



Characteristics of paraphilics in Turkey: A retrospective study—20 years[☆]



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ABSTRACT

Objective: This study is carried out to research the frequency of occurrence and the characteristics of paraphilic cases in Turkey and forensic aspects of them and to explain forensic psychiatric studies of people show paraphilic actions and assess them from legal aspects.

Method: This research is done by studying a total of 101,208 cases who were sent to Istanbul Forensic Medicine Institute (FMI) by the judicial organs of 4th Specialization Board between 1984 and 2004 to decide whether they show paraphilic actions or not. When choosing the cases of pedophilic actions, incest incidents were excluded and 307 incidents were taken into assessment.

Results: The male subjects are 97.4%, 39.7% of them are 19–29 years old, 10% of them are over age 60, 59% of the subjects are single, 36.5% of them are unemployed, 71.7% of the incidents have no physical disorder. The subjects who were imprisoned before were 20.2% and 22.1% of them had undergone psychiatric treatment before the incident.

Twenty separate diagnosis are determined by the FMI for the subjects. There were mental retardation, schizophrenia and various personality disorders on the top the diagnosis list. The paraphilia type of the incidents are pedophilia (60.3%), exhibitionism (8.1%), pedophilia and exhibitionism (7.5%) and fetishism (5.9%). It was determined that there were more than one paraphilia type in 40 incidents (13%).

FMI decided that 54.7% of them have criminal responsibility, 25.1% of them have no criminal responsibility, and 20.2% of them have reduced criminal responsibility.

Conclusion: There were 20 separate type of diagnosis for the incidents. It is understood that paraphilic incidents do not seek for help although they have the symptoms of disorder and they are exposed to psychiatric assessment only when they face a criminal inquiry. This suggests that there are more paraphilic incidents in the society than what we encounter.

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1. Introduction

In Turkey, there is no reliable and comprehensive epidemiological research on the frequency of occurrence of the paraphilic cases in society. The social reaction to this kind of sexual disorders prevents the application for treatment except for the criminal and administrative obligations. Thus it is difficult to know the frequency of occurrence. The existing paraphilic cases are limited to those who applied to the health institutions by the force of family and environment, more rarely per se or enforced by law. This research is carried out to determine the forensic psychiatric studies of people who show paraphilic actions. Moreover, this study is considered to be important as it has revealed a 20-year screening and it covers all of Turkey.

In Çitici's (2004) study, less than 50% of sexual assaults have been reported, in which 5%–10% of them reverberate to the judicial authorities, and because of this, little is known about sexual assaults. In this study, of all the 101,208 case files in which criminal responsibility is requested, paraphilic actions are only found in 307 cases.

The purpose of the forensic psychiatric assessment is to investigate whether the perverse action which occurs during the crime is the result of a mental disorder which affects people's control over their movements and intentional functions. M'Naughten defined the rules for circumstances in which the perpetrator will not be penalized due to the unknowing nature, the character and the results of the action or being unaware of the unfair and destructive character of the action. Despite the lack of academic infrastructure, the M'Naughten rules are adopted in the Anglo-American culture and asking for severe cognitive deficits. This rule was flexed a bit with the judgment of the 1954 Durham trial. Accordingly, if the actions result from a person's mental illness or weakness, the perpetrator cannot be held responsible for the crime. In 1959, the Durham Rule was softened more with legal

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regulations in England. Regulations have been made to prevent psychotic patients to be punished even if they have the ability to understand the causes and the consequences of the crime. The American Law Institute Rules (1962) has added the individuals' basic capacity and the ability to judge the criminal responsibility criteria as well as the lack of understanding and becoming aware of the causes and the consequences of the action which the M'Naughten rules mentioned before (Soysal, 2005, 2015).

Sex is an integral part of the basic needs of an individual. However, some people cannot get satisfaction from ordinary sexual relationship; instead they prefer unusual sexual behavior and objects. They are referred to as paraphilics in psychiatric terminology. The term paraphilia was first introduced into DSM-III to replace the DSM-II term sexual deviation "because it correctly emphasizes that the deviation (para-) lies in that to which the person is attracted (philia)". The number and taxonomy of paraphilia are under debate; one source lists 549 types of paraphilia (Aggrawal, 2009; Kalra, Tandon, & Sathyanarayana Rao, 2014; Oğuz & Uygur, 2005).

Although paraphilia has been used to refer to disorders of atypical sexual arousal up through DSM-IV-TR, no term was available in DSM-IV-TR to indicate no pathological, atypical sexual interests. In contrast, DSM-5 redefines the term paraphilia so that it now refers to a persistent, intense, atypical sexual arousal pattern, independent of whether it causes any distress or impairment which by itself, would not be considered disordered (First, 2011).

DSM-5, as did its predecessor DSM-IV-TR, includes eight specific paraphilic disorders: voyeurism, exhibitionism, frotteurism, sexual masochism, sexual sadism, pedophilia, fetishism, and transvestia. These eight disorders were selected for DSM-5 as they are relatively common, and some of them involve behaviors that are classified as criminal offenses because of their noxiousness and potential for harm to others. However, the range of stimuli that can form the basis of a persistent and intense sexual arousal pattern is potentially limitless, and some of these patterns can undoubtedly lead to negative consequences in some individuals (Beech & Harkins, 2012; First, 2011; Wakefield, 2011).

In ICD-10, perverse (paraphilia) behaviors as a primary symptom of sexual selection disorder are defined as ego-dystonic. The only sexual expressions of continuous perverse actions are simultaneously going along with the active sexual life and they are hard to control during the relationship conflicts and are difficult to supervise. These behaviors have a structure that makes them preferable to genital sexuality with a partner. Perverse behaviors are classified by the quality of the action and the urge descriptively. Besides that they should also be classified by the frequency and intensity of the action, the role they play in psychic organization and their relationship with ego (Geyran & Uygur, 1996; Geyran, Özdemir, & Uygur, 1994).

In studies it is stated that 10%–20% of the children under the age of eighteen suffered from sexual assault, and 20% of the women are the targets of exhibitionists and voyeur. Although there has been a significant increase in the paraphilia prevalence, there is no method to determine the true prevalence. One of the reasons for this situation is due to its confidential nature the paraphilic action cannot be seen in the statistics as this happens with the mutual consent of the adults (sexual masochism and sadism) (Erdoğan, 2010; Geyran et al., 1994; Gülçat, 1998; İncesu, 2004).

There is an academic discussion between the people who think that paraphilia is close to obsessive compulsive disorder and the people who think that paraphilia is close to the impulse control disorder group. In obsessive compulsive disorder, in order to sedate temporarily or satisfy (not sexual satisfaction) the anxiety which is increased by the obsessions, mental or motor compulsion execution is needed. In impulse control disorders, although it is known that the rise of mental impulse with fierceness is wicked or harmful, the regret following the short satisfaction after this action is typical.

In general, the paraphilia is believed to have originated from psychosocial and organic factors. The etiology of paraphilia is not

known exactly as in most behavioral disorders' multifactorial features are seen to take place in the etiology (Casanova, Mannheim, & Kruesi, 2002; Kaplan & Sadock, 2005; McManus et al, 2013; Oztürk, 2002).

In personality psychopathology, perverse reaction may arise in the life crisis or in its periods in which coping and adapting abilities are challenged. Psychoanalytic studies argue that perverse activities can be shown in subconscious conflicts. In this type of personality organization, the perverse symptom is joined by the structure since the earliest periods of the development and has a feature that holds the personality organization together. To assess the perverse action psychodynamically, the interaction between the personality structure and the "perverse sexual activity" must be understood (Ertekin, Özyayhan, Eren, & Ertekin, 2013; Gülçat, 1998; Oğuz & Uygur, 2005).

The most argued cases in classical perversion literature are the cases in which the show up of the perverse symptoms like the formation of neurotic symptoms can be observed. In this context perverse symptom is a pathological defense mechanism experienced as experiences that are isolated from the whole personality and directed to control the urge. It can show the periodicity and the iterativeness features. It is seen to be in evident contrast with the personality dimensions which are foreign elements of the personality. These symptoms are unfamiliar to ego and bitter experiences. In another group of cases which is much more rarely seen, perverse symptomatology is integrated into the self-concept. These cases are expressed as "perverse character structures". In these cases, perverse symptom is like a connection that holds together psychic structure that is fragmentary in nature. There is no any other coping strategy than "nonperverse compensatory". Since the typical perverse desires, urges and actions infested all areas of personality more or less, they are defined as positive life experiences. Against such behaviors that affect people's social role and the relationship with the environment, they can try to impose themselves and their behaviors on others by showing extreme defensive attitude and denial response (Gabbard, 2000; Geyran & Uygur, 1996; Geyran et al., 1994; Gülçat, 1998; Oğuz & Uygur, 2005).

Paraphilia is generally seen in a relationship with the borderline personality organization. Some of the cases that are on the borderline level are close to neurotic and some are close to psychotic level. If high level integration is involved, perversion is intended for sexual functionality, and sexual potency is achieved by fantasies not by actions. In the lower levels, the role of perversion protects the ego boundaries and find a way out to aggression besides providing sexual functioning. Because of the fragmentary nature of the personality structure the impulse neurosis accompanied by perverse symptomatology show serious deficiencies and passivity in almost every part of life in which impulse is concentrated. Due to the lack of productive compensating defense mechanisms, destructive–disruptive actions are common attitudes. It is difficult to separate perverse elements in personality structure than nonperverse elements. These kinds of people generally show polymorphic perverse actions. The perverse actions mostly seen among sex offenders are generally in this group (Geyran & Uygur, 1996; Geyran et al., 1994; Gülçat, 1998).

Perverse actions may occur due to organic brain damage or major psychosis. "Impulsivity and the deterioration of the judging" are among the personality changes described in the organic brain syndrome. Just a few literature prognosticate that temporal lobe abnormalities are observed more in the EEG tracings of the people who show perverse behavior (Alkhalil, Tanvir, Alkhalil, & Lowenthal, 2004; Oğuz & Uygur, 2005).

People with mental disability can have substantial problems in achieving an ordinary sexual relationship and can deviate from the ordinary way and try to find alternative ways to satisfy themselves. This derailing leads to perversion. As in all segments of society, there are some individuals who are mentally retarded or of borderline-normal intelligence who engage in aggression with a sexual content (Swanson & Garwick, 1990).

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