

# Evidence Regarding the Need for a Diagnostic Category for a Coercive Paraphilia

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**Abstract** Evidence relevant to a potential diagnosis of Paraphilic Coercive Disorder is reviewed. Salient cues indicating that their partner is feeling coerced normally at least partially inhibit male sexual arousal while cues indicating mutual interest heighten arousal. However, for a minority of males, this pattern reverses with salient coercion cues leading to heightened arousal. This unusual pattern of arousal and fantasy is associated with a self-reported willingness to rape among non-convicted samples and is more common among convicted rapists than in other offender groups. It is inconsistently associated with Sadism as defined by the DSM-IV-TR and only weakly associated with psychopathy or general criminality. Evidence for it as an abnormal and persistent sexual interest comes from behavioral patterns, self-reported sexual fantasy, and laboratory tests. Two possible ways of incorporating it into a future version of the DSM are outlined.

**Keywords** Paraphilia · Rape · Sadism · Paraphilic Coercive Disorder · Biastophilia · DSM-V

## Introduction

The purpose of this article is to articulate theoretical arguments and review empirical evidence relevant to the need for a diagnostic category for a Coercive Paraphilia. The term “Coercive Paraphilia” is used here to refer to coercive sex being the erotic focus of a paraphilia.

## What Counts as a Paraphilia?

Following First and Halon (2008), and in keeping with the general literature, this article takes the core of the paraphilia construct to be an abnormal sexual interest. What counts as “abnormal” is culturally relative. To be significant in a mental health context, this abnormal sexual interest needs to be sufficiently sustained and intense that it causes “clinically significant distress or impairment in social, occupational, or other important areas of functioning.” Included under impairment of functioning are cases where the behavioral expression of a paraphilic sexual interest causes significant harm to others.

As First and Halon (2008) note, the diagnostic language incorporated in the DSM-IV-TR has led to some confusion regarding the relationship between paraphilias and behavior. The DSM-IV-TR refers to “recurrent, intense sexually arousing fantasies, sexual urges, or behaviors.” Some experts have taken this to mean that a paraphilia may be constituted solely by a recurrent pattern of abnormal sexually arousing behaviors, something that does not seem to have been the original intent of the DSM-IV-TR.

The position taken here is that the core of a paraphilia is an abnormal sexual interest. The presence of a sexual interest implies that relevant fantasies and behaviors will be sexually arousing and that there will be sexual urges to engage in these fantasies and behaviors. Sexual arousal is here understood to be indicated by both the subjective sense of being sexually aroused and bodily reactions preparatory to sexual consummatory behavior (such as erectile responses in men).

Inferring the presence of a sexual interest then depends on both seeing a corresponding pattern in subjective, behavioral, and bodily indicators of sexual interest and on evaluating and being able to discount alternative explanations of the observed pattern. All potentially available sources of information relevant to this are potentially fallible so that the assessment of

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individuals should draw on a range of measures. Inferring the presence of offense-related sexual interests is particularly challenging because they may be seen as socially undesirable and, in a forensic context, offenders may have good reasons to conceal them. Nevertheless, rich enough data must be gathered to infer the presence of a sexual interest and to discount alternatives if a paraphilia is to be diagnosed. It is not sufficient to note a pattern of behavior that could be explained through a paraphilia but could equally be explained in a variety of other ways.

### How Should a Coercive Paraphilia Be Conceptualized?

During the 1980s, a proposed diagnostic category called Paraphilic Coercive Disorder was formulated with the following diagnostic criteria.

- A. Over a period of at least 6 months, preoccupation with recurrent and intense sexual urges and sexual arousing fantasies involving the act of forcing sexual contact (for example, oral, vaginal, or anal penetration; grabbing a woman's breast) on a non-consenting person.
- B. It is the coercive nature of the sexual act that is sexually exciting, and not the signs of psychological or physical suffering of the victim (as in sexual sadism).
- C. The individual repeatedly acts on these urges or is markedly distressed by them.

Money (1999) proposed a related but distinct conception of a paraphilic interest in rape which he called "biastophilic rapism." Here the sexual focus was on a victim who "should be maximally terror-stricken and resistant." Criteria more consistent with Money's conception might instead go as follows.

- A. Over a period of at least 6 months, preoccupation with recurrent and intense sexual urges and sexual arousing fantasies involving the act of forcing penetrative sexual contact (for example, oral, vaginal, or anal penetration) on a non-consenting person.
- B. It is the coercive nature of the sexual act, and the victim's terror and resistance that is sexually exciting.
- C. The individual repeatedly acts on these urges or is markedly distressed by them.

There is a question of how this would be distinguished from sexual sadism but this is best addressed after seeing whether either formulation is consistent with the available empirical research.

### Is There Empirical Evidence for a Coercive Paraphilia?

There is general agreement that during treatment some rapists report that their offenses were preceded by intense offense-

related sexual urges and fantasy. Further, it has been known for a long time that rapists in treatment not uncommonly report ongoing intense offense-related fantasy during periods of interpersonal conflict (e.g., McKibben, Proulx, & Lusignan, 1994) and that among student samples self-reported willingness to rape (if undetected) is substantially related to engaging in coercive sexual fantasy (e.g., Greendlinger & Byrne, 1987).

Consistent with these reports regarding offenders' fantasies is the literature from objective measurement of sexual response to fantasy themes using the penile plethysmograph (PPG). This methodology has two advantages relative to self-report: it is less dependent on the individual's willingness to disclose the content of their sexual fantasies and the stimuli used can be varied in a systematic and structured way to determine which aspect exerts more control over the individual's sexual response. The method is, of course, fallible: men can to some extent manipulate their penile responses and it assesses responses in the laboratory rather than in the real world.

There have been a series of studies examining the degree to which relative penile response to stimuli that depict rape vs. stimuli that depict consensual sex differentiate convicted rapists. This is summarized in a so-called Rape Index, calculated either as the ratio of responses to the two categories or (more recently) by subtracting *z*-scores representing the two categories. The expression "positive Rape Index" is used here to refer to penile response being stronger to stimuli depicting rape (typically through audio or video modalities) than to stimuli depicting consensual sexual activity. The term "negative Rape Index" is used to refer to the opposite pattern where penile response is stronger to stimuli depicting consensual sexual activity than to stimuli depicting rape. The term "neutral Rape Index" will be used to describe Rape Indices that indicate about equal levels of arousal to consensual and rape stimuli. A group may also be referred to as having a "higher Rape Index" when the average response of the group is either a more strongly positive Rape Index or a less negative Rape Index than some other group. Finally, "deviant Rape Index" will be used to refer to a Rape Index that is materially different from the Rape Index typically found for non-sexual offenders.

Results from individual studies have varied; however, meta-analysis of these studies demonstrates a substantial difference between convicted rapists and non-sexual offenders in average response (Lalumière & Quinsey, 1994). Subsequent studies have given variable results but the average trend is unchanged (Lalumière, Quinsey, Harris, Rice, & Trautrimas, 2003). The average effect size in the studies summarized in these meta-analyses was  $d = 0.82$ . This is a magnitude that is normally considered a medium to large effect (Cohen, 1992). Lalumière et al. (2003) stated that when using optimal test procedures about 60% of convicted rapists show equal or greater arousal to rape themes (as compared to consensual themes). In contrast, this pattern was shown by just 10% of non-sexual offenders (either community members or offenders with only a record

of non-sexual crimes). Since few men show exactly equal responses to consensual and rape stimuli, this means that Lalumière et al. are asserting that just under 60% of convicted rapists have a positive Rape Index and that any positive Rape Index (regardless of how positive it was) should be regarded as a deviant Rape Index.

A limitation of this meta-analysis is that it treats all rapist samples as if they were equivalent. It is possible that some of the variation in results between studies reflects drawing offenders from samples that were higher risk/more psychologically deviant (e.g., those evaluated at a secure forensic mental health facility) as compared to routine prison samples. Willmot and Hart (1996) classified a mixed group of sexual offenders (including rapists and child-molesters) according to the frequency of rapes and non-sexual assaults in their history, using an instrument developed by Thornton and Travers (1991). Scores on this instrument showed a linear relationship to a Rape Index (based on difference in *z*-scores). Consistent with other studies, the overall mean on the Rape Index indicated about equivalent arousal to coercive and consensual themes. Positive Rape Indices were only shown by those with more marked history of prior rape and violence (about 40% of the sample) and was only strong (an average difference in *z*-scores to coercive vs. consensual categories exceeding 0.5) for those with the most marked history of prior rape and violence (about 12% of the sample). Taking this result with those summarized earlier, it would probably be more accurate to characterize the group of men convicted and imprisoned for rape as most typically showing roughly equivalent arousal responses to rape and consensual themes. Included within this group, however, would be both some individuals who showed a markedly negative Rape Index (a pattern similar to non-sexual offenders), a larger group with a neutral Rape Index, and others who showed a markedly positive Rape Index. Only this latter pattern might be regarded as indicative of a paraphilic interest in sexual coercion.

It is natural to wonder about the 10% of men not convicted for sexual offenses whose PPG responses suggest equal or larger responses to rape as compared to consensual sex. Studies of non-convicted community samples generally find that, within these groups, Rape Indices correlate with self-reported sexual coercive behavior. Malamuth (1986) found that a Rape Index was the strongest correlate of self-reported sexual coercion. Similar results were found by Bernat, Calhoun, and Adams (1999) and Lohr, Adams, and Davis (1997) but not by Lalumière and Quinsey (1996).

In general, in these studies of non-offenders, sexual arousal (whether self-rated or measured through PPG) is greater to depictions of consensual sexual activity than to depictions of coercion. Individual differences have to do with the degree to which this is so with some men who show clearly negative Rape Indices while others show more neutral Rape Indices. However, Malamuth, Check, and Briere (1986) successfully

identified a subgroup of students who self-reported finding forcing a woman to do something she did not want to be significantly sexually arousing and for whom during PPG assessments aggressive depictions (rape) elicited materially stronger penile responses than non-aggressive consensual depictions. This pattern too might be regarded as indicative of a paraphilic interest in sexual coercion though whether a mental health diagnosis was appropriate would depend on whether it caused clinically significant distress or impairment of functioning.

Taking these results together, the following propositions seem to be empirically supported.

1. Among non-convicted community males, sexual arousal is stronger to consensual than coercive themes for most individuals. There is substantial variation between individuals in the degree to which this is true and there is a minority for whom the reverse is true, i.e., sexual arousal is stronger to coercive than to consensual themes.
2. Among non-convicted community males, relative sexual arousal to coercive vs. consensual sex is related to willingness to engage in coercive sexual behavior if the individual believes they will not be caught.
3. A sexual preference for coercive over consensual sex is much more common among convicted rapists than among non-sexual offenders, and this is particularly true if they have a history of repeated rape and non-sexual violence.
4. Among convicted rapists, sexual arousal to, and fantasies about, rape are relatively stable characteristics in the sense that they are apparent in PPG assessment, and in self-report of fantasy, years after the offender last committed a rape.

These findings do seem to provide empirical support for the construct of sexual preference for coercion as a paraphilia in that the usual features of a paraphilia are present (abnormal persistent sexual interest). And the interest clearly can be intense enough that it impairs functioning (e.g., is expressed in behavior that causes harm to others or leads to the individual being imprisoned). At the same time, it is important to note that this paraphilia seems to be present in only a minority of convicted rapists so that other motives clearly play an important part in many rapes.

### How Should the Erotic Focus of Coercive Paraphilia Be Specified?

Among samples of non-convicted males, sexual response to rape has been shown to depend on a number of factors, including whether the victim is seen as becoming sexually aroused by (vs. abhorring) the rape (Malamuth & Check, 1980), on situational factors like whether the individual was recently insulted by a woman (Yates, Barbaree, & Marshall, 1984), and cultural attitudinal factors such as beliefs supportive of rape myths, domes-

tic violence, male dominance over women, adversarial relations between men and women, and sexist attitudes about male and female behavior (e.g., Malamuth et al., 1986).

Lalumière and Quinsey's (1994) meta-analysis of studies comparing the phallometric rape index between convicted rapists to non-sexual offenders found that two stimulus sets (Abel's set and the Quinsey et al. set) were more effective at discriminating rapists from non-sexual offenders than the set produced by Barbaree's group. Broadly, these results indicate that stimulus sets which employ graphic and brutal rape stimuli are more effective. Consistent with this, Lalumière et al. (2003) reported a within-study comparison of the effect of different stimulus characteristics on the degree to which they differentiated rapists. The most differentiating rape stimuli were those that presented rape stimuli from the victim's point of view and depicted her as experiencing intense pain and suffering.

Taking these results with those described in the previous section, it would appear that the deviant sexual focus that is most clearly associated with coercive sexual behavior is forcing sex upon a woman in a way that she experiences as abhorrent, humiliating, painful or terrifying. This appears to be more consistent with Money's (1999) "maximally terror-stricken and resistant" victim than with the conception of Paraphilic Coercive Disorder proposed for the DSM in the 1980s in which the pain, fear, and suffering of the victim was meant to be sexually irrelevant.

### Is the Abnormality Solely Due to Antisociality, Callousness or a Failure of Sexual Inhibition?

A striking feature of the comparisons between rapists and non-convicted samples is that the average profile for convicted rapists is equal sexual responsiveness to rape and consensual themes while the average profile for non-sex offenders has been clearly greater arousal to consensual than coercion themes. Barbaree, Marshall, and Lanthier (1979) proposed that this was best understood as the failure of coercion, force, and so on to inhibit sexual arousal rather than it representing a positive interest in these things. Their initial article speculated about possible sources of this inhibition but did not provide any evidence to substantiate the role of any particular source.

Consistent with this proposal, Lalumière et al. (2003) have observed that rapists typically have a generally antisocial lifestyle that involves a relative insensitivity to the feelings and interests of others, and, as part of this, show higher levels psychopathic traits. They reported a correlation between the Rape Index and the PCL-R of 0.23. Serrin, Malcolm, Khanna, and Barbaree (1994) also reported this correlation to be in the .20s but Firestone, Bradford, Greenberg, and Serran (2000) found a correlation of only 0.11 in their overall sample which included child-molesters and incest offenders as well as rapists and an

inverse relationship ( $r = -0.09$ ) among rapists. It is apparent from this that the overlap between the Rape Index and general antisociality/psychopathy is too small for rapists' deviant Rape Index to be understood as primarily a result of their being generally antisocial. Additional doubt is cast on this idea by the fact that violent non-sexual offenders do not show a deviant PPG Rape Index (Lalumière et al., 2003) even though they show equal levels of general antisociality and psychopathy.

A possibility suggested by Barbaree et al. (1979) is that non-sexual offenders inhibit their arousal to rape scenarios because of empathy for the woman being victimized. The deviant sexual responses of rapists would then be explained as a lack of victim empathy. For this to be the case, it would need to be true that rapists show less empathy for women who are raped than do non-sexual offenders. Fernandez and Marshall (2003) investigated this and found that convicted rapists showed empathy towards women who had been sexually assaulted that was at least as good as that shown by non-sexual offenders. Only in relation to their own past victim was there a suggestion of their empathy being suppressed. Remembering that PPG rape stimuli relate to women who have not been sexually assaulted by the offender who is being assessed, these findings make it difficult to explain rapists' deviant Rape Index on the basis of an empathy failure.

One positive piece of empirical support for the differential inhibition hypothesis comes from the Dual Control model developed by Janssen and Bancroft (2006). This model proposes that sexual arousal results from the combination of two distinct active processes, one of excitation and the other of inhibition. Further, the model proposes that individuals differ in the strength of each of these processes. Questionnaire research suggests a unitary excitation factor but two inhibition factors with sexual inhibition being triggered either by fear of performance failure or by fear of performance consequences. Janssen, Vorst, Finn, and Bancroft (2002) showed that, in a sample of community men, those with relatively stronger fear of performance consequences showed much stronger penile response to depictions of consensual than to depictions of coercive sex. In contrast, those with relatively weaker fear of performance consequences showed penile responses to coercive sex that were only a little weaker than those to consensual sex.

This is a single study of a community sample of presumably non-convicted men. The results need replicating in further community samples and extending to samples of convicted rapists. Nevertheless, they do provide some evidence for the role of an inhibitory process in explaining some of the variation between individuals in their sexual response to coercive themes.

Of course, inhibition models of whatever kind are not able to explain the sexual arousal patterns of men who respond more strongly to depictions of coercive sex than to depictions of consensual sex. Thus, at most, this kind of explanation can only be part of the story.



## Is This Simply Sexual Sadism?

An obvious issue is whether this sexual arousal to forcing sex upon a woman in a way that she experiences as abhorrent, humiliating, painful or terrifying is simply an expression of more general sexual sadism.

There are some arguments in favor of seeing it as sexual sadism. To begin with, being sexually excited by this kind of rape seems to be an example of being excited by “psychological or physical suffering (including humiliation) of the victim.” It seems likely that preferential sexual arousal to this kind of coercion is for some men an expression of a more general sadistic sexual focus (in which their arousal is also triggered by torture, killing, physical destruction of the victim, etc.). However, it may be that in other men the paraphilic focus is narrower so that they are aroused by this kind of coercive rape but not by other kinds of sadistic activities. The issue then is how frequently this second kind of sexual interest pattern is encountered. If the great majority of those with a positive Rape Index are sexual sadists, then there should be a strong and consistent relationship between clinically identified sexual sadism and the Rape Index. On the other hand, if sexual sadists are only a minority of those with a positive Rape Index, then a weak or inconsistent relationship would be expected.

Some studies have indeed found a more deviant PPG rape index for convicted rapists classified as sadistic as compared to other rapists (Barbaree, Seto, Serin, Amos, & Preston, 1994; Preston, 1996; Proulx, 2001) though the difference has not always been statistically reliable. However, other studies have given different results. Langevin et al. (1985) found that sadistic rapists had a lower rape index than non-sadistic rapists. This difference was not statistically reliable. However, similar results (indicating relatively lower Rape Indices among sadistic rapists) were also obtained by Seto and Kuban (1995) and by Marshall, Kennedy, and Yates (2002). Taken together, there is no overall relation in these studies between sexual sadism and the PPG Rape Index: in half the studies, a positive relationship between sexual sadism and the Rape Index is suggested and in half the studies a negative relationship is suggested.

Research with a more recently constructed PPG stimulus set has helped to clarify the situation. This stimulus set was designed to disentangle the effects of three different stimulus dimensions: coercion, injury, and sexual activity.

Seto, Lalumière, Harris, and Chivers (2009) used the new stimulus set to compare sadists and normal controls. During PPG assessment, men identified as sadists based on their self-reported sexual interests differed from normal controls primarily in how their penile response was affected by the injury dimension. The two groups showed little difference in how their penile response was affected by the coercion dimension. Thus, for example, the sadists showed stronger sexual responses than controls to stimuli depicting consenting sadistic activity (combining injury and sex), consenting non-sexual violence

(injury), non-consenting non-sexual violence (coercion and injury), and sadistic rape (coercion, injury and sex). In contrast, they actually showed weaker arousal to non-sadistic rape stimuli (coercion and sex).

Harris et al. (2009) used the same stimulus set to compare convicted rapists to controls. The rapists showed markedly stronger arousal than controls to stimuli depicting non-sadistic rape and markedly weaker arousal than controls to stimuli depicting consensual non-sadistic sexual activity. In contrast, rapists showed only weak differences from controls on stimuli depicting either consensual sadistic sex or sadistic rape.

Taken together, these results are not consistent with the idea that preferential sexual arousal to rape is simply an expression of more general sexual sadism. Rather, there seems to be more than one paraphilic focus that is relevant here. There is a non-sadistic form of paraphilia relevant to rape where the paraphilic focus is coercing another into sexual activity with key cues necessary to elicit the arousal being those that maximize how salient coercion is. In contrast, there is a sadistic paraphilia which can be expressed in some kinds of rape but is also expressed in non-sexual sadistic activities (consensual and non-consensual) and in consensual sadistic sexual activities where the central cue eliciting arousal is causing injury to the other person.

## Case Illustrations

Two case examples are presented to illustrate the kind of presentation to which a diagnosis like Paraphilic Coercive Disorder might be applied. The two cases were selected with the assistance of Dr. Susan Sachsenmaier, a clinical psychologist with extensive experience in forensic evaluation who currently leads a team of forensic evaluators employed by the Department of Health Services in the State of Wisconsin. Dr. Sachsenmaier judged these cases as meeting the criteria for Paraphilic Coercive Disorder proposed under Option 2. In addition to highlighting the kind of forensic data relevant to diagnosis in a forensic context, additional clinical data are presented of a kind that might inform diagnosis in a clinical/therapeutic context. To preserve patient confidentiality, incidental features of the cases have been altered or features from similar cases merged into a single composite individual portrait. Features relevant to diagnosis have been accurately summarized.

### Case 1

Mat's official record shows that while in his 20s over a period of 5 years he attempted to rape one woman and succeeded in raping two others. In each case, he used a knife to gain and maintain control of obviously unwilling victims. The victims were strangers to him. In two cases, he had broken into the victim's homes. Threats to the victims' children and in one

case hitting the victim with a club were also used to coerce the victim. The record also showed an earlier series of less intrusive sexual assaults in which knives were also used to coerce the victim. As a child, he had briefly exposed himself and engaged in sexual activities with animals. His school record showed a pattern of sexually grabbing female classmates that persisted despite complaints about this harassment and interventions from school staff. In addition to his official record, Mat has reported carrying out a further four undetected rapes and having a pattern of searching public areas looking for vulnerable women to sexually assault and breaking into homes in the hope of finding vulnerable women alone.

Mat has been noted to spend hours masturbating many days. He has sometimes reported violent sexual fantasy to clinical staff and sometimes has claimed only to have consensual fantasies. In one interview, he stated that he required violent sexual fantasies to reach orgasm. In filling in a questionnaire, he reported fantasizing about raping a female member of staff. Later, he claimed that his masturbatory fantasies were entirely to consensual imagery; however, when given a polygraph examination in relation to this he tested as “deceptive.”

Mat has participated in a penile plethysmograph (PPG) assessment. He showed clinically significant levels of penile response to the stimulus segment depicting the rape of an adult female while showing non-significant levels of response to the segment depicting consensual sex with an adult female. His response to the rape stimulus was more than twice the magnitude of his response to the consensual stimulus.

Apart from his sexual offending, Mat has no record of serious criminal behavior and scores as low on psychopathic traits according to the PCL-R. He is also of below average intelligence.

## Case 2

Luke’s official record shows that while in his 20s over a period of about 2 years he carried out intrusive sexual assaults on nine females. The victims covered a wide age range from older teenagers to a older adults though most were in their 20s. Some of the victims were acquaintances but most were strangers. Substantial coercion was apparent in each offense, including violently tearing the victim’s clothes off and repeatedly striking them to induce compliance or threatening them with a knife. Once a victim was cowed into submission, Luke would impose sexual activities, including digitally penetrating her vagina, requiring her to stimulate his penis with her hands or mouth, and/or penetrating her vagina with his penis. Once a victim stopped resisting, he did not continue hitting her. In some offenses, he wore a mask; in one, he bound the victim’s hands and feet before he left her. It is notable that during the time he committed these sexual assaults Luke had a girlfriend who was willing to have sexual intercourse with him.

In addition to his official record, Luke has reported that, beginning in his teenage years, he would grab girls about his own age, hold them down, and touch their vaginal areas. During high school, he was reprimanded for grabbing girls and pulling them into a school restroom to sexually touch their breasts and vaginas. He also repeatedly made obscene telephone calls to girls from school and continued this behavior after leaving school.

Luke has apparently had sexual relationships of a somewhat consenting kind with three women, in two cases living with the woman. In one case, there is no information about the quality of the relationship, in one he was clearly abusive (name calling, violently holding down and slapping his partner), and in one he repeatedly engaged in sexual activities which have some relationship to his offenses, including tying his partner up during sex and treating her roughly. It is reported that he ejaculated numerous times during these “rough” sexual activities.

Luke’s own account of his experience of consenting sexual activity depicts it as leaving him feeling inadequate and powerless. In contrast, from his later teenage years onwards, he reported regularly fantasizing about raping women even at times when he had access to sexual intercourse with a girlfriend. In these fantasies, he felt sexually powerful, dominant, and in control. Luke described his rapes as preceded by repeated rape fantasies and as being carefully planned so as to avoid detection. He described spending large amounts of free time researching which women were in a vulnerable position, where they lived, their daily routines, and when he could most easily rape them. He would then use his notes on his researches in conjunction with pornography when masturbating. He further reported that he continued to masturbate to rape fantasies over a period of over 15 years while in prison.

Luke has no record of serious criminal activity other than his sexual offenses. He scores as low on psychopathic traits according to the PCL-R and is of average intelligence.

## Summary

There is significant empirical support for the existence of a distinctive coercive paraphilia among men convicted of rape. This paraphilia involves preferential sexual arousal to forcing sex upon a woman in a way that she obviously experiences as coercive. Development of the paraphilia may depend, in part, on a failure of inhibitory processes but it also involves this erotic focus being a positive excitatory source of sexual arousal. Although conceptually related to sexual sadism, it represents a distinct paraphilia.

## Recommendations for Diagnostic Criteria

Two options consistent with the existing data are articulated below:

## Option 1

Define what has been referred to here as coercive paraphilia as a form of sexual sadism. It would require interpreting another's experience of coercion as a form of psychological suffering. This has the advantage of conceptual simplicity and would be consistent with the notion that sexual sadists typically develop distinct, even idiosyncratic, foci to their paraphilia. The diagnosis might then be accompanied by a specifier that defined the idiosyncratic focus. Thus, one might have diagnoses such as "sexual sadism–coercion" or "sexual sadism–torture/homicide" or "sexual sadism–humiliation," etc. The disadvantage of this formulation is that it would be likely to lead to a far larger number of offenders being identified as sexual sadists. Sexual sadism is a diagnosis that carries an enormous weight in forensic contexts. Perhaps it is better reserved for a narrower group of offenders.

## Option 2

Provide a distinct diagnosis of Coercive Paraphilia with rules to indicate when it or sexual sadism should be used. Possible diagnostic criteria for Coercive Paraphilia might be as follows:

*Paraphilic Coercive Disorder*

- A. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies or sexual urges focused on sexual coercion, as indicated by self-report, laboratory testing, or behavior.
- B. The person is distressed or impaired by these attractions, or has sought sexual stimulation from forcing sex on three or more non-consenting persons on separate occasions.
- C. The diagnosis of Paraphilic Coercive Disorder is not made if the patient meets criteria for a diagnosis of Sexual Sadism Disorder.

Note that the above uses the general formulation employed in DSM-IV-TR except that the troublesome "or behavior" language has been dropped.

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