the arrest of the offender and his subsequent declaration of being responsible for other aggressions that she confirmed the events of that day.

The offender's behavior was generally nonviolent and, indeed, his victims were unanimous in saying to the police that he had been a young man of apparently calm and gentle ways. None of the victims, however, in their reports declared to have been able to see their aggressor's face clearly and none were able to recall

having ever seen him previously. The man had obviously taken care in avoiding being seen openly.

The aggressions were reported to the police between September 2002 and November 2005. Such reported aggressions, which during the first 2 years had been rare and infrequent, began to increase in their frequency later. About 30% of all the aggressions occurred during 2005 and were grouped within the 6 months which preceded the man's arrest, with a peak at three times in 1 day during the month of September 2005.

All of the episodes occurred in the afternoon between 5 and 7 PM, with just one exception in the morning at 11:45 AM. The arrest occurred in November of that same year, while yet another aggression was unfolding. In light of the information and suppositions acquired by the investigators, police patrols had been intensified in the possible areas where an aggression could take place and, in fact, on hearing the cries of a woman for help, a patrol team managed to capture a man who was trying to leave at suspicious speed from the area.

When arrested, the offender offered no resistance and admitted that he was responsible for the aggression and for many others (a further 20 sexual assaults to the aforementioned 19), some of which resulted as not ever having been reported. The details given by the man allowed the magistrate to reconstruct 10 episodes which had never been reported and to attribute him complete responsibility. Also the victims of such aggressions were identified. For the other 10 assaults, neither witness nor victim was found for conviction.

All the 39 aggressions, chronologically speaking, laid out as follows: during the first 12 months, one aggression every 50 days, for a total of seven aggressions; during the next 12 months, one every 25/30 days, for a total of 11; and, in the final 14 months, one every 20 days (with a peak of three in one single day), for a total of 21.

#### *Forensic-Psychiatric Assessment*

The arrested man was 38 years old. He was married with two children (11 and 4 years, respectively) and worked as a nurse for a private hospital. He was tall, robust, and objectively good-looking.

His wife described her husband as gentle, sensible, and responsive. Although the woman became aware of her husband's sex crimes after his arrest, she still wanted to be beside him, in order to be supportive of him after he was caught. At work, the man was esteemed by his colleagues and considered to be accommodating with all.

The contrast between his criminal actions and his apparently accommodating and gentle ways, as described by his wife, his colleagues, and his victims, led the magistrate to consult a specialist for a forensic-psychiatric counseling.

The man was assessed through a semi-structured forensic-psychiatric interview, including the Structured Clinical Interview for DSM-IV, or SCID (32,33), as well as a number of clinical and personality scales, inventories, and projective tests, such as Beck Depression Inventory (34), Minnesota Multiphasic Personality Inventory, or MMPI (35), Rorschach (36), Barratt Impulsiveness Scale (37), and Hare Psychopathy Checklist-Revised, or PCL-R (38).

Because of his recurrent, intense sexually arousing fantasies, sexual urges and behaviors, involving the suffering and humiliation of nonconsenting partners, the man was diagnosed with a paraphilic disorder. The SCID showed no other disorders according to DSM-IV (39); however, there were some subclinical symptoms of general anxiety and depression as well as a borderline (i.e., unstable self-image and impulsivity) and narcissistic

(i.e., grandiose sense of self-importance, lack of empathy, and fantasies of unlimited success and power) personality, with an inability to control his impulses. Both the MMPI and the Beck Depression Inventory (score: 37) confirmed the presence of anxiety and depression. The Barratt Impulsiveness Scale (score: 78) showed impulsivity. The Rorschach confirmed the presence of narcissistic personality traits and impulsivity. The Hare Psychopathy Checklist-Revised (score: <20) excluded the presence of psychopath.

The semi-structured forensic-psychiatric interview revealed also information on his background, personal history, "modus operandi," and motivations regarding the aggressions.

He did not have brothers or sisters. His father was a retired police officer, his mother a housewife. He described the relationship with his mother as very good. He said that his mother was sweet and permissive. He felt to be loved by her. Nevertheless, he described the relationship with his father as conflicting. He described his father as cold, authoritarian, and nonemphatic.

As a result of his father's job, he had to live with his family in many different towns during his childhood and adolescence. Therefore, he had to make a lot of efforts during his childhood in order to adapt to new schools and new friends. He said that he was not able to instill longer-lasting relationships with his peers. Further, his academic performance and achievement were poor and he left high school before having finished it.

When he was 22, he enrolled as a volunteer in the "Carabinieri" (an Italian police force). He was placed in a town of southern Italy, far away from home. There, he made a sexual aggression, very similar to those that occurred later. He assaulted a woman, after following her to the entrance of the apartment block. He then threatened her with a pistol to stop. On that occasion he was not able to have sexual intercourse with the woman, although he did try to penetrate. The cries for help by the victim made him run. This was his first sexual experience with a woman.

He was later recognized and arrested. He was convicted with a generously light penalty, because of his job and young age. He was condemned to 14 months of imprisonment.

After his conviction, he returned to his place of birth, where he met the woman he subsequently married. He liked her, because she was simple, passive, and submissive.

Information on the man's personal history resulted in a noticeable problem of feeling adequate in terms of having sexual intercourse with a woman. He did not attribute his problems with sex as a result of faith, scarce personal interest, or a lack of desire, moreover as a result of a fear built upon an anatomic problem. He believed to have a penis of reduced dimensions, which when erect was also arched. All this led to his belief of probable ridicule by an eventual "dissatisfied" partner.

The feelings of impotence and inadequacy related to sex were aided also by objective medical problems: he had been suffering from children's diabetes (requiring daily dosages of insulin) since the age of 15, and had begun to suffer a significant drop in his libido as well as erection difficulties in recent years (since 2002). As a result, sexual intercourse with his wife became ever more infrequent, ever more difficult to consume, and ever less satisfying.

He had begun to practice masturbation and apply sexual fantasies of dominance, coercion, and aggression of women since 2002, in order to reach arousal and to sustain an erection so as to conclude intercourse. These elements, indeed, played an important part in his motivations regarding his sexual aggressions.

He described arousal and excitement before an assault, when he first began to think about selecting a woman and, then, having her under his power.

Regarding the “modus operandi,” the man described that once on his way home from work, he would stop in the outskirts of one of the two towns of interest, near to his actual town of residence, but where he was a stranger. He would leave his car and, then, he would proceed on foot for the identification of a possible victim. He proclaimed to not have had any intention of hurting his victims nor was he looking for sexual intercourse.

The sexual excitement, linked to the predatory actions which fueled the fantasies of dominance, coercion, and aggression, were rather more mentally related than physical, especially as he never reached a climax when in contact with his female victim. He described how very dissatisfactory was the single episode in which a sexual intercourse with one of his victims had occurred. He expressed disappointment and indifference, while all other episodes had provided him with extreme arousal and excitement.

As a result of the forensic-psychiatric assessment, he was diagnosed with co-occurring borderline and narcissistic personality traits. A subclinical condition of depression and anxiety, probably brought on as a result to imprisonment, and a general medical condition of children’s diabetes (insulin treated), with all its history along with erectile difficulties, completed the clinical overview. His impulsivity appeared to be linked to his borderline personality traits, while his sexual aggressions seemed to be driven by his sexual fantasies of dominance and coercion, which in turn could be related to his narcissistic personality traits (i.e., grandiose sense of self-importance, lack of empathy, and fantasies of unlimited success and power).

## Discussion

This paper has attempted to highlight the role of deviant sexual fantasies in personality and behavior in sexual offenders. In this paper, we have analyzed a serial sexual offender who assaulted 39 women. We suggest that his fantasies of forced sex, sexual coercion, and dominance, which may be linked to his narcissistic personality organization and functioning, appeared to be a primary drive mechanism in his offenses.

He believed that he had a penis of reduced dimensions which was also arched when erect. Furthermore, he had begun to suffer a significant drop in his libido as well as erection difficulties in recent years. Because of his narcissistic personality organization and functioning (including grandiose sense of self-importance, lack of empathy, and fantasies of unlimited success and power), he began to entertain sexual fantasies of dominance, coercion, and aggression of women in order to contrast his feelings of impotence and inadequacy related to sex.

He entertained sexual fantasies both before and after committing his crimes. He engaged in sexual fantasies before committing his crimes, in order to plan his offenses. He fantasized the stages of the offense, the gender of the potential victim, and when or where the aggression might take place. Furthermore, he entertained sexual fantasies before committing their crimes in order to reach arousal. He described arousal and excitement before an assault, when he first began to think about selecting a woman and then having her under his power. Therefore, his sexual fantasies of dominance, coercion, and aggression increased sexual activity perhaps in preparation for an offense.

However, he entertained also sexual fantasies after committing his crimes. He relived his past offenses in fantasy life in order to reach arousal and sustain an erection so as to conclude sexual intercourse with his wife and/or to practice masturbation.

Through memory or imagination, his fantasies of forced sex, sexual coercion, and dominance provided him with certain positive

reinforcements. Such fantasies sustained pleasure (when combined with masturbation), increased sexual activity, while reducing behavioral inhibition and stimulating sexual arousal (perhaps in preparation for an offense), and stimulated grandiosity and omnipotence (because the fantasy of omnipotent control of the victim was likely imaged).

He was aroused by nonconsensual sexual intercourse and sexual fantasies of dominance of women, because he fantasized himself in the role of the aggressor and identified with the power associated with the role of perpetrator. He was aroused by a particularly exciting form of impersonal sex that enabled him to dominate and control his victims. His offenses may be categorized as “power rape” (i.e., sexuality used primarily to express power; [40]).

Because of his recent drop in libido and erection difficulties, the perpetrator developed a feeling of inadequacy and inability to control events in the real world, especially in the sphere of sexual relationships. Therefore, he took refuge in an imaginary world of deviant sexual fantasies in which he was omnipotent and powerful.

He used such fantasy world as a tool to reinforce his positive self-view and minimize any potential threats to his self-esteem. The more time he spent in his fantasy world, the more real it became to him. At some point, such fantasy world was so invested by him that it needed to be acted out in his sexual offenses.

Furthermore, such fantasy world was relived after having committed his crimes, in order to make him reach arousal and sustain an erection so as to conclude sexual intercourse with his wife and/or to practice masturbation.

This case is unique because the aggressor, even if he is in line with the motivational profile of “power rape,” used his fantasies of power, drawn from the assaults, in order to find excitement and have sexual intercourse with his wife. The hypothesis in this type of rapist is that sexual abuse is not anything other than a perpetrated violence by means of an apparently affirmative sexual act. In this case, too, the sexual fantasies of control and power represented the way in which the man found gratification and reinforcements to his fragile Self. What is so peculiar in this case is that the action of aggression was not the objective, moreover a sort of midway stage to be passed in order to recuperate his own image of masculinity with his wife. In other words, the man sought out situations of “power” which could compensate the feelings of impotence and in turn be used as realistic fantasies while masturbating or having intercourse with his wife. As his sexual offenses became less psychologically rewarding and satisfying over the time, the perpetrator escalated in frequency of criminal acts.

Although it is not clear from these studies whether sexual fantasies lead directly to sexual offending, fantasy management has a central role in most treatment programs for sexual offenders. Nevertheless, we suggest that attempts to deal with fantasies of forced sex, sexual aggression, coercion, and dominance through therapy may be not enough, because such fantasies may be linked to more enduring narcissistic personality traits (i.e., grandiose sense of self-importance, lack of empathy, and fantasies of unlimited success and power). Therefore, personality organization and functioning should be an important component of a comprehensive assessment and treatment program for sexual offenders. Although it is not possible from this case report to sustain that narcissistic personality organization and functioning (including grandiose sense of self-importance, lack of empathy, and fantasies of unlimited success and power) lead to deviant sexual fantasies (such as fantasies of dominance, coercion, and aggression of women), which in turn lead to sexual offending, it is apparent that for some individuals fantasies of forced sex, sexual aggression, coercion, or dominance may be related to narcissistic personality traits. However, the role of

fantasy in sexual offending needs to be better understood. Further research may elucidate the link between fantasy and personality organization and functioning in sexual offenders.

### Acknowledgment

Thanks are due to Maya Howard for improving the English of this paper.

### References

- Leitenberg H, Henning K. Sexual fantasy. *Psychol Bull* 1995;117:469–96.
- Baumgartner JV, Scalora MJ, Huss MT. Assessment of the Wilson Sex Fantasy Questionnaire among child molesters and nonsexual forensic offenders. *Sex Abuse* 2002;14:19–30.
- Curnoe S, Langevin R. Personality and deviant sexual fantasies: an examination of the MMPIs of sex offenders. *J Clin Psychol* 2002;58:803–15.
- Dandescu A, Wolfe R. Considerations on fantasy use by child molesters and exhibitionists. *Sex Abuse* 2003;15:297–305.
- Dean KE, Malamuth NM. Characteristics of men who aggress sexually and of men who imagine aggressing: risk and moderating variables. *J Pers Soc Psychol* 1997;72:449–55.
- Gee D, Devilly GJ, Ward T. The content of sexual fantasies for sexual offenders. *Sex Abuse* 2004;16:315–31.
- Gee D, Ward T, Eccleston L. The function of sexual fantasies for sexual offenders: a preliminary model. *Behav Change* 2003;20:44–60.
- Hazelwood R, Warren J. The relevance of fantasy in serial sexual crime investigation. In: Hazelwood R, Burgess A, editors. *Practical aspects of rape investigation*. New York, NY: NYC Press, 1995;2.
- Howitt D. What is the role of fantasy in sex offending? *Crim Behav Ment Health* 2004;14:182–8.
- Looman J. Mood, conflict, and deviant sexual fantasies. In: Schwartz BK, editor. *The sex offender: theoretical advances, treating special populations and legal developments*. Kingston, NJ: Civic Research Institute, 1997;3–11.
- MacCulloch M, Gray N, Watt A. Britain's sadistic murderer syndrome reconsidered: an associative account of the aetiology of sadistic sexual fantasy. *J Forensic Psychiatry* 2000;11:401–18.
- Scully D, Marolla J. Riding the bull at Gilley's: convicted rapists describe the rewards of rape. In: Bart PB, Moran EG, editors. *Violence against women: the bloody footprints*. Newbury Park, CA: Sage, 1993;26–46.
- Smith S, Wampler R, Jones J, Reifman A. Differences in self-report measures by adolescent sex offender risk group. *Int J Offender Ther Comp Criminol* 2005;49:82–106.
- Meloy JR. The nature and dynamics of sexual homicide. *Aggress Violent Behav* 2000;5:1–22.
- Prentky RA, Burgess AW, Rokous F, Lee A, Hartman C, Ressler R, et al. The presumptive role of fantasy in serial sexual homicide. *Am J Psychiatry* 1989;146:887–91.
- Meloy JR. *The psychopathic mind: origins, dynamics and treatment*. Northvale, NJ: Aronson, 1988.
- MacDonald JM. *Rape: controversial issues*. Springfield, IL: Charles C. Thomas, 1995.
- Mosher DL, MacLan P. College men and women respond to X-rated videos intended for male or female audiences: gender and sexual scripts. *J Sex Res* 1994;31:99–113.
- Williams KM, Cooper BS, Howell TM, Yuille JC, Paulhus DL. Inferring sexually deviant behavior from corresponding fantasies: the role of personality and pornography consumption. *Crim Justice Behav* 2009;36:198–222.
- Briere J, Smiljanich K, Henschel D. Sexual fantasies, gender, and molestation history. *Child Abuse Negl* 1994;18:131–7.
- Reich JH. Prevalence and characteristics of sadistic personality disorder in an outpatient veterans population. *Psychiatry Res* 1993;48:267–76.
- Rokach A. Content analysis of sexual fantasies of males and females. *J Psychol* 1990;124:427–36.
- Beauregard E, Lussier P, Proulx J. An exploration of developmental factors related to deviant sexual preferences among adult rapists. *Sex Abuse* 2004;16:151–61.
- Knight RA, Sims-Knight JE. The developmental antecedents of sexual coercion against women: testing alternative hypotheses with structural equation modeling. *Ann N Y Acad Sci* 2003;989:72–85.
- Whitaker DJ, Le B, Hanson RK, Baker CK, McMahon PM, Ryan G, et al. Risk factors for the perpetration of child sexual abuse: a review and meta-analysis. *Child Abuse Negl* 2008;32:529–48.
- Beech A, Fisher D, Beckett R. *An evaluation of the prison sex offender treatment programme*. London, UK: Home Office, 1998.
- Johnston L, Ward T, Hudson SM. Deviant sexual thoughts: mental control and the treatment of sexual offenders. *J Sex Res* 1997;34:121–30.
- Rice ME, Harris GT, Quinsey VL. A follow-up of rapists assessed in a maximum-security psychiatric facility. *J Interpers Violence* 1990;5:435–48.
- Gray SR. A comparison of verbal satiation and minimal arousal conditioning to reduce deviant arousal in the laboratory. *Sex Abuse* 1995;7:143–53.
- Laws DR, Marshall WL. Masturbatory reconditioning with sexual deviates: an evaluative review. *Adv Behav Res Ther* 1991;13:13–25.
- Grossman LS, Martis B, Fichtner CG. Are sex offenders treatable? A research overview. *Psychiatr Serv* 1999;50:349–61.
- First MD, Spitzer RL, Gibbon M, Williams JBW. *Structured clinical interview for DSM-IV Axis-I disorders*. Washington, DC: American Psychiatric Press, 1997.
- First MD, Gibbon M, Spitzer RL, Williams JBW, Smith BL. *Structured clinical interview for DSM-IV Axis-II disorders*. Washington, DC: American Psychiatric Press, 1997.
- Beck AT, Rush AJ, Shaw BF, Emery G. *Cognitive therapy of depression*. New York, NY: Guilford Press, 1979.
- Hathaway SR, McKinley JC. A multiphasic personality schedule (Minnesota): construction of the schedule. *J Psychol* 1940;10:249–54.
- Exner JE. *The Rorschach: basic foundations and principles of interpretation*. Hoboken, NJ: Wiley, 2002.
- Patton JH, Stanford MS, Barratt ES. Factor structure of the Barratt impulsiveness scale. *J Clin Psychol* 1995;51:768–74.
- Hare RD. *The Hare psychopathy checklist-revised*. Toronto, Canada: Multi-Health Systems, 1991.
- American Psychiatric Association. *Diagnostic and statistical manual of mental disorders*, 4th edn. Washington, DC: American Psychiatric Press, 1994.
- Groth AN, Burgess W, Holmstrom LL. Rape: power, anger, and sexuality. *Am J Psychiatry* 1977;134:1239–43.

Additional information and reprint requests:

Felice Carabellese, M.D.

Assistant Professor Forensic Psychiatry

Department of Criminology and Forensic Psychiatry

University of Bari

Piazza Giulio Cesare 14

70124 Bari

Italy

E-mail: f.carabellese@criminologia.uniba.it