Multiple Paraphilic Diagnoses among Sex Offenders

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The psychiatric literature suggests that paraphiliacs can be expected to participate in only one type of deviant sexual behavior. Using self-reports gathered with assured confidentiality from 561 nonincarcerated paraphiliacs, we discovered that most paraphiliacs have had significant experience with as many as ten different types of deviant sexual behavior without regard, in many cases, to gender, age, and familial relationship of the victim. The relevance of these findings to our understanding of paraphiliacs and their treatment is discussed.

Sex crimes are a major social problem. Despite changing cultural trends toward open discussion of sexual behavior, information about sex crimes and the individuals who commit them remains sketchy and inconclusive. Psychiatry, psychology, and sociology have tended to avoid the study of sex offenders, perhaps because they are viewed with disdain by all levels of society. Instead, the focus has been on the victims of sex crimes—certainly worthwhile and important research. If the accelerating incidence of reported sex crimes and the attendant victimizations are to be reduced, however, the psychopathology of the perpetrators must be examined.

The best source of accurate information about participation in deviant sexual behaviors is the paraphiliacs themselves. However, a major factor inhibiting the collection of accurate information from paraphiliacs is the fear of negative social and legal repercussions because of the lack of assured confidentiality. The paraphiliac believes that valid reporting of his deviant behavior is likely to increase the probability of arrest for crimes unknown to others, to prolong his incarceration, or to jeopardize his probation status. Furthermore, most states have laws that require the reporting of some sex crimes (e.g., child molestation) to law enforcement authorities. Therefore, paraphiliacs are reluctant to discuss the true scope of their deviant behavior with

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others. The key issue, then, to obtaining valid and reliable information from paraphiliacs in order to facilitate assessment and treatment is an assurance of confidentiality.

Information currently available concerning paraphiliacs has come generally from incarcerated offenders who are also unlikely to report accurately their various deviant sexual interests and behaviors. It is well known among incarcerated paraphiliacs that if the nature of their crimes becomes known to fellow inmates, the risk of violent reprisal will be substantially increased. Consequently, what we know about sex offenders as a population has been limited.

Recent studies,[1–3] relying on a Certificate of Confidentiality from the federal government[4] that protects the identity and confidentiality of research subjects (in this case, self-reports obtained from paraphiliacs), have revealed a marked discrepancy between information in the literature regarding paraphiliacs and information gathered from paraphiliacs with the above assurance of confidentiality. The literature suggests that the average sex offender commits fewer than two crimes[5–7]; more recent studies[1] indicate that a rapist may commit as many as seven rapes, that a pedophile molesting young boys may commit an average of 240 such crimes, and that exhibitionists, frotteurs, and voyeurs commit an average of over 500 paraphilic acts each.

Previous studies[5,8] have also underestimated the number of different types of paraphilia in which sex offenders may participate. With information obtained from incarcerated paraphiliacs, these studies reported that each had participated, on the average, in fewer than two different types of paraphilia. Information gathered under a Certificate of Confidentiality,[1,3,9] however, revealed that paraphiliacs have often been involved in many more paraphilias than previously suspected. To gain a better understanding of the number of different paraphilias in which the paraphiliac may participate and how the various paraphilic diagnoses interrelate, the following study was undertaken.

Methods

Subjects The study population included 561 men seeking voluntary evaluation and/or treatment for possible paraphilia at the University of Tennessee Center for the Health Sciences, Memphis, Tennessee, or at the New York State Psychiatric Institute, New York City. At the former site, all categories of paraphilia were evaluated; at the latter, subjects with a diagnosis of rape and/or child molestation, because of preselection, constituted the largest segment of the subject population. Approximately one third of the subjects were referred through mental health routes, one third from legal or forensic sources, and one third from other sources.[1]

Diagnostic Criteria Interviews were conducted over an eight-year period (1977 to 1985), during which time the *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association was revised from DSM-II to DSM-III. Both DSM-II and DSM-III describe nearly all of the char-

acteristics of paraphilias appearing in this study, i.e., unusual or bizarre imagery or acts that tend to be insistently and involuntarily repetitive, generally involving the preference for the use of a nonhuman object for sexual arousal, repetitive activities with humans involving real or simulated suffering or humiliation, or repetitive sexual activities with nonconsenting partners. All subjects reported recurrent, repetitive urges to carry out these deviant sexual behaviors; subjects were not included simply because they had committed the behavior.

Diagnostic problems arose, however, when the criteria for diagnosis using DSM-II and DSM-III indicated that the subject's *predominating* sexual activity *must* involve paraphilic behavior (DSM-II), or that sexual excitement is possible *only* when the individual fantasizes or uses paraphilic images or behaviors to become sexually excited (DSM-III). We discovered that these latter criteria were inconsistent with our clinical experience with individuals who repetitively carry out paraphilic acts. The majority of paraphiliacs in our subject population could become involved with adult partners without relying upon paraphilic fantasies and behaviors. Many indicated that they preferred paraphilic fantasies or behaviors to nonparaphilic sexual behaviors, but both paraphilic and nonparaphilic sexual behavior clearly coexisted in most of the subjects.

In most cases, the DSM-II or DSM-III definition of paraphilia excludes the possibility of multiple, concomitant paraphilias. To determine a diagnosis of paraphilia by relying upon the DSM-II or DSM-III criteria, therefore, would undermine any investigation into the coexistence of multiple paraphilic diagnoses in a single subject. Regardless of what proportion of sexual arousal resulted from paraphilic interests or fantasies, the victimization and the attendant consequences still occurred. This study describes individuals who, at times, participated in nonparaphilic behaviors without relying on paraphilic thoughts, and, at other times, used paraphilic thoughts to develop fantasy, erection, and/or behaviors. Thus, our diagnostic criteria in this one respect varied with the diagnostic criteria outlined in DSM-II and DSM-III.

Based upon the subjects' reported life history, we categorized each paraphilic diagnosis by gender and age of target (less than 14, 14 to 17, and more than 17 years of age) except in paraphilias where such divisions were irrelevant (e.g., bestiality, coprophilia, some fetishes). The majority of targets of the various paraphilic interests were female, except in cases of child molestation involving assaultive behavior. Categories were subsequently collapsed across genders except in the category of child molestation. The familial relationship of the perpetrator to the target was also initially categorized but was subsequently ignored for all diagnoses except child molestation. The number of pedophiles involved in incestuous activities was quite significant and appeared to warrant discrimination from nonincestuous child molestation.

The behaviors characterizing the 21 categories of paraphilias (see Table 2)

are described in DSM-II and DSM-III. The public masturbator differed from the exhibitionist in that the former masturbated in a public setting but made no attempt to expose his penis to his target. The exhibitionist, by contrast, became maximally aroused by exposing his penis to an unsuspecting target. Urolagnia involved sexual gratification as the perpetrator urinated on his victim or was urinated upon by others. Two subjects were seen who were aroused by specific odors associated with men or women and appeared to be distinct from coprophiliacs in that the odor to which they were particularly attracted did not involve feces.

Three nonparaphilic categories of sexual behavior (rape of adult women, transsexualism, and ego-dystonic homosexuality) were included in the sample to investigate whether these categories of sexual behavior correlated with any traditional paraphilic behavior. By including these three nonparaphilic categories, it was hoped that further scientific data could be gathered to substantiate or refute the inclusion of these three categories of behavior in the paraphilia category.

Procedure In an effort to minimize the subjects' attempts to conceal their deviant behavior, each subject viewed a one-hour, videotaped presentation that explained the human investigation aspects of the study, the confidentiality of the data, and the protection afforded to him under the Certificate of Confidentiality. Subjects were informed that their participation was strictly voluntary and that they were free to withdraw from the study at any point without adverse consequences. Subjects were given the opportunity to discuss their concerns and to ask questions before signing the consent form.

All subjects underwent a structured clinical interview[1,10] focusing on specific demographic characteristics, numbers and types of deviant acts, and number of victims. The subjects were again reminded of the confidentiality of the data and the voluntary nature of their participation, and told that they were free to withdraw at any time for any reason. If subjects were easily able to recall and describe the variety and complexity of their paraphilic interests, the structured clinical interview lasted approximately one hour. If subjects experienced difficulty, the interview lasted up to five hours.

Numerous problems arose during the clinical interviews. First, it was sometimes difficult for subjects to describe the frequency of their involvement with paraphilias that had developed much earlier in their lives. To assist the subjects with the chronology of their deviant arousal and to improve the validity of their reports, interviewers attempted to associate important events in the subjects' lives with the onset and frequency of their paraphilias.

Second, some subjects reported several paraphilias occurring simultaneously but at different frequencies. Such reports tended to indicate that, as one paraphilia rose to become the predominating deviant behavior, others would become less dominant. This wave effect continued as another paraphilia rose to dominance and other deviant interests diminished. Special care was taken

under these circumstances to separate the occurrences and frequencies of the various paraphilias.

Third, the validity of the frequency of past deviant behaviors was a major concern. Verification of the subjects' reported frequency of paraphilic acts with arrest records proved to be ineffective because the subjects' reported frequencies of deviant behavior were substantially higher than the number of actual arrests. For example, the ratio of arrest to reported commission of the violent crimes of rape and child molestation was approximately 1:30 and the ratio of arrest to reported commission of the less violent crimes of exhibitionism and voyeurism was approximately 1:150. When the subject reported a range in the frequency of his deviant behavior (e.g., three to five times a month), the lowest value was selected so that the data would reflect minimal frequencies of deviant behavior. Only incidents of deviant behavior as reported by the subject himself were included. For example, if a family member reported five incidents of deviant behavior but the subject reported only two, then the interviewer recorded two acts. Conversely, if the subject reported ten acts of deviant behavior but his arrest record reflected only three, then the interviewer recorded ten acts.

Fourth, the possibility of overreporting was addressed. In the few instances of suspected overreporting, the interview was repeated until data were consistent. If repeated interviews failed to yield consistency, the subject's data were not included in the study.

Results

The age range of the study population of 561 males was 13 to 76 years, with a mean age of 31.5. Of these, 67 percent fell into the age range of 20 to 39 years of age. Approximately half of the study population were single and the remaining half either were married, had been married, or had formed a significant, "living with" relationship with an adult partner. The ethnic distribution was 62.1 percent white, 23.8 percent black, and 11.2 percent Hispanic. The majority of the participants had completed high school and 40 percent had completed at least one year of college. Nearly two thirds (65%) of the subjects were fully employed and earned annual incomes in the range of $7,500 to $25,000. Approximately 30 percent were referred for evaluation through legal or judicial sources, and 30 percent were referred by mental health professionals. The remainder were referred by other sources, including self-referral.

To determine a paraphilic diagnosis, the data were analyzed according to the following four subcategories: (1) gender of target, (2) age of target, (3) incestuous versus nonincestuous behavior, and (4) assaultive versus nonassaultive behavior. All paraphilic diagnoses were classified by each of these subcategories and the frequency of occurrence of each subcategory was determined. It should be noted that, in order to be included in a diagnostic category, a subject must have reported an overt act in that category; deviant arousal alone was not sufficient.

Gender of Target In our total population of 561 subjects, we observed that

Table 1
Target Age

	No. of Subjects	% of Subjects
Child, adolescent, adult	63	11.2
Child and adolescent	87	15.2
Child and adult	57	10.2
Adolescent and adult	32	5.7
Child only	142	25.3
Adolescent only	41	7.3
Adult only	92	16.4
Not applicable	47	8.4
Total	561	100.0

377 (67.2%) targeted only females and 67 (11.9%) targeted only males. Five subjects participated in deviant behavior that was not classifiable in this subcategory, e.g., fetishism. A total of 112 (20%) subjects offended against both male and female targets, indicating that this subgroup of the study population participated in deviant behavior irrespective of gender of target.

Age of Target Another important area of concern was age of the victims, i.e., whether a paraphiliac who offends against a young child would also commit acts against an adolescent and/or an adult, and vice versa. Subjects were divided into three categories of age of target: children less than 14 years of age, adolescents 14 to 17 years of age, or adults (more than 17 years of age) (Table 1). In our total population of 561 subjects, we observed that 275 subjects (49%) targeted victims in only one age group, 176 subjects (31.3%) targeted victims in two age groups, and 63 subjects (11.2%) targeted victims in all three age groups. Forty-seven subjects (8.4%) participated in deviant behavior that was not classifiable according to age of target, e.g., fetishism. Analysis of these data reveals that 239 subjects (42.3%) targeted victims in at least two age groups.

Incestuous versus Nonincestuous Behavior It is commonly thought that paraphiliacs offend either against their family members or against nonfamily members, but rarely against both. In our total population of 561 subjects, we observed that 315 (56.1%) participated in nonincestuous deviant behavior only and 68 (12%) participated in incestuous deviant behavior only. Again, 47 subjects participated in deviant behavior that was not classifiable in this subcategory, e.g., fetishism. A total of 131 (23.3%) subjects offended against both family and nonfamily targets, indicating that this subgroup of the study population participated in deviant behavior irrespective of familial relationship.

Assaultive versus Nonassaultive Behavior Subjects were next categorized by assaultive or nonassaultive paraphilic behavior to determine whether paraphiliacs who committed assaultive acts (child molestation, rape, frottage) also carried out nonassaultive paraphilic behaviors (public masturbation, voyeurism, exhibitionism) and vice versa. In our total population of 561 subjects, we observed that 331 (59%) participated in assaultive deviant behavior only and 84 (14.9%) participated in nonassaultive deviant behavior only. However, 146 (26%) subjects participated in both assaultive and nonassaultive deviant behavior indicating that this subgroup of the study population offended against

targets involving both touching and nontouching behaviors.

The foregoing analyses indicate that a significant percentage of paraphiliacs cross gender, age, familial, and assaultive/nonassaultive behavior boundaries during the commission of paraphilic acts.

We next examined the interrelationship between paraphilic diagnoses. The full impact of the results of this study emerges when the crossings of deviant behaviors are combined in order to determine multiple paraphilic diagnoses.

Number of Paraphilic Diagnoses by Diagnostic Category Our clinical experience with this population of 561 subjects indicates that, when multiple paraphilias exist in the same subject, one paraphilia initially takes dominance. A second paraphilia develops and overtakes the first in dominance, and then continues for a number of months or years, while the first continues at a greatly reduced intensity. On rare occasions, the initial paraphilia will appear to lose its arousal properties entirely for the patient and essentially disappear. Because our role was to determine the existence of more than one paraphilia in the same subject, we elected to count all paraphilias that had occurred during his lifetime, even though some were no longer actively arousing or erection producing. The temporal relationship among the various paraphilic diagnoses awaits further analysis.

Clinical interviews revealed that a number of subjects were involved in different paraphilias during their lives. There were 21 categories of paraphilia in which our subjects could have been involved. (For this and subsequent analyses, pedophiles targeting children less than 14 years of age and those targeting adolescents aged 14–17 were combined into a single category.)

The percentage of subjects in each of the 21 diagnostic categories who had one or more paraphilic diagnoses appears in Table 2. Excluding infrequently seen categories having less than 12 subjects per category (such as obscene mail, urolagnia, coprophilia, and attraction to specific odors), subjects in all other diagnostic categories had histories of numerous other separate paraphilic diagnoses. There were at least a few subjects in each category who had as many as 10 different paraphilic diagnoses.

Because of preselection, it was assumed that the relative occurrence of paraphiliacs in the sample was unrepresentative of the general population, except for the relative occurrence of the subcategories of child molesters. To avoid skewing of the data by overrepresentation of some groups (e.g., child molesters) and underrepresentation by others (e.g., voyeurs) and to obtain a less biased appraisal of the number of different paraphilias in the "average paraphiliac," the percentage of each of the 21 paraphilic classifications with one or more paraphilias was calculated and then averaged across all 21 paraphilic categories. This averaged incidence of concomitant or nonconcomitant paraphilic diagnoses is reflected in Figure 1. Only 10.4 percent of these "average paraphiliacs" had one diagnosis, 19.9 percent had two diagnoses,

Table 2
Percentage of Paraphiliacs with Multiple Paraphilias

Diagnosis	% of Paraphiliacs									
	1*	2*	3*	4*	5*	6*	7*	8*	9*	10*
Pedophilia (nonincestuous), female target	15.2	23.7	19.2	14.7	9.4	4.5	6.7	3.1	1.3	2.2
Pedophilia (nonincestuous), male target	19.0	26.8	19.6	12.4	4.6	3.9	6.5	3.9	.7	2.6
Pedophilia (incestuous), female target	28.3	25.8	17.0	5.7	8.2	3.8	5.0	1.9	.6	3.8
Pedophilia (incestuous), male target	4.5	15.9	20.5	18.2	13.6	6.8	9.1	2.3	.0	9.1
Rape	27.0	17.5	19.0	12.7	7.1	3.2	7.9	1.6	1.6	2.4
Exhibitionism	7.0	20.4	22.5	15.5	7.0	7.0	9.2	4.9	2.8	3.5
Voyeurism	1.6	9.7	27.4	14.5	12.9	8.1	11.3	8.1	3.2	3.2
Frottage	21.0	16.1	12.9	16.1	11.3	3.2	12.9	3.2	.0	3.2
Obscene mail	.0	33.3	66.7	.0	.0	.0	.0	.0	.0	.0
Transsexualism	51.7	31.0	13.8	3.4	.0	.0	.0	.0	.0	.0
Transvestitism	6.5	29.0	29.0	9.7	.0	6.5	12.9	.0	6.5	.0
Fetishism	.0	15.8	21.1	15.8	26.3	5.3	10.5	.0	5.3	.0
Sadism	.0	17.9	28.6	14.3	14.3	3.6	3.6	3.6	7.1	7.1
Masochism	.0	41.2	11.8	5.9	11.8	5.9	5.9	5.9	5.9	5.9
Homosexuality	25.0	41.7	25.0	4.2	.0	.0	.0	4.2	.0	.0
Obscene phone calling	5.3	5.3	21.1	21.1	5.3	10.5	15.8	5.3	5.3	5.3
Public masturbation	5.9	17.6	.0	17.6	17.6	17.6	5.9	5.9	5.9	5.9
Bestiality	.0	28.6	7.1	14.3	14.3	7.1	14.3	.0	14.3	.0
Urolagnia	.0	.0	.0	25.0	.0	25.0	.0	.0	25.0	25.0
Coprophilia	.0	.0	.0	.0	.0	.0	.0	50.0	25.0	25.0
Arousal to odors	.0	.0	50.0	.0	.0	.0	.0	50.0	.0	.0

* Refers to number of paraphilias.

20.6 percent had three diagnoses, and 11.5 percent had four diagnoses. The remaining 37.6 percent were concomitantly or nonconcomitantly involved in five to ten different paraphilic behaviors.

The percentage of cases in each diagnostic category with only one paraphilia is indicated in Table 3. Categories containing fewer than 12 subjects were excluded because the number of subjects was considered too small to represent such paraphilias reliably. The highest percentage (52%) of individuals with only one paraphilia were those involved with transsexualism. In each of the other 17 categories of paraphilias presented, less than 30% of the subjects confined their deviant behavior to only one paraphilia. In 10 categories of paraphilia, less than 10 percent of subjects had participated in only one type of paraphilic behavior. It was especially impressive that no cases of fetishism, sadism, masochism, or bestiality were seen in which an individual had only one par-

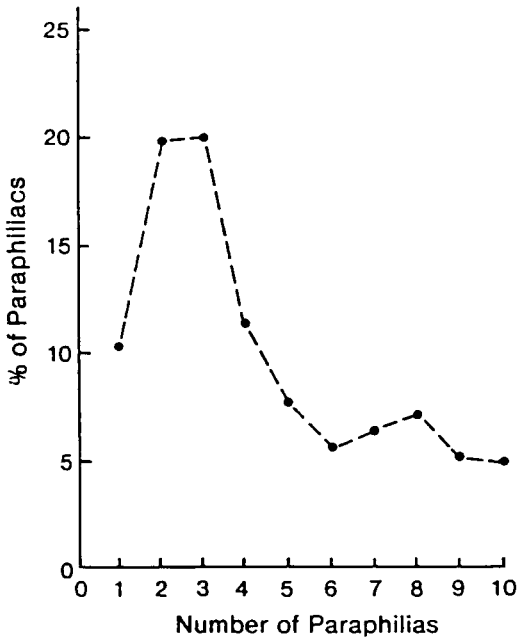

Figure 1. Average number of paraphilias.

aphilic diagnosis. These results clearly indicate that paraphiliacs with only one paraphilia are rare.

The average number of different paraphilias found in the histories of the 561 subjects in our study population is shown in Table 3. Except for those with a diagnosis of transsexualism or egodystonic homosexuality, the average number of paraphilias by diagnosis was in the range of three to five paraphilias per diagnostic category. Especially revealing was that multiple paraphilias were very common in individuals traditionally considered to have only one paraphilia, i.e., female-targeted incest pedophilia and male-targeted incest pedophilia.

To understand which paraphiliacs have histories of having committed other specific types of paraphilic behavior, the likelihood of the possible presence of other paraphilias relative to that indicated in column 1 is indicated in Table 4, a cross-diagnosis table. (Note: Table 4 should be read from left to right and not from top to bottom.) To ensure that the number of paraphiliacs who had multiple paraphilic diagnoses indeed reflected more than a simple deviant sexual arousal, data reflect the number of subjects who had reported actual commission of different paraphilic acts. Table 4, Column 1, includes the possible paraphilic diagnoses. Columns 2 through 22 represent additional concomitant or nonconcomitant paraphilic behaviors that subjects had committed. By reading across row 1, for example, one sees in Column 2 that 100 percent (224 subjects) represents the total subsample of men involved with girls outside the home. Reading further to the right, 35 percent of these individuals were (or had been) also involved in male nonincestuous pedophilia, 35 percent in female incestuous pedophilia, 12 percent in male incestuous pedophilia, 25 percent in rape, 29 percent in exhibitionism, 14 percent in voyeurism, 11 percent in frottage, and so forth. Therefore, from the clinical standpoint, 35 percent of paraphiliacs involved in nonincestuous deviant behavior with female targets have a high probability of having been involved with nonincestuous deviant behavior with male targets. By examining each row, one can see the frequent history of cross-diagnostic behavior that exists in paraphiliacs. For those diagnoses with fewer than 12 subjects per category, i.e., ob-

Table 3
Percentage of Subjects with Only One Diagnosis and Average Number of Paraphilias per Subject

Diagnosis	No. of Subjects*	% with only 1 Diagnosis	Average No. of Paraphilias	Total Paraphilias
Pedophilia (nonincestuous), female target	224	15	3.6	806
Pedophilia (nonincestuous), male target	153	19	3.4	520
Pedophilia (incestuous), female target	159	28	3.1	493
Pedophilia (incestuous), male target	44	4.5	4.5	198
Rape	126	27	3.3	416
Exhibitionism	142	7	4.2	596
Voyeurism	62	1.5	4.8	298
Frottage	62	21	3.8	236
Transsexualism	29	52	1.7	49
Transvestitism	31	6.5	3.8	118
Fetishism	19	0	4.4	84
Sadism	28	0	4.6	129
Masochism	17	0	4.4	75
Homosexuality	24	25	2.3	55
Obscene phone calling	19	5.5	5.1	97
Public masturbation	17	6	5.1	87
Bestiality	14	0	4.8	67
Total	1,170			4,324

* A subject is included in each diagnostic category in which he reported a completed act of paraphilic behavior. Therefore, overlapping of subjects across categories occurs.

scene mail, urolagnia, coprophilia, and arousal to specific odors, these data should be interpreted cautiously. With the exception of these four categories and transsexualism, all categories of paraphilia had large percentages of subjects who had also participated at one time or another in other types of paraphilic behavior.

Especially impressive were results in the categories of child molestation. Of the 153 subjects involved with boys outside the home, 51 percent had histories of also having been involved with girls outside the home, 12 percent with girls within the home, and 20 percent with boys within the home. Of the 159 subjects who reported involvement with female incestuous pedophilia, 49 percent had histories of also having been involved in female nonincestuous pedophilia, 12 percent in male nonincestuous pedophilia, and 12 percent in male incestuous pedophilia. Of the 44 subjects who reported involvement with male incestuous pedophilia, 61 percent had histories of also having been involved with female nonincestuous pedophilia, 68 percent with male nonincestuous pedophilia, and 43 percent with female incestuous pedophilia. From these data, it becomes apparent that child molesters have a very high incidence of deviant behavior with both family and

nonfamily targets. Furthermore, these data suggest that, contrary to traditional belief, incestuous child molesters are or have been involved very frequently with children outside the home.

Rapists also demonstrated a high incidence of concomitant or nonconcomitant cross diagnosis. Of the 126 subjects who had raped an adult woman, 44 percent had also been involved in female nonincestuous pedophilia, 14 percent in male nonincestuous pedophilia, and 24 percent in female incestuous pedophilia; 28 percent had histories of exhibitionism, 18 percent of voyeurism, and the remainder had been involved, to a lesser degree, in other types of paraphilia.

Exhibitionists had a high degree of other concomitant or nonconcomitant paraphilic behaviors in addition to exhibitionism. Forty-six percent had been involved in female nonincestuous pedophilia, 22 percent in male nonincestuous pedophilia, 22 percent in female incestuous pedophilia, 25 percent in rape, 28 percent in voyeurism, and 16 percent in frottage. Smaller proportions of exhibitionists had been involved in the other categories of paraphilia. An impressive aspect of these findings was that, contrary to some traditional texts, the exhibitionists evaluated frequently were involved in a large variety of other paraphilic behaviors at one time or another, some overtly aggressive. Once again, these data do not indicate that all exhibitionists have also been involved in other paraphilias, but it certainly suggests that there is a much higher likelihood of a history of involvement in other deviant behaviors in this subsample of paraphiliacs.

Voyeurs, frotteurs, and fetishists all revealed histories of paraphilic interests in other major categories of paraphilia. Sadists and masochists also appear to have or have had experiences with other types of paraphilia. Of greatest concern is that 46 percent of sadists reported involvement with rape behavior, the highest percentage of cross-diagnosis into the rape category of any other category of paraphilia.

Ego-dystonic homosexuals, obscene phone callers, and public masturbators all had significant histories of involvement with other paraphilias. It is difficult to draw conclusions from infrequently seen paraphiliacs (e.g., senders of obscene mail) because these categories of paraphilia occurred at a low frequency in the study population and, therefore, these findings need corroboration from studies of larger subject populations.

In summary, examination of Table 4 suggests that our traditional view of paraphiliacs has been somewhat naive. With the exception of transsexuals, there is a significant incidence of crossing of deviant sexual behaviors.

Conclusions

The principal conclusion to which this study points is that paraphiliacs frequently participate in a variety of different paraphilias and that the paraphiliac with a history of only one paraphilia is rare. These assertions are at variance with the traditional view of the paraphiliac, i.e., as one who becomes fixated on one type of paraphilia to the ex-

Table 4
Percentage of Cross-Diagnosis by Paraphilia

		Female nonincestuous pedophilia	Male nonincestuous pedophilia	Female incestuous pedophilia	Male incestuous pedophilia	Rape	Exhibitionism	Voyeurism	Frottage	Obscene mail	Transsexualism	Transvestitism	Fetishism	Sadism	Masochism	Homosexuality	Obscene phone calling	Public masturbation	Bestiality	Urolagnia	Coprophilia	Arousal to odors
Female nonincestuous pedophilia	N	224	78	78	27	55	65	32	24	1	0	7	10	11	6	1	8	5	10	2	4	0
	%	100	35	35	12	25	29	14	11	1	0	3	5	5	3	1	4	2	5	1	2	0
Male nonincestuous pedophilia	N	78	153	19	30	17	31	16	12	0	0	4	6	7	6	3	3	2	1	1	2	0
	%	51	100	12	20	11	20	10	8	0	0	3	4	5	4	2	2	1	1	1	1	0
Female incestuous pedophilia	N	78	19	159	19	30	31	11	10	1	1	7	5	9	5	1	5	4	6	2	3	0
	%	49	12	100	12	19	20	7	6	1	1	4	3	6	3	1	3	3	4	1	2	0
Male incestuous pedophilia	N	27	30	19	44	7	7	6	4	0	0	2	3	1	1	2	0	1	3	2	1	0
	%	61	68	43	100	16	16	14	9	0	0	5	7	2	2	5	0	2	7	5	2	0
Rape	N	55	17	30	7	126	35	23	14	1	0	6	5	13	3	0	7	4	3	0	0	1
	%	44	14	24	6	100	28	18	11	1	0	5	4	10	2	0	6	3	2	0	0	1
Exhibitionism	N	65	31	31	7	35	142	39	23	1	1	11	4	6	6	3	12	12	5	2	3	1
	%	46	22	22	5	25	100	28	16	1	1	8	3	4	4	2	9	9	4	1	2	1
Voyeurism	N	32	16	11	6	23	39	62	14	0	0	3	4	7	1	0	9	5	6	1	1	2
	%	52	26	18	10	37	63	100	23	0	0	5	7	11	2	0	15	8	10	2	2	3

Frottage	N	24	12	10	4	14	23	14	62	0	0	1	3	7	0	0	4	2	1	0	0	1
	%	39	19	16	7	23	37	23	100	0	0	2	5	11	0	0	7	3	2	0	0	2
Obscene mail	N	1	0	1	0	1	1	0	0	3	0	0	0	0	0	1	0	0	0	0	0	0
	%	33	0	33	0	33	33	0	0	100	0	0	0	0	0	33	0	0	0	0	0	0
Transsexualism	N	0	0	1	0	0	1	0	0	0	29	9	0	0	0	7	0	0	0	0	0	0
	%	0	0	4	0	0	4	0	0	0	100	31	0	0	0	24	0	0	0	0	0	0
Transvestitism	N	7	4	7	2	6	11	3	1	0	9	31	2	3	4	6	3	1	4	2	1	0
	%	23	13	23	7	19	36	10	3	0	29	100	7	10	13	19	10	3	13	7	3	0
Fetishism	N	10	6	5	3	5	4	4	3	0	0	2	19	1	2	2	0	1	0	1	0	0
	%	53	32	26	16	26	21	21	16	0	0	11	100	5	11	11	0	5	0	5	0	0
Sadism	N	11	7	9	1	13	6	7	7	0	0	3	1	28	5	0	4	2	2	2	2	0
	%	39	25	32	4	46	21	25	25	0	0	11	4	100	18	0	14	7	7	7	7	0
Masochism	N	6	6	5	1	3	6	1	0	0	0	4	2	5	17	2	0	0	1	2	2	0
	%	35	35	29	6	18	35	6	0	0	0	24	12	29	100	12	0	0	6	12	12	0
Homosexuality	N	1	3	1	2	0	3	0	0	1	7	6	2	0	2	24	0	0	1	1	0	0
	%	4	13	4	8	0	13	0	0	4	29	25	8	0	8	100	0	0	4	4	0	0
Obscene phone calling	N	8	3	5	0	7	12	9	4	0	0	3	0	4	0	0	19	2	2	0	1	0
	%	42	16	26	0	37	63	47	21	0	0	16	0	21	0	0	100	11	11	0	5	0
Public masturbation	N	5	2	4	1	4	12	5	2	0	0	1	1	2	0	0	2	17	1	1	1	0
	%	29	12	24	6	24	71	29	12	0	0	6	6	12	0	0	12	100	6	6	6	0
Bestiality	N	10	1	6	3	3	5	6	1	0	0	4	0	2	1	1	2	1	14	1	1	0
	%	71	7	43	21	21	36	43	7	0	0	29	0	14	7	7	14	7	100	7	7	0
Urolagnia	N	2	1	2	2	0	2	1	0	0	0	2	1	2	2	1	0	1	1	4	2	0
	%	50	25	50	50	0	50	25	0	0	0	50	25	50	50	25	0	25	25	100	50	0
Coprophilia	N	4	2	3	1	0	3	1	0	0	0	1	0	2	2	0	1	1	1	2	4	0
	%	100	50	75	25	0	75	25	0	0	0	25	0	50	50	0	25	25	25	50	100	0
Arousal to odors	N	0	0	0	0	1	1	2	1	0	0	0	0	0	0	0	0	0	0	0	0	2
	%	0	0	0	0	50	50	100	50	0	0	0	0	0	0	0	0	0	0	0	0	100

clusion of other kinds of deviant sexual behavior.

Because these results challenge our traditional view of the paraphiliac, one might question the validity of these findings. Why have traditional interviews failed to reveal a variety of paraphilias? One reason might be the amount of time required to obtain a subject's full history. When histories are taken in the rush of forensic evaluation, the interviewer is likely to focus upon behaviors that have come to his or her attention. The interviews used in this study were time consuming (from one to five hours in duration) but provided the subject with the opportunity to establish rapport with the examiner and to acquire some degree of comfort with the interview.

A second factor might be the lack of specificity in the questions that interviewers pose. Our early experience indicated that suspected paraphiliacs did not volunteer information relative to all of their deviant sexual activities. Initially, interviews focused on the behavior that had come to our attention. As we gained greater experience and greater knowledge about the frequent occurrence of multiple deviant behaviors, the interviewers were more aware of the need to ask specific questions about other types of paraphilias. As interviews became more structured, interviewers worked from a listing of all possible paraphilias and asked each subject about his participation in each. Although the latter technique was rather routine and nonspontaneous, it was critical for an accurate recording of the scope of the various deviant sexual activities of each subject.

A third and extremely important factor is the issue of confidentiality. Because the majority of prior research on paraphilias has been conducted within the prison setting, where confidentiality is limited, it is not surprising that the subjects reported a low incidence of multiple paraphilias. Using the various means of maintaining confidentiality described earlier, we found that subjects would more honestly report their various paraphiliac behaviors if they felt assured that negative repercussions as a result of such revelations would not be forthcoming. Where confidentiality is minimal or nonexistent, concealment is common, and therefore histories will be less valid.

The finding that histories of multiple paraphilias are common and cross-diagnoses are a frequent occurrence should be of importance to clinical judgments regarding paraphilias. For example, it is customarily believed that cases of incest simply result from distorted family dynamics and that individuals involved in incest are unlikely to be involved in other types of paraphilias. This conclusion, however, is inconsistent with the findings described above. These results and prior psychophysiological investigation of incestuous and nonincestuous pedophiles[2,11] suggest that incest cases frequently involve individuals who participate in nonincestuous activities in addition to incestuous behaviors. Similarly, individuals involved with children outside the home frequently have concurrent involvement with children within the

home. Treatment plans and assessment strategies must therefore investigate both of these possibilities. The presence of more serious paraphilias in individuals with "benign" paraphilias should also be of concern. Some professionals have considered exhibitionists, voyeurs, and fetishists as being rather benign, nuisance paraphiliacs. These results, however, suggest that some (but not all) of the benign paraphilias may actually lead to very aggressive behaviors and should not be viewed as reliably benign. Further clinical relevance of these results is the indication that treatment must be modified to incorporate all of the various paraphilias that an individual might have. If an individual involved in incestuous pedophilia is also involved with children outside of the home, then treatment must focus on the full scope of the individual's pedophilic interests including the possibility of other, unsuspected paraphilias. Without a thorough investigation of an individual's deviant interests and the formulation of a comprehensive treatment program, recidivism is much more likely.

Finally, the theoretical relevance of these findings must be considered. Why do paraphiliacs have histories of so many different paraphiliac interests and behaviors? If a specific conflict accounted for one discreet type of paraphilia, how could it explain the existence of multiple paraphilias in the same individual? Because paraphilic behavior is, by and large, a secretive event, and because most paraphilic acts remain unreported, it may be that failure to experience aversive consequences as a result of the first deviant act may reinforce the rationalization or acceptability of the act for the perpetrator. Thus, he may feel less inhibited about acting upon other paraphilic fantasies.

Regardless of how one might interpret the theoretical implications of the results of this study, a number of factors suggest that these findings are representative of paraphiliacs seeking psychiatric or psychological evaluation and treatment. The large subject population was collected at two different sites in the United States, both offering assessment and treatment services for individuals seeking help in controlling their sexual behavior. Both sites emphasized treatment for assaultive sex offenders (child molesters and rapists), which is the major treatment emphasis for most sex offender treatment programs throughout the country. Furthermore, the considerable consistency with which paraphiliacs reported involvement in multiple paraphilias (regardless of an initial category of paraphilia) appears to support the validity of these new findings.

Prevention of sexual violence and deviant sexual acts necessitates a better appreciation of the perpetrator—who he is and what his deviant interests are—so that appropriate services may be provided to control sexually deviant behavior and to prevent further victimization.

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