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Case reports

Sexsomnia and criminal responsibility: A forensic case report

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ABSTRACT

Introduction: Sexsomnia is a non–rapid eye movement parasomnia characterised by complex sexual behaviours arising during incomplete arousals. Forensic interpretation remains challenging because of diagnostic uncertainty and the limitations of retrospective attribution. This case contributes to the limited literature on sexsomnia in forensic contexts involving allegations of sexual misconduct.

Case presentation: Case presentation: A 33-year-old man underwent forensic neuropsychiatric evaluation following alleged nocturnal sexual contact with his 9-year-old daughter. A history of lifelong confusional arousals, recurrent amnestic sexual behaviours in adulthood, severe obesity, untreated obstructive sleep apnoea (apnoea–hypopnoea index 14.6 events/h), and modest alcohol consumption prior to the index event (two 33-cL beers) was reported, with complete amnesia for the episode. Neurological examination, brain magnetic resonance imaging, and laboratory investigations were unremarkable.

Diagnosis, interventions, and outcomes: ultidisciplinary forensic assessment considered alternative explanations inluding nocturnal epilepsy, REM sleep behaviour disorder, dissociative states, substance-induced behaviours, and malingering-and judged them unlikely on clinical grounds. The findings were considered consistent with a disorder of arousal presenting with sleep-related abnormal sexual behaviours (sexsomnia).

Conclusion: In the presented case, the behaviour was considered consistent with sleep-related automatism, and the subject was deemed not criminally responsible for the alleged act. While automatised behaviours may plausibly occur during dissociated sleep–wake states, forensic attribution remains inherently limited. Legal accountability cannot be inferred from clinical diagnosis alone but requires integration of longitudinal clinical coherence with evaluation of consciousness, volitional control, foreseeability, and risk-mitigating measures. In the absence of standardised forensic criteria, methodologically rigorous multidisciplinary assessment remains essential.

Introduction

Sexsomnia, or *sleep-related abnormal sexual behavior*, is a rare parasomnia characterized by complex sexual acts that occur during partial arousals from non-rapid eye movement (NREM) sleep and are typically followed by complete amnesia for the event [1,2]. Behaviors range from masturbation and fondling to attempted or completed sexual intercourse, often discovered by partners or within judicial investigations [3,4]. While historically described as a variant of somnambulism, advances in polysomnography and neuroimaging have positioned sexsomnia within a broader spectrum of disorders of arousal, reflecting dissociation between motor, limbic, and frontal cortical networks during deep sleep [5,6].

Nosographically, sexsomnia is formally recognized in the *International Classification of Sleep Disorders, Third Edition (Text Revision)* (ICSD-3-TR) as a subtype of Confusional Arousals (and Sleepwalking) within NREM parasomnia [7].

In the DSM-5-TR, it is listed among "*Other specified parasomnias*" within the category of sleep-wake disorders [8], whereas the ICD-11 does not include it as a distinct entity, reflecting ongoing debate over its diagnostic boundaries [9]. Epidemiological data indicate a marked male predominance, with more than 70% of documented cases involving men, and a recent population-based study reported a lifetime prevalence of approximately 7–8% among sleep clinic patients [10]. Comorbid conditions, such as obstructive sleep apnea, restless legs syndrome, and parasomnia overlap disorder, are frequently reported,

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and addressing the underlying sleep disorder is often associated with attenuation of episodes [11,12].

Precipitating factors include sleep deprivation, stress, modest alcohol intake, and the use of sedative-hypnotic [7,13]. The ICSD-3-TR notes that, in the context of alcohol intoxication, it may be difficult to determine whether a behavioural episode reflects sleepwalking or another NREM parasomnia, as behaviours related to intoxication cannot be reliably distinguished from parasomnia-related behaviors [7].

Despite increasing clinical recognition, substantial underreporting persists, largely attributable to embarrassment, stigma, and the intimate nature of the behaviors [14].

From a medico-legal standpoint, sexsomnia has assumed increasing relevance as a defense in cases of alleged sexual assault [15,16]. Courts have reached heterogeneous outcomes, reflecting the absence of standardized forensic criteria and the difficulty of differentiating genuine parasomnia from deliberate or feigned conduct [4,17]. The lack of standardized diagnostic protocols, particularly with respect to video polysomnography, corroborative history, and psychiatric assessment, continues to limit the scientific and forensic validity of the resulting conclusions [18].

Recent multidisciplinary reviews have emphasized the need for integrative models combining neurological, psychological, and legal perspectives [3,15]. Yet empirical research exploring the interface between parasomnia mechanisms and criminal responsibility remains scarce. Within this framework, the present case report aims to delineate the clinical, neurophysiological, and forensic features of a case consistent with sexsomnia, illustrating the diagnostic challenges and interpretative uncertainties that arise when sleep-related behaviors intersect with the justice system.

Case report

A 33-year-old man with no previous psychiatric diagnosis was referred for forensic neuropsychiatric evaluation following a nocturnal episode involving alleged sexual contact with his 9-year-old daughter. The events took place in Northern Italy. At the time of the event, the subject was living alone following a marital separation, which was characterized by significant conflict with his former partner, particularly regarding financial matters. Approximately one week prior to the incident, he had moved to a new residence. The apartment was relatively small (approximately 50 m^2), located near a railway station and therefore exposed to frequent train noise. In addition, the furnishing of the apartment was still incomplete at that time. He reported no regular use of prescribed medications, hypnotics, or illicit substances and described the consumption of approximately 2.5 standard alcohol units (two 33 cL beers) prior to going to bed on the night of the episode. Since childhood, the subject had experienced recurrent episodes of sleep-related confusion when abruptly awakened, consistent with confusional arousals, accompanied by sleep talking and followed by complete amnesia upon full awakening. Chronic snoring during sleep was also reported. No documented history of sleepwalking or night terrors was available. He had a longstanding history of obesity (body mass index $>$ 40 kg/m^2) and a prior diagnosis of mild obstructive sleep apnoea (OSA), for which no treatment had been initiated. A remote neurological admission in 2011 for a demyelinating sensorimotor polyneuropathy had resolved without residual deficits and without evidence of central nervous system involvement. There was no personal or family history of epilepsy, psychotic disorders, or major mood disorders; however, his maternal grandmother was reported to exhibit nocturnal vocalizations during sleep. Key clinical and forensic events are summarized in Table 1.

Between 2017 and 2022, while cohabiting with a subsequent partner, the subject reportedly experienced approximately seven to eight nocturnal episodes in which he became aware of being engaged in sexual intercourse without recollection of having initiated the act. He described preceding dream-like erotic imagery and reported complete amnesia for the onset of the behaviour. Upon awakening, he was described as confused and distressed when informed of his actions.

Table 1
Timeline of clinical and forensic events.

Period/ Date	Event
Childhood	Recurrent confusional arousals with post-episode amnesia reported.
2017–2022	Multiple nocturnal episodes of amnestic sexual behaviours in adult interpersonal contexts.
January 2022	Index event involving alleged nocturnal sexual contact (cunnilingus) with daughter; complete amnesia reported.
August 2023	Home cardiorespiratory sleep study confirming mild obstructive sleep apnoea.
2024	Forensic neuropsychiatric assessment; diagnosis of disorder of arousal with sexsomnia; preventive recommendations provided.
Follow-up	No further sexualised nocturnal behaviours reported under solitary sleeping conditions.

Most of these episodes were reported by the partner with whom he was cohabiting at the time. According to her account, on one occasion he unintentionally struck her when she attempted to wake him because of loud snoring. Additional observations from other sources were also documented. In particular, during a holiday in which the subject shared a bed with a male friend, he reportedly embraced the friend during sleep and was awakened by the friend's reaction. None of these episodes prompted medical consultation at the time.

According to the available judicial records, previous partners were not formally interviewed during the investigation to determine whether similar nocturnal behaviours had occurred in earlier relationships.

The index forensic event occurred in January 2022. According to the available forensic documentation, earlier that afternoon the subject had arranged with his former partner that their daughter would stay with him and sleep in the same bed that night. During the afternoon, the father and daughter reportedly spent time together playing, and the child applied makeup to her father. In the evening, a friend joined them for dinner. After dinner, the child was put to bed, while the subject and his friend remained in the living room watching a football match on television. The friend reportedly slept on the sofa, whereas the subject later joined his daughter in the bed. At that time, the child was already asleep.

During the night (the precise timing relative to sleep onset was not documented), the subject allegedly engaged in sexualised behaviour while appearing asleep, reportedly performing cunnilingus and attempting to remove the child's pajamas. According to the available records, when the child verbally addressed him during the episode, he turned away and appeared to resume sleep. No information was available regarding the presence of snoring during the described behaviour.

The following morning, the father and daughter reportedly had breakfast together, and the child did not refer to the events of the previous night. The father subsequently accompanied the child to school as usual and bought her a snack.

The episode was disclosed later that afternoon, when the child reported the event to her mother, leading to the initiation of criminal proceedings. The case was adjudicated before a collegiate Italian Court of Assizes, presided over by a male judge.

After being informed of the allegation later that afternoon, the subject reported the subsequent development of insomnia, nocturnal crying episodes, and further episodes of sleep-related confusion in the months following the event. He denied psychotic symptoms, delusions, or suicidal ideation.

In the course of the investigation, the child's mother stated that the father had always been actively involved in caring for their daughter and that no previous reports of inappropriate or concerning behaviour had ever been raised prior to the events under investigation. The subject was initially placed under house arrest pending forensic evaluation. Following the event, he moved to his mother's home and began sleeping alone.

During the judicial proceedings, two expert evaluations were

requested: a neurological assessment and a forensic psychiatric evaluation. The neurological assessment was conducted first. A home cardiorespiratory sleep study performed in August 2023 documented a total sleep time of 7 h and 27 min, an apnoea–hypopnoea index of 14.6 events per hour, and a mean oxygen saturation of 94%, with a nadir of 74%, findings consistent with untreated mild obstructive sleep apnoea. No central apnoeas were observed. Neurological examination revealed no focal abnormalities, and brain magnetic resonance imaging was unremarkable. Routine laboratory investigations were within normal limits.

A subsequent forensic neuropsychiatric assessment conducted in 2024 concluded that the subject suffered from a Disorder of Arousal (ICSD-3-TR), characterized by confusional arousals and sexsomnia. Video-polysomnography was not performed as part of the forensic evaluation. Although an in-laboratory video-PSG, preferably over two consecutive nights, would have provided a more comprehensive assessment of parasomnia, such testing could not be arranged within the logistical and organizational constraints of the expert evaluation. The diagnostic formulation was therefore based on the available clinical history, collateral reports, and prior sleep investigations showing sleep fragmentation associated with obstructive sleep apnoea, together with the absence of further episodes after the subject began sleeping alone.

Alternative explanations, including nocturnal epilepsy, REM sleep behaviour disorder, dissociative states, substance-induced behaviours, and malingering, were considered in the differential diagnosis and were judged unlikely on the basis of the available clinical history, collateral reports, and the results of neurological evaluation.

The expert opinion concluded that, at the time of the alleged event, the subject was likely in a state of markedly reduced consciousness associated with a dissociated sleep–wake state, resulting in complex automatisms and impaired voluntary control. On this basis, the behavior was interpreted as occurring outside conscious awareness. The diagnostic formulation was reached within a forensic expert evaluation and was based on the integration of clinical history, collateral testimonies, and neurological and psychiatric assessments, rather than on the full set of instrumental markers typically used in clinical sleep medicine, such as in-laboratory video-polysomnography and detailed N3 sleep parameters.

No evidence of an ongoing psychiatric disorder or current social dangerousness was identified. In the judicial context, the behaviour was considered consistent with sleep-related automatism, and the subject was therefore deemed not criminally responsible for the alleged act. Preventive recommendations included strict sleep hygiene, avoidance of alcohol before sleep, treatment of obstructive sleep apnoea, and avoidance of co-sleeping.

Discussion

Sexsomnia is a non-rapid eye movement (NREM) parasomnia in which complex sexual behaviours may arise during states of incomplete arousal, typically in the absence of conscious awareness and followed by partial or complete amnesia [1,2]. Although its recognition in major diagnostic classifications has improved clinical identification, its implications in forensic contexts remain unsettled.

The present case illustrates the conceptual tension between contemporary neuroscientific models of parasomnias and legal doctrines grounded in the concept of voluntariness, intention, and criminal responsibility. From a neurophysiological perspective, sexsomnia is conceptualised as a disorder of arousal characterised by dissociation between cortical and subcortical systems, whereby motor and limbic networks may be sufficiently activated to generate coordinated, apparently goal-directed sexual behaviours while frontal executive circuits governing conscious control, judgement, and moral reasoning are functionally impaired or offline [3,5].

This dissociative model provides a coherent explanation for the emergence of elaborate behaviours in the absence of *mens rea* and distinguishes sexsomnia from voluntary nocturnal conduct, substance-related disinhibition, or deliberate sexual acting-out [1].

However, contemporary sleep-forensic literature emphasises that such neurobiological models support plausibility rather than proof, as retrospective attribution of a specific criminal act to a parasomnic state necessarily remains probabilistic and inferential [19,20]. In forensic settings, therefore, neurophysiological explanations must be interpreted cautiously and supported by longitudinal clinical coherence.

In the present case, parasomnic manifestations dating back to childhood, recurrent non-forensic episodes of amnestic sexual behaviour across different interpersonal contexts, post-episode confusion and distress, and the absence of identifiable secondary gain are collectively consistent with a genuine disorder of arousal rather than malingering or opportunistic fabrication [15]. The coexistence of untreated obstructive sleep apnoea represents a recognised permissive factor, as chronic sleep fragmentation may lower the threshold for partial arousals and facilitate dissociated sleep-wake states, without being sufficient on its own to explain the behaviour [6,11].

In the present case, recognised precipitating factors for disorders of arousal included alcohol intake prior to sleep, untreated obstructive sleep apnoea associated with sleep fragmentation, and co-sleeping conditions.

Sexsomnia nevertheless remains a diagnosis of exclusion, particularly in medico-legal contexts, requiring systematic elimination of alternative explanations such as nocturnal epilepsy, REM sleep behaviour disorder, dissociative states, substance-induced behaviours, or conscious sexual misconduct [16,17]. Although video-polysomnography was unavailable at the time of the index event, its absence does not invalidate the diagnosis, as polysomnography rarely reproduces the incriminated behaviour and cannot retrospectively confirm a specific episode; rather, its value lies in supporting the overall plausibility of a parasomnic disorder when interpreted within a comprehensive clinical framework [15,16]. The central legal issue concerns whether sexsomnia-related conduct constitutes true automatism, defined by the absence of voluntary control and intentionality. Contemporary sleep science indicates that, in carefully selected cases, such behaviours may occur without conscious awareness, thereby informing, but not replacing, legal assessments of criminal responsibility [3]. Forensic case law nevertheless demonstrates highly heterogeneous judicial outcomes, reflecting divergent legal doctrines, evidentiary thresholds, and expert interpretations [15,17]. This variability has contributed to judicial scepticism regarding the use of sexsomnia as a defence, particularly in cases of alleged sexual assault, and underscores the risk of over-attribution [21].

Such scepticism is further reinforced by evidence of substantial inter-expert variability and cognitive bias in forensic psychiatric assessments, especially in adversarial contexts in which diagnostic judgments may be influenced by contextual, confirmatory, or allegiance effects [22,23].

Large forensic referral series show that although sexsomnia is frequently alleged, only a minority of cases withstand rigorous multidisciplinary evaluation and are deemed consistent with a genuine parasomnia [17,24].

Alcohol consumption remains a contentious factor in the forensic evaluation of parasomnias. The ICSD-3-TR indicates that alcohol intoxication during the alleged episode represents an exclusion criterion for attributing the behaviour to a parasomnia, as intoxicated behaviour cannot be reliably distinguished from parasomnia-related behaviour [7]. Nevertheless, the role of alcohol as a precipitating or confounding factor in disorders of arousal continues to be debated in the literature [14]. In the present case, however, only modest alcohol consumption was reported (two 33-cL beers), without evidence of intoxication.

An additional and increasingly salient dimension concerns antecedent responsibility, as individuals with documented, recurrent sexsomniac behaviours may bear a duty to mitigate foreseeable risks through preventive measures such as avoiding co-sleeping, treating comorbid sleep disorders, and minimising known triggers. However, the

application of this principle presupposes a prior awareness of the clinical significance and potential risk associated with such nocturnal behaviours. In the present case, the subject's recognition of the pathological nature of his episodes and their possible medico-legal implications emerged only during the subsequent forensic evaluation. Failure to adopt preventive measures does not imply conscious intent during the episode itself but may nonetheless complicate claims of total non-responsibility by introducing considerations of negligence or omission [4,17]. Taken together, this case illustrates both the legitimacy of sexsomnia as a neurobiological condition that may be relevant to assessments of criminal responsibility and the substantial challenges posed by the absence of standardised forensic guidelines. These limitations are inherent to a field largely reliant on retrospective, case-based evidence and expert inference, rather than prospective or experimentally verifiable data, and they underscore the need for consensus-driven evaluative frameworks integrating sleep medicine, psychiatry, and legal principles to ensure consistent, rigorous, and ethically sound medico-legal judgments [15,24]. Ultimately, sexsomnia underscores the growing gap between scientific understanding of altered states of consciousness and the legal frameworks tasked with judging responsibility, calling for a more nuanced and interdisciplinary approach to sleep-related behaviours in forensic settings.

Conclusion

This case illustrates the complex challenges posed by sexsomnia when sleep related behaviours intersect with allegations of serious criminal conduct. Although contemporary sleep science supports the plausibility of complex sexual automatisms occurring in states of markedly reduced consciousness or unconsciousness, forensic attribution remains inherently probabilistic and requires the rigorous exclusion of alternative explanations.

In civil law systems such as the Italian one, the core issue does not primarily concern criminal responsibility in general terms, but rather the presence or absence of *mens rea*, understood as consciousness and volition at the time of the act. Questions of criminal responsibility become more relevant when shifting the focus to the foreseeability of the event and to the possible omission of precautionary or preventive measures, particularly in individuals with a prior awareness of the disorder. The assessment of legal accountability in such cases cannot rely on neurobiological models alone, but must integrate longitudinal clinical evidence, careful evaluation of contextual risk factors, and normative legal judgment. In the absence of standardised forensic guidelines, multidisciplinary and methodologically transparent approaches remain essential to ensure consistent, balanced, and ethically sound medico legal decisions.

Declaration of generative AI and AI-assisted technologies in the manuscript preparation process

During the preparation of this work, the author(s) used ChatGPT 5.2 in order to improve the English language and clarity of the manuscript. After using this tool, the author(s) reviewed and edited the content as needed and take full responsibility for the content of the published article.

Informed consent

Written informed consent was obtained from the patient for publication of this case report.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at doi:10.1016/j.fsir.2026.100470.

References

[1] M.L. Andersen, D. Poyares, R.S. Alves, R.P. Skomro, S. Tufik, Sexsomnia: abnormal sexual behavior during sleep, Brain Res. Rev. 56 (2) (2007) 271–282, https://doi.org/10.1016/j.brainresrev.2007.06.005.
[2] C.H. Schenck, I. Arnulf, M.W. Mahowald, Sleep and sex: what can go wrong? A review of the literature on sleep-related disorders and abnormal sexual behaviors and experiences, Sleep 30 (6) (2007) 683–702, https://doi.org/10.1093/sleep/30.6.683.
[3] A.L. Dubessy, S. Leu-Semenescu, V. Attali, J. Maranci, I. Arnulf, Sexsomnia: a specialized non-REM parasomnia? Sleep 40 (2) (2017) zsw043 https://doi.org/10.1093/sleep/zsw043.
[4] R. Muza, M. Lawrence, P. Drakatos, The reality of sexsomnia, Curr. Opin. Pulm. Med. 22 (6) (2016) 589–594, https://doi.org/10.1097/MCP.0000000000000321.
[5] G. Della Marca, S. Dittoni, R. Frusciante, S. Colicchio, A. Losurdo, E. Testani, C. Buccarella, et al., Abnormal sexual behavior during sleep, J. Sex. Med. 6 (7) (2009) 1951–1961, https://doi.org/10.1111/j.1743-6109.2009.01371.x.
[6] R. Soca, J.C. Keenan, C.H. Schenck, Parasomnia overlap disorder with sexual behaviors during sleep in a patient with obstructive sleep apnea, J. Clin. Sleep. Med. 12 (4) (2016) 606–609, https://doi.org/10.5664/jcsm.6066.
[7] American Academy of Sleep Medicine. International Classification of Sleep Disorders, 3rd ed, AASM, Darien, IL, 2023 (Text Revision).
[8] American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, 5th ed., APA, Washington, DC, 2022 (Text Revision).
[9] World Health Organization, International Classification of Diseases, 11th Revision (ICD-11): Mental, behavioural or neurodevelopmental disorders, WHO, Geneva, 2019.
[10] S. Pallesen, B. Bjorvatn, B. Sivertsen, M. Hysing, The prevalence of sexsomnia in a general population sample, Arch. Sex. Behav. 54 (2) (2025) 312–324, https://doi.org/10.1007/s10508-025-03235-x.
[11] C. Guilleminault, A. Moscovitch, K. Yuen, D. Poyares, Atypical sexual behavior during sleep, Psychosom. Med. 64 (2) (2002) 328–336, https://doi.org/10.1097/00006842-200203000-00017.
[12] Y. Béjot, N. Juenet, R. Garrouty, D. Maltaverne, L. Nicolleau, M. Giroud, R. Didi-Roy, Sexsomnia: an uncommon variety of parasomnia, Clin. Neurol. Neurosurg. 112 (10) (2010) 896–899, https://doi.org/10.1016/j.clineuro.2009.08.026.
[13] M. Pilon, J. Montplaisir, A. Zadra, Precipitating factors of somnambulism: impact of sleep deprivation and forced arousals, Neurology 70 (24) (2008) 2284–2290, https://doi.org/10.1212/01.wnl.0000304082.49839.86.
[14] M.L. Andersen, C.H. Schenck, S. Tufik, Understanding sexual parasomnias: a review of the current literature on their nature, diagnosis, impacts, and management, Sleep. Med. Clin. 19 (1) (2024) 21–41, https://doi.org/10.1016/j.jsmc.2023.10.002.
[15] F. Ingravallo, F. Poli, E.V. Gilmore, F. Pizza, L. Vignatelli, C.H. Schenck, G. Plazzi, Sleep-related violence and sexual behavior in sleep: a systematic review of medical-legal case reports, J. Clin. Sleep. Med. 10 (8) (2014) 927–935, https://doi.org/10.5664/jcsm.3976.
[16] M.W. Mahowald, S.R. Bundlie, T.D. Hurwitz, C.H. Schenck, Sleep violence–forensic implications: polygraphic and video documentation, J. Forensic Sci. 35 (2) (1990) 413–432.
[17] B.J. Holoyda, R.M. Sorrentino, A. Mohebbi, A.T. Fernando, S.H. Friedman, Forensic evaluation of sexsomnia, J. Am. Acad. Psychiatry Law 49 (2) (2021) 202–210, https://doi.org/10.29158/JAAPL.200077-20.
[18] A. Cicolin, A. Tribolo, A. Giordano, E. Peila, A. Terreni, C. Bucca, R. Mutani, Sexual behaviors during sleep associated with polysomnographically confirmed parasomnia overlap disorder, Sleep. Med. 12 (3) (2011) 290–292, https://doi.org/10.1016/j.sleep.2011.02.002.
[19] M.R. Pressman, M.W. Mahowald, C.H. Schenck, M.C. Bornemann, Alcohol-induced sleepwalking or confusional arousal as a defense to criminal behavior: a review of scientific evidence, methods and forensic considerations, J. Sleep. Res 16 (2) (2007) 198–212, https://doi.org/10.1111/j.1365-2869.2007.00586.x. PMID: 17542950.
[20] M.R. Pressman, Forensic evaluation of a single episode of a disorder of arousal in a sleepwalking defense: cognitive function versus prior clinical history, Sleep. Sci. 16 (3) (2023) e354–e361, https://doi.org/10.1055/s-0043-1773787. PMID: 38196760; PMCID: PMC10773509.

[21] A. Mohebbi, B.J. Holoyda, W.J. Newman, Sexsomnia as a defense in repeated sex crimes, J. Am. Acad. Psychiatry Law 46 (1) (2018) 78–85. PMID: 29618539.
[22] L. Buongiorno, F. Mele, G. Petroni, A. Margari, F. Carabellese, R. Catanesi, G. Mandarelli, Cognitive biases in forensic psychiatry: a scoping review, Int. J. Law Psychiatry 101 (2025) 102083, https://doi.org/10.1016/j.ijlp.2025.102083. Epub 2025 Mar 5. PMID: 40049040.
[23] D.C. Murrie, M.T. Boccaccini, L.A. Guarnera, K.A. Rufino, Are forensic experts biased by the side that retained them? Psychol. Sci. 24 (10) (2013) 1889–1897, https://doi.org/10.1177/0956797613481812. Epub 2013 Aug 22. PMID: 23969777.
[24] M.A. Cramer Bornemann, C.H. Schenck, M.W. Mahowald, A review of sleep-related violence: the demographics of sleep forensics referrals to a single center, Chest 155 (5) (2019) 1059–1066, https://doi.org/10.1016/j.chest.2018.11.010. Epub 2018 Nov 23. PMID: 30472024.