

### PARAPHILIA BASED ON BEHAVIORS THAT AROUSE

- 1. Transvestism (72 year old male)
  - Any man capable of cross dressing
- 2. Exhibitionism
  - " mooning" the crowed
- 3. Masochism (missing young woman)
  - Parents discover
  - Autoerotic Fatalities (Dietz, Hazelwood)
  - David Carradine
- 4. Sadism
- TED Bundy (Ann Rule)

Primary mental characterstics: intense/recurrent/Atypical

### PARAPHILIA VERSUS PARAPHILIC DISORDER

When is a difference a disorder?

- Impaired functioning (e.g., inability to control)
- Suffering (e.g., internal distress)

Ok if private, nonharmful, consenting

### PARAPHILIAS BASED UPON CATEGORIES OF PARTNERS THAT AROUSE

- 1. Zoophilia
  - Internet Sites
- 2. Necrophilia
  - Funeral parlor employee
  - Child who died of Leukemia
  - Jeffery Dahmer
- 3. Pedophilia

### **PEDOPHILIA**

- Not defined by behavior
- Categories of partners attracted to
- Age range of partners attracted to

Pedophilia= Sexual attraction to prepubescent children

### **GENDER OF ATTRACTION**

- Homosexual Pedophilia
- Heterosexual pedophilia
- Bisexual pedophilia

### **EXCLUSIVITY OF ATTRACTIONS**

- Exclusive form of pedophilia
- Nonexclusive form of pedophilia

### WHY DO PERSONS WITH NON-<u>EXCLUSIVE</u> FORM OF THE DISORDER ACT ON THEIR URGES?

- Many factors
- Biologically based drive

(turkey dinner/desert)

• Intensity of drive

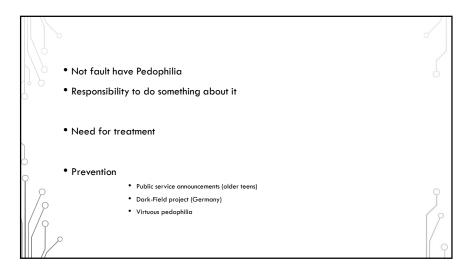
### ATTITUDE ABOUT OWN SEXUAL DESIRES

- Ego-syntonic (?NAMBLA)
- Ego-dystonic (some priests)
  - NCCB
  - CARDINAL'S COMMISSION

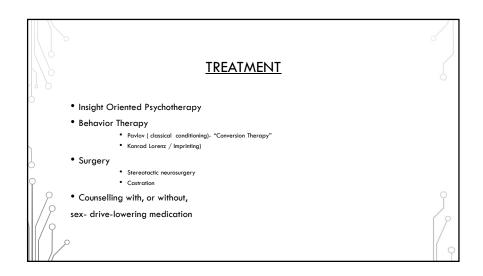
### PURPOSE OF A MEDICAL DIAGNOSIS Not meant as a demonizing pejorative Short hand way of conveying information Ego Dystonic, homosexual pedophilia, exclusive type

# INFORMATION NOT CONVEYED BY A DIAGNOSIS OF PEDOPHILIA 1. Character/ Temperment/ Personality/Intellect etc. 2. Lacking social skills 3. Need for power and control

# ETIOLOGY • Unchosen (for all persons) • Nature • Nurture (sexually abused boy)- not "abuse Excuse" Evidence-contributing as a risk factor Rind et al research (meta-analysis)



# Pationale For Treatment Distorted thought processes (e.g.; Betty Ford) Behavioral control Legal assumption- willpower Medical/ scientific observations (re: Biologically driven behaviors) Guaranteed successful Diet Mental phenomenology



# COUNSELLING Group Therapy: Confront self-deceptive thought processes (e.g.; denial, rationalizations) Therapeutic Support Discuss relapse prevention strategies Involve families, other agencies (e.g., parole) Support self-esteem

### RATIONALE FOR SEX-DRIVE-LOWERING MEDICATION Hungering sexually for children Cannot yet change qualitative sexual makeup Can change intensity

### MEDICATION PROTOCOL

- CBC, CMP, Testosterone, FSH, LH
- Bone Density
- Monthly Injection of Depo-Lupron
- Flutamide X 2 weeks

### EVIDENCE THAT LOWERING TESTOSTERONE IS USEFUL

- Animal Research (Motivation vs. performance)
- Medical Conditions (e.g., testicular Ca)
- Sex Offender Recidivism
  - Surgical
  - Chemical
- Not a panacea

### SEX OFFENDER RECIDIVISM

• Lower than other types of serious criminal acts

### MIND-BRAIN RESEARCH

- Pet scan research at JHH
  - Increased release of endogenously

produced opiates during Sexual arousal

• Future mind/ Brain research--- may possibilities