1

An Overview of Sexual Deviance and Paraphilic Disorders

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Introduction

Paraphilias (parəˈfɪlɪə from Greek *philos*, loving) are difficult to define, contentious as a basis for legal processes, and their classification is prone to criticism. In the purist sense of the word, *para*—going beside or beyond, amiss; *philia*—attachment, is typically defined as a condition characterized by abnormal sexual desires, typically involving extreme or dangerous activities (Collins English Dictionary, 2018). According to the *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. (DSM-5: APA, 2013), a sexual fantasy (SF) is paraphilic if it concerns activities outside the realm of "genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners" (normophilic). Intensity of the paraphilic SF is also "greater than or equal to normophilic interests."

In the DSM-5, paraphilias are distinct from paraphilic disorders. A paraphilic disorder denotes a paraphilia that is accompanied by distress or impairment in functioning. This indicates that paraphilias are necessary but not sufficient for determining the presence of a paraphilic disorder. According to the DSM-5, a sexual interest is anomalous if its intensity is equal or superior to that of a "normophilic" sexual interest. 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 real or not, physical or not), frotteurism (touching/rubbing against an non-consenting person), fetishism (non-sexual object), and transvestism (cross- dressing). While each paraphilic disorder in this list has its own specific diagnostic criteria, there is an acknowledgment by the American Psychiatric Association (2013) that the list is not exhaustive.

Prevalence rates for paraphilias are difficult to obtain due to changes in criterion over time (Joyal, 2021, chap. 6 in this book) and between cultures (Bhugra et al., 2010). In a sample of 1,915 German men aged between 40 and 79, Ahlers et al. (2011) reported that 62.4% reported at least one paraphilia-associated sexual arousal pattern, and that this caused distress in only 1.7% of cases (Ahlers et al., 2011).

A general interest in paraphilia is not uncommon within non-offending populations. For example, Joyal and Carpenter (2017) found that nearly 50% of non-offending adults expressed an interest in at least one paraphilic category, with approximately one-third having experience with such a practice at least once. Makanjuola et al. (2008) found that between 22% and 44% of men and women admitted to at least one paraphilic interest, while Bártová et al. (2020) found that 31.3% of men and 13.6% of women reported at least one paraphilic interest. Paraphilic sexual fantasies are also common among college students (Leitenberg & Henning, 1995). For

Sexual Deviance: Understanding and Managing Deviant Sexual Interests and Paraphilic Disorders,
First Edition. Edited by Leam A. Craig and Ross M. Bartels.
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example, Williams et al. (2009) found that 95% of their male college sample reported at least one paraphilic or offense-related sexual fantasy. Within non-offending samples, an interest in voyeurism, fetishism, frotteurism, sadism and masochism are most common (Ahlers et al., 2011; Bártová et al., 2020; Joyal & Carpenter, 2017; Leitenberg & Henning, 1995; Williams et al., 2009).

Survey results from Långström and Seto (2006) sample of Swedish adults ($N = 2433$) revealed a lifetime prevalence of 3.1% for exhibitionistic behavior (4.1% for males and 2.1% for females), broadly consistent with the DSM-5's prevalence estimate of exhibitionistic disorder, which range between 2 and 4% in the general population (APA, 2013). Also, 8% of their Swedish sample admitted to being sexually aroused by spying on others having sex (Långström & Seto, 2006). While exhibitionistic and voyeuristic acts have been identified as sexually deviant behaviors for centuries, the research on these disorders is scarce. Kaylor and Jeglic (2021, chap. 11 in this book) note that exhibitionistic and voyeuristic behaviors frequently occur together, as well as with other mental health issues, such as depression, substance use, anxiety, hypersexuality, bipolar disorder, attention-deficit/hyperactivity disorder, and antisocial personality disorder. A number of theories have been posited to explain paraphilic interests, including Courtship Disorder Hypothesis, Psychoanalytic Theory, Evolutionary Theory, Behavioral and Social Learning Theory, as well as increased availability with developments in technology. Of these various theories, Kaylor and Jeglic note that the Courtship Disorder model is favored in the field as it explains the high comorbidity rates amongst sexual paraphilias, as well as the escalation toward more serious sexual offending behavior. This hypothesis posits that deviant sexual behavior follows the template of normal dating behaviors, such as visually selecting a partner (voyeuristic behavior), nonphysical interactions (exhibitionistic behavior), physical touching (toucherism/frottuerism), and intercourse (rape).

Fantasies involving masochistic or sadistic content are more atypical, in that they are reported to be experienced by fewer people, although not so infrequently that they may be called rare (16–19% and 9–22% respectively). In fact, the prevalence rates of men who self-identify as BDSM practitioners vary between 2.2% and 7.6% (De Neef et al., 2019). Most people with atypical sexual interests do not have a mental disorder, and thus a paraphilic disorder, where a mental disorder is defined by DSM-5 as:

> A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour that reflects a dysfunction in the psychological, biological or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder, socially deviant behaviour (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual as described above. (p. 20)

To be diagnosed with a paraphilic disorder, DSM-5 requires that people with these interests: feel personal distress about their interest, not merely distress resulting from society's disapproval; or have a sexual desire or behavior that involves another person's psychological distress, injury, or death, or a desire for sexual behaviors involving unwilling persons or persons unable to give legal consent. However, critics have argued that the current criteria for paraphilia are too inclusive, with the crucial difference being the intensity of a sexual fantasy, which must be greater or equal than that of "normophilia."

Miner and Munn (2021, chap. 17 in this book) highlight that compulsive sexual behavior (CSB) presents even more definitional problems. Indeed, it has been described as "sexual addiction" (Carnes, 1983), "compulsive sexual behavior" (Coleman, 1991), "paraphilia related disorder" (Kafka & Hennen, 1999), "hypersexual disorder" (Kafka, 2010), and "out of control sexual behavior" (Braun-Harvey & Vigorito, 2015). Common across these various descriptors is hypersexual behavior, which has been linked to sexual recidivism (Thornton, 2021, chap. 16 in this book).

If a person denies distress in the form of guilt, shame, or anxiety about their paraphilic impulses; are not impaired in important areas of their functioning due to this interest; and their urges are not acted upon, then they would not meet criteria for a paraphilic disorder (APA, 2013). Diagnostic systems in determining the presence of a paraphilic disorder are not without controversy and the DSM-5, in particular, has been criticized for lacking specificity. This includes an unclear definitional strategy for each paraphilia, whether paraphilias should be construed as categorical or dimensional, whether each paraphilia is properly subtyped, and whether the paraphilias are natural kinds or social constructions. These are but four of the 25 critical points regarding the DSM-5 diagnostic criteria (O'Donohue, 2016). This is demonstrated in a study by Joyal (2015). Using a general community sample (N = 1,501), Joyal (2015) found that the most intense "normophilic" sexual fantasy (receiving oral sex) is statistically more intense, on average, than the most intense "paraphilic" sexual fantasy. However, in four participant subgroups (combined n = 851), the most intense paraphilic sexual fantasy was statistically as intense as the most intense "normophilic" sexual fantasy. In other words, 57% of the study sample had met the DSM-5 definition of paraphilia (*not* paraphilic disorder). Joyal (2021, chap. 6 in this book) discusses the problems with psychiatric diagnoses of paraphilia in more depth, offering a number of possible solutions, including a more global diagnostic term (e.g., "sexual interest disorder" or a harmful dysfunction definition) and the need to consider different dimensions when diagnosing paraphilias.

Like Joyal (2020), D'Orazio and Flinton (2021, chap. 7 in this book) also highlight the diagnostic limitations of a categorical system when considering the diagnosis of paraphilic disorder and argue that salient aspects of sexual preferences are more accurately understood as occurring on continuums rather than as discrete categorical entities. This means there is a progression in values from one end to the other, and that adjacent points on the continuum are very similar whereas distant points are distinct. They argue that an agonistic continuum model acknowledges that what is commonly referred to as sexual sadism occurs along a continuum much like any other disorder. Sexual scripts and other diagnostic indicators, such as information from self-reports, collateral interviews, information from psychological tests or tools, police reports, crime scene reports/photographs, prison and community supervision records, victim statements, medical reports, previous psychological evaluations, and school records will be useful in the assessment of sexual sadism. D'Orazio and Flinton provide a detailed explanation as to how paraphilic disorder diagnoses can be improved based on a continuum approach. They suggest it is important that differential diagnosis is considered when assessing for agonistic disorders and that diagnoses can be tendered for any preference point on the agonistic continuum but must meet the general criteria for paraphilic disorder, i.e., intense, persistent, atypical sexual interest plus clinically significant negative consequences.

Theory of Sexual Deviance and Paraphilias

To fully understand the development of sexual deviance, and the role of deviant sexual interest, it is crucial to examine how sexual offending behavior unfolds over time, in terms of its onset, frequency, persistence, and desistance. By charting a fascinating overview of the history of sex

offending research from the end of the 19th century to the early part of the 21st century, Lussier et al. (2021, chap. 2 in this book) highlight the developmental insights that have been gained along the way, as well as the methodological issues that have prevented the formation of reliable causal conclusions. To address these limitations, Lussier et al. (2021, chap. 2 in this book) discuss the benefits of adopting a developmentalist approach to studying sexual deviance, demonstrating how it can provide a clearer insight into how sexual offending behavior develops and fluctuates over one's life course. As Lussier et al. (2021) argue, the understanding, assessment, and management of sexual deviance can be greatly advanced by examining developmental pathways using a life course or developmentalist perspective.

Numerous multifactorial theories of sexual offending behavior have been put forward over the decades (e.g., Finkelhor, 1984; Marshall & Barbaree, 1990; Seto, 2019; Ward & Beech, 2006). Each of these theories regards deviant sexual interest as a core explanatory factor. In spite of this, however, there are comparatively fewer theories aimed at explaining deviant sexual interest, the most well-known being the learning-based theories of McGuire et al. (1964) and Laws and Marshall (1990). Although these theories were seminal and informed the development of several reconditioning treatment strategies, much more has been learned about human sexuality through empirical study since these earlier theories were proposed (see Lehmiller, 2017; Toates, 2014). In spite of this, no recent theories of deviant sexual interest have been developed. In fact, as Schmidt and Imhoff (2021, chap. 3 in this book) note, a general theory of how sexual interest develops is lacking within the literature. Schmidt and Imhoff (2021) argue that filling this theoretical gap should be a priority as it provides a more scientifically parsimonious approach to explaining deviant interests, as well as sexual offending behavior. As such, Schmidt and Imhoff (2021) offer a theoretical approach for understanding chronophilic interests in heterosexual males, one that provides testable hypotheses, which they demonstrate by presenting some preliminary data.

One variable that has remained key to understanding deviant sexual interest is "sexual fantasy." However, the theoretical landscape on sexual fantasy is sparse, primarily based on a behaviorist perspective, and confined to the development of fantasy content (McGuire et al., 1964; Stockwell & Moran, 2014). Thus, the cognitive processes that underpin the *cognitive act* of sexual fantasizing have been largely ignored. To address this, Bartels et al. (2014) developed the Dual-Process Theory of Sexual Thinking (DPM-ST), aimed at explaining the psychological processes that underpin fleeting sexual thoughts and the act of prolonged sexual fantasizing operate. Thus, the DPM-ST offers new perspectives on sexual fantasy that contribute greatly to our understanding of deviant sexual interest and behavior. In chapter 4 of this book Bartels et al. (2021) provide an in-depth overview of the DPM-ST, along with suggestions for practice and research.

Another route to understanding deviant sexual interest and behavior is to examine the neurobiological factors and processes at play. While still in its infancy, there has been a notable increase in neurobiological research. In chapter 5 of this book, Kruger and Kneer provide a discussion of this literature. Specifically, they bring together and review research on the differences in brain structure, brain activation, endocrinology, and epigenetics, particularly in relation to pedophilia and sadism (and their respective offense-related manifestations). This research is beginning to reveal the neural structures involved in the processing of sexual preferences, and why some people might be directed toward paraphilic stimuli. Also, recent studies suggest that the differences in brain structure and function may be more related to the sexual act (e.g., child sexual abuse) than the sexual preference. Thus, the neurobiological research is beginning to provide crucial insights that contribute to our understanding of sexual deviance.

Sexual Deviance and Paraphilic Disorder

While some paraphilias are commonplace within the general population, they become pathological (a paraphilic disorder) when they are illegal if acted upon or associated with clinically significant distress or impairment in social, occupational, or other areas of functioning (APA, 2013). Within structured risk assessment frameworks, sexual deviance is defined as a stable pattern of deviant sexual arousal. Related terms and concepts include psychosexual disorder, deviant sexual preference, paraphilia, and perversion. Specifically, "a sexual interest, preference arousal or behavior that involves a focus on inappropriate persons or objects (i.e., those falling outside of the realm of what is considered legal or conventional in consenting adult sexual relationships) … manifest by fantasies, urges, or repeated acts of a sexually deviant nature" (Hart et al., 2003, p. 63).

While many consenting paraphilias do not appear to be associated with mental disorders, one exception is child sexual abuse, with or without pedophilia. For the diagnosis of a pedophilic disorder, it is required that (a) the patient exhibits recurrent, intense, sexually arousing fantasies or *behaviors* involving sex with prepubescent children, and (b) he has *acted* on these urges or is at least markedly distressed and/or experiences interpersonal difficulties as a consequence of these urges or fantasies. DSM-5 further discriminates between an "exclusive type" and a "non-exclusive type" of pedophilia, and whether the individual is attracted to males, females, or both, as well as whether the behavior or the fantasies/urges are limited to incest or not. According to Seto's chronophilia (2016), a sexual orientation is something that has an early age of onset, is resistant to attempts to change it, and contributes to a congruence between the targets of sexual and romantic attractions, with pedophilia in particular meeting these criteria.

Sexual interest in children (usually defined as aged 12 years or less), or sometimes referred to as "minor attraction" (Lievesley & Harper, 2021, chap. 8 in this book), is rare among adults recruited in non-forensic/non-clinical populations, with an estimated prevalence rate within the general (male) population being less than 10% (Ahlers et al., 2011; Dawson et al., 2016; Dombert et al., 2016; Joyal & Carpenter, 2017; Santtila et al., 2015) or between <.1–5% (Dombert et al., 2016; Seto, 2008). Indeed, in a non-offending sample, sexual fantasies of having sex with a child under the age of 12 (0.8% of women and 1.8 of men, not significantly different) were found to be statistically rare (Joyal, 2014). As Lievesley and Harper (2021, chap. 8 in this book) note, there are substantial issues with some of the criteria used to diagnose pedophilic disorder (Schmidt et al., 2013). Having not acted on pedophilic impulses or urges, or having no feelings of guilt, shame, or anxiety or not being limited by such impulses of fantasies, however, would not justify a diagnosis of pedophilic disorder but rather a pedophilic sexual orientation. Lievesley and Harper argue, in line with the DSM-5 criteria, that being attracted to minors is not problematic in and of itself, but rather becomes so when there is harm or distress being caused to oneself or others. They suggest a humanistic approach when presenting information about pedophilia to persons attracted to children and advocate a health- and wellbeing-based approach to the management of minor attraction, with sexual abuse prevention being a secondary aim within this paradigm.

Generally, paedophilia is diagnosed at a prevalence of 30–70% in samples of men who have sexually abused children (Eher, 2017), although there is some evidence that DSM-diagnosed pedophiles and non-pedophiles differ on fewer variables than expected (Kingston et al., 2007), with the most relevant differences being observed when groups were divided by phallometric results. Blanchard et al. (2001) investigated the prevalence rate of pedophilia using phallometric procedures and found a lower base rate of DSM-diagnosed pedophiles of about

50% (n = 85 pedophiles versus n = 79 non-pedophiles) in their sample. A positive pedophile assault index would not necessarily indicate the existence of an absolute pedophilic preference, since it measures the relative arousal to assault in children and, therefore, might be more specific to a sexual preference for violence than to a sexual preference specific for children (Eher, 2017).

Although phallometry can be seen as an established and well-validated indirect measure of deviant interests, it is expensive, generally unavailable, and "labour intensive as a method in everyday routine practice" (Schmidt et al., 2013, p. 110). Yates (2021, chap. 10 in this book) explores several methods of assessing deviant sexual interests in men, including self-report measures, indirect measures, viewing time measures, and phallometric measures. Yates highlights that low reliability has been, and remains, an ongoing concern with phallometric assessment with marked variations in sensitivity of phallometric assessment in relation to PPG assessments with men who have offended against children and assessments of men who have sexually assaulted adults. As Yates highlights, measurement of sexual interests is complicated by a number of factors, not the least of which being that there are different approaches to sexual offending and hypotheses about how information is processed. For example, diagnostic measures rely on self-report with arbitrarily defined criteria that focus on an individual's behavior, while indirect measures rely on attentional factors and response times, thereby highlighting the role of sexual interest. Further, phallometric assessment and viewing time measures rely on physiological sexual arousal. Sexual interests, preferences, and arousal are complex processes involving emotions, cognition, personal history, context, and a multitude of other factors. As such, it is not surprising that, within research, there is variability across different measures.

Perhaps more unusual as a paraphilic interest is the sexual attraction to corpses (necrophilia) and the sexual attraction to those who are sleeping or unconscious (somnophilia), both of which have long been under-researched sexual paraphilias. DSM-5 lists necrophilia as a Paraphilia Not Otherwise Specified (PNOS), and as Pettigrew and Deehan (2021, chap. 9 in this book) observe, although those with true/genuine necrophilia have a primary and persistent attraction to corpses, it is probable that the majority will never actually sexually abuse a corpse but instead confine their necrophilic interest to private sexual fantasies and perhaps, for some, the use of "pornographic" material. True prevalence rates are largely unknown and there is currently no prevailing aetiological theory of necrophilia. However, as Pettigrew and Deehan note, common across the few theoretical accounts is that the person with necrophilia has complete dominion over the corpse, the corpse cannot resist or reject them, the corpse cannot argue, retaliate, or defend themselves, and the corpse cannot demand anything of the person with necrophilia. Pettigrew and Deehan suggest there is a unifying attraction to passivity and the control/dominion over the body of another person, not dissimilar to that of another under-researched paraphilia: somnophilia. Sometimes referred to as Sleeping Beauty Syndrome, this paraphilia is an interest in fondling or having sex with a sleeping or unconscious person and has been linked to the act of rape (Deehan & Bartels, 2019; Pettigrew, 2019). However, there is some definitional confusion as to the awareness or participation of the target person. Fantasies of sexually abusing a person who is drunk, asleep, or unconscious are statistically rare in women and more common in men (Joyal et al., 2015). Pettigrew and Deehan note that somnophilia and necrophilia may fall along a spectrum of passivity paraphilias both being confined to the permanence of the passive state with overlapping motivations including: dominion and passivity; power and defencelessness; and the elimination, in degrees, of the possibility of rejection.

There is much work still to do in understanding the aetiology of such paraphilias, which can be particularly difficult with regards to individuals convicted of sexual offenses, as disclosing

specific paraphilic interests may increase their risk and prevent progression through their sentence. This is particularly concerning as men with these interests will require paraphilia-specific work in order to reduce the risk that they pose to the public, as well as future partners.

Sexual Deviance and Offending Behavior

It is not uncommon for persons with convictions for sexual offense (PCSOs) to have multiple paraphilias (Abel et al., 1988), with 43% of PCSOs having diagnosed paraphilic disorders (Eher et al., 2019). However, as Kaylor and Jeglic (2021, chap. 11 in this book) note, studies on recidivism and escalation from paraphilic "nuisance" behaviors (exhibitionistic and voyeuristic) to more serious sexual offending is scarce. While there is some evidence that points to increased likelihood for escalation (e.g., exhibitionistic behavior toward children, rape fantasies that accompany voyeuristic behavior), the determining factor in escalating to contact offenses is unclear. Exhibitionism, as an example of an atypical sexual outlet, has previously been related to rape offenses (Paitich et al., 1977). Gebhard et al. (1965) suggested that one in 10 exhibitionists have seriously thought about or attempted rape.

Arguably, many adult PCSOs begin their offending as adolescents (Zolondek et al., 1996). The self-report of juvenile PCSOs suggests the sexual abuse of children is the highest frequency offense (Davis & Leitenberg, 1987). Compared with adult males, juveniles had greater frequencies of fetishism, obscene phone calls, child sexual abuse, and phone sex. They report the age of first offense to be around 13 to 14 years, with the modal age of offending at 14 to 15 years. Victims are more likely to be younger female siblings or acquaintances. Most are verbally coercive (bribes or threat of force), not aggressive or violent. As with other groups of PCSOs, there is great variation in victim characteristics, degree of force, chronicity, variety of sexual outlets (paraphilias), arousal, motivation and intent (Weinrott, 1996). Although this suggests the processes contributing to sexual offending may remain constant during the stages of the life-span, the relationship between factors, and their strengths of influence, may be susceptible to change.

It appears that young men may be generally more inclined to perform sexually aggressive behaviors (e.g., rape), while older men may generally be more inclined to perform sexually seductive behaviors (e.g., child sexual abuse offenses). Younger (<24 years old) PCSOs are significantly more likely to attack stranger victims, be single, and use non-sexual violence during the index offense compared with older PCSOs (Craig, 2011). As Prentky and Lee (2007) argued, rape is fundamentally predatory anti-social behavior that is more likely to occur within five years of release. However, those who offend against children display persistent patterns of sexual deviance over longer time frames over the passage of time. Dickey et al. (2002) found that age over 40 may mitigate incidence of recidivism in rapists but not in pedophiles or sexual sadists. These differences may indicate that male sexuality, activities, and targets (interests and fantasies) may vary across the life-span from early adolescent exploration, discovery, and experimentation, through consolidation and practice within the partnership of relationships. It may be reasonable to assume that satiation and habit dull the sexual experience (perhaps sexual fantasy has a positive function in prolonging sexual interest by exploring variations either within fantasy or in activity). Indeed, the idea of change in sexual behaviors is consistent with sex offender treatment programs, which are predicated on the assumption that cognitive aspects of male sexual behavior are susceptible to change. Men who age past 60 after their last sex offense may pose different risk characteristics from those who last offended when aged 60+.

More extreme, atypical interests, such as sexual sadism and BDSM, have a long history dating back to the writings of Richard Von Krafft-Ebing (1886), who adopted the term from the name

of the infamous Marquis de Sade (Donatien Alphonse François de Sade), who lived in France from 1740 to 1814. Prevalence rates of men who self-identify as BDSM practitioners varies between 2.2% and 7.6% (De Neef et al., 2019), with sexually sadistic activities including body torture (46.8%) and humiliation (34.6%). Key features of sexual sadism represented in DSM-5 involves the infliction of physical and psychological suffering, distinguishing sexual sadists from those who engage in more benign acts by requiring the victim of the sexual sadist to be non-consenting.

Sexual sadism has been described as "an elusive concept to define and measure" (Yates et al., 2008, p. 13) with different variations of assessment reported in different studies most likely due to an absence of agreed conceptual and methodological frameworks to guide the study of sadism (Healey et al., 2012), leading some to argue there are no valid and reliable measures of sexual sadism to assist researchers and clinicians (Proulx & Beauregard, 2009). Marshall et al. (2017) provided a detailed discussion on the various assessment methods, including phallometry, diagnostic criteria, crime scene data, and the use of rating scales. They concluded that the DSM diagnosis relies too heavily on insufficiently precise criteria and the accuracy (or otherwise) of clinical inference, especially since phallometric diagnostic tests have not yet proved to be satisfactory. This is primarily because the stimuli employed in almost all studies bear, at best, a tangential relationship with the purported features of sadists. Although not without limitations, clinician rated scales show the most promising results.

Higgs et al. (2021, chap. 12 in this book) discuss the psychopathology of BDSM practitioners who, for the most part, do not necessarily display psychopathology. When considering sadistic sexual aggressors, like Marshall et al. (2017), Higgs et al. comment on the difficulties associated with the reliable identification of sexual sadism and observe that not all perpetrators of sexualized murders meet DSM or ICD diagnostic criteria for sexual sadism, nor do they necessarily score highly on clinician-rated scales. For example, sexual sadism is typically found in one-third of all sexual murderers and even smaller numbers among sexual murderers of children. Higgs et al. consider the aetiology of sadistic sexual aggression and observe that psychological and sexual abuse—but not physical abuse—during childhood contributes to both juvenile externalizing behaviors (e.g., fighting, juvenile delinquency) and hypersexuality (e.g., sexual compulsion, sexual preoccupation, and sexual drive). Sadistic sexual aggressors more often present with schizoid and avoidant personality disorders, a range of paraphilias (i.e., exhibitionism, voyeurism and frotteurism; Longpré et al., 2018), and substance abuse issues, particularly alcohol consumption, which serves as a disinhibitor and favours aggressive behavior. Higgs et al. report that the psychosocial profile of sadistic sexual aggressors and male BDSM dominants differ in several ways, with BDSM dominants being generally well-adapted socially, report being sexually fulfilled, and present personality strengths and positive adaptative traits. Conversely, sadistic sexual aggressors are sexually and socially unfulfilled, and present with a diversity of personality disorders, notably schizoid, avoidant, antisocial, and narcissistic.

Continuing these observations, Knight and Longprè (2021, chap. 13 in this book) suggest that sadism comprises aspects of both control/coercion arousal and brutality, indicating two organizational models: one for arousal to coercion and one for arousal to pain. They suggest that the two should be parsed into two distinct paraphilias and propose a separate mental disorder diagnosis for paraphilic coercive disorder (PCD) that is distinct from sadism. Knight and Longprè (2021) further discuss how the two constructs are distributed along a single continuum called the Agonistic Continuum, which varies from no coercive fantasies, through fantasies of forcing sexual compliance, to fantasies and behaviors of hurting, humiliating, and torturing during sex. Based on data obtained from a validated sadism scale, a factor analysis revealed a three-factor solution—General Paraphilia, Pedophilia, and Agonistic Continuum—where paraphilic coercion loaded substantially and solely on the Agonistic Continuum factor,

and Sexual Preoccupation loaded only on the General Paraphilia scale. This suggests that high sexual drive may be important in both their cohesion and aetiology.

Few studies have specifically examined the causal relations or the developmental factors that contribute to an aetiological model, and as such, aetiological models for sexual sadism have remained elusive. More recent explanatory models have revealed that sexual sadism appears to be a progressive disorder that begins with abusive experiences in childhood, has negative consequences for adaptation in adolescence, is mediated by cross-temporally stable traits, and eventually manifests as sadistic behaviors in adulthood (Knight & Longpré, 2020). Sadism arises from a series of aversive events during childhood where associative links between states of sexual arousal and feelings of aggression that arise from abuse are hypothesized to sow the seeds of subsequent sadistic fantasy. These states are mediated and emerge during adolescence in the form of externalizing behavioral problems, where early sexualization may antecede both involvement in violent sexual fantasies and a proclivity to view violent pornography, covarying in turn with sexual sadism. In adulthood, Knight and Longpre note that sadistic offenders are also marked with multiple adaptation difficulties, general antisocial lifestyles with criminal peers, a distorted sense of entitlement, and emotional dysregulation problems, which have also been associated with both psychopathy and sexually coercive behavior in general. Although the nomological network of the Agonistic Continuum is still in its early stages, the proposition of reconceptualizing sadism as a continuum from no coercive fantasies at the low end, moving through coercive/control fantasies and behaviors, to sadistic fantasies and torture at the higher end, is a developing area of research.

While deviant sexual interest and sexual arousal have consistently been reported as one of the strongest risk factors for sexual recidivism in men who have sexually abused children (Hanson & Bussiére, 1998; Hanson & Morton-Bourgon, 2005; Helmus et al., 2015; Mann et al., 2010; Seto, 2019), as noted above, accurate assessments of sexual interests are hard to come by. Schmidt et al. (2013) found that fewer than half of all individuals convicted of child abuse actually have a predominant sexual preference for children, raising questions as to the link between minor attraction and sexual offending. More complicated still is the advent of technology where it is often difficult to separate online sexual deviance and pedophilia from online sexual offending. The use of online pornography continues to grow with a reported 42 billion visits to Pornhub in 2019, which equates to an average of 115 million visits per day (Pornhub, 2019). Some of the most popular search terms in 2019 included Alien, Cosplay[1] and Autonomous Sensory Meridian Response (ASMR), which can be described as fetishistic interests. During the COVID-19 pandemic in 2020, Pornhub reported a 24.5% and 23.2% increase in online traffic during the European and United States lockdown periods, respectively.

Of particular concern in relation to sexual deviance and pedophilic interest is the availability and use of online child sexual exploitation materials (CSEMs). As Quayle (2021, chap. 14 in this book) observes, CSEM-offenders show greater sexual arousal to children than adults and differ from groups who have committed contact sexual offenses against children, sex offenses against adults, and general sexology patients, with CSEM offending being a stronger indicator of pedophilia than contact sex offending against a child (Seto et al., 2006). Indeed, there appear to be important demographic differences between CSEM users and contact sexual offenders, wherein some CSEM users may have more psychological barriers to contact offending, seen more typically in "fantasy driven/solicitation" offenders versus "contact driven/solicitation" offenders. Fantasy driven/solicitation offenders are those who restrict their online offending behavior to the internet (accessing indecent images) and who may connect to victims for cybersex/masturbation, whereas "contact driven/solicitation" offenders are those who attend meetings with minors to act out their deviant fantasies (Briggs et al., 2011; Merdian et al., 2013). As Quayle explains, online sexual offense-supportive cognitions may not be criminogenic, with the overall

endorsement by CSEM offenders of cognitive distortions traditionally associated with contact sex offenders being low. This has led some to question the efficacy of existing sex offender instruments for use with CSEM offenders (Steel et al., 2020), leading to the development of the Child Pornography Offender Risk Tool (Seto & Eke, 2015).

The question most often asked is, to what extent will an individual who has viewed indecent images of children commit a contact sexual offense against a child? Research into internet solicitation, and online grooming of children for sexual purposes has attracted relatively less attention than the production and consumption of indecent images of children. The recidivism data would suggest that internet offenders with no known contact offense history are at relatively low risk of contact offending (Eke et al., 2011; Seto et al., 2011), and if anything, are more likely to commit a further "internet" offense than a new contact offense. Approximately 4.6% of online offenders committed a new sexual offense of some kind during a six-year follow-up: 2.0% committed a contact sexual offense and 3.4% committed a new child pornography offense (Seto et al., 2011). Initial research suggests the same kinds of risk factors, including criminal history, history of deviant sexual interest, and previous convictions for sexual offenses predict recidivism in this sexual offender population (Seto & Eke, 2005; Wakeling et al., 2011). Generalist (internet and non-internet) PCSOs have a significantly higher sexual reoffending rate at the two-year follow-up compared to internet-only sexual offenders (Elliott et al., 2019; Wakeling et al., 2011).

Managing Sexual Deviance and Paraphilic Disorder

As First (2014) noted, the determination of the presence (or absence) of a paraphilic disorder is likely to have a significant impact on sentencing recommendations and the categorization of persons convicted of sexual offenses into low, medium, or high risk under community-notification statutes. For example, some United States Federal sentencing guidelines require that the sentence take into account the need to "protect the public from further crimes of the defendant" (18 U.S.C. § 3553(a)(2)(C)). Actuarial risk assessment instruments (ARAIs) are widely used to provide baseline indications of a person's level of risk and have permeated the criminal justice system to such an extent that their use has been written into legislation when considering the sentencing or release of persons convicted of sexual offenses in Canada, the United States, and the United Kingdom (see Craig & Beech, 2010), with the STATIC family of risk scales (Hanson & Thornton, 2000, 2003; Phenix et al., 2008) being the most widely used globally, and the Risk Matrix-2000 scale (Thornton et al., 2003) used routinely in prison and probation services throughout England and Wales and Northern Ireland (Craig & Rettenberger, 2016). Indeed, risk scales such as the STATIC-99 and Risk Matrix-2000 make explicit the risk item, "non-contact offenses," suggesting paraphilic origins to be an aggravating risk item, the presence of which increases a person's overall actuarial level of risk.

The extent to which PCSOs are generally preoccupied with sex is also related to sexual reoffending (Craig et al., 2006), with sexual preoccupation being evidenced by a high frequency of impersonal sex, general sexual dissatisfaction, and repeat convictions for sexual offenses. Given that the presence of a paraphilic disorder is associated with an increased risk of recidivism (Mann et al., 2010), some have argued that a diagnosis of a paraphilic disorder is likely to result in the imposition of a longer sentence or the assignment of the individual to a higher risk category after being released into the community (First, 2014).

As Thornton (2021, chap. 15 in this book) argues, sexual deviance does not exist in a vacuum but rather, there will be internal and external triggers that activate the arousal pattern leading

to urges and fantasies, and there will be both distal and proximate approach behaviors woven through a person's lifestyle that lead to opportunities to offend. Understanding how PCSOs respond to triggers pre-intervention and assessing change in responses post-intervention can provide a measure of change in terms of reductions in the intensity or the effects of sexual deviance. Using the Change score from the Violence Risk Scale – Sex Offense Version (Olver et al., 2007), Thornton illustrates the kinds of change that can occur, and which should be looked for in an institutional setting. Thornton highlights that breadth and duration of change is important. Where sexual deviance is a substantial part of the individual's need profile, changing non-sexual risk factors can help but will be insufficient to produce a substantial reduction in risk and that change will need to be demonstrated for at least two years to indicate reductions in risk.

In addition to actuarial style frameworks to assess behavioral change, there is an abundance of case studies and meta-analytical reports on the effectiveness of psychological and pharmacological interventions for sexual deviance and paraphilic disorders. Treatment of PCSOs has focused attention on both the sexual arousal (paraphilias) and the ability to control one's sexual behavior. As Miner and Munns (2021, chap. 16 in this book) note, the treatment of paraphilias has been conducted mainly with sexual offending samples, with the aim of affecting sexual arousal to children, sexual arousal to violent or sadistic themes, and sexual arousal to consensual sexual behavior. Ware et al. (2021, chap. 20 in this book) describe behavioral control procedures used by individuals to modify their deviant arousal, where the aim of treatment is to focus on the enhancement of appropriate arousal alongside the reduction or extinction of deviancy. In seeking to explain the development of sexual deviance, Laws and Marshall (1990) developed the conditioning theory of deviant sexual interests, which focuses on the involvement of both classical and operant conditioning processes. This led to the reintroduction of a range of behavioral interventions that were developed throughout the 1960s, 1970s, and 1980s (e.g., covert sensitization, olfactory aversion, orgasmic reconditioning, masturbatory satiation, verbal satiation) with varying degrees of success. These techniques employ two main principles of conditioning: classical and operant. Classical conditioning is often used as a technique to obtain a similar response (typically behavioral) by an individual to one which may be produced by some other stimulus (Pavlov, 1927). Operant conditioning follows an individual's response and may increase or decrease the probability of that response occurring through methods of punishment and reward (Skinner, 1953). Operant conditioning is based upon similar principles to that of a classically conditioned response. While initial results suggest a reduction in deviant fantasies when using behavioral techniques, over time, the frequency of non-deviant fantasies reduces. The initial increase in non-deviant fantasy is consistent with research noting the rapid and effective use of behavioral therapy procedures referred to as a "honeymoon effect" (Laws, 2001), which wanes with time, resulting in an "extinction effect" and the deviant arousal returns (Campbell-Fuller & Craig, 2009). Although some more recent studies have focused less on individuals with paraphilias and more on those identified as PCSOs and have demonstrated positive results in programs that have included behavioral techniques for addressing paraphilic arousal (Gannon et al., 2019), Ware et al. (2021) urge caution. They conclude that there is a lack of well-controlled studies and evidence-based practice to support such techniques, and that a number of practical issues remain regarding the use of behavioral interventions and the clinical utility of behavioral control procedures with individuals who have engaged in sexual offending.

As Miner and Munn (2021) observe, the underlying assumption is that paraphilias are unlikely to change and that individuals will continue to think about things they find sexually arousing. As such, any change in arousal patterns seen with masturbatory reconditioning is likely due to changes in cognition. Miner and Munn discuss interventions based on the addiction literature where sexual preoccupation and sexual behaviors have a medication effect for

various emotions and family and life problems. Other intervention models, such as integrated biopsychosocial and sex positive models, define impulsive/compulsive sexual behavior as a clinical syndrome characterized by intense, distressing, and recurrent sexual urges and fantasies that significantly interfere with a person's daily functioning. Here, the assumption is that there are a multitude of underlying mechanisms that come together to create this problem and so treatment requires a thorough assessment of the individual to determine the biological, psychological, and sociocultural factors that have contributed to the development and maintenance of impulsive/compulsive sexual behavior. Combining both behavioral and cognitive techniques seeks to modify both the cognitive processes underlying the behavior and the habitual mechanisms associated with the behavior and underlies many cognitive behavioral techniques in this field (Marshall et al., 1999).

Much of the research into the treatment of sexual deviance and paraphilic disorders is based on incarcerated samples where, of people convicted of sexual offending, the prevalence of paedophilia is about 50% (see Seto, 2018). In working with men incarcerated for committing sexual offenses, Walton (2021, chap. 19 in this book) explains there are number of rehabilitation techniques that can be used to support people with paraphilic disorders to lead non-harmful lives. In addition to managing external factors, such as prison social climate, Walton describes how programs such as the Healthy Sex Programme (HSP) includes procedures such as behavior therapy, functional analysis, and the management of contingences surrounding sexual arousal, cognitive reappraisal, mindfulness, urge management, values clarification, compassion training, and intimacy and interpersonal competency, which can be used to achieve the functions of paraphilic arousal in alternative ways. Walton highlights that for some people convicted of sexual offenses, the stability of paraphilia along with the effects of Adverse Childhood Experiences (ACEs) and stigmatization, will make leading a continually non-harmful life challenging. Thus, practitioners will need to use multimodal, brain-friendly approaches to broadly appeal to neurodiversity. Methods for sensory learning (e.g., visual, auditory, and kinaesthetic) are used as much as possible beside reading and for people with high levels of shame linked to trauma and stigmatization, it is helpful to recognize that distress is experienced in the body.

Acknowledging the distinction between pedophilic sexual interest and child sexual abuse, Beier (2021, chap. 17 in this book) discusses the work that he and his colleagues have pioneered, namely, the management and treatment of pedophillically-inclined individuals within the community who have not offended. In 2005, in Berlin, the Prevention Project Dunkelfeld (PPD) was launched—a preventative approach to reducing sexual offending. It involved encouraging (via media advertisements) pedophilic and hebephilic persons to come forward and seek professional help with their interests in order to avoid committing a sexual offense in the future. Using CBT techniques and sexological strategies designed to address how one perceives and understands their sexual preference, as well as pharmacological strategies (as an option), the PPD aims to help minor-attracted individuals effectively control their sexual preference impulses and live offense-free lives. Beier discusses the empirical work and therapeutic perspective that guided the development and expansion of the PPD, as well as recent outcome data showcasing the efficacy of the program and how it has been applied to adolescent individuals. Beier urges for the prevention approach to be internationally extended and discusses the strategies required to achieve this.

In addition to psychotherapeutic interventions for the treatment of paraphilic urges and sexual fantasies, pharmacological agents have also shown to be effective in reducing deviant sexual arousal. Turner and Briken (2021, chap. 18 in this book) describe how the most commonly used testosterone-lowering medications (TLM) such as Cyproterone acetate (CPA),

Medroxyprogesterone acetate (MPA), and Gonadotropin-Releasing-Hormone (GnRH-) agonists are used in the treatment of paraphilic disorders and can lead to considerable decrease in the frequency and intensity of paraphilic sexual fantasies and behaviors in PCSOs. They note that it is generally recommended that pharmacological treatment should in all cases be used as an add-on to psychotherapeutic interventions and that the selection of the most appropriate medication should be based on the individual's risk to show sexually violent behaviors as well as on the intensity of the self-reported and observed paraphilic urges. The use of pharmacological agents should be monitored closely due to potential side effects including weight gain, pain at the site of injection, lethargy and depression, gynecomastia, thromboembolic events as well as liver and kidney dysfunctions, and loss of bone mineral density. Similarly, such treatments should never be terminated abruptly, and termination should be closely monitored, including frequent measurements of serum testosterone concentrations as well as assessments of paraphilic sexual fantasies and behaviors. The use of the Change or Stop Testosterone Lowering Medication (COSTLow)-Scale (Briken et al., 2019) appears to be particularly useful in this regard and can be used to structure the process of changing or discontinuing TLM.

Common across all intervention models is that sexual deviance and paraphilic disorder behaviors are considered maladaptive and are used as a way of soothing or coping with various emotions and life events and interventions focus on identifying behavior and thought patterns that reinforce the sexual behaviors, developing skills for intervening in these patterns, and developing a support system and stopping the problematic sexual behaviors.

Conclusions

There remains some controversy concerning paraphilias in terms of defining what is "normal" or typical versus what is "deviant" or atypical, as well as what is can be consider a disordered behavior. As such, this impacts on how best to understand, assess, and manage such interests and behaviors. As discussed in this chapter, and throughout this volume, paraphilias, paraphilic disorders, and sexual deviance exemplify the difficulty of integrating psychiatric concepts and concerns with those of the legal system and society in general.

This volume on *Sexual Deviance and Paraphilic Disorder* is designed to provide an introduction to a diversity of theories and diagnostic considerations of sexual fantasy, paraphilic interests, paraphilic disorders and sexual aggression, and approaches to the assessment, treatment, and management of potentially offense-related sexual interests. With changing diagnostic criteria and advances in research and treatment, it can be difficult for professionals new to the field to know where to start and, for those who are not new to the field, to know what the latest thinking and research tells us about sexual deviance and paraphilias. We believe this volume provides easily accessible answers to these questions. In addition, it provides specialized references for those interested in diagnostic, treatment, and management of paraphilic disorders and sexual deviance.

Note

1. Performance art in which participants called cosplayers wear costumes and fashion accessories to represent a specific character.

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