

# Assessment of the Paraphilias

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## KEYWORDS

• Paraphilias • Pedophilia • Sexual sadism • Assessment • Diagnosis

## KEY POINTS

- Paraphilias are recurrent, persistent, and intense sexual interests in atypical objects or activities.
- Although they are most often seen in forensic or sexological settings, paraphilias can be encountered in general psychiatric settings as well.
- Paraphilias have significant comorbidity, both with other paraphilias and with mood disorders in particular.
- Assessment and diagnosis require integration of multiple sources of information given the limits and biases of self-report alone.
- Effective management of paraphilias requires ongoing monitoring because there is no evidence that the condition can be cured.

## INTRODUCTION

### *Definition*

Paraphilias are defined in the latest version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) as recurrent and intense sexual arousal to atypical objects or activities, as manifested in sexual fantasies, urges, or behavior over at least a 6-month period.<sup>1,2</sup> In the DSM, Fifth Edition (DSM-5), paraphilias are distinct from paraphilic disorders; the latter term denotes a paraphilia that is accompanied by distress or impairment in functioning. Paraphilias are necessary but not sufficient for determining the presence of a paraphilic disorder.<sup>1</sup>

Eight paraphilias are specifically listed in the DSM-5: pedophilia (prepubescent children), exhibitionism (exposing the genitals to an unsuspecting stranger), voyeurism (spying on unsuspecting strangers in normally private activities), sexual sadism (inflicting humiliation, bondage, or suffering), sexual masochism (experiencing humiliation, bondage, or suffering); frotteurism (touching/rubbing against an unconsenting

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Abbreviations	
BSHI	Bradford Sexual History Inventory
CPA	Cyproterone acetate
DSM	Diagnostic and Statistical Manual of Mental Disorders
LA	Leuprolide acetate
MIDSA	Multidimensional Inventory of Development, Sex, and Aggression
MPA	Medroxyprogesterone acetate
MSI	Multiphasic Sex Inventory
OCD	Obsessive-compulsive disorder
PPG	Phallometry or penile plethysmography
SHQ-R	Clarke Sex History Questionnaire for Males-Revised
SSPI	Screening Scale for Pedophilic Interests

person), fetishism (nongenital body parts or nonliving objects), and transvestism (cross-dressing). Many other paraphilias have been described in clinical case studies. In DSM-5, these other paraphilias are diagnosed as other specified paraphilia if the atypical focus is known, or as unspecified paraphilia if there are clear symptoms that warrant the diagnosis of a paraphilic disorder but the clinician either cannot or does not want to specify the paraphilic focus. Similar descriptions of paraphilias are included in the tenth version of the International Classification of Diseases, which is more commonly used outside Canada and the United States.<sup>3,4</sup>

### ***Nature of the Problem***

Paraphilic disorders are most commonly seen in forensic and correctional settings, when paraphilic behaviors are illegal if acted on, such as accessing child pornography or having sexual contact with a child.<sup>5,6</sup> Other paraphilias that are commonly seen in forensic and correctional settings include exhibitionism, voyeurism, and sexual sadism. We have also seen fetishists when their sexual interests lead them to engage in criminal behavior; for example, when an underwear fetishist breaks into women's residences in order to steal underwear. Paraphilias are also often seen in sexological settings, especially when they lead to impairment in sexual or relationship functioning. For example, sexual masochism might be seen when someone is in a long-term, committed relationship with someone who does not tolerate the interest or will not engage in masochistic activities. Because paraphilias can affect sexual and relationship functioning and because they are highly comorbid with mood problems, individuals with paraphilias experiencing these consequences might be seen in any general psychiatric setting. An unknown proportion of paraphilic individuals do not seek consultation.

### ***Prevalence***

The prevalence of paraphilias is not known, although there are some relevant studies. Långström and Seto<sup>7</sup> analyzed data from 2450 randomly selected men and women from 18 to 60 years of age in Sweden. Seventy-six respondents (3.1%) reported at least one incident of being sexually aroused by exposing their genitals to a stranger, and 191 (7.7%) respondents reported at least one incident of being sexually aroused by spying on others having sex. Beier and colleagues<sup>8</sup> conducted an anonymous survey of 373 men, and 4% admitted having sexual contact with a child, 9% admitting having sexual fantasies about children, and 6% admitted masturbating to fantasies about children. Richters and colleagues<sup>9</sup> conducted a large telephone survey in which 2% of male respondents and 1.4% of female respondents reported engaging in sadistic or masochistic activities in the past 12 months.

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