



PEREGRINILIA



# INTRODUCTION AND HISTORY

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- } Paraphilia (perversion) – Derived from the Greek words “para” meaning next to “philia” meaning love.
- } The etymological definition of paraphilia is “next to or along side of love.”



## *Definition*

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} The term paraphilia denotes any intense and persistent sexual interest other than sexual interest in genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners.



## *Definition*

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} DSM-5 – A paraphilic disorder is a paraphilia that is currently causing distress or impairment to the individual or a paraphilia whose satisfaction has entailed personal harm, or risk of harm, to others. DSM-5



# INTRODUCTION AND HISTORY

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# INTRODUCTION AND HISTORY

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- } **Richard von Krafft-Ebing**– a German psychiatrist credited with formally introducing the study of sexology as a psychiatric phenomenon,
- } Identified paraphilias first in his 1886 *Psychopathia Sexualis* (Sexual Psychopathy).
- } The term paraphilia was coined by psychologists in the early 1900s



# INTRODUCTION AND HISTORY

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- } Sigmund Freud held that human sexuality advanced through stages. He theorized that individuals would progress toward “normal” heterosexuality unless prevented.
- } Wilhelm Stekel's Patterns of Psychosexual Infantilism came from this perspective. Homosexuality, sadism, zoophilia, and many others were included in his examples.



# NOMENCLATURE

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} The DSM-I (1952) included **sexual deviation** as a **personality disorder of sociopathic subtype**

} In DSM-II sexual deviations were classified with the **personality disorders**.

} The DSM-III changed the nomenclature of these behaviors from **sexual deviation to paraphilia**.

} Paraphilias were classified as **psychosexual disorders**, which included **gender identify disorders, psychosexual dysfunctions, and ego-dystonic homosexuality**.





# NOSOLOGY

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- } The DSM-IV-TR reclassified transvestism from a disorder of **gender identity to a paraphilia called transvestic fetishism.**
- } DSM-5 uses the term **paraphilic disorder**



# EPIDEMIOLOGY

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- } Paraphilias are predominantly male sexuality disorders.
- } Except for sadism and masochism, the paraphilias are almost never diagnosed in females, although some cases have been reported.
- } The frequency of paraphilic behavior is unknown.



# EPIDEMIOLOGY

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- } In one study of the general population, 61.7% of men reported fantasies of initiating a young girl into sexuality
- } 33% described fantasies of raping adult women
- } 11.7% described masochistic fantasies
- } 5.3% described fantasies of having sex with an animal
- } 3.2% described fantasies of initiating a young boy into sexuality



# EPIDEMIOLOGY

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A study of college students' sexual behavior revealed that

- } 42 percent reported having participated in voyeurism
- } 35 percent in frottage
- } 8 percent in making obscene telephone calls
- } 5 percent in coercive sexual activity
- } 3 percent in sexual contact with girls under age 12
- } 2 percent in exhibitionism. A total of 65 percent reported having participated in some variant of paraphilic behavior



# ETIOLOGY

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- } The etiology of paraphilias is **unknown**
- } **Biological theory**, including **neuroanatomical** and **neuroimaging** studies of sex offenders, indicates that congenital or acquired brain damage are overrepresented
- } Defects of the right amygdala and closely related structures might be implicated in the pathogenesis of pedophilia and might reflect developmental disturbances or environmental insults at critical periods



# ETIOLOGY

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- } **Neurological hypothesis** of paraphilia propose that sexual deviance is associated with frontal and/or temporal lobe damage.
- } This damage may translate into an individual's inability to control sexual impulse or directly cause paraphilic behavior as a result tissue damage.



# ETIOLOGY

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} A **monoamine hypothesis** for the pathophysiology of paraphilic disorders was first articulated in 1997 by Kafka. This hypothesis was based on four converging lines of empirical evidence:

1. The monoamine neurotransmitters, dopamine, norepinephrine, and serotonin serve a modulatory role in human and mammalian sexual motivation, appetite, and consummatory behavior.



# ETIOLOGY

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- } Second, the sexual effects of pharmacological agents that affect monoamine neurotransmitter can have both significant facilitative and inhibitory effects on sexual behavior.
- } Third paraphilic disorders appear to have comorbid associations with nonsexual psychopathologies that are associated with monoaminergic dysregulation





# ETIOLOGY

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## **Psychoanalytical theory**

a regression to or a fixation at an earlier level of psychosexual development, resulting in a repetitive pattern of sexual behavior that is not mature in its application and expression.

In other words, an individual repeats or reverts to a sexual habit arising early in life.



# ETIOLOGY

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## BEHAVIORIST THEORY

- } Behaviorists suggest that the paraphilia begins via a process of conditioning.
- } Nonsexual objects can become sexually arousing if they are frequently and repeatedly associated with a pleasurable sexual activity.
- } Development of a paraphilia is not usually a matter of conditioning alone; there must usually be some predisposing factor, such as difficulty forming person-to-person sexual relationships or poor self-esteem.



# BEHAVIORIST THEORY

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- } Parents who humiliate and punish a small boy for strutting around with an erect penis
- } A young boy who is sexually abused
- } An individual who is dressed in a woman's clothes as a form of parental punishment
- } Fear of sexual performance or intimacy
- } Inadequate counseling
- } Excessive alcohol intake
- } Physiological problems
- } Sociocultural factors
- } Psychosexual trauma

# Diagnosis and Clinical Features

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- } DSM-5 identifies **8 categories** of paraphilic disorders.
- } **The activity must be the sole means of sexual gratification for a period of 6 months and**
- } **cause “marked distress or interpersonal difficulty”**
- } Paraphiliacs may choose an occupation or volunteer in an environment that places them in close contact with their desired object.
- } Paraphilic interests develop shortly after puberty and follow a chronic course.



# TYPE OF PARAPHILIA

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} EXHIBITIONISM

} SEXUAL SADISM

} FETISHISM

} TRANSVESTIC  
FETISHISM

} FROTTEURISM

} VOYEURISM

} PEDOPHILIA

} OTHER SPECIFIED  
PARAPHILIC

} SEXUAL MASOCHISM

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# EXHIBITIONISM

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- } Exhibitionism, also known as “flashing” or “indecent exposure,” is the exposure of one's genitals to a nonconsenting stranger.
- } Exhibitionism occurs predominately in men, with a peak age of onset in the 20s
- } Exhibitionist often masturbates as part of the exposure.
- } Exposing oneself while driving or in a public place are the most common expressions of exhibitionism.



# FETISHISM

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- } Individuals who achieve sexual gratification with the use of objects, most commonly women's **undergarments, shoes, stockings, or other clothing items, suffer from fetishism.**
- } Fetishists often collect the object of their sexual gratification.
- } Some of the more common objects are women's lingerie or specific materials like silk, leather, or fur.
- } Partialism refers to fetishes specifically involving nonsexual parts of the body.



# FROTTEURISM

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- } Frotteurism refers to the sexual gratification achieved by touching or rubbing a nonconsenting person
- } This behavior often occurs in busy, crowded places, such as on busy streets or on crowded buses or subways
- } A frotteur may fantasize that the women he is rubbing up against is mutually aroused by the behavior





# PEDOPHILIA

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- } Pedophilia has been included in DSM as a mental disorder since 1968.
- } “recurrent intense sexual urges and sexually arousing fantasies involving sexual activity with a prepubescent child or children”
- } The pedophile also has to be 16 years of age or older and at least 5 years older than the victim child, although for late adolescents this age discrepancy is not specified.



# TYPES OF PEDOPHILIA

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## **Situational Molesters**

} Normal sexual development and interest. But when stress calls for it, they sometimes want to become sexual with a child

## **Preference Molesters**

} Pedophilic behavior is already ingrained in the individual's lifestyle, clear preference for children, esp. Boys, and will do anything (even marry) to hide his behavior, and clearly sees nothing wrong with his unusual behavior.

## **Child Rapist**

} A violent child abuser whose behavior is an expression of hostile sexual drives.

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# PEDOPHILIA

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- } For most pedophiles the onset of attraction to children begins at the time of puberty or adolescence.
- } The course of pedophilia is long term.
- } Individuals who engage in sexual activities with pubescent teenagers under the legal age of consent (ages 16 to 18) are known as **hebophiles** (attracted to females) or **ephebophiles** (attracted to males).



# PEDOPHILIA

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- } Most pedophiles do not use physical force to engage their victim in sexual contact; rather they use manipulation and cajoling to elicit the desired response from the child.
- } Pedophiles commonly justify and minimize their actions by stating that the child enjoyed the experience or that the experience was of educational value.



# SEXUAL MASOCHISM

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- } Sexual gratification produced by pain that is inflicted by others or by oneself.
- } Characteristics: Pain, loss of control, and humiliation
- } An estimated 5 to 10% of the population has engaged in some masochistic sex play
- } There is no scientific evidence to support the diagnosis of sexual masochism as pathological.
- } **Men and women** with this disorder achieve sexual satisfaction by such means like binding, ropes, whips, or injuries.



# SEXUAL SADISM

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} Sexual gratification achieved from the infliction of psychological or physical suffering or both on a partner.

} The sadist's partner may consent to the behavior in an effort to satisfy his/her own masochistic fantasies, or the partner may be the victim

} Sadomasochist is the term where in a person does both sadist and masochist roles, or inflicting and receiving pain.



# SEXUAL SADISM

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- } Sadism, like masochism, has been described in both men and women.
- } Similarly both sadism and masochism are sexual behaviors that are reported in the context of normal sexuality.



# TRANSVESTIC FETISHISM

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} A syndrome found only in males.

} A disorder in which a man has an uncontrollable urge to wear a woman's clothing, as primary means of achieving sexual gratification.

} This sexual gratification has a compulsive quality, and consumes a lot of emotional energy.

} Sometimes accompanied by masturbation.





## Fetishism

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- } Individual with transvestic fetishism often has more interest in the nonhuman aspects of the partner (i.e., clothing).
- } However, not all cases of transvestic fetishism exhibit dysfunctional relationships or distress



# VOYEURISM

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} The word comes from the term **VOIR**, meaning “To See”.  
“Peeping Tom”

} An individual compulsively seeks sexual gratification from observing nudity or sexual activity of others who are unaware that they are being watched.

} Voyeurs are usually men in their 20s and 30s who prefer to watch unknown women.

} There are some suggestions in the literature that serial rapists and murderers began with histories of voyeurism. One of the least understood behaviors of the paraphilias



# OTHER SPECIFIED PARAPHILIC

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## **Telephone and Computer Scatologia-**

- } Telephone scatologia is characterized by obscene phone calling and involves an unsuspecting partner.
- } The conversation is accompanied by masturbation, which is often completed after the contact is interrupted.



# OTHER SPECIFIED PARAPHILIC

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## **Necrophilia**

- } An obsession with obtaining sexual gratification from cadavers
- } Most persons with this disorder find corpses in morgues, but some have been known to rob graves or even to murder to satisfy their sexual urges



# OTHER SPECIFIED PARAPHILIC

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## **Partialism**

} Persons with the disorder of partialism concentrate their sexual activity on one part of the body to the exclusion of all others.

} Such as cunnilingus (oral contact with a woman's external genitals), fellatio (oral contact with the penis), and anilingus (oral contact with the anus) is normally associated with foreplay



# OTHER SPECIFIED PARAPHILIC

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## **Zoophilia**

} When the act or fantasy of sexual activity with animals is a repeatedly preferred or exclusive means of sexual gratification



# OTHER SPECIFIED PARAPHILIC

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## } **Coprophilia/urophilia**

Individuals with coprophilia (sexual interest in faeces) and/or urophilia (sexual interest in urine) generally incorporate faeces and/or urine into their sexual activities.



# OTHER SPECIFIED PARAPHILIC

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} **Public masturbation** involves individuals who expose their penises in public places with the intent of reaching sexual climax.

} Individuals involved in public masturbation recurrently go to public settings such as **cinemas, bars, and/or the carparks of shopping centres**, penis is outside their clothing and masturbate while watching females.





# OTHER SPECIFIED PARAPHILIC

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## **Hypoxyphilia**

- } The desire to achieve an altered state of consciousness secondary to hypoxia while experiencing orgasm. Persons may use a drug (e.g., a volatile nitrite or nitrous oxide) to produce hypoxia



# DIAGNOSTIC INSTRUMENTS FOR ASSESSMENT OF PARAPHILIAS

1. Clinical interview and rating scales
  2. Objective testing ; used due to reluctance to report sexual interest
    1. Penile Plethysmography
    2. Polygraphy: 'full disclosure polygraphs',
    3. Visual reaction time
- Physical examination: sex hormones level  
Screen for abnormal level



# PENILE PLETHYSMOGRAPHY

} Penile plethysmography involves direct measurement of changes occurring in penile circumference or volume when patients are presented with stimuli depicting paraphilic and non-paraphilic sexual behaviour.

} Penile plethysmography has the advantage of high face validity because one can conclude that if the patient gets erections to unique or unusual sexual interests during such assessment, he probably has considerable interest in this category.



# POLYGRAPHY

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} 'full disclosure polygraphs', in which patients are asked a series of pointed questions to specify all of their paraphilic interests and activities.

} In addition, polygraphy is often used during the maintenance phase of treatment, when it is necessary to ask patients whether they have continued involvement in various paraphilic behaviours.



# POLYGRAPHY

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- } Advantages: assess a wide variety of paraphilic behaviours, to assess recidivism of paraphilic behaviours post-treatment, can be used with males or females
- } Disadvantages: extensive training needed to become a certified polygrapher and problems with validity/reliability



# VISUAL REACTION TIME

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} To quantify the amount of time that an individual attends to various categories of slides as a measure of sexual interest in those categories.

} Various methods of measuring visual reaction time have been developed since the early 1940s.



# VISUAL REACTION TIME

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- } Advantages: can be used with males and females, adults/juveniles, without the necessity of showing nude slides.
- } Slides of clothed males and females of various ages are presented to the patient.
- } Patients are confronted when their visual reaction time suggests high sexual interest in a category for which they have previously denied sexual interest.



# DIFFERENTIAL DIAGNOSIS

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- } The diagnosis of a paraphilia begins with the **identification of the individual's sexual interest**. It is important to understand an individual's sexual preference before the diagnosis of a paraphilia can be made.
- } The DDx of paraphilias is simple if one understands **what the sexual motivations of the subject are**





# COURSE AND PROGNOSIS

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- } Paraphilic behaviors emerge in adolescence and early adulthood.
- } In general paraphilic behaviors are chronic.
- } Although it has been shown that individuals may cross over from one paraphilia to another
- } They are often difficult to treat



# TREATMENT

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## **Cognitive-behavioural treatment**

- } Techniques to reduce or block inappropriate sexual arousal and/or
  - } to increase or maintain non-deviant appropriate sexual arousal
- Improving pro-social behaviour, including assertiveness training, anger-management training, social skills training, intimacy skills training, etc.
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# COGNITIVE-BEHAVIOURAL TREATMENT

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- } Cognitive therapy to address distorted thinking patterns that the paraphiliac has used to justify his inappropriate sexual behaviour, as well as the establishment of empathy for the individuals he has victimized
- } Relapse prevention, a long-term maintenance therapy to maintain a balanced lifestyle



# PHARMACOLOGICAL TREATMENT

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} Antiandrogens

} Hormonal agents

} SSRIs

# ANTIANDROGENS

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## Ciproterone acetate

- } Anti-androgenic, anti-gonadotrophic, and progestational effects.
- } This agent blocks intracellular testosterone uptake as well as the intracellular metabolism of anti-androgens.
- } Oral: 50-200 mg/ day.
- } IM: 200 to 400 mg once every 1 or 2 weeks.



# ANTIANDROGENS

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- } Side-effects: liver damage, gynaecomastia (usually temporary and reversible) and reduction of sexual drive, fantasies, erections, frequency of masturbation, and sexual intercourse



# HORMONAL AGENTS

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## **Medroxyprogesterone acetate**

- } Reduces plasma testosterone through the pituitary axis.
- } MOA: the acceleration of testosterone-A-reductase in the liver which accelerates testosterone metabolism and thereby reduces testosterone levels
- } Oral: upto 200 mg; IM: 300-400 mg
- } Side-effects liver damage, fatigue, weight gain, hot and cold flushes, headaches, gallbladder disease, diabetes, and thrombophlebitis



# HORMONAL AGENTS

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- } Leuprolide, triptorelin- long-acting GnRH agonists
- } LHRH agonists
- } Flutamide is usually concomitantly administered at a dose of 250 mg three times daily for the first month of LHRH agonist use.





# SSRIs

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- } **A number of authors have report their effectiveness in the treatment not only of other paraphiliacs, but also of those with hypersexuality.**
- } Effectiveness results from a reduction of sexual drive and of the obsessive ruminations that accompany paraphiliacs' behaviour.
- } The most extensively investigated SSRI has been **sertraline**.



# LIMITATION

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- } Ciproterone acetate, MDDA, LHRH agonists, SSRIs are only effective during clinical administration
- } The SSRIs- greater ease of administration, lower cost, and lower side-effect profiles.
- } These medications are traditionally prescribed as an adjunct to cognitive-behavioural treatment.



# INDIAN LAWS AGAINST PARAPHILIAS

## NO INDIAN LAW ADDRESS PARAPHILIAS DIRECTLY EXCEPT VOYEURISM

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PARAPHILIC DISORDER	LEGAL ACT	PUNISHMENT
VOYEURISM	IPC ACT 354C	first conviction -1-3 year & fine second or subsequent conviction-3-7year & fine
PAEDOPHILIA EXHIBITIONISM FROTTEURISM	POCSO ACT 2012-	Sexual assault-3-5yr with fine Sexual harassment-3yr with fine Use of child for pornographic purposes-6yr to life imprisonment with fine
CHILD PORNOGRAPHY	INFORMATION TECHNOLOGY ACT 2008(66E,67A & B)	66E-3yr with fine 2 lakh 67A (adult) & B (children) -5-7yr & 10 lakh fine

# REFERENCES

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- } Kaplan & Sadock's comprehensive textbook of psychiatry, 9th edition
- } Oxford Textbook Of Psychiatry



THANK YOU

