

Paraphilic Disorders

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Paraphilic Disorders

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Paraphilic Disorders – Introduction

- Inclusion of specific paraphilic disorders in DSM because:
 - **1) Relatively common** in relation to other paraphilic disorders
 - **2) Some are criminal offenses** (due to potential harm to others)
 - Not exhaustive list → other paraphilias may rise to level of disorder
- Anomalous **activity preferences**
 - **Courtship disorders** → voyeuristic, exhibitionistic, frotteuristic
 - **Algolagnic** (*pain and suffering*) **disorders** → sexual masochism, sexual sadism
- Anomalous **target preferences**
 - Other humans → pedophilic
 - Elsewhere → fetishistic, transvestic

Paraphilic Disorders – Introduction

- “Paraphilia”

- Intense, persistent sexual interest OTHER than
 - Sexual interest in **genital stimulation or preparatory fondling** with **phenotypically normal, physically mature, consenting human partners**
- May also be any sexual interest **outside of normophilic sexual interests**
- May be **“preferential sexual interests”** (not intense)

- May concern erotic activities

- Spanking, whipping, cutting, binding, strangulation
- Equals or exceeds interest in copulation or equivalent

- May concern erotic targets

- Children, corpses, amputees
- Nonhuman animals (horses, dogs)
- Inanimate objects (shoes, rubber items)

Paraphilic Disorders – Introduction

- “Paraphilic disorder”

- Causes **distress or impairment** to individual
OR
- Satisfaction entails **personal harm or risk of harm to others**
- **Paraphilia itself not sufficient** for diagnosis or clinical intervention

- Criterion A → qualitative nature of paraphilia

- Evaluate in relation to their normophilic sexual interests/behaviors

- Criterion B → negative consequences of paraphilia

- Must be result of paraphilia, not primarily due to other factor

- Multiple paraphilias → NOT rare

- May be closely related, intuitively comprehensible
- May not be obviously related, seem coincidental
- Still give comorbid diagnoses if criteria met

Voyeuristic Disorder

Voyeuristic Disorder – Diagnostic Criteria

- A. ≥ 6 months, recurrent and intense sexual arousal**
 - 1. From **observing an unsuspected person** who is **naked, disrobing, or engaging in sexual activity**
 - 2. Manifested by **fantasies, urges or behaviors**
- B. Has acted on these urges with a non-consenting person, OR causes significant distress or impairment**
- C. Individual is age ≥ 18 years**

Voyeuristic Disorder – Specifiers

- *Specify if:*
 - **In a controlled environment:** where the paraphilic behavior is restricted
 - **In full remission:** no distress/acts for ≥ 5 years, uncontrolled environment
 - May still have voyeurism

Voyeuristic Disorder – Diagnostic Features

- Freely disclosing individuals
 - If distress because of voyeuristic preferences → should DX
 - If no distress, no psychosocial impairment, no evidence of acts → NO DX
- Non-disclosing individuals (but known for spying repeatedly)
 - May **deny any urges/fantasies**
 - May report episodes were **accidental and nonsexual**
 - May **contest any sexual interest** (significant or sustained)
 - Reject feeling distressed or socially impaired by impulses
 - **Can still DX!** → is **recurrent + risk of harm** to others due to paraphilia
- Recurrent = general rule - ≥ 3 victims on separate occasions
 - May be same victim multiple times, or corroborating evidence of paraphilia
- Persistent = >6 months → not merely transient
- Minimum age 18
 - Risk of pathologizing normative sexual interest/behavior in adolescence

Voyeuristic Disorder – Prevalence

- **MOST COMMON** potentially law-breaking sexual behaviors
- Prevalence = UNKNOWN
 - From nonclinical samples → highest possible lifetime prevalence:
 - Males = 12%
 - Females = 4%

Voyeuristic Disorder – Development & Course

- Adult males often first aware during adolescence
 - Difficult to distinguish from puberty-related sexual curiosity/activity
- Persistent over time = UNCLEAR
- Contributing factors to becoming Voyeuristic DISORDER
 - Subjective distress (guilt, shame, sexual frustration, loneliness)
 - Psychiatric morbidity
 - Hypersexuality
 - Sexual impulsivity
 - Psychosocial impairment
 - Propensity to act out sexually
- Course likely **varies with age**

Voyeuristic Disorder – Risk & Prognostic Factors

- Temperamental
 - **Voyeurism = necessary precondition**, risk factors also apply to disorder
- Environmental
 - Suggested risk factors
 - Childhood sexual abuse
 - Substance misuse
 - Sexual preoccupation
 - Hypersexuality
 - Unknown if causal relationship, unclear specificity

Voyeuristic Disorder – Gender Issues

- **Very uncommon** among females in clinical settings
- **M:F = 3:1** (single sexually arousing voyeuristic acts)

Voyeuristic Disorder – Differential Diagnosis

- Conduct disorder and antisocial personality disorder
 - Additional **norm-breaking, antisocial behaviors**
 - Lacking specific sexual interest in voyeurism
- Substance use disorders
 - May have single voyeuristic episode **when intoxicated**
 - Does not involve sexual interest otherwise
 - If recurrent voyeuristic fantasies, urges, behaviors when not intoxicated
 - Consider voyeuristic disorder

Voyeuristic Disorder – Comorbidity

- Largely based on research with suspected/convicted males
 - May not apply to all individuals with voyeuristic disorder
- Common comorbidities
 - **Hypersexuality**
 - **Other paraphilic disorders (esp exhibitionistic disorder)**
- Other psychiatric comorbidities
 - Depressive, bipolar, anxiety
 - Substance use disorders
 - ADHD
 - Conduct + antisocial personality disorder

Exhibitionistic Disorder

Exhibitionistic Disorder – Diagnostic Criteria

- A. ≥ 6 months, recurrent and intense sexual arousal
 - 1. From **exposure of one's genitals** to an **unsuspecting person**
 - 2. Manifested by **fantasies, urges or behaviors**
- B. Has **acted on these urges** with a **non-consenting person**, OR causes **significant distress or impairment**

Exhibitionistic Disorder – Specifiers

- *Specify subtype:*
 - Sexually aroused by exposing genitals to **prepubertal children**
 - Sexually aroused by exposing genitals to **physically mature individuals**
 - Sexually aroused by exposing genitals to **prepubertal children and to physically mature individuals**
- To prevent co-occurring pedophilic disorder from being overlooked
 - Should **not** preclude diagnosis of pedophilic disorder
- *Specify if:*
 - **In a controlled environment:** where the paraphilic behavior is restricted
 - **In full remission:** no distress/acts for ≥ 5 years, uncontrolled environment
 - Exhibitionism may still be present

Exhibitionistic Disorder – Diagnostic Features

- Freely disclosing individuals
 - Psychosocial difficulties → should DX
 - If no distress, no impairment, not acting on urge → NO DX
- Non-disclosing individuals (known repeated exposures)
 - May **deny any urges/fantasies**
 - May report episodes were **accidental and nonsexual**
 - May **contest any sexual interest** (significant or sustained)
 - **Reject feeling distressed** or socially impaired by impulses
 - **Can still DX!** → if recurrent + risk of harm to others due to paraphilia
- Recurrent = general rule - ≥ 3 victims on separate occasions
 - May be same victim multiple times, or corroborating evidence of paraphilia
- Persistent = >6 months → not merely transient

Exhibitionistic Disorder – Prevalence

- Prevalence = UNKNOWN
 - In non-clinical samples → highest possible prevalence
 - Male = 2-4%
 - Female = much lower, uncertain

Exhibitionistic Disorder – Development & Course

- Adult males often first aware → adolescence, early adulthood
 - Later than typical development of normative sexual interest
 - No minimum age requirement, however may be difficult to differentiate from adolescent curiosity
- Persistent over time = UNCLEAR
- Contributing factors to becoming Exhibitionistic DISORDER
 - Subjective distress (guilt, shame, sexual frustration, loneliness)
 - Psychiatric morbidity
 - Hypersexuality
 - Sexual impulsivity
 - Psychosocial impairment
 - Propensity to act out sexually
- Course likely **varies with age** → likely decr with advancing age

Exhibitionistic Disorder – Risk & Prognostic Factors

- Temperamental

- **Exhibitionism = necessary precondition**
 - Risk factors also apply to disorder
 - Antisocial hx/PD, alcohol misuse, pedophilia → risk of recidivism/disorder

- Environmental

- Suggested risk factors
 - Childhood sexual abuse
 - Childhood emotional abuse
 - Sexual preoccupation
 - Hypersexuality
- Unclear if there is a causal relationship, unclear specificity

Exhibitionistic Disorder – Gender Issues

- Exhibitionistic disorder = **highly unusual in females**
- Single sexually arousing exhibitionistic acts
 - **Half as often among women**

Exhibitionistic Disorder – Functional Consequences

- Not addressed in research

Exhibitionistic Disorder – Differential Diagnosis

- Conduct disorder and antisocial personality disorder
 - Additional **norm-breaking, antisocial behaviors**
 - Lacking specific sexual interest in exposing genitals
- Substance use disorders
 - May have single exhibitionistic episode **when intoxicated**
 - Does not involve sexual interest otherwise
 - If recurrent exhibitionistic fantasies, urges, behaviors when not intoxicated
 - Consider exhibitionistic disorder

Exhibitionistic Disorder – Comorbidity

- Largely based on research with suspected/convicted males
 - May not apply to all individuals with exhibitionistic disorder
- Common comorbidities
 - **Hypersexuality**
 - **Other paraphilic disorders**
- Other psychiatric comorbidities
 - Depressive, bipolar, anxiety
 - Substance use disorders
 - ADHD
 - Conduct + antisocial personality disorder

Frotteuristic Disorder

Frotteuristic Disorder – Diagnostic Criteria

- A. ≥ 6 months, recurrent and intense sexual arousal
 - 1. From **touching** or **rubbing** against a **non-consenting person**
 - 2. Manifested by **fantasies, urges or behaviors**
- B. Has **acted on these urges** with a **non-consenting person**, OR causes **significant distress or impairment**

Frotteuristic Disorder – Specifiers

- *Specify if:*
 - **In a controlled environment:** where the paraphilic behavior is restricted
 - **In full remission:** no distress/acts for ≥ 5 years, uncontrolled environment
 - May still have frotteurism

Frotteuristic Disorder – Diagnostic Features

- Freely disclosing individuals
 - Psychosocial difficulties → should DX
 - If no distress, no impairment, not acting on urge → NO DX
- Non-disclosing individuals (known touching/rubbing)
 - May **deny any urges/fantasies**
 - May report episodes were **accidental and nonsexual**
 - May **contest any sexual interest** (significant or sustained)
 - **Reject feeling distressed** or socially impaired by impulses
 - **Can still DX!** → is recurrent + risk of harm to others due to paraphilia
- Recurrent = general rule - ≥ 3 victims on separate occasions
 - May be same victim multiple times, or corroborating evidence of paraphilia
- Persistent = >6 months → not merely transient

Frotteuristic Disorder – Prevalence

- Frotteuristic acts → up to 30% of adult males in general pop
- Frotteuristic disorder
 - Population prevalence = UNKNOWN
 - Outpatients (paraphilic disorders, hypersexuality) = **10-14% of men**

Frotteuristic Disorder – Development & Course

- Adult males often first aware → adolescence, early adulthood
 - Children, adolescents → may also touch/rub without disorder
 - No min age
 - Can be difficult to differentiate from conduct disorder without sexual motivation in younger individuals
- Persistent over time = UNCLEAR
- Contributing factors to becoming Frotteuristic DISORDER
 - Subjective distress (guilt, shame, sexual frustration, loneliness)
 - Psychiatric morbidity
 - Hypersexuality
 - Sexual impulsivity
 - Psychosocial impairment
 - Propensity to act out sexually
- Course likely **varies with age** → likely decr with advancing age

Frotteuristic Disorder – Risk & Prognostic Factors

- Temperamental

- Frotteurism = **necessary precondition**
 - Risk factors also apply to disorder

- Environmental

- Nonspecific risk factors
 - Non-sexual antisocial behavior
 - Sexual preoccupation
 - Hypersexuality
- ? causal relationship, unclear specificity

Frotteuristic Disorder – Gender Issues

- **Fewer females** with frotteuristic sexual preferences

Frotteuristic Disorder – Differential Diagnosis

- Conduct disorder and antisocial personality disorder
 - Additional **norm-breaking, antisocial behaviors**
 - Lacking specific sexual interest in touching/rubbing individuals
- Substance use disorders
 - May have single frotteuristic episode **when intoxicated**
 - Especially with cocaine, amphetamines
 - Does not involve sexual interest otherwise
 - If recurrent exhibitionistic fantasies, urges, behaviors when not intoxicated
 - Consider exhibitionistic disorder

Frotteuristic Disorder – Comorbidity

- Largely based on research with suspected/convicted males
 - May not apply to all individuals with frotteuristic disorder
- Common comorbidities
 - **Hypersexuality**
 - Other paraphilic disorders → esp **exhibitionistic + voyeuristic disorders**
- Other psychiatric comorbidities
 - Depressive, bipolar, anxiety
 - Substance use disorders
 - Conduct + antisocial personality disorder

Sexual Masochism Disorder

Sexual Masochism Disorder

- A. ≥ 6 months, recurrent and intense sexual arousal
 - 1. From act of **being humiliated, beaten, bound, made to suffer**
 - 2. Manifested by **fantasies, urges or behaviors**
- B. Causes **significant distress or impairment**

Sexual Masochism Disorder – Specifiers

- *Specify if:*
 - **With asphyxiophilia:** arousal related to restriction of breathing
- *Specify if:*
 - **In a controlled environment:** where the paraphilic behavior is restricted
 - **In full remission:** no distress/acts for ≥ 5 years, uncontrolled environment
 - May still have frotteurism

Sexual Masochism Disorder – Specifiers

- Freely disclosing individuals
 - Psychosocial difficulties → should DX
 - If no distress, no impairment → NO DX
- (does not mention non-disclosing individuals or recurrence)
- Persistent = >6 months → not merely transient
 - May DX less than 6 months, but clearly sustained

Sexual Masochism Disorder – Associated Features

- Extensive use of **masochistic pornography** → assoc feature

Sexual Masochism Disorder – Prevalence

- Prevalence = UNKNOWN
- (Australia) BDSM in past 12 months
 - Males = 2.2%
 - Females = 1.3%

Sexual Masochism Disorder – Development & Course

- Masochism in community
 - Mean age of onset = **age 19.3** → earlier ages reported
- Persistence = little known
- Contributing factors to becoming DISORDER
 - Subjective distress (guilt, shame, sexual frustration, loneliness)
 - Psychiatric morbidity
 - Hypersexuality
 - Sexual impulsivity
 - Psychosocial impairment
 - Propensity to act out sexually
- Course likely **varies with age** → likely decr with advancing age

Sexual Masochism Disorder – Functional Consequences

- Functional consequences = UNKNOWN
- Risk of accidental death
 - Asphyxiophilia
 - Other autoerotic procedures

Sexual Masochism Disorder – Differential Diagnosis

- Sexual masochism in absence of distress (NO DISORDER)
- Other paraphilias
 - Transvestic fetishism
 - Sexual sadism disorder
- Hypersexuality
- Substance use disorders
- Can occur as comorbidities

Sexual Masochism Disorder – Comorbidity

- Based on individuals in treatment
- Typical comorbidities = **other paraphilic disorders**
 - Transvestic fetishism

Sexual Sadism Disorder

Sexual Sadism Disorder – Diagnostic Criteria

- A. ≥ 6 months, recurrent and intense sexual arousal
 - 1. From **physical or psychological suffering of another person**
 - 2. Manifested by **fantasies, urges or behaviors**
- B. **Has acted on these urges with a non-consenting person, OR causes significant distress or impairment**

Sexual Sadism Disorder – Specifiers

- *Specify if:*
 - **In a controlled environment:** where the paraphilic behavior is restricted
 - **In full remission:** no distress/acts for ≥ 5 years, uncontrolled environment
 - May still have frotteurism

Sexual Sadism Disorder – Diagnostic Features

- Freely disclosing individuals
 - Psychosocial difficulties → should DX
 - If no distress, no impairment, not acting on urge → NO DX
- Non-disclosing individuals (known sadism interest/behaviors)
 - May **deny any urges/fantasies**
 - May report episodes were **unintentional and nonsexual**
 - May **contest any sexual interest** (significant or sustained)
 - **Reject feeling distressed** or socially impaired by impulses
 - **Can still DX!** → if recurrent + risk of harm to others due to paraphilia
- Recurrent = general rule - ≥ 3 victims on separate occasions
 - May be same victim multiple times, or corroborating evidence of paraphilia
- Persistent = >6 months → not merely transient

Sexual Sadism Disorder – Associated Features

- Extensive use of **sadistic pornography** → assoc feature

Sexual Sadism Disorder – Prevalence

- Population prevalence = UNKNOWN
 - Largely based on forensic settings → varies from **2-30%**
 - Civilly committed sexual offenders (US) → **less than 10%**
 - Sexually-motivated homicides → **37-75%**

Sexual Sadism Disorder – Development & Course

- **Almost exclusively male**
- (Australia) BDSM (not disorder)
 - Male = 2.2%
 - Female = 1.3%
- Limited information about development + course
 - Females become aware → **young adults**
 - Male mean age of onset → **age 19.4**
- Lifelong characteristic → may fluctuate, decrease with age

Sexual Sadism Disorder – Differential Diagnosis

- Sexual sadism in absence of distress (NO DISORDER)
- Other paraphilias
- Hypersexuality
- Antisocial personality disorder
- Substance use disorders
- Can occur as comorbidities

Sexual Sadism Disorder – Comorbidity

- Based on convicted individuals (mostly male)
 - May not apply to all
- Commonly comorbid with **other paraphilic disorders**

Pedophilic Disorder

Pedophilic Disorder – Diagnostic Criteria

- A. ≥ 6 months, recurrent and intense sexual arousal
 - 1. About **sexual activity with prepubescent children** (generally ≤ 13 yrs)
 - 2. Manifested by **fantasies, urges or behaviors**
- B. Has **acted on these urges** OR causes **significant distress or impairment**
- C. Minimum age: **≥ 16 years old** OR **≥ 5 years older than child**
 - Exclude late adolescents having sexual relationship with 12-13 year old

Pedophilic Disorder – Specifiers

- *Specify whether:*
 - **Exclusive type:** attracted to only children
 - **Non-exclusive type**
- *Specify if:*
 - **Sexually attracted to males**
 - **Sexually attracted to females**
 - **Sexually attracted to both**
- *Specify if:*
 - **Limited to incest**

Pedophilic Disorder – Diagnostic Features

- Freely disclosing individuals
 - Psychosocial difficulties → should DX
 - If no distress, no impairment, not acting on urge → NO DX
- Non-disclosing individuals (known pedophilic interest/behaviors)
 - May **deny any urges/fantasies**
 - May report episodes were **unintentional and nonsexual**
 - May **contest any sexual interest** (significant or sustained)
 - **Reject feeling distressed** or socially impaired by impulses
 - **Can still DX!** → if recurrent + risk of harm to others due to paraphilia
- Recurrent = general rule - ≥ 3 victims on separate occasions
 - May be same victim multiple times, or corroborating evidence of paraphilia
- Persistent = >6 months → not merely transient

Pedophilic Disorder – Associated Features

- Extensive use of **pedophilic pornography** → assoc feature

Pedophilic Disorder – Prevalence

- Population prevalence = UNKNOWN
 - Males = highest possible prevalence **3-5%**
 - Females = uncertain, **likely small fraction** of male prevalence

Pedophilic Disorder – Development & Course

- Adult males become aware → around **puberty**
 - Same time as other males developing sexual interests
 - May self-identify as a pedophile
- Difficult to diagnose as it first manifests
 - Differentiate from **age-appropriate sexual interests in peers, curiosity**
 - Minimum age 16, must be 5 years older than child
- Contributing factors to becoming DISORDER
 - Subjective distress (guilt, shame, sexual frustration, loneliness)
 - Psychosocial impairment
 - Propensity to act out sexually
- Lifelong characteristic → may fluctuate, decrease with age

Pedophilic Disorder – Risk & Prognostic Factors

- Temperamental

- Interaction between pedophilia + antisociality
- Both traits → risk for acting out sexually with children
- Antisocial PD → risk of pedophilic disorder in those with pedophilia

- Environmental

- Hx of childhood sexual abuse (in adult males)
- Unclear if causal relationship

- Genetic & Physiological

- Pedophilia = necessary condition → same risk factors apply to disorder
- Some assoc with **in utero neurodevelopmental disturbances**

Pedophilic Disorder – Gender Issues

- Psychophysiological lab measures
 - Penile plethysmography vs vaginal photoplethysmography
 - Sometimes useful in dx males
 - **Not necessarily useful in females** (despite equivalent procedures)

Pedophilic Disorder – Diagnostic Markers

- Psychophysiological measures
 - May be useful if hx suggests possible pedophilic d/o but individual denies
 - Penile plethysmography
 - Most researched and used
 - Viewing time → visual stimuli with nude/minimally clothed persons
 - Combine with self-report
 - May violate laws re: child pornography

Pedophilic Disorder – Differential Diagnosis

- Antisocial personality disorder
 - **Primary attraction to mature physique**
 - But incr risk of approaching child
 - Also recurrent law-breaking
- Alcohol and substance use disorders
 - **Disinhibiting effects of intoxication** → incr risk of approaching child
- OCD
 - **Ego-dystonic thoughts/worries** about possible attraction to children
 - **Absence of pedophilic thoughts** during high states of sexual arousal
 - May have **additional ego-dystonic, intrusive sexual ideas**
 - Concerns about homosexuality

Pedophilic Disorder – Comorbidity

- Based on convicted individuals (mostly male)
 - May not apply to all
- Comorbidities
 - Depressive, bipolar, anxiety disorders
 - Substance use disorders
 - Antisocial personality disorder
 - Other paraphilic disorders

Fetishistic Disorder

Fetishistic Disorder – Diagnostic Criteria

- A. ≥ 6 months, recurrent and intense sexual arousal
 - 1. From **use of non-living objects**
 - OR
 - 1. From **highly specific focus on non-genital body parts**
 - 2. Manifested by **fantasies, urges or behaviors**
- B. Significant distress or impairment
- C. Fetish objects NOT limited to **cross-dressing clothing articles** or devices specific designed for **tactile genital stimulation**

Fetishistic Disorder – Specifiers

- *Specify:*
 - **Body parts**
 - **Non-living objects**
 - **Other**

} Non-mutually exclusive combinations of fetishes may occur
- *Specify if:*
 - **In a controlled environment:** where the paraphilic behavior is restricted
 - **In full remission:** no distress/acts for ≥ 5 years, uncontrolled environment

Fetishistic Disorder – Diagnostic Features

- A1) Use of or dependence on fetish objects
 - **Inanimate objects**
 - Female undergarments, footwear, rubber articles, leather clothing
 - **Non-genital body part (partialism)**
 - Feet, toes, hair
 - Can be both
- A2) Significant distress or impairment
 - Many individuals self-identify as **fetishist practitioners**
 - No clinical impairment or distress → NOT fetishistic disorder

Fetishistic Disorder – Associated Features

- Can be multisensory experience
 - Holding, tasting, rubbing, inserting, smelling
 - While masturbating
 - Preferring sexual partner wear/utilize a fetish object
- May acquire **extensive collections** of fetish objects

Fetishistic Disorder – Development & Course

- Can develop **prior to adolescence**
- Continuous course → **fluctuates in intensity + frequency**

Fetishistic Disorder – Cultural Issues

- Distinguish from **socially acceptable sexual behavior**

Fetishistic Disorder – Gender Issues

- Nearly **exclusively report in males**
 - Not systematically reported in females

Fetishistic Disorder – Functional Consequences

- Sexual dysfunction
 - During romantic reciprocal relationships
 - When **fetish object is not available** during foreplay/coitus
 - May prefer **solitary sexual activity** → even if in reciprocal relationship
- Uncommon among arrested sexual offenders with paraphilias
 - Males may **steal/collect fetishistic objects of desire**
 - May lead to arrests/charges for non-sexual antisocial behaviors

Fetishistic Disorder – Differential Diagnosis

- Transvestic disorder
 - Nearest diagnostic neighbor → limited to **cross-dressing clothing**
- Sexual masochism disorder
 - “**Forced cross-dressing**” + sexual arousal by **domination/humiliation**
- Fetishistic behavior without fetishistic disorder
 - No distress or impairment
 - Partner may share or incorporate fetish

Fetishistic Disorder – Differential Diagnosis

- Co-occurrence
 - Other paraphilic disorders
 - Hypersexuality
 - RARE = neurological conditions

Transvestic Disorder

Transvestic Disorder – Diagnostic Criteria

- A. ≥ 6 months, recurrent and intense sexual arousal
 - 1. From **cross-dressing**
 - 2. Manifested by **fantasies, urges or behaviors**
- B. Significant distress or impairment

Transvestic Disorder – Specifiers

- *Specify:*
 - **With fetishism:** aroused by fabrics, materials or garments
 - Decreases likelihood of gender dysphoria (in men with transvestic disorder)
 - **With autogynephilia:** aroused by thoughts/images of self as female
 - Increases likelihood of gender dysphoria (in men with transvestic disorder)
- *Specify if:*
 - **In a controlled environment:** where the paraphilic behavior is restricted
 - **In full remission:** no distress/acts for ≥ 5 years, uncontrolled environment

Transvestic Disorder – Diagnostic Features

- Cross-dressing
 - May be only 1-2 articles of clothing
 - May be dressing completely (inner/outer garments, wigs, make-up)
 - Nearly exclusively reported in males
- Sexual arousal
 - Younger males → penile erection, masturbation
 - Older males → avoid stimulation and masturbation to prolong session
 - Male complete session with intercourse with partner
 - May have difficulty maintaining erection without cross-dressing
- “Purging and acquisition”
 - Spending a lot of money on women’s clothes
 - **Purging** → discarding items to overcome urges to cross-dress
 - **Acquisition** → buying wardrobe all over again

Transvestic Disorder – Associated Features

- Autogynephilia; may focus on
 - Exhibiting female **physiological functions** (lactation, menstruation)
 - Stereotypically **feminine behaviour** (knitting)
 - Possessing **female anatomy** (breasts)

Transvestic Disorder – Prevalence

- Prevalence = UNKNOWN
 - Rare in males
 - Extremely rare in females
- **Less than 3% males** report sexual arousal from cross-dressing
 - Even lower for those who done it multiple times
 - Majority identify as **heterosexual**

Transvestic Disorder – Development & Course

- Males → first signs in childhood (strong fascination)
 - Prior to puberty → generalized pleasurable excitement
 - Puberty → elicits penile erection, first ejaculation
- With age → sexual excitement decreases
 - May eventually have no penile response
 - Replaced with feelings of comfort or well-being
 - Desire to cross-dress increases or stays same
- Continuous or episodic course
 - May lose interest when first falling in love with women
 - Usually returns → return of associated distress

Transvestic Disorder – Development & Course

- Some progress to gender dysphoria
 - May be indistinguishable in early childhood or adolescence
 - Gradual desire to **remain in female role and feminize anatomy**
 - Usually **self-reported reduction in sexual arousal** from cross-dressing
- Manifestation of transvestism = **penile erection/stimulation**
 - Most intense in adolescence + early adulthood
 - Severity highest in adulthood → conflicts with heterosexual roles
 - Intercourse, marriage, family
- Middle-aged + older men with transvestism
 - More likely to present with gender dysphoria (vs transvestic disorder)

Transvestic Disorder – Functional Consequences

- Can interfere with **heterosexual relationships**
 - Source of distress to men wanting to maintain conventional relationships

Transvestic Disorder – Differential Diagnosis

- Fetishistic disorder
 - May resemble transvestic disorder
 - Depends on specific thoughts during activity + other fetishes
- Gender dysphoria
 - Presence of incongruence between experienced + assigned gender
 - May have history of childhood cross-gender behaviors
 - Can be given **both** diagnoses

Transvestic Disorder – Comorbidity

- Often found with other paraphilias
 - Most frequent → **fetishism, masochism**
- **Autoerotic asphyxia** → substantial portion of fatal cases