

# The Link Between Paraphilic Disorder and Sexual Crime

N.K. Tharshini<sup>1</sup>, Fauziah Ibrahim<sup>2</sup>

<sup>1</sup>Faculty of Social Sciences and Humanities, Universiti Malaysia Sarawak, 94300 Kota Samarahan, Sarawak, Malaysia, <sup>2</sup>Centre for Research in Psychology and Human Well-Being, Faculty of Social Sciences and Humanities, Universiti Kebangsaan Malaysia, 46300 Bangi, Selangor, Malaysia  
Email: stharshini@unimas.my

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## Abstract

A substantial body of literature corroborates that paraphilic disorder is a risk factor for sexual crime, making it an important area of scientific investigation. The DSM-5 refined the term paraphilic as referring to strange, persistent, and intense atypical sexual interest other than genital stimulation alone. The present review using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines summarised the link between paraphilic disorder and sexual crime. Keywords such as “paraphilic behaviour”, “sexual crime”, “sex aggression”, and “paraphilic interests” were typed into the Taylor & Francis Online, Wiley Online Library, PubMed, and SAGE databases. Articles listed under the indexing of Scopus and ISI Web of Science were used as a source of guidelines to find information related to the link between paraphilic disorder and sexual crime. The result indicates that obsession with sex has been found to be one of the strongest predictors of recidivism among men diagnosed with paraphilic disorder and medication can play a significant role in controlling hypersexual behaviour, preoccupation, and sexual compulsion. In summary, this review is expected to provide a more refined and informed understanding of sexual offending behavior, with important implications for future research, assessment, and treatment issues.

**Keywords:** Paraphilic Disorder, Paraphilic Interests, Sex Aggression, Sexual Crime

## Introduction

Sexual crime is a common violent offence that tends to be under-reported (Reale, Beauregard, & Chopin, 2021). Indeed, only a fraction of sexual crime suspects are arrested, charged, and convicted (Reale et al., 2021). Another pathway for understanding sexual crime is through its association with paraphilic disorder. Historically, sexual crime and paraphilic disorder have existed for centuries. The term “paraphilia” was introduced as an APA Diagnostic and Statistical Manual of Mental Disorder (DSM-3) classification in 1980. Previously, the DSM-1 and DSM-2 associated paraphilias with a personality disorder called “Sociopathic Personality

Disturbance" (American Psychiatric Association, 2013). However, the DSM-3 classified the term "paraphilia" under "Psychosexual Disorders" and continued doing so through both the DSM-3-R and DSM-4-TR, at which point a more fully developed classification of paraphilia emerged (American Psychiatric Association, 2013). The DSM-5 further refined the term "paraphilia" as referring to strange, persistent, and intense atypical sexual interest (e.g., exhibiting erotic moods, ogling, power play, or biting to reach orgasm) other than genital stimulation alone (Molen, Ronis, & Benoit, 2022; Stefanska, Longpre, & Rogers, 2022). In the DSM-5, the change in lexicon from "paraphilia" to "paraphilic disorder" has yielded a clear distinction between the two terms. This has ensured that the diagnosis of paraphilic disorder is described as both a disturbance that "causes impairment or distress to the individual" (Criterion A) and "entail(s) personal harm or risk of harm to others" (Criterion B) (Bradford, Firestone, & Ahmed, 2020). Therefore, for an individual to be diagnosed with a paraphilic disorder, both Criterion A and B must be met. Bradford et al. (2020) noted that the DSM-5 changes were designed to reduce social stigma since presuming that paraphilic disorder applies to the general population may stigmatise a benign spectrum of sexual behaviour. In general, there are eight different paraphilic disorder specified in DSM-5 (as Shown in Table 1) namely, voyeuristic disorder, exhibitionistic disorder, frotteuristic disorder, sexual sadism disorder, sexual masochism disorder, fetishistic disorder, transvestic disorder, and paedophilic disorder.

**TABLE 1:**

*Main characteristics and criteria for DSM-5 paraphilic disorder*

Grouping of DSM-5 (Paraphilic Disorder)	Criterion A	Criterion B	Main Characteristic	
<i>Group 1: Paraphilic disorder that may involved the participation of nonconsenting persons</i>			<i>Masturbation</i>	<i>Use of Force</i>
Voyeuristic disorder	Observing an unsuspecting person who is naked, in the process of disrobing, or engaging in sexual activity	-The individual has acted on these sexual urges with a nonconsenting person  -Sexual fantasies or urges that cause	Yes, during actual voyeuristic activity or later recollection of same	Almost never
Exhibitionistic disorder	Exposure of one's genitals to an unsuspecting person	clinically significant impairment or distress in social, occupational, or other important areas of functioning	Yes, while fantasizing or exposing	Rare
Frotteuristic disorder	Touching or rubbing against a nonconsenting person		Maybe while fantasizing	Body contact in crowds
Sexual sadism disorder	Physical or psychological		Yes, during act or fantasy	Directed at the victim

	suffering of another person			
<i>Group 2: Paraphilic disorder that does not involve nonconsenting victims</i>				
Sexual masochism disorder	Act of being beaten, humiliated, bound, or otherwise made to suffer	-Sexual fantasies or urges that cause clinically significant impairment or distress in social, occupational, or other important areas of functioning	Yes, during act or fantasy	Self-directed unless associated with sexual sadism
Fetishistic disorder	Use of non-living objects or a highly focuses on non-genital body parts		Yes, while holding, rubbing, or smelling objects	Rare
Transvestic disorder	Cross-dressing		Maybe when the favoured article becomes erotic in itself	Rare
<i>Group 3:</i>				
Paedophilic disorder	Prepubescent child or children (generally age 13 years or younger)	-The individual has acted on these sexual urges or fantasies cause marked distress or interpersonal difficulty	Yes, in the presence of the child	May assault or threaten the victim to prevent disclosure

Source: Adapted from DSM-5, American Psychiatric Association (2013)

Note:

Criterion A - Atypical focus of sexual arousal, recurrent of intense and persistent patterns (e.g., fantasies, urges) for at least 6 months

Criterion B – Harm or negative consequences (e.g., impairment in functioning, involvement of nonconsenting victims, and presence of distress).

Globally, fetishism and voyeurism are the most studied paraphilias of sexual crime and the aforementioned paraphilias are followed in descending order by frotteurism, paedophilia, transvestism, and exhibitionism (Bártová et al., 2020). In the realm of men's sexual behaviour, only 2-25% admit to fetishism, 7-18% admit to voyeurism, 3% admit to transvestism, 2-4% admit to exhibitionism, and 2.5% admit to frotteurism (Bártová et al., 2020). Additionally, Molen, Ronis, and Benoit (2022) found that males displayed a higher level of paraphilic interest relative to women, hence raising the possibility that males are more likely to have paraphilic disorders.

Exploring the link between paraphilic disorders and sexual crimes offers profound insights into the intricate dimensions of human sexuality, contributing to a nuanced understanding of

the diverse spectrum of sexual behaviors beyond established norms. The discernment of the intricate connection between paraphilic disorders and sexual crimes also holds paramount significance for legal systems, offering legal professional's crucial insights into the psychological foundations of specific behaviors. Such insights bear direct implications on judgments, sentencing procedures, and the formulation of rehabilitation programs, thereby contributing to the cultivation of equitable and judicious legal processes. Furthermore, insights derived from studies on paraphilic disorders play an instrumental role in shaping public awareness campaigns, actively diminishing societal stigma, and promoting prompt psychiatric interventions. Acknowledging the importance of scientific studies related to paraphilic disorders and sexual crimes, the current study seeks to develop an improved understanding to impart significant information to the existing body of literature in the field of crime-related studies to address the complexities surrounding paraphilic disorders and sexual crime.

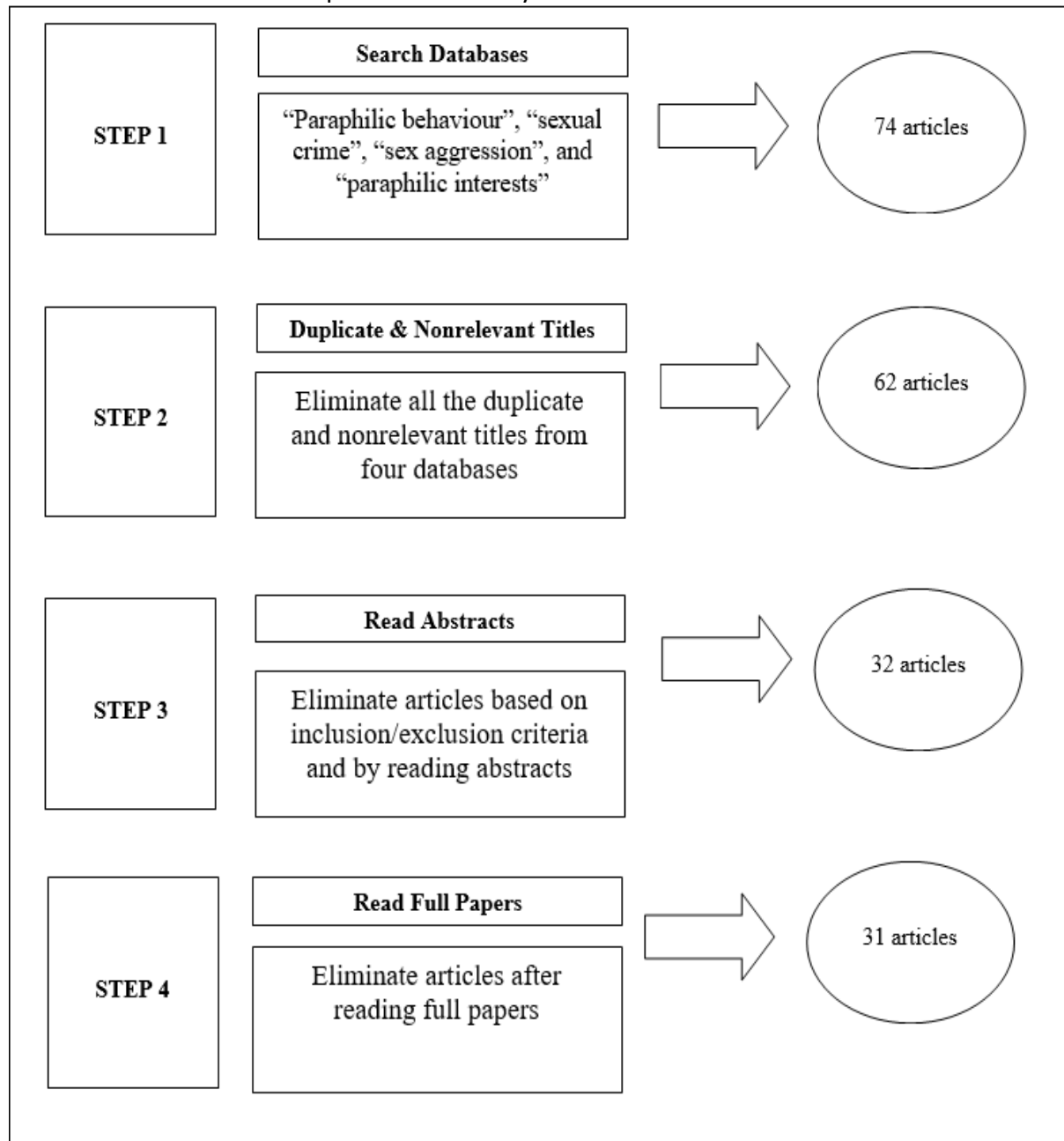
### **Materials And Methods**

The present study's methodology involved collating and reviewing research related to the topic of paraphilic disorder from the criminology perspective. Our research data is conceived from studies carried out from 2018 to 2022. Keywords such as "paraphilic behaviour", "sexual crime", "sex aggression", and "paraphilic interests" were typed into the Taylor & Francis Online, Wiley Online Library, PubMed, and SAGE databases. Articles listed under the indexing of Scopus and ISI Web of Science were used as a source of guidelines to find information related to the link between paraphilic disorder and sexual crime. Only English-written articles published under open access were extracted from the databases. The "grey literature," such as research theses, government reports, and conference proceedings were not included in the present study.

Figure 1 and Table 2 show how data on internal management practices were systematically gathered and the inclusion and exclusion criteria were set up to reduce the data. Step 1 yielded 74 peer-reviewed articles from four journal databases (open access) entered into a spreadsheet. Step 2 filtered duplicate materials and articles with nonrelevant titles, which were removed from the spreadsheet, leaving behind 62 articles. Step 3 involved further scrutinising the search results by reading the abstracts of 62 articles to further refine the research relevance. At this stage, articles were reduced from 62 to 32 due to exclusion criteria. This indicated that a large number of articles did not discuss the link between paraphilic disorder and sexual crime.

The remaining 32 articles were then read in detail to check for their relevance and quality of research design and methodology. This resulted in the final selection of 32 articles for the purpose of review. Moreover, one more article was dropped at this stage because its conclusions were somewhat unclear. Thus, an abstract and keyword search starting from 74 articles ended in the final selection of 31 articles that focused on the link between paraphilic disorder and sexual crime.

FIGURE 1: Schematic representation of systematic literature selection



**TABLE 2:***Inclusion/exclusion criteria*

<b>Inclusion criteria</b>	<b>Exclusion criteria</b>
<i>Publication years:</i> 2018 till 2022	<i>Publication years:</i> before 2018
<i>Publication language:</i> English only	<i>Publication language:</i> all languages except English
<i>Credibility of articles:</i> Only open-access Scopus and ISI-based journals related to paraphilic disorder and sexual crime	<i>Credibility of articles:</i> grey literature
<i>Research theme or keywords:</i> paraphilic disorder, sexual crime, sex aggression, and paraphilic interests	<i>Research theme or keywords:</i> except keywords such as paraphilic disorder, sexual crime, sex aggression, and paraphilic interests

**Results and Discussion**

Sexual deviance has emerged as a strong predictor of sexual recidivism (Pettigrew, 2022; Tharshini et al., 2021). A meta-analysis conducted by Landgren et al. (2022) found that sexual preoccupation, sexual deviance, job instability, and psychopathy contributed to sexual recidivism. Correspondingly, Joyal and Carpentier (2021) conducted a study among 139 high-risk sexual offenders to examine their sexual paraphilias, psychopathy, and sexual fantasies. The result shows 64% of offenders were diagnosed with at least one type of paraphilic disorder. Interestingly, rape offenders presented no paraphilias, whereas child molesters presented with paedophilia (a type of paraphilic disorder). From these results, Joyal and colleagues established a strong link between high-risk sexual offenders and paraphilias. However, Bradford et al. (2020) stated that paraphilic disorder is difficult to diagnose since many sex offenders will deny paraphilic symptoms during the self-report personality assessment due to social desirability bias (reduce societal condemnation and increase social acceptance).

According to Pettigrew (2022), most paraphilia behaviour is associated with high sex drive. Beauregard and DeLisi (2018) stated that paraphilia behaviour is closely related to low levels of serotonin and high levels of testosterone. In general, low serotonin levels cause high impulsivity, sexual arousal, mood instability, thrill-seeking, and anxiety, whereas high testosterone levels are associated with greater sex drive and aggressiveness (Bradford et al., 2020). Hence, the link between low serotonin levels and high testosterone levels partially explains why men have a higher prevalence of paraphilias relative to women (Landgren et al. 2022). Joyal et al. (2021) found that around 1-2% of the male population will eventually be convicted of sexual offence. On the contrary, Bradford et al. (2020) noted that the actual prevalence of paraphilia behaviour within the general population is still unknown.

The prevalence of paraphilic disorders depends on the sample of studies (Dobbrunz et al., 2020). For example, voyeurism and exhibitionism are well-studied subsets of paraphilic disorders and are generally considered “male disorders” since their prevalence is higher in men (Thomas et al. 2021). A study involving a sample size of 1346 incarcerated male sex offenders in Australia found that 43.3% met the criteria for paraphilic disorder (Eher et al., 2019). Further analyses found that 4.4% of incarcerated male sex offenders were diagnosed

with a sexual sadistic disorder, 2.8% had an exhibitionistic disorder, and 34.5% had paedophilic disorder (Eher et al., 2019). On the contrary, Molen et al. (2022) found that 35-47% of the general population entertained performing a voyeuristic act and 4% had an interest in exhibitionism (e.g., exposure of genitals to a stranger). Despite that, the presumption of paraphilic disorder among the general population without a confirmed clinical diagnosis might have negative consequences, as false reports could result. In other words, individuals should not be judged based solely on the nature of their sexual interests. So, an in-depth understanding of paraphilic sexual interest among the general population is warranted in the future.

Interestingly, childhood developmental complexities have been linked to criminal behaviour later in life, particularly when an individual underwent adverse experiences during childhood (Brown, 2022). Joyal et al. (2021) and Landgren et al. (2022) found that victims of childhood sexual abuse (under the age of 12 years old) were more prone to paraphilic sexual fantasies and were more likely to be aroused by pre-pubescent children. These findings converge with Leroux's et al. (2020) findings, which indicate that sexual arousal toward children predicts adolescent sexual offending against children (paedophilia). On the contrary, Davis et al. (2019) and Leroux et al. (2020) found that a history of sexual violence in childhood was positively related to both subsequent child pornography consumption and sexual arousal toward children. Stefanska et al. (2021) postulated medication can play a significant role in controlling hypersexual behaviour, preoccupation, and sexual compulsion among individuals convicted of sexual offences. Convergetly, Thomas et al. (2021) have postulated that medication may reduce recidivism risk, particularly when combined with psychotherapeutic treatment.

Given the fact that paraphilias are widely viewed as deviant acts, it is reasonable to analyse the link between psychopathy and paraphilic disorder through criminological studies. According to Bradford et al. (2020), majority of sexual offenders display problematic emotional dyscontrol or behavioural disinhibition due to alcohol and/or substance abuse. For instance, in cases involving incest perpetrators (a subcategory of paedophilia), theories show that alcoholism increases the likelihood that a man will sexually engage with their daughters in acts of incest (vs. having a sexual preference for children). However, in practice, these individuals could not be simply classified as "child molesters" or "paedophiles" without referring to the DSM-5 criteria. Multiple sexual offender studies showed mixed results, with the Psychopathy Checklist-Revised (PCL-R) being strongly correlated with violent behaviour and less strongly correlated with sexual offending behaviour (Van Bommel et al., 2018). Van Bommel et al. (2018) also argued that the many undifferentiated sexual offender studies obfuscate the possible correlation between the PCL-R and sexual violence.

Beauregard et al. (2018) showed that sexual fantasies and criminal paraphilias were significant among sexual homicide perpetrators who themselves had experienced traumatic childhoods. While examining the offender's traits and behaviour, Pettigrew (2022) and Yakeley (2018) identified that sexual homicide offenders exhibit maladaptive personality traits such as paranoia and grandiosity, while the decision to kill is influenced by the sadistic paraphilic behaviours that are caused by sexual fantasies. Past research has suggested sexual sadism is a common paraphilic behavior among sexual murderers, whereas sexual fantasy was the driving force in achieving euphoria through sadistic behaviour (Beauregard et al., 2018; Eher et al., 2019). Research has supported that sadistic sexual killers commonly use pornography and engage in compulsive masturbation to trigger sexual fantasies (Brown, 2022; Joyal et al., 2022; Leroux et al., 2020). When the fantasies become increasingly invasive, the offender develops the need to "act out" (Beauregard et al., 2018; Reale et al., 2021). Reale et al. (2021)

also suggested that sexual murderers might also prepare for the crime by gathering the materials needed to fulfil their fantasies. However, there is still a lack of research that provides information on criminal paraphilias that could help to establish the roles of these factors within the context of the sexual murder.

### **Conclusion**

Although studies related to paraphilic disorder have been controversial, it is remarkable that this topic has been continuously studied by using multiple sources of information and psychophysiological testing. Based on our review, it is concluded that paraphilic disorder research is scarce, particularly in Asian countries. The malleability of sexual pleasure across cultures creates social gaps in conducting such studies in different geographical locations. The current knowledge distribution concerning paraphilic disorder is skewed since a large number of studies only focus on a small sample of case studies, criminal offenders, and psychiatric patients. Although many studies have established various links between adult sexual offenders and paraphilic disorder(s), it remains unclear how many sex offenders are diagnosed with paraphilic disorder(s) (not all sexual offenders suffer from this disorder). Furthermore, since there is limited studies involving women with paraphilic behaviours, the prevalence of paraphilic disorder among women is not known. Hence, there is a need to increase awareness pertaining to paraphilic disorder among the general population, scholars, and institutions that engage in the management and prevention of sexual violence. Thus, future research should conduct a large population-based study to gain a better understanding of the scope, prevalence, and incidence of paraphilic disorder and sexual crime.

### **Conflict of Interest**

There is no conflict of interest regarding the publication and authorship of this research.

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