

**Working with Paraphilias**  
Clinical Strategies for Working with Clients Who Express  
Paraphilic Interests in Sex Offense Treatment

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**Objectives**

- ▶ Explain how clinicians conceptualize paraphilias and distinguish paraphilic interests from paraphilic disorders
- ▶ Demonstrate strategies for helping clients identify, make sense of, and talk about their paraphilias
- ▶ Apply techniques for managing paraphilic interests and behaviors

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**Part 1: How Clinicians  
Conceptualize Paraphilias**

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## Sexual Interests

- ▶ **Normophilic** - Sexual interest in genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners
- ▶ **Paraphilic** - Any intense or persistent (sometimes preferred) sexual interest other than sexual interest in genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners
- ▶ **Paraphilic Disorder** - Paraphilia that is currently causing distress or impairment to the individual or a paraphilia whose satisfaction has entailed personal harm, or risk of harm, to others (American Psychiatric Association, 2022)

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## Paraphilic Disorders in the DSM-5-TR

### Anomalous Target Preferences

- ▶ Pedophilic Disorder
- ▶ Fetishistic Disorder
- ▶ Transvestic Disorder

### Anomalous Activity Preferences

- Courtship Disorders**
  - ▶ Voyeuristic Disorder
  - ▶ Exhibitionistic Disorder
  - ▶ Frotteuristic Disorder
- Algolagnic Disorders**
  - ▶ Sexual Sadism Disorder
  - ▶ Sexual Masochism Disorder

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## Different or Problematic?

- ▶ Nearly half of a Canadian sample of general population (N=1,040) expressed interest in at least one paraphilic category (Joyal & Carpentier, 2017)
  - ▶ Voyeurism, fetishism, exhibitionism, frotteurism, and masochism most commonly endorsed
- ▶ **BDSM in general population:**
  - ▶ Not related to psychopathology (Richters et al., 2008; Sprött et al., 2023)
  - ▶ Compared to controls, BDSM practitioners were less neurotic, more extraverted, less rejection-sensitive, and had higher subjective well-being (Wismeijer & van Assen, 2013)
  - ▶ Masochism significantly linked to with higher satisfaction with sex life (Joyal & Carpentier, 2017)

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## What We Know About Paraphilic Interests in People Who Commit Sexual Offenses

- ▶ Not necessary to commit a sexual offense
- ▶ Common to have multiple paraphilias (American Psychiatric Association, 2022)
- ▶ Tendency to use fantasy to cope with negative emotionality (Gauthier et al., 2023)
- ▶ Deviant Sexual Interests - defined as enduring attractions to sexual acts that are illegal or highly unusual - are one of the two major predictors of sexual recidivism (Hanson & Morton-Bourgon, 2005)

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## Clinical Concerns

- ▶ Is the paraphilic interest a disorder?
  - ▶ Distress, Impairment, Harm
- ▶ Is the paraphilic interest risk-relevant?
  - ▶ Relevant to known sexual recidivism risk factors
- ▶ Can the client meet paraphilic interests in healthy ways?
  - ▶ Consensual, non-harmful behaviors
  - ▶ Mitigate risk

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## Edgar

- ▶ Convicted of Sexual Assault:
  - ▶ Met a woman at a party who was intoxicated
  - ▶ Woman fell asleep in a back bedroom at the party
  - ▶ Edgar entered the room while she was sleeping and sexually assaulted her
- ▶ Has an intense and persistent interest in seeing and smelling women's underwear
- ▶ Has kept underwear given to him by ex-girlfriends
- ▶ Denies problems or distress about his interest in women's underwear
- ▶ Has only engaged in activities involving underwear with consenting partners

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### Diagnostic Considerations

- ▶ Criterion A - Nature of Paraphilia:
  - ▶ Timeframe ("over a period of at least 6 months, recurrent and intense sexual arousal from...")
  - ▶ Fantasies, Urges, or Behaviors
- ▶ Criterion B - Negative Consequences:
  - ▶ Distress
  - ▶ Impairment
  - ▶ Harm (Acted with a Non-Consenting Person)

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### Why It's Hard for Clients to Acknowledge Paraphilias

- ▶ Shame / Negative perceptions / Further Stigma
- ▶ Misunderstandings
- ▶ Lack of awareness
- ▶ Concerns that talking about paraphilias will lead to:
  - ▶ Restrictions
  - ▶ Assignments
  - ▶ Legal problems (Stephens et al., 2021)

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### Treatment Provider Tasks

- ▶ Assist client in preventing future sexual offending
- ▶ Make it safe to talk about sexual interests
- ▶ Better understand client's sexual interests and goals
- ▶ Assist client in achieving their goals related to healthy sexuality
- ▶ As Needed:
  - ▶ Help client better understand their sexual interests
  - ▶ Motivate client to avoid problematic sexual behaviors
  - ▶ Teach client skills to:
    - ▶ prevent problematic sexual behaviors
    - ▶ achieve healthy sexuality goals

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## Part 2: Helping Clients Identify and Understand Paraphilias

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### Greg

- ▶ Convicted of Indecent Exposure:
  - ▶ A woman discovered Greg masturbating in his car in a grade school parking lot
  - ▶ Greg had smiled at the woman and asked if she liked what she saw
  - ▶ Greg stated he had committed the offense because he had no privacy at home and he believed no one would see him
  - ▶ Greg stated that he had tried to joke with the woman because he felt awkward about being discovered
- ▶ Arrested 1 year ago for exposing himself to women in a mall parking lot
  - ▶ Stated he had been adjusting his pants and not realized that he was exposed
- ▶ Few prior romantic relationships, all of which were short-lived and chaotic
- ▶ Expresses anger at women for over-reacting and being up-tight about sex
- ▶ Demonstrates problems with impulse-control
- ▶ Very focused on sexual topics

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### Is This Client:

- ▶ Willing to discuss their sexual interests?
- ▶ Aware of their paraphilic interests?
- ▶ Motivated to not engage in problematic behaviors related to paraphilic interests?
- ▶ Interested in consensual activities and targets?

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## Andy

- ▶ Convicted of Child Pornography: Possession and 2 counts of Sexual Abuse of a Minor
  - ▶ Viewed CSEM involving 3 to 12-year-old boys for 2 years
  - ▶ Sexually touched a 6-year-old and an 8-year-old boy on multiple occasions
  - ▶ States that he was viewing/collecting CSEM to better understand his own experiences of abuse as a child
  - ▶ Minimizes the impact of his contact offenses
- ▶ No prior romantic relationship history
- ▶ Minimal social connections
- ▶ Feels hopeless about his future

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## Education

Behavior	Interest	Disorder

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## Education

Behavior	Interest	Disorder
Rape		
BDSM		
Consensual Intercourse		
Child Molestation		
Indecent Exposure		

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### Education

Behavior	Interest	Disorder
Rape	Non-consent, force	
BDSM	Causing pain	
Consensual Intercourse	Men Women	
Child Molestation	Prepubescent children	
Indecent Exposure	Exposing to non-consenting person	

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### Education

Behavior	Interest	Disorder
Rape	Non-consent, force	
BDSM	Causing pain	Sexual Sadism Disorder
Consensual Intercourse	Men Women	
Child Molestation	Prepubescent children	Pedophilic Disorder
Indecent Exposure	Exposing to non-consenting person	Exhibitionistic Disorder

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### What leads to problematic sexual interests?

- ▶ Prenatal factors, such as parental risk factors and congenital malformations
- ▶ Social learning / Early childhood experiences, including early exposure and trauma
- ▶ Excitation transfer between emotions and sexual arousal
- ▶ Conditioning
- ▶ Problems with "normative" sexuality

(Babchishin et al., 2019; Schippers et al., 2024)

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### Sexual Interest Exercise

- ▶ Who:
- ▶ What:
- ▶ How Much:
- ▶ Attitude:
- ▶ Has this interest caused problems for yourself or others?
- ▶ What do you want to do about this interest?

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### Blocks to Acknowledging Interest

- ▶ What are the limits of confidentiality?
- ▶ What does this term mean to you?
- ▶ What would it mean if you did have a sexual interest in \_\_\_\_\_?
- ▶ How do you feel about talking to me/us about this interest?
- ▶ How can I/we support you in exploring this interest?

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### What contributes to the attraction?

▶ Physical Attractions	▶ Attraction to Pain
▶ Emotional Identification	▶ Control
▶ Courtship Disorders	▶ Loneliness / Rejection
▶ Cognitive Distortions	▶ Thrill-Seeking
▶ Anger / Punishment	

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**Function of Behaviors**

- ▶ Motivation vs Facilitation (Seto, 2019)
- ▶ What made \_\_\_\_\_ attractive/interesting/exciting?
- ▶ Acknowledging multiple motivations
- ▶ Why continue the behavior?
- ▶ What kept you from getting your needs met through \_\_\_\_\_?
- ▶ What if they were \_\_\_\_\_?
  - ▶ Younger / Different gender

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**Part 3: Helping Clients Manage Paraphilic Interests and Behaviors**

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**What We Do with Problematic Sexual Interests**

- ▶ Process
- ▶ Address Trauma
- ▶ Encourage Healthy Sexuality
- ▶ Safety Planning
- ▶ Arousal Management (Gannon et al., 2019; McPhail & Olver, 2020)
- ▶ Pharmacological Interventions (McPhail & Olver, 2020)

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## Processing Paraphilias

- ▶ Acknowledge persistent nature of paraphilias and instill hope (Blagden et al., 2018; Jahnke et al., 2023)
- ▶ Discuss client's goals
- ▶ Motivate behavioral change
- ▶ Address grief
- ▶ Address fear
- ▶ Develop support

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## Trauma

- ▶ Impact on Attachment Styles
- ▶ Impact on Sexuality
  - ▶ Is trauma contributing to harmful sexual behaviors?
  - ▶ Is trauma impeding healthy sexuality?
- ▶ Trauma-Informed Care: Transforming Treatment for People Who Have Sexually Abused (Levenson et al., 2017)
  - ▶ "What's wrong with you?" or "What happened to you?"
  - ▶ Understanding and responding to problematic behaviors through the lens of trauma
  - ▶ Providing safety, empowerment, trust, and respect

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## Goals

<p><b>Avoidance</b></p> <ul style="list-style-type: none"> <li>▶ High Risk Situations</li> <li>▶ Negative Influences</li> <li>▶ Focus on Non-Consensual Fantasy</li> </ul>	<p><b>Approach</b></p> <ul style="list-style-type: none"> <li>▶ Focus on Consensual Fantasy</li> <li>▶ Developing Romantic Relationships</li> <li>▶ Maintaining Romantic Relationships</li> <li>▶ Meeting Needs in Non-Sexual Ways</li> <li>▶ Consent</li> <li>▶ Rejection</li> <li>▶ Communicating Sexual Wants</li> </ul>
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### Must paraphilic behaviors be avoided?

- ▶ Consider whether paraphilic interests can be met in healthy ways
  - ▶ Consensual
  - ▶ Mitigating risk
  - ▶ Moving client toward their goals
- ▶ Consider whether function of the behavior can be addressed in healthy ways

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### Healthy Sexual Scripts

- ▶ What would a satisfying consensual sexual scenario look like for you?
- ▶ How do you bring this to life / make it more exciting?
- ▶ How do you make this more likely to happen?
  - ▶ Where would you meet this person?
  - ▶ How would you start a relationship?
  - ▶ How would you know about their sexual interests?
  - ▶ How would you tell them about your sexual / relationship wants?
  - ▶ What skills/qualities would make you more appealing to this person?

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### Safety Planning

- ▶ External Risks: people, places, and situations to avoid
- ▶ Internal Risks: mood states, thought distortions
- ▶ Positive Social Support: specific people and their contact info
- ▶ Coping Skills: clear, specific
- ▶ Environment Structuring: setting up situations to make risks or offenses less likely

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### Andy's Safety Plan

- ▶ External Risks: Being alone with children under 15, Getting turned down for a date
- ▶ Internal Risks: Feeling worthless, not caring about my future, telling myself I'm not hurting anyone
- ▶ Positive Social Support:     Aunt Sarah: 555-555-7834  
  Cousin Paul: 555-555-1234
- ▶ Coping Skills: Call Sarah or Paul, review my list of goals and values, use my thought-stoppers, urge surf, leave risky situation
- ▶ Environment Structuring: Keep taking my meds, talk to Paul before I ask someone out, refuse to babysit, keep my laptop in the living room

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### Sexual Self-Regulation Techniques

- ▶ Thought-Stoppers
- ▶ Covert Sensitization
- ▶ Aversion Techniques
- ▶ Urge-Surfing

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### Greg's Self-Regulation Strategies

- ▶ Thought-Stoppers: "Jail" "Homeless" "Jenna leaving"
- ▶ Urge Surfing / Count to 10
- ▶ Talk to Jenna or Tony about urges
- ▶ Distract by calling my grandfather, reading my Bible, playing videogames
- ▶ Remind myself: "I don't need this." "I'm in control of my actions." "It's not worth it."

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### Andy's Self-Regulation Strategies

- ▶ Covert Sensitization
- ▶ Switching to Healthy Masturbation Script
- ▶ Olfactory Aversion

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### Pharmacology

- ▶ May reduce sex drive
- ▶ May alleviate intensity or frequency of sexual arousal to children
- ▶ May include antiandrogen medications or SSRI's

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### QUESTIONS?

[nikole.nassen@navy.mil](mailto:nikole.nassen@navy.mil)  
(858) 307-7043

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