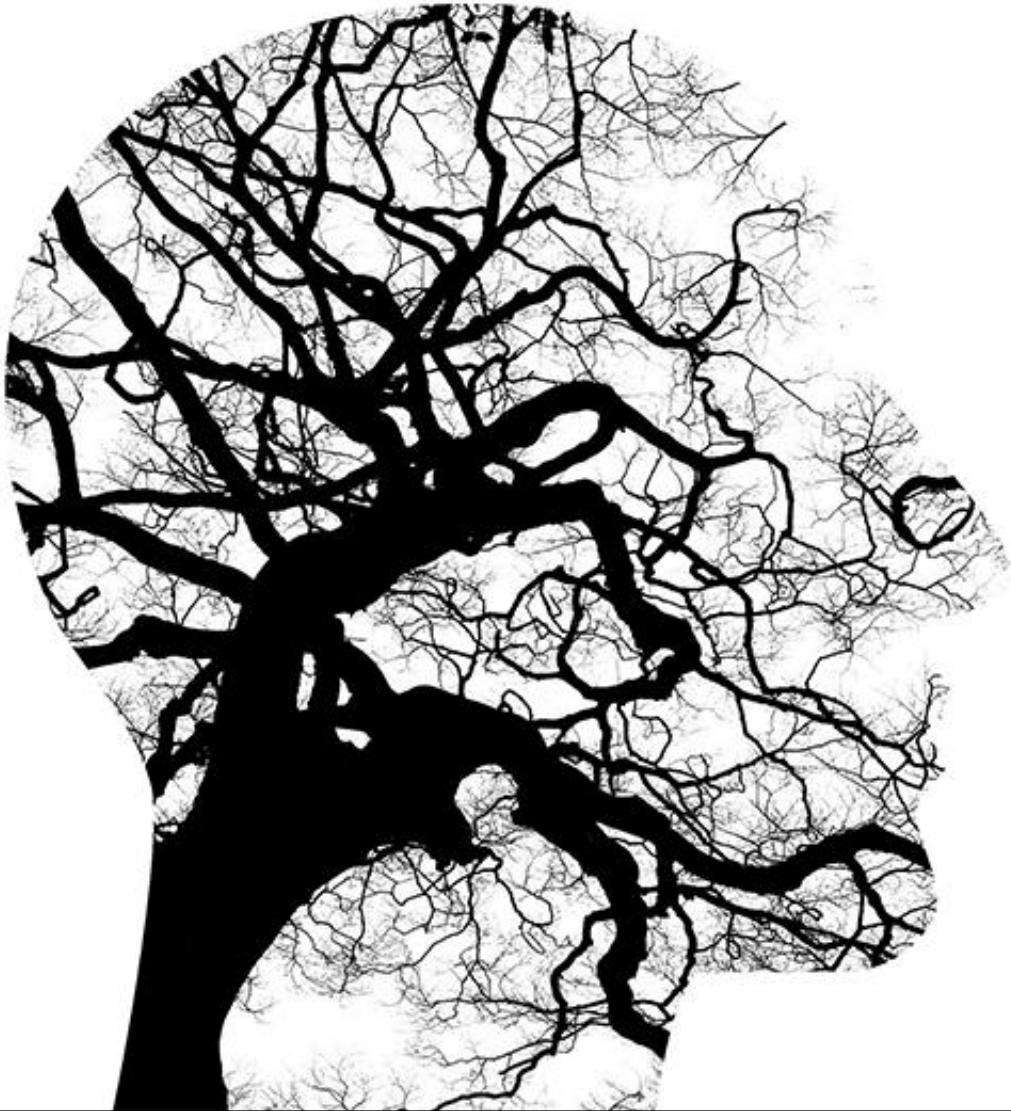


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# **Paraphilic Disorders**

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Roll Number: 004  
Course Title: Psychopathology**

# Paraphilia

## Abnormal Sexual Behaviours

- **Para** means “Abnormal” and **Philia** means “Attraction”. So **ParaPhilia** means “ Abnormal Attraction”.  
It is a condition in which a person's sexual arousal and gratification depend on fantasizing about and engaging in sexual behavior that is abnormal and extreme.

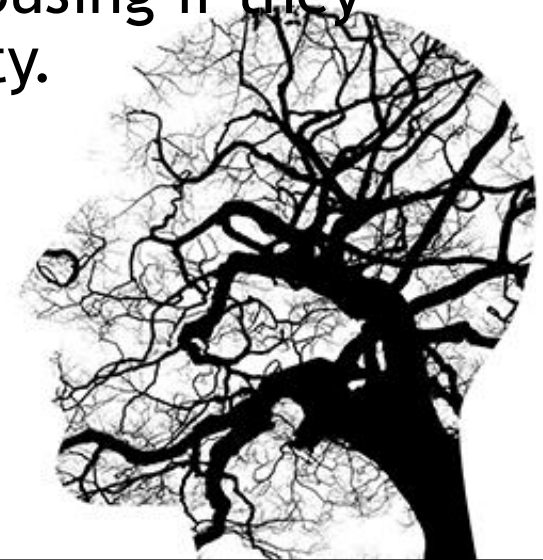
By Definition, According to DSM-5:-

**“Recurrent intense, sexually arousing fantasies, sexually arousing fantasies, urges and behaviours generally”**



# Etiology/Causes of Paraphilia

- It is unclear what causes a paraphilia to develop. Causes
  - **According to Psychoanalysts:**  
Psychoanalysts theorize that an individual with a paraphilia is repeating or reverting to a sexual habit that arose early in life.
  - **According to Behaviourists:**  
Behaviourists suggest that paraphilias begin through a process of conditioning. Nonsexual objects can become sexually arousing if they are repeatedly associated with pleasurable sexual activity.



# Characteristics of Paraphilic Person

- Characteristics of a person with paraphilia according to DSM-5 and ICD-10 are following:
  - Usually lasts for 6 months
  - Always thinking to carry out their unusual behaviours
  - Impairment in their social work
  - They lose their interests in other goals
  - Except for sexual masochism, all cases involve Men.



# Types of Paraphilic Disorders:

- There are the following types of Paraphilic Disorders according to DSM-5 and International Classification of Diseases:
  - 1.Voyeuristic Paraphilic Disorder/Voyeurism
  - 2.Exhibitionistic Paraphilic Disorder/ Exhibitionism
  - 3.Frotteuristic Paraphilic Disorder/Frotteurism
  - 4.Sexual Masochism Disorder
  - 5.Sexual Sadism Disorder
  - 6.Pedophilic Disorder
  - 7.Fetishistic Disorder
  - 8.Transvestic Disorder





# 1. Voyeuristic Disorder

- History

The disorder was previously known as Voyeurism and someone with the condition has often been referred to as a "Peeping Tom." With the release of the DSM-5, it is now called Voyeuristic Disorder.



# Diagnosis

This diagnosis is given when:

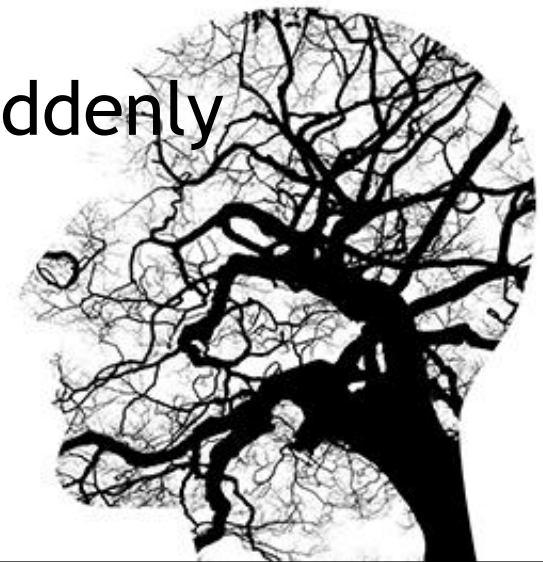
- over a period of 6 months, a person 18 years or older has had recurrent and intense sexual arousing fantasies, urges or behaviors from observing an unsuspecting person who is naked, in the process of disrobing, or engaged in sexual activity.
- the person has acted on these sexual urges with a non-consenting person, or the sexual urges and fantasies have caused significant distress or impairment in social, occupational, or other areas of daily functioning.





# Etiology/Risk Factors

- childhood sexual abuse
- substance abuse
- having a preoccupation with sex
- being hypersexual (having extremely frequent or suddenly increased sexual urges or sexual activity).



# Intervention/Treatment

- **Psychotherapy**
  - Behavioural Therapy
  - Cognitive Behavioural Therapy
- **Medication**



## 2. Exhibitionistic Disorder

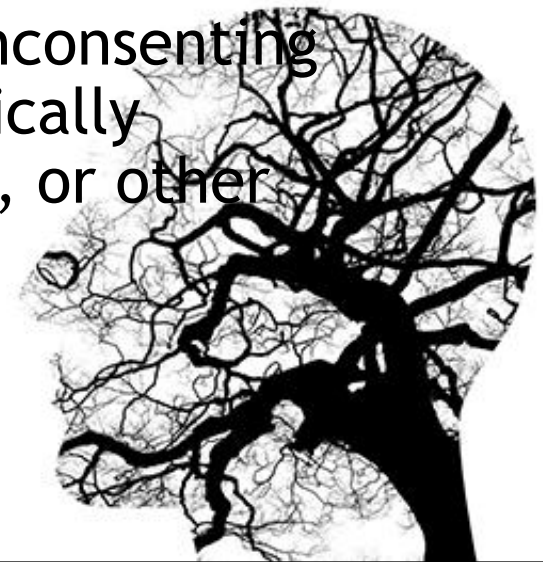
- History

Prior to the release of the DSM-5, this disorder was known as Exhibitionism and was classified as an impulse control disorder. In the DSM-5, this disorder has been reclassified to be a Paraphilic Disorder and renamed Exhibitionistic Disorder.



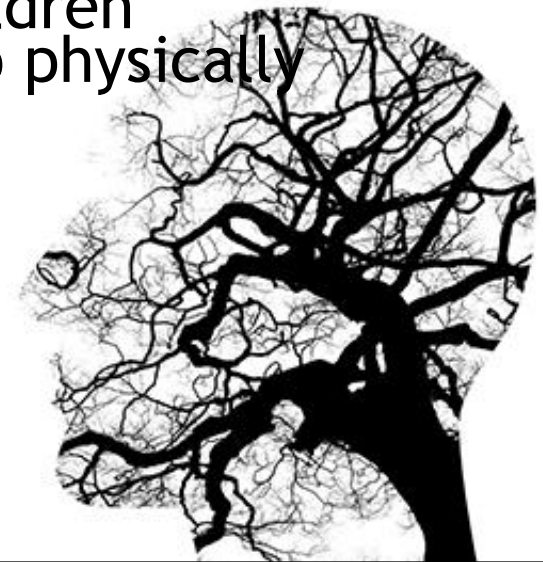
# Diagnosis

- Symptoms of Exhibitionistic Disorder include according to DSM-5 and ICD-10 :
  - over a period of at least 6 months, a person has recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving the exposure of one's genitals to an unsuspecting stranger.
  - the person has either acted on these impulses with a nonconsenting person or the fantasies and sexual urges are causing clinically significant distress or impairment in social, occupational, or other important areas of functioning.



# SubTypes of Exhibitionistic Disorder

- Subtypes of the disorder are based on the age or physical maturity of the nonconsenting individual that the person prefers to expose his/her genitals to and include:
  - Sexually aroused by exposing genitals to prepubertal children (children who have not yet gone through puberty)
  - Sexually aroused by exposing genitals to physically mature individuals
  - Sexually aroused by exposing genitals to prepubertal children (children who have not yet gone through puberty) and to physically mature individuals



# Specification

- Clinicians can also specify if the disorder is:
  - **In a controlled environment** - usually applicable to people who are living in institutions or other settings where opportunities to expose their genitals are restricted.
  - **In full remission** - the person has not acted on their urges and there has not been distress or impairment for at least 5 years while in an uncontrolled (non-institutional) environment.





# Etiology/Risk Factors

- Antisocial history
- Antisocial personality disorder
- Alcohol misuse
- Pedophilic sexual preference (being sexually attracted/aroused by children)
- Childhood sexual and emotional abuse
- A preoccupation with sex
- Hypersexuality (having extremely frequent or suddenly increased sexual urges or sexual activity)



# Intervention/Treatment

- **Psychotherapy**
  - Behavioural Therapy
  - Cognitive Behavioural Therapy
- **Medication**



# 3.Frotteuristic Disorder

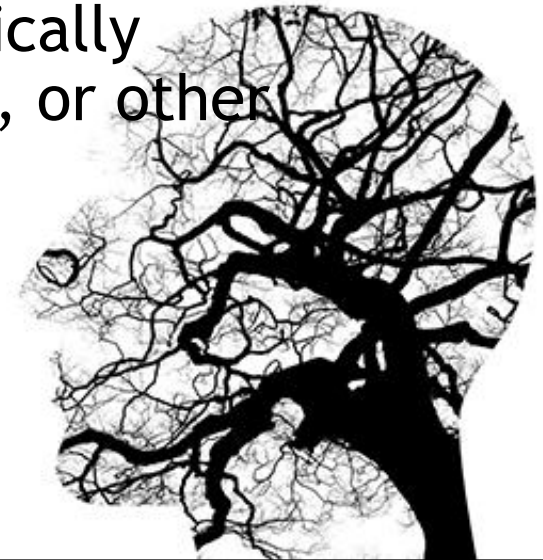
- History

Before the release of the DSM-5, this disorder was known as Frotteurism. In the DSM-5, this disorder has been reclassified to be a Paraphilic Disorder and renamed Frotteuristic Disorder.



# Diagnosis

- Symptoms of Frotteuristic Disorder include:
  - over a period of at least 6 months, a person has had recurrent and intense sexually arousing fantasies, urges or behaviors from touching or rubbing against a nonconsenting person.
  - the person has either acted on these impulses with a nonconsenting person or the fantasies and sexual urges are causing clinically significant distress or impairment in social, occupational, or other important areas of functioning.



# Specification

- Clinicians can also specify if the disorder is
  - In a controlled environment - usually applicable to people who are living in institutions or other settings where opportunities to touch or rub against a nonconsenting person are restricted.
  - In full remission - the person has not acted on their urges and there has not been distress or impairment for at least 5 years while in an uncontrolled (non-institutional) environment.



# Etiology/Risk Factors

- Nonsexual antisocial behavior
- A preoccupation with sex
- Hypersexuality (having extremely frequent or suddenly increased sexual urges or sexual activity)





# intervention/Treatment

- **Psychotherapy**
  - Behavioural Therapy
  - Cognitive Behavioural Therapy
- **Medication**



# 4. Sexual Masochism

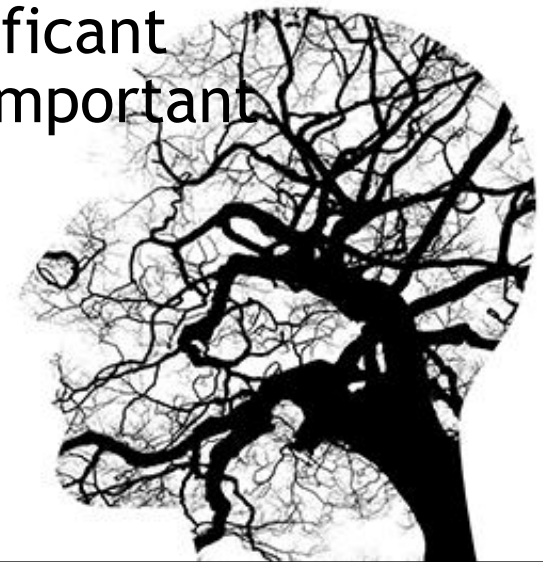
- **History**

Before the release of the DSM-, this disorder was known as Sexual Masochism and Sadism. Sexual Masochism and Sadism has now been split into two separate disorders of Sexual Masochism Disorder and Sexual Sadism Disorder.



# Diagnosis

- Symptoms of Sexual Masochism Disorder include:
  - over a period of at least 6 months, a person has had recurrent, intense sexually arousing fantasies, sexual urges, or behaviors from the act of being humiliated, beaten, bound, or otherwise made to suffer.
  - the fantasies and sexual urges are causing clinically significant distress or impairment in social, occupational, or other important areas of functioning.



# Sub-type

- A subtype of the disorder includes with **Asphyxiophilia** defined as  
“if the person engages in the practice of achieving sexual arousal related to the restriction of breathing (i.e., being choked or having breathing compromised in order to feel sexually aroused)”



# Specification

- Clinicians can also specify if the disorder is
  - In a controlled environment - usually applicable to people who are living in institutions or other settings where opportunities to touch or rub against a nonconsenting person are restricted.
  - In full remission - the person has not acted on their urges and there has not been distress or impairment for at least 5 years while in an uncontrolled (non-institutional) environment.



# Intervention/Treatment

- **Psychotherapy**
  - Behavioural Therapy
  - Cognitive Behavioural Therapy
- **Medication**





# 5. Sexual Sadism

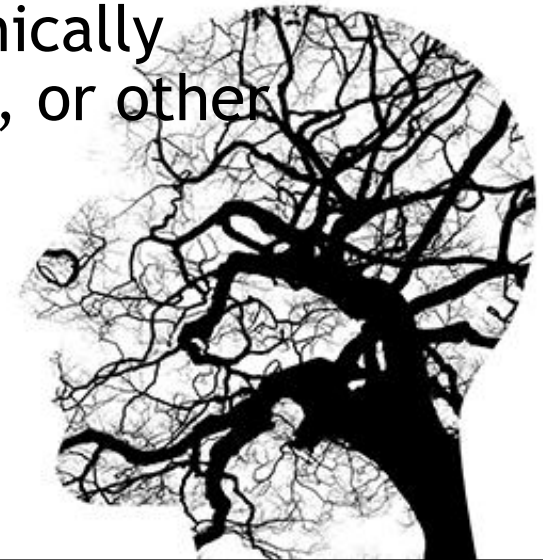
- **History**

Before the release of the DSM-5, this disorder was known as Sexual Masochism and Sadism. Sexual Masochism and Sadism has now been split into two separate disorders of Sexual Masochism Disorder and Sexual Sadism Disorder.



# Diagnosis

- Symptoms of Sexual Sadism Disorder include:
  - over a period of at least 6 months, a person has had recurrent, intense sexually arousing fantasies, sexual urges, or behaviors from the physical or psychological suffering of another person.
  - the individual has acted on these sexual urges with a nonconsenting person, or the fantasies and sexual urges are causing clinically significant distress or impairment in social, occupational, or other important areas of functioning.



# Specification

- Clinicians can also specify if the disorder is
  - In a controlled environment - usually applicable to people who are living in institutions or other settings where opportunities to touch or rub against a nonconsenting person are restricted.
  - **In full remission** - the person has not acted on their urges and there has not been distress or impairment for at least 5 years while in an uncontrolled (non-institutional) environment.



# Treatment

- **Psychotherapy**
  - Behavioural Therapy
  - Cognitive Behavioural Therapy
- **Medication**



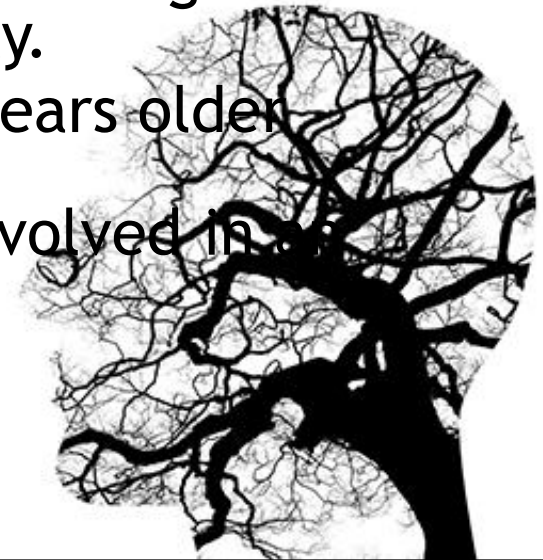
# 6. Pedophilic Disorder

- Before the release of the DSM-5, this disorder was known as Pedophilia. In the DSM-5, this disorder has been reclassified to be a Paraphilic Disorder and renamed Pedophilic Disorder.



# Diagnosis

- Symptoms of Pedophilic Disorder include:
    - over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving sexual activity with a prepubescent child or children( generally age 13 or younger).
    - the individual has acted on these sexual urges, or the sexual urges or fantasies cause marked distress or interpersonal difficulty.
    - This individual is at least age of 16 years and at least 5 years older than the child or children in criterion A.
- Note: Do not include an individual in late adolescence involved in an ongoing sexual relationship with a 12 or 13 year old.





# Specification

- Clinicians can also specify if the disorder is
  - Exclusive type (attracted only to children)
  - Nonexclusive (attracted to both children and adults)
  - Sexually attracted to males
  - Sexually attracted to females
  - Sexually attracted to both
  - Limited to incest



# Etiology/Risk Factors

- Temperamental issues
- Environmental and genetic/physiological issues
- Abnormal neurodevelopmental issues during fetal development



# Intervention/Treatment

- **Psychotherapy**
  - Behavioural Therapy
  - Cognitive Behavioural Therapy
- **Medication**



# 7.Fetishism

- History

Before the release of the DSM-5 in 2013, this disorder was known as Fetishism. In the DSM-5, it is now known as Fetishistic Disorder.



# Diagnosis

- Symptoms of Fetishistic Disorder include:
  - over a period of at least 6 months, a person has had recurrent and intense sexual arousal from fantasies, sexual urges or behaviors from either the use of nonliving objects, or a highly specific focus on nongenital body parts.
  - the fantasies, sexual urges and behaviors are causing clinically significant distress or impairment in social, occupational, or other important areas of functioning.
  - The fetish objects are not limited to articles of clothing used in cross-dressing (as is transvestic disorder) or devices specifically designed for the purpose of genital stimulation (such as a vibrator).



# Specification

- Clinicians can specify if the fetish is a:
  - **Body part(s)** - often includes feet, toes, and hair.
  - **Nonliving object(s)** - Frequently, fetish objects include shoes (men's or women's), and women's underwear, panties or bras.
  - They may be made of **particular materials** such as leather or rubber.
  - It is common for a person with a fetish to not be able to achieve orgasm without involving their fetish object in the sexual act (e.g. by getting their partner to wear the fetish object).



# Specification

- They can also specify if the disorder is:
  - **In a controlled environment** - usually applicable to people who are living in institutions or other settings where opportunities to engage in fetishistic behaviors are restricted.
  - **In full remission** - there has not been distress or impairment in social, occupational or other areas of functioning for at least 5 years while in an uncontrolled (non-institutional) environment.





# Treatment

- **Psychotherapy**
  - Behavioural Therapy
  - Cognitive Behavioural Therapy
- **Medication**



# 8. Transvestic Disorder

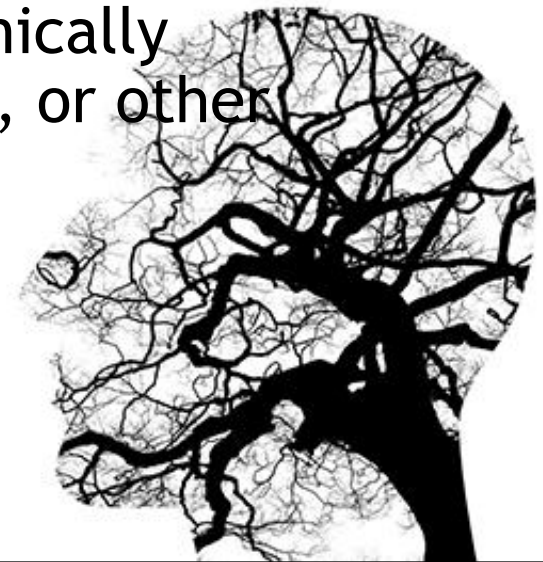
- **History**

Prior to the release of the DSM-5, this disorder was known as Transvestic Fetishism. In the DSM-5, it is now known as Transvestic Disorder and is classified as a Paraphilic Disorder



# Diagnosis

- Symptoms of Transvestic Disorder include:
  - over a period of at least 6 months, a person has had recurrent and intense sexual arousal from fantasies, sexual urges or behaviors from cross-dressing (most often when a heterosexual male has fantasies about and/or acts out dressing up in woman's clothing).
  - the fantasies, sexual urges and behaviors are causing clinically significant distress or impairment in social, occupational, or other important areas of functioning.



# Specification

- Clinicians can specify:
  - **With fetishism** - sexually aroused by fabrics, materials or clothing
  - **With autogynephilia** - if the male is sexually aroused by thoughts or images of himself as female.
- They can also specify if the disorder is:
  - **In a controlled environment** - usually applicable to people who are living in institutions or other settings where opportunities to engage in cross-dressing are restricted.
  - **In full remission** - there has not been distress or impairment in social, occupational or other areas of functioning for at least 5 years while in an uncontrolled (non-institutional) environment.



# Intervention/Treatment

- **Psychotherapy**
  - Behavioural Therapy
  - Cognitive Behavioural Therapy
- **Medication**



thanks

