

# 196 - 6D33 Coercive sexual sadism disorder

## 6D33 Coercive sexual sadism disorder

Clinical Descriptions and Diagnostic Requirements for ICD-11 Mental, Behavioural or Neurodevelopmental Disorders focused and intense sexual arousal pattern. At the same time, some individuals with paedophilic disorder may use substances with the intention of engaging in paedophilic behaviour that does reflect an underlying paraphilic arousal pattern. A diagnosis of paedophilic disorder may be assigned together with a disorder due to substance use if the diagnostic requirements for both are met. Boundary with other mental disorders The occurrence or a history of sexual behaviours involving pre-pubertal children is not sufficient to establish a diagnosis of paedophilic disorder. Rather, these behaviours must reflect a sustained, focused and intense pattern of paedophilic sexual arousal. When this is not the case, other causes of the behaviour need to be considered. For example, sexual behaviours involving children that do not reflect an underlying, persistent pattern of paedophilic sexual arousal may occur in the context of some mental disorders, such as bipolar type I disorder during manic or mixed episodes, or dementia. Boundary with sexual crimes that do not involve a paraphilic disorder Sexual crimes involving paedophilic behaviour may consist of actions or behaviours that are not associated with a sustained underlying paraphilic arousal pattern. Rather, these behaviours may be transient and occur impulsively or opportunistically. The diagnosis of paedophilic disorder requires these behaviours to be a manifestation of a sustained, focused and intense pattern of sexual arousal. Boundary with sexually aggressive behaviour in adolescents Some adolescents present with a history of sexually abusing younger children. The diagnosis of paedophilic disorder should be applied with caution to adolescents. Unless there is a persistent pattern of such behaviour, reflecting a sustained, focused and intense pattern of sexual arousal focused on pre-pubertal children, the diagnosis of paedophilic disorder is not appropriate. Coercive sexual sadism disorder Essential (required) features

- A sustained, focused and intense pattern of sexual arousal – as manifested in persistent sexual thoughts, fantasies, urges or behaviours – that involves the infliction of physical or psychological suffering on a non-consenting person is required for diagnosis.
- The individual must have acted on these thoughts, fantasies or urges, or be markedly distressed by them.

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581 Paraphilic disorders Additional clinical features • Coercive sexual sadism disorder should not be diagnosed among children, and should be diagnosed only with the utmost caution among adolescents. Sexual acts may occur impulsively or opportunistically during adolescence rather than representing a recurrent pattern of sexual arousal. • The diagnosis of coercive sexual sadism disorder is generally not adequately supported when the evidence indicating a sustained, focused and intense pattern of sexual arousal consists solely of a single or very limited number of instances of coercive sadistic sexual behaviour, as there may be other explanations for specific occurrences (e.g. intoxication, opportunity). In the absence of a report of the individual's sexual thoughts, fantasies or urges, examples of other forms of evidence supporting the presence of a coercive sadistic arousal pattern include a preference for specific types of pornography; preference over other forms of sexual behaviour; planning and repeatedly seeking out opportunities to engage in coercive sadistic sexual behaviour; or laboratory measures of relative viewing time (based on the finding that preferred sexual stimuli are gazed at longer than nonpreferred sexual stimuli) and/or penile plethysmography. Boundary with normality (threshold) • By definition, coercive sexual sadism disorder specifically excludes consensual sexual sadism and consensual masochism. Course features • Individuals with coercive sexual sadism disorder often report the onset of coercive sadistic sexual interest during adolescence. • Coercive sexual sadism disorder is relatively stable after young adulthood, but sexual thoughts, fantasies, urges and behaviours may change over time, such that an individual who was assigned a diagnosis of coercive sexual sadism disorder no longer meets the diagnostic requirements. Developmental presentations • Advancing age may be associated with decreasing paraphilic sexual arousal and decreasing behavioural manifestations of coercive sexual sadism disorder due to increased impulse control and decreased sexual drive.

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Clinical Descriptions and Diagnostic Requirements for ICD-11 Mental, Behavioural or Neurodevelopmental Disorders Sex- and/or gender-related features • Coercive sexual sadism disorder is much more prevalent among men. Boundaries with other disorders and conditions (differential diagnosis) Boundary with compulsive sexual behaviour disorder Both coercive sexual sadism disorder and compulsive sexual behaviour disorder may involve repetitive sexual impulses, urges or behaviours that result in marked distress or impairment. Coercive sexual sadism disorder is characterized by sexual impulses, urges or behaviours that are manifestations of a sustained, focused and intense pattern of sexual arousal that involves the infliction of physical or psychological suffering on a non-consenting person. In contrast, compulsive sexual behaviour disorder is characterized by a persistent pattern of failure to control sexual impulses, urges or behaviours, regardless of the focus of sexual arousal. If an individual with coercive sexual sadism disorder is able to exercise some degree of control over the behavioural expressions of the arousal pattern, an additional diagnosis of compulsive sexual behavioural disorder is generally not warranted. Boundary with conduct-dissocial disorder Conduct-dissocial disorder is characterized by a pervasive pattern of disregard for and violation of the rights of others. Coercive or sadistic sexual behaviours that occur in the context of conduct-dissocial disorder but that do not reflect an underlying, persistent pattern of sexual arousal involving the infliction of physical or psychological suffering should not be used as a basis for diagnosing coercive sexual sadism disorder. Boundary with disorders due to substance use Episodes of impulsive or disinhibited sexual behaviour, including coercive sexual behaviour, may occur during substance intoxication. Such episodes may not be a manifestation of a sustained, focused and intense sexual arousal pattern. At the same time, some individuals with coercive sexual sadism disorder may use substances with the intention of engaging in coercive sexual behaviour that does reflect an underlying paraphilic arousal pattern.

A diagnosis of coercive sexual sadism disorder may be assigned together with a disorder due to substance use if the diagnostic requirements for both are met. Boundary with other mental disorders The occurrence or a history of sexual behaviours involving the infliction of physical or psychological suffering on non-consenting individuals is not sufficient to establish a diagnosis of coercive sexual sadism disorder. Rather, these behaviours must reflect a sustained, focused and intense pattern of coercive sexual sadistic arousal. When this is not the case, other causes of the behaviour need to be considered. For example, coercive sexual behaviour may occur in the context of some mental disorders, such as a bipolar type I disorder during manic or mixed episodes, or dementia. Paraphilic disorders | Coercive sexual sadism disorder

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