Paraphilias: A Review of the Statistics and Confounds Within the Available Research

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Introduction

A particularly controversial section of the diagnostic and statistics manual is the section concerning the sexual disorders; specifically, the section containing the paraphilias, which is made up of abnormal sexual behaviours. The term paraphilia is a combination of the words *para*, meaning beyond the usual, and *philia*, meaning love (Firestone & Dozois, 2007). According to the Diagnostic and Statistical Manual (fourth edition, text revision, DSM-IV-TR), there are two criterions that need to be taken into account when considering a paraphilic diagnosis (American Psychiatric Association (APA), 2000). The first criterion is, within 6 months, a person has strong, persistent, strong sexual behaviours, urges, or fantasies regarding either nonhuman objects, humiliation or suffering of oneself or others, or toward nonconsenting persons or children (APA). The second criterion is that significant distress or impairments in social, occupational, or other areas of normal everyday life must result because of these urges or behaviours (APA). The manual goes on to list conditions and specifiers for each of the individual paraphilias, which are: exhibitionism, fetishism, frotteurism, pedophilia, sexual masochism, sadism, transvestic fetishism, voyeurism, and paraphilias not otherwise specified (APA). There are, however, some exceptions to the second criterion for a diagnosis, depending on which paraphilia is being diagnosed. For pedophilia, voyeurism, exhibitionism, and frotteurism, criterion two can be satisfied if a person has acted on these sexual urges, not only if the person is markedly distressed (APA). For a diagnosis of sexual sadism, criterion two can also be satisfied if the person has acted on these urges with a nonconsenting person (APA). This paper will begin by discussing the paraphilias as listed in the Diagnostic and Statistical Manual in terms of diagnostic criteria, epidemiology, comorbitity, and etiology. Throughout this paper, comments will be made towards some of the possible confounds present in the research on paraphilias, such

as sample sizes and the participants included in the studies. Finally, this paper will discuss some of the issues concerning reliability of the paraphilias as a diagnostic category. Before getting into an in-depth discussion about some of the issues in the literature, it is important to review some of the demographics concerning the epidemiology, comorbidity, and etiology of the paraphilias.

Epidemiology

One of the problems with determining the epidemiology is the lack of available statistics. The American Psychiatric association (2000) points out that because cultural and religious differences play such a major role in determining what type of behaviour is considered deviant or not, the diagnosis of paraphilias can be quite difficult. One certainty though, is it seems that the paraphilias are a set of disorders that are almost exclusively diagnosed in males (American Psychiatric Association; Kaplan, 1991; Munroe & Gauvain, 2001). The one exception to this arises in the case of masochism (American Psychiatric Association; Kaplan), which has been reported to have a ratio as high as 20:1 in favor of males: females, as opposed to other paraphilias which typically have a ratio of 99:1 (Kaplan). Another finding is that paraphilias are essentially unheard of in traditional societies (Munroe & Gauvain). Money and colleagues (1970) conducted a landmark study by being the first to explicitly study the paraphilias in a traditional culture. For this study, they used the Aborigines of Australia as their sample and failed to find any existence of paraphilias in this primitive society (Money et al., 1970). A later study by Graburn (1987) looked at child abuse cases among the Inuit of Canada and found that none of the reported cases of abuse involved sexual abuse. Again, one of the problems with this type of research is that different cultures may have different tendencies to report paraphilias, knowing that they will be considered deviant behaviour (Munroe & Gauvain), which could lead to the true prevalence and incidence rates of the paraphilias being very different from the

reported statistics. As it stands, the Diagnostic and Statistical Manual (4th ed. text rev.) does not list any specific numbers on the prevalence or incidence of the paraphilias, other than one half of the individuals seen clinically for the paraphilias are married (American Psychiatric Association). The manual does however; speculate that the true prevalence rate is more likely to be higher than that which is currently accepted, given the large commercial market of pornography focused on paraphilic content (American Psychiatric Association). A study by Kafka and Hennen (2002) claimed that in terms of individual paraphilias, the most common are exhibitionism, voyeurism, pedophilia, sexual masochism, sexual sadism, fetishism, transvestic fetishism, frotteurism, and telephone scatologia.

Comorbidity

Another important consideration associated with the paraphilias is the comorbidity. According to the Diagnostic and Statistics Manual, it is not uncommon for those with a paraphilia to have more than one paraphilia (American Psychological Association, 2000). As well as additional paraphilias, it is also common for those with paraphilias to have one or more other disorders. Kafka and Hennen (2002) conducted a study of 120 males and found that, of those with paraphilias, the most prevalent Axis I disorders were mood disorders, particularly early onset dysthymic disorder and major depression. Anxiety disorders were also reported, particularly social phobia, as well as psychoactive substance abuse, especially alcohol abuse (Kafka & Hennen). Furthermore, it was also found that retrospectively diagnosed attention deficit hyperactivity disorder was present for 35.8% of the individuals (Kafka & Hennen). One problem with the comorbidity of the paraphilias is the varying discrepancy in the percentages reported by different researchers. For example, when looking at paraphilias and mood disorders, a study by Cochrane, Griss, and Frederick (2001) reported that 5% of sexual offenders also met

the criteria for a mood disorder. A study by Kafka and Prentky (1992) however, showed that 95% of sexual offenders also met the criteria for a mood disorder. In terms of those convicted of sexual offences and anxiety disorders, the numbers go from a low of 2.9% of sexual offenders also meeting the criteria for a diagnosis of an anxiety disorder (Firestone, Bradford, Greenberg, Larose, & Curry, 1998), to a high of 38.6% of sexual offenders also meeting the criteria for a diagnosis of an anxiety disorder (Kafka & Hennen). When looking at sexual offenders and substance-related disorders, Langstrom, Grann, and Sjostedt (2004) reported that 7.8% of sexual offenders also met the criteria for a substance-related disorder, while Raymond, Coleman, Ohlerking, Christensons, and Miner (1999) reported that 60.0% of sexual offenders also met the criteria for substance-related disorders. Clearly there is a problem with establishing a true comorbidity of the paraphilias on account of the, sometimes very large, discrepancies between the percentage of those meeting the criteria for additional disorders as reported by different researchers. Another problem with determining a precise comorbidity is that all of the studies mentioned have been carried out on individuals who have been classified as sexual offenders. Since these studies deal exclusively with sexual offenders, it cannot be determined whether or not these findings would also apply to those with paraphilias who have not been classified as criminal offenders.

Etiology

One challenge facing the etiology of the paraphilias is, because of variability in preferences from one paraphilia to another, there may be several factors that can put a person at a higher probability of developing one specific paraphilia over another. According to Furnham and Haraldsen (1998), there are four factors that are considered to be important contributors to the

etiology of the paraphilias: sexual abuse as a child, repression of sexuality, fear of the opposite sex, and having strict, dominant parents. The study goes on to classify the four factors under the headings of: early relationships, repressed emotions, lack of guidance, and biology (Furnham & Haraldsen). Their study went on to examine these specific risk factors in relation to four specific paraphilias: voyeurism, fetishism, pedophilia, and sexual sadism (Furnham & Haraldsen). In terms of voyeurism, the study showed that early relationships and repressed emotions were considered the factors the most important in the development of voyeurism, while lack of guidance and biology were deemed less important (Furnham & Haraldsen). For fetishism, early relationships and repressed emotions were considered to be the most important factors in the development of fetishism, while lack of guidance and biology were deemed less important (Furnham & Haraldsen). With pedophilia, early relationships and repressed emotions were considered to be the most important factors in the later development of pedophilia, whereas lack of guidance and biology were not as important (Furnham & Haraldsen). When looking at sexual sadism, early relationships was found to be the most important factor in terms of development of sexual sadism; repressed emotions, lack of guidance, and biology were deemed to be less important (Furnham & Haraldsen). One of the limitations of using this study as a definitive etiology for the paraphilias is that it only addresses four specific paraphilias. In order to gain a better understanding of the true etiology of the paraphilias, research would need to be conducted not only across all paraphilias individually, but also on those with paraphilias who have not be deemed sexual offenders. Doing so would allow for a better understanding to the true nature of all paraphilias, not just a select few, and would allow for more generalized etiology, instead of being limited to sexual offenders.

Questions of reliability of the Diagnostic criteria

Perhaps one of the more persuading arguments against the paraphilias as a mental disorder is the question of reliability within the diagnostic criteria itself. It is generally accepted that an inter-rater reliability kappa coefficient of .60 is sufficient for decisions of very little consequence, while for decisions with very important consequences, such as sexual sadism, require a minimum inter-rater reliability kappa coefficient of .90 to be sufficiently reliable (Marshall, 2007). The most recent edition of the Diagnostic and Statistical Manual, the DSM-IV-TR, does not provide any evidence supporting the reliability of the diagnostic criteria for the paraphilias, but stipulates that the reliability had already been established in the previous edition, the DSM-III, so there was no need to revalidate the reliability (American Psychiatric Association, 1996). The problem with this is that there have been major changes to the diagnostic criteria between the DSM-III and the DSM-IV-TR, so to maintain that the diagnostic criterion the DSM-IV-TR is reliable because the criteria in the DSM-III was tested to be reliable is not likely to be the best decision on the part of the American Psychiatric Association.

One of the major changes in the diagnostic criteria has been between the DSM-III and the DSM-III-R, where a specific timeline was added. In the DSM-III, the timeline for paraphilias said that the sexual urges or impulses had to be “recurrent and persistent” (APA, 1980), but offered no timeline as to when these impulses needed to occur. The DSM-III-R added that recurrent and persistent urges that have taken place *within the last six months* (APA, 1987), giving a more specific timeline with which to classify these disorders. While this seems to have been an improvement, O’Donohue, Regev, and Hagstrom (2000) argued that the six month time window is too arbitrary and may exclude people from a diagnosis if it does not fit within the six month window. Another criticism of the diagnostic criteria is that the terms “recurrent” and

"persistent" are too vague, too subjective, too ambiguous, and can possibly contribute to reduced reliability (Levenson, 2004; O'Donohue, Regev, & Hagstrom, 2000). The practice of using past reliability as a reason to not revalidate a particular diagnostic criteria has also been used for other disorders listed in the DSM (APA, 1996), but as several authors point out, there are several problems when it comes to this procedure being used to establish reliability for the paraphilias.

Although the field trials of the DSM III seem to establish reliability for the paraphilias (American Psychiatric Association, 1980), O'Donohue, Regev, and Hagstrom (2000) claim that there are even problems with accepting those claims. These researchers claim that despite a kappa coefficient of .92, there are three problems that bring into question the concreteness of this finding (O'Donohue, Regev, & Hagstrom). The first problem is that this evaluation looked at the sexual disorders as a whole, so the kappa coefficient is not necessarily reflective of the true reliability of the paraphilias specifically (O'Donohue, Regev, & Hagstrom). The second problem they point out is that in the second portion of the trial, the kappa coefficient is .75, and had a sample size of only five participants (O'Donohue, Regev, & Hagstrom). The third point they make is that coefficients established for the DSM-III cannot simply assumed to be reliable in the DSM-IV or DSM-IV-TR (O'Donohue, Regev, & Hagstrom). A study by Marshall, Kennedy, and Yates (2002) looked at 59 prisoners, who had been diagnosed with sexual sadism, and compared them to a group who had not received the diagnosis. The finding was that the only two variables which were significantly different between the two groups were beating and torture (Marshall, Kennedy, & Yates). This finding was a bit surprising when it was revealed that it was the non-sadistic group who displayed the higher frequencies of these behaviours (Marshall, Kennedy, & Yates). This finding questions the validity of the diagnosis of sexual sadism because one of the reasons for classifying an individual with sexual sadism is to help determine the best course of

rehabilitation. If the diagnosis however, is not actually reflecting what it is supposed to, then it cannot possibly be considered valid. Another study by Marshall, Kennedy, Yates, and Serran (2002) had 15 experts rate 12 different cases in terms of a diagnosis of sexual sadism. Once the results were adjusted to an absolute agreement score, the percent to which the experts agreed was 22%, for a kappa value of .14 (Marshall et al.). While this study was helpful to demonstrate that the inter-rater reliability based on the diagnostic criteria for sexual sadism, there are a few problems with using this study to dispel the reliability of the paraphilias. Like the second portion of the DSM-III trials, the sample size for this study was quite small, only twelve participants. This study made up for a small sample size by using a large number of experts to evaluate each participant. By increasing the number of experts giving a diagnosis, it is likely that the inter-rater reliability percentage itself would in fact be a reliable measure, given that there were a reasonable number of experts giving the diagnosis. Ideally though, a larger sample size of participants being diagnosed would be desired. A study by Beck, Ward, Mendelson, Mock, and Erbraugh (1962) used 153 participants when it studied the inter-rater reliability of new inpatients. This study was used to evaluate inter-rater reliability as a whole, not for a specific disorder; however, the sample size used is much better than that of Marshall and colleagues (2002). Although an important factor, small sample sizes are not the only confound to research results concerning the paraphilias.

Confounds of Research on the Paraphilias

One of the biggest challenges facing research on the sexual disorders is limitations in terms of the amount of funding received by researchers. According to Goode (1994), the amount of funding given to researchers for the purpose of sexual research by the National Institute of Mental Health in the United States in 1993 was $1.2 million dollars. In contrast, the same

institution, in the same year, gave researchers conduction studies in depression $125.3 million dollars towards their research. This financial discrepancy places limitations on research in the field of sexuality not only in the number of studies that can be conducted each year, but also in the quality and exhaustiveness of the studies that are carried out. The grim reality is that the quality of research being conducted is often dependent on the extent of the finances available with which to conduct the research.

Another commonality among most of the available studies on the paraphilias is that the participants are often members of the prison population. By recruiting participants in this manner, several problems arise when it comes to interpreting the data. The first problem is by having the majority of studies focus exclusively on the prison population, the researchers are not getting a true representative sample of the population at large, but a very small sample of a specific subgroup. This also becomes a problem in terms of which paraphilias are being studied, since not all paraphilias constitute a criminal offence. Using participants from the prison population have led to a large number of studies concerning sexual sadism, pedophilia, exhibitionism, and voyeurism, while leaving very few studies concerning paraphilias such as fetishism, transvestic fetishism, and those listed under paraphilias not otherwise specified, such as telephone scatologia (obscene phone calls), necrophilia (corpses), partialism (exclusive focus on part of body) (APA, 2000). Sexual sadism and pedophilia in particular seem to be the paraphilias which are the most represented in the available studies, most likely because they are considered to be very troublesome for society. Because sexual sadism, by definition, involves a person being aroused by the suffering of others, this paraphilia tends to be viewed as more problematic for society on account of the repercussions of an individual carrying out this sort of activity on a nonconsenting individual. Likewise, with pedophilia, the problem is viewed in the

context of a problem for society, on account of the victim being a minor, particularly those in their early teens. While focusing on sexual sadism and pedophilia is important in terms of criminal classification and rehabilitation programs, it leaves much to be desired in regard to the paraphilias which are not, in themselves, criminal offences. To gain further insight into the true nature of the paraphilias such as telephone scatologia or partialism, for example, further research is need which would focus exclusively on those specific paraphilias. Additionally, research with non-criminal participants would help to not only gain a more rounded view of any one specific paraphilia, but also perhaps in finding distinguishing features between those who have a specific paraphilia and are convicted of a criminal offence, compared to those who have a paraphilia but are not criminals.

Conclusion

After reviewing some of the available literature on the paraphilias, it is clear that there are some key areas that need to be addressed. One of the biggest problems is the lack of available statistics on the paraphilias as a whole. Research has typically been limited to participants from the prison population, which has lead to several limitations in the research. The first problem is that there is a lack of available statistics not only for the paraphilias as a whole, but also in terms of the paraphilias and the general population. One problem with using the prison population is it has lead to an overrepresentation of sexual sadism and pedophilia in the literature. To gain a better understanding of the paraphilias in terms of epidemiology, comorbidity, and etiology, future research should focus on members of the general population with paraphilias, not just members of the prison population with paraphilias. By conducting studies with members of the general population, instead of just the prison population, research could expand into other paraphilias, not just the ones observed in the criminal population. Another benefit of future

research being conducted on the general population is it would allow for more insight into the true prevalence and incidence rates of the paraphilias, which are still not fully known today. Another problem in research with the paraphilias has been the question of reliability with the diagnostic criteria itself. Again, research conducted with the general population could lead to a better understanding of what changes would need to be made to the diagnostic criteria, if it turns out that the current criteria is, in fact, not a very good measure of the paraphilias. Finally, one of the biggest problems with research on the paraphilias is financial resources. In order for the proposed future research to even be feasible, financial resources need to be made more available to researchers wishing to study these disorders. Although they may still be considered a taboo area of research, they are nevertheless an important category of disorders which, to date, are still largely misrepresented, misunderstood, or completely ignored altogether. It seems as though the prison population receives the majority of attention when it comes to the paraphilias, so perhaps the most important area of future research would be to increase the amount of research conducted with the general population, that way there can be a greater level of understanding as to how these disorders affect not only the criminal population, but also how they affect individuals who are not criminals.

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