



# Psychiatry & Behavioral Sciences

## Section – 2011

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### **I1 Making the Diagnosis of Paraphilia in Sex Offender Evaluations**

*Dean De Crisce, MD\*, Coast to Coast Forensic Associates, 41 Schermerhorn Street, #325, Brooklyn, NY 11201*

After attending this presentation, attendees will be able to understand the categorization of common diagnoses found in sexual predators, appreciate the current changes proposed for paraphilias in the upcoming DSM V, and have some practical guidelines on differential diagnosis of sex offenders and the use of paraphilia diagnoses.

This presentation will impact the forensic science community by discussing how sexually violent predator legislation has increased throughout the United States and frequently utilize psychiatric and psychological expertise to guide legal decision-making. The process of evaluation routinely requires the broad determination of a "mental abnormality" in addition to risk determination for the purposes of sentencing, Megan's Law, and civil commitment.

Evaluators must combine a thorough review of discovery material, such as police investigations and prior treatment records, with a mental status examination and knowledge of the increasing literature on sexual crimes to render psychiatric diagnoses in these cases. The process of a thorough evaluation, in essence, is comprised of three phases: (1) Information gathering - such as document review and a mental status examination; (2) information integration - involving the organization of information in a useful manner to provide for a consistent approach to evaluations; and, (3) information interpretation - in which all factors in a particular case are considered.

There is a good deal of controversy surrounding the use of paraphilia diagnoses in sex offender evaluations. It is seen by some groups that these diagnoses are made haphazardly and are inappropriately used to civilly commit individuals. While the majority of sex offenders do not suffer from paraphilias, there are some that most certainly typify that class of diagnoses. Recently proposed changes in diagnostic criteria for paraphilias, as intended for the DSM V, indicate more stringent thresholds to prevent misuse of the diagnoses.

The psychiatric examination of sexual crimes can be intensive, lengthy, and bring about strong counter transferential reactions. Nevertheless, forensic experts should be meticulous in their investigation of evidence and discriminate between true paraphilia diagnoses and other potential causes for sexual misconduct such as substance abuse, mania, psychosis, antisocial personality disorder and other personality disorders. A growing body of psychological and psychiatric sex offender literature indicates "clues" and "red flags" which might be used as guidelines to differentiate the paraphilic offender from other types of sexual offenders. Expert witness conclusions and testimony should demonstrate thoughtful conclusions that consider alternative explanations for misconduct. This maintains the integrity of mental health expertise and is appropriate when significant liberties are generally at stake with these cases.

#### **Paraphilias, Forensic Psychiatry, Sexually Violent Predators**