

Paraphilic Coercive Disorder: Framing the Debate

Paraphilic Coercive Disorder: A Clinical and Historical Perspective

by Robin J. Wilson, Ph.D., ABPP*

Shortly after the *DSM-5* Paraphilias Sub-workgroup released proposed diagnostic frameworks for pedohebephilic disorder and paraphilic coercive disorder, debate began as to the appropriateness of these schemes. To many, the heart of the matter is found in the frequent use of paraphilia not otherwise specified (NOS) in sexual offender civil commitment proceedings, which some perceive as a misuse of psychiatric designations to further a politico-legal agenda. (Michael B. First and Robert L. Halon, "Use of *DSM* Paraphilia Diagnoses in Sexually Violent Predator Commitment Cases," 36 *J. Am. Acad. Psychiatry & L.* 443-54 (2008).)

The editors of the *DSM-IV* and its subsequent revision (*DSM-IV-R*) had been clear in stating their intent that paraphilia NOS only be used to diagnose those paraphilic presentations that truly defied categorization using the other diagnoses in the group, such as pedophilia, sexual sadism, and exhibitionism. (American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* (4th, Text Rev., 2000); Michael B. First and Allen Frances, "Issues for *DSM-V*: Unintended Consequences of Small Changes: The Case of Paraphilias," 165 *Am. J. Psychiatry* 1240-241 (2008); First and Halon, *supra.*) The idea was that paraphilia NOS diagnoses would be rare. However, with the proliferation of SVP civil commitment programs (now found in 20 states and the federal government), the field has seen an unprecedented growth in offenders being diagnosed as either paraphilia NOS (pubescent victims, adolescent victims, or "hebephilia") or paraphilia NOS (nonconsenting partners). This use of the NOS designation has been championed by some (e.g., Dennis

M. Doren, *Evaluating Sex Offenders* (Sage Publications 2002) and vilified by others (see Karen A. Franklin, <http://ForensicPsychologist.blogspot.com/2007/09/federal-judges-question-novel-diagnoses.html>), but most agree that there is a need for more diagnostic precision. (Paul Stern, "Paraphilic Coercive Disorder in the *DSM*: The Right Diagnosis for the Right Reasons," 39 *Arch. Sexual Behav.* 1443-447 (2010).)

Paraphilic coercive disorder has been proposed as a means to more precisely define what many evaluators and clinicians

behavior; and second, that nobody has come up with a satisfying typological scheme to describe those who do.

Clinical Presentations

Sexual offender specialists recognize that there are a variety of clinical presentations of persons who engage in coercive sexuality. On one end of the clinical spectrum, it has been argued that rape is simply one step in the sexual sadism continuum. On the other end, it has been argued that this continuum is too broad and that there is a relatively distinct group

To many, the heart of the matter is found in the frequent use of paraphilia not otherwise specified (NOS) in sexual offender civil commitment proceedings, which some perceive as a misuse of psychiatric designations to further a politico-legal agenda.

are currently labeling as paraphilia NOS (nonconsenting partners), providing a discrete diagnostic category for fantasies and behaviors involving rape.

Lack of Satisfying Typological Scheme

The term "rape" conjures up many things to many people—clinicians, researchers, victim advocates, and social policymakers have for decades argued over just exactly what rape represents. Labeling the behavior appears relatively simple: Rape occurs when one person forces sexual activity (usually involving penetration) on another without the other's consent. In some jurisdictions, the offense itself is labeled as rape in the criminal code while, in others, charges resulting from the behavior are more vague (e.g., sexual assault, sexual battery). The problems, of course, arise when we try to get at the underlying motivations for engaging in the behavior. In this regard, at least two things are clear—first, that there are many reasons why people engage in this

of offenders on the lower end who are more interested in coerced sex than they are in the overt infliction of pain, humiliation, and suffering. Research has shown that "seasoned" clinicians fail to find consensus when diagnosing sadism. (William L. Marshall, Patricia Kennedy, and Pamela Yates, "Issues Concerning the Reliability and Validity of the Diagnosis of Sexual Sadism Applied in Prison Settings," 14 *Sex Abuse* 301-11 (2002); William L. Marshall, Pam Kennedy, Pamela Yates, and Geris Serran, "Diagnosing Sexual Sadism in Sexual Offenders: Reliability Across Diagnosticians," 46 *Int'l J. Offender Therapy & Comp. Criminology* 668-77 (2002).) This research suggests that there are both high-specificity diagnostic features (e.g., torture, mutilation) indicative of sexual sadism and low-specificity features (e.g., domination, control) that may be more correctly put in the PCD bin. Of course, separating these two poles

See *PARAPHILIC COERCIVE*, next page

*Robin J. Wilson is a board-certified clinical psychologist with over 25 years experience in the assessment and treatment of sexual and other offenders. He publishes and presents regularly on related matters and currently serves as the clinical director of the Florida Civil Commitment Center in Arcadia, FL. He is a professor of Forensic Practice at the Humber College Institute of Technology and Advanced Learning in Toronto, Canada.

PARAPHILIC COERCIVE, from page 35

has implications for both sentencing (SVP civil commitments) and treatment.

Typological Models of Rape Behavior

Attempts at devising typological models of rape behavior have demonstrated generally inconclusive results. One typology, used most often by the FBI and much in favor with television crime dramas (*Law & Order, Criminal Minds*, etc.), separates rapists into categories such as Power Reassurance, Power Assertive, Anger Retaliatory, Sadistic, and Opportunistic. (A. Nicholas Groth, Ann W. Burgess, and Lynda L. Holmstrom, "Rape: Power, Anger, and Sexuality," 134 *Am. J. Psychiatry* 1239-243 (1977).) A more multidimensional approach, more commonly applied in clinical or forensic settings, is set forth by the Massachusetts Treatment Center: Rapist Typology Version 3 (MTC:R3), which distinguishes nine rapist types distinguished by primary motivation (opportunistic, pervasive anger, overt or muted sadism, sexualized, vindictive) and social competence (high vs. low). (Raymond A. Knight and Robert A. Prentky, "Classifying Sexual Offenders: The Development and Corroboration of Taxonomic Models," in William L. Marshall, D. Richard Laws, and Howard E. Barbaree, eds., *Handbook of Sexual Assault: Issues, Theories, and Treatment of the Offender* (Plenum Press 1990).)

Paraphilic coercive disorder (PCD) attempts to deal with these distinctions, focusing specifically on the phenomenon of coercive (as compared to explicitly sadistic)

sexuality as a possible psychiatric condition. Quinsey suggests that sexual coercion is a manifestation of sexual conflict that is not in itself pathological, but that elements of the behavior may be more readily defined on the anti-sociality dimension, presumably because of the callousness and failure to appreciate the experience of the victim during the sexual intercourse event. (Vernon L. Quinsey, "Coercive Paraphilic Disorder," 39 *Arch. Sexual Behav.* 405-10 (2010).) Knight also expresses concerns about the establishment of a distinct paraphilia for sexual coercion, stating that there is no evidence to support a taxometric characterization of rape behavior. (Raymond A. Knight, "Is a Diagnostic Category for Paraphilic Coercive Disorder Defensible?," 39 *Arch. Sexual Behav.* 419-26 (2010).) All three of the "experts" solicited by the subworkgroup (Vernon Quinsey, Ray Knight, and David Thornton) refer to phallometric test data in their arguments for or against the proposed PCD framework. (See Knight, *supra*; Quinsey, *supra*; David Thornton, "Evidence Regarding the Need for a Diagnostic Category for a Coercive Paraphilia," 39 *Arch. Sexual Behav.* 411-18 (2010).)

Phallometric Assessment Inconsistent

While some studies have suggested that rapists can be distinguished from control subjects at least as far as group data are concerned, the collected literature on phallometric assessment of activity-preference paraphilic expressions must be viewed as no better than inconsistent. In contrast to the age-gender preference version of this procedure, which has relatively good reliability and validity for individual diagnosis, the same cannot be said of test protocols for

rape and sadism. (Kurt Freund and Robin Watson, "Assessment of the Sensitivity and Specificity of a Phallometric Test: An Update of 'Phallometric Diagnosis of Pedophilia,'" 3 *Psych. Assessment* 254-60 (1991).) Indeed, in nearly seven years of aggressive research attempting to develop a reliable and valid test of sexual dangerousness (rape and sadism) to use in individual diagnosis, Freund, others, and myself experienced absolutely no success.

The preferential rapist is one who is strongly motivated to engage in sexual intercourse with novel partners who are nonconsenting. They typically experience sexual preoccupation, distorted attitudes about women and sexuality, and feelings of inadequacy. This subgroup of rapists is to be distinguished from those rapists who engage in more (sometimes gratuitously) overt violence and degradation than is required to ensure compliance. In this line of reasoning, these latter offenders could be more properly labeled as sexually sadistic. But, how do we reliably distinguish the two ends of this spectrum? This is the problem faced by the *DSM-5* Paraphilias Subworkgroup.

Field Trial Research Underway

Perhaps, the only way to settle the debate as to the utility of the proposed diagnoses is to conduct field trial research. Researchers at two civil commitment centers (Sand Ridge Secure Treatment Facility in Wisconsin and the Florida Civil Commitment Center) have begun field trial research protocols with the encouragement of the subworkgroup. Whether or not paraphilic coercive disorder will find its way into the final *DSM-V* product is, of course, far from determined. ■

EDITOR'S WELCOME, from page 34

philosophy, and produces both resource inefficiencies and collateral effects that might inadvertently compromise public safety.

Shared Vision of Safer Society

The often-acrimonious tone of some of these debates often loses sight of the fact that all stakeholders involved in the formation and implementation of sex offender law and policy—legislators, prosecutors, the defense bar, the judiciary, law enforcement, victims and victim advocates, treatment providers, social science researchers, legal scholars, institutional and community correctional professionals—share a common

vision of a safer society. The challenges, of course, emerge when this shared goal is faced with varying degrees of concern over matters such as the preservation of individual rights, the meaning and interpretation of empirical research findings, the limits of technology, and the operational realities of managing in a world of finite resources.

This broader context, and the associated need for a "meeting ground" where timely and relevant perspectives can be shared and debated, frames the editorial vision for *SLR*. In the pages of this publication, we hope to provide readers with timely information that is relevant to both larger policy debates and to the day-to-day challenges faced by practitioners. In the context of the more

divisive issues, we will aim to illuminate the key points of debate, give voice to multiple viewpoints, and promote constructive dialogue over the issues. An example of our commitment to this type of dialogue may be found in this issue's series of articles presenting varying perspectives on the proposed *DSM-5* criteria for paraphilic coercive disorder, including one article that is co-written by two prominent commentators who have some fundamental differences in their views of the issue.

Forum of Sharing

Consistent with this general spirit of dialogue, we aim to provide a forum for

See EDITOR'S WELCOME, page 38