

Paraphilic Disorders in ICD-11

Forensic Mental Health Association of California

40th Anniversary

Monterey, California

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Disclosures

1. Employed as an expert on individuals who commit sexual crimes by the New York State Office of Mental Health
2. Have been member of the Working Group on the Classification of Sexual Disorders and Sexual Health (SDSH) convened to review diagnoses in ICD-10 and make recommendations for ICD-11
3. Was on the Paraphilias Subworkgroup for DSM-5
4. The opinions expressed are whole my own; the WHO has not officially adopted any of the proposed criteria, which are still under review
5. Beta version is readily available on WHO website

Outline

1. Review the ICD and the revision process
2. Present proposed revisions in the Paraphilic disorders section and the section on Excessive sexual drive
3. Contrast these with DSM-5
4. Discuss implications
5. Invite everyone to participate in the WHO-ICD-11 internet field trials

World Health Organization



- Specialized agency of UN established in 1948
- Mission of WHO is the attainment by all peoples of the highest possible level of health
- WHO defines health broadly, includes mental and social well-being
- Health classifications are core constitutional responsibility of WHO, ratified by treaty with 194 member countries

Purposes of ICD

By international treaty after WW II 194 WHO Member States agree to use ICD as standard for collection and reporting of health information

Why?

- ⌘ To monitor epidemics/threats to public health/disease burden
- ⌘ To identify vulnerable/at risk populations
- ⌘ To define obligations of WHO Member States to provide free or subsidized health care to their populations
- ⌘ To facilitate access to appropriate health care services
- ⌘ As a basis for guidelines for care and standards of practice
- ⌘ To facilitate research into more effective treatments

Mental and Behavioral Disorders in the ICD

- Editions of ICD prior to ICD-6, which was published in 1948, contained only classifications of mortality (the first version was called “The International List of Causes of Death”)
- ICD-6 was the first ICD to contain classifications of morbidity and mental disorders
- ICD-6 was the first ICD to contain the category of “Sexual Deviation” and included subcategories of exhibitionism, fetishism, homosexuality, pathologic sexuality, sadism, and sexual deviation

Mental and Behavioral Disorders in the ICD

- ICD-7, ICD-8, ICD-9, and ICD-9CM all contained categories referring to unspecified sexual deviations
- No definitions of the disorders were included, just the name
- ICD-10 was the first ICD to contain extended descriptions of the various disorders
- Descriptions to be extended to other physical disorders for ICD-11

ICD-10

- Approved in 1990
- Adopted by most of the rest of the world about that time
- Great resistance in the U.S
- ICD-9 adopted in 1975
- ICD-9-CM adopted by the United States in 1989
- ICD-10 was supposed to be implemented in U.S. October 1st, 2014
- After publication of ICD-9, it was decided that every 10 years was too frequent a schedule for publishing revisions
- Current target for ICD-11 is 2017

ICD Revision Orienting Principles

- ⌘ Highest goal is to help WHO member countries reduce disease burden
- ⌘ Focus on clinical utility: facilitate identification and treatment options
- ⌘ Multidisciplinary, global, multilingual development
- ⌘ Must be undertaken in collaboration with stakeholders
- ⌘ Integrity of system depends on independence from pharmaceutical and other commercial influence
- ⌘ Financial and intellectual disclosures

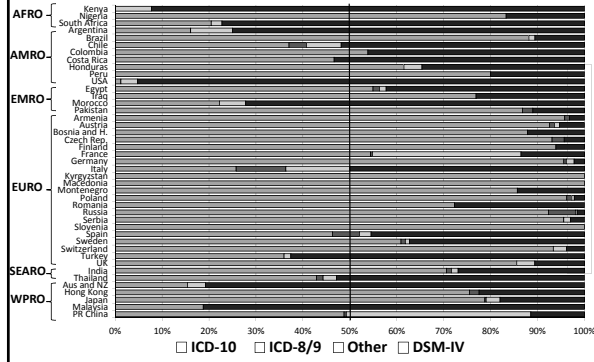
ICD	DSM
Produced by global health agency of UN	Produced by single national professional association
Free and open resource to advance public good	Provides large proportion of APA revenue
For: 1) countries; and 2) front-line service providers	For psychiatrists
Main criterion for change: improve health	Main criterion for change: scientific support
Approved by World Health Assembly	Approved by APA Board of Trustees
Covers all health conditions	Covers only mental disorders

Importance of ICD and DSM-5

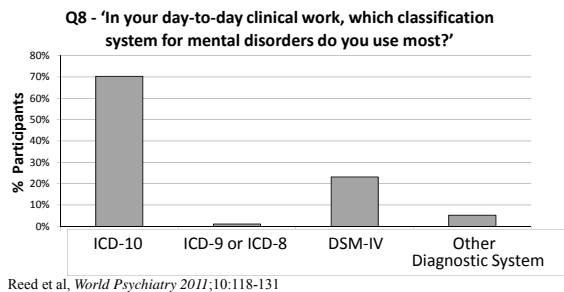
1. DSM used widely in the United States and Canada
2. ICD used by the majority of countries
3. Use of ICD is mandated by treaty, including the United States, for collection of epidemiological information
4. Use of ICD alpha-numeric codes is also mandated

Paraphilic Disorders (685)	
The following specifier applies to Paraphilic Disorders where indicated: <i>Specify if:</i> In a controlled environment, In full remission	
302.82 (F65.3)	Voyeuristic Disorder ^a (686)
302.4 (F65.2)	Exhibitionistic Disorder ^a (689) <i>Specify whether:</i> Sexually aroused by exposing children, Sexually aroused by exposing individuals, Sexually aroused by exposing children and to physically mature individuals
302.89 (F65.81)	Frotteuristic Disorder ^a (691)
302.83 (F65.51)	Sexual Masochism Disorder ^a (694) <i>Specify if:</i> With asphyxiophilia
302.84 (F65.52)	Sexual Sadism Disorder ^a (695)
302.2 (F65.4)	Pedophilic Disorder (697) <i>Specify whether:</i> Exclusive type, Nonexclusive <i>Specify if:</i> Sexually attracted to males, Sexually attracted to both
302.81 (F65.0)	Fetishistic Disorder ^a (700) <i>Specify:</i> Body part(s), Nonliving object(s), Other
302.3 (F65.1)	Transvestic Disorder ^a (702) <i>Specify if:</i> With fetishism, With autogynephilia
302.89 (F65.89)	Other Specified Paraphilic Disorder (703)
302.9 (F65.9)	Unspecified Paraphilic Disorder (705)

Classification Most Used by Country



Classification System Used by Global Psychiatrists (4887 psychiatrists in 44 countries)



International Advisory Group

- ⌘ Steven E. Hyman (US), Chair
- ⌘ Anne Lovell (France)
- ⌘ Jose Luis Ayuso-Mateos (Spain)
- ⌘ Maria Elena Medina-Mora (Mexico)
- ⌘ Wolfgang Gaebel (Germany)
- ⌘ Afarin Rahimi (Iran)
- ⌘ Oye Gureje (Nigeria)
- ⌘ Pratap Sharan (India)
- ⌘ Assen Jablensky (Australia)
- ⌘ Pichet Udomratn (Thailand)
- ⌘ Brigitte Khoury (Lebanon)
- ⌘ Xiao Zeping (China)

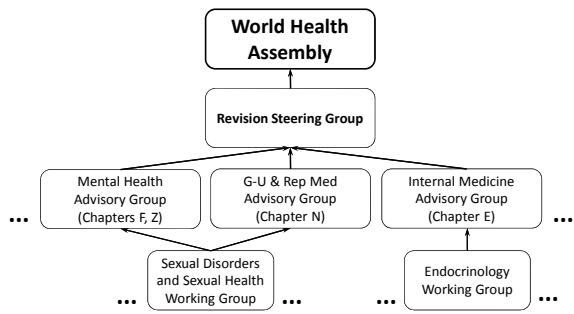
ICD-11 Mental Disorders Working and Consultation Groups

- ⌘ Primary Care
- ⌘ Children and Adolescents
- ⌘ Intellectual Developmental Disorders
- ⌘ Psychotic Disorders
- ⌘ Mood and Anxiety Disorders
- ⌘ Stress-Related Disorders
- ⌘ Obsessive-Compulsive and Related Disorders
- ⌘ Somatic Distress and Dissociative Disorders
- ⌘ Substance-Related and Addictive Disorders
- ⌘ Neurocognitive Disorders
- ⌘ Personality Disorders
- ⌘ Sexual Disorders and Sexual Health
- ⌘ Feeding and Eating Disorders
- ⌘ Older Adults

MSD and RHR

- ⌘ WHO Department of Mental Health and Substance Abuse Department (MSD) responsible for revision of ICD-10 Mental and Behavioural Disorders
- Has collaborated with Department of Reproductive Health and Research (RHR) to develop recommendations for revision of ICD-10 categories related to sexual disorders, sexual functioning, and gender identity currently in Mental and Behavioural Disorders
- Related to RHR's broader perspective on sexual health and human rights
- Working Group on Sexual Disorders and Sexual Health jointly appointed by both Departments
- To report jointly to ICD-11 Advisory Groups for Mental Health and Genito-urinary and Reproductive Medicine

ICD Revision Political Structure for Sexual Disorders and Sexual Health



Chapters designated above refer to ICD-10 chapters that may be especially relevant, which is not to say that other chapters are not also relevant. The chapter designations above relate to primary but not exclusive areas of responsibility for the different Advisory Groups. These are not the only responsibilities of these groups, and other Advisory Groups are also involved in developing recommendations in these areas.

Working Group on Sexual Disorders and Sexual Health

- Elham Atalla (Bahrain)
- Rosemary Coates (Australia)
- Susan Cochran (USA)
- Peggy Cohen-Kettenis (Netherlands)
- Jane Cottingham, Chair (Switzerland)
- Jack Drescher (USA)
- Sudhakar Krishnamurti (India)
- Richard Krueger (USA)
- ⌘ Adele Marais (South Africa)
- ⌘ Elisabeth Meloni Vieira (Brazil)
- ⌘ Sam Winter (PR China)
- ⌘ Michael First (Consultant)
- ⌘ WHO Legal and Other Staff (Supportive)

Scope of Working Group Responsibility: Current ICD-10 Categories

- ⌘ **F52: Male and female sexual dysfunctions not caused by organic disorder or disease (included F52.7 Excessive sexual drive)**
- ⌘ **F64: Gender identity disorders**
- ⌘ **F65: Disorders of sexual preference (paraphilias)**
- ⌘ **F66: Psychological and behavioural disorders associated with sexual development and orientation**

Tasks of Working Group

1. To review available scientific evidence, clinical and policy information on use, clinical utility, and experience within various health care settings throughout the world, including primary care and specialist settings
2. To review proposals for DSM-5 and consider how these may or may not be suited for global applications
3. To assemble and prepare specific proposals, including the placement and organization of relevant categories
4. To provide drafts of the content (e.g., definitions, descriptions, diagnostic guidelines)

External Proposals Related to SDSH

- ⌘ Proposals for revisions to ICD-10 could be submitted by any organization or individual, beginning in 2008
- ⌘ Proposals related to F64, F65, and F66 received from:
 - ☒ Agnodice Foundation (Switzerland)
 - ☒ AktionTranssexualität und Menschenrecht (Germany)
 - ☒ American Psychological Association (USA)
 - ☒ LGBT Denmark
 - ☒ Revise F65 (Norway)
 - ☒ Société Française d'Etudes et de prise en Charge du Transsexualisme
 - ☒ World Professional Association for Transgender Health (WPATH)
- ⌘ Meeting of trans* advocates convened by Global Action for Trans* Equality (GATE), November 2011, The Hague
- ⌘ European Parliament 2011 Resolution

Development of ICD-11 Proposals

- ⌘ WGSOSH developed draft proposals and rationale documents
- ⌘ WHO appointed Peer Review group of 11 global experts, reviewed all proposals
- ⌘ Strong support from reviewers for major changes proposed; proposals revised in response to reviewer comments
- ⌘ Field study protocol development meeting held April 2013 with a different set of global experts to develop plans for country-level field testing of proposals, including additional discussion of sexual dysfunctions proposals with additional global experts
- ⌘ Solicitation of feedback from WPATH and WAS
- ⌘ Group discussions with sexual health experts in Mexico and South Africa, particularly focusing on sexual dysfunctions

Question

Where should categories related to sexual dysfunctions and transgender phenomena be placed in the classification?

- ⌘Mental and behavioural disorders?
- ⌘Separate chapter?
- ⌘Sexuality-related conditions and sexual health?
- ⌘Factors influencing health status and contact with health services?
- ⌘Endocrine disorders, genitourinary disorders or other 'medical' chapter?

Placement of Sexual Dysfunctions and Gender Incongruence

⌘ - Within ICD revision political structure, receptivity to chapter on chapter (Conditions related to sexual health)

⌘ - Includes

- Sexual dysfunctions
- Gender incongruence
- 6A60 Adrenogenital disorders
- Changes in female anatomy
- 6A80 Changes in male anatomy
- 6A8Y Other specified conditions related to sexual health
- ? Paraphilic disorders-No
- ? Sexually transmissible infections
- ? PB99.7 Assault: Pivation, neglect or maltreatment; Sexual maltreatment
- ? QA71 Contraceptive management

- ICD-11 Beta Draft - Joint Linearization for Mortality a
- Morbidity Statistics
 - ▶ 01 Infectious diseases
 - ▶ 02 Neoplasms
 - ▶ 03 Diseases of the blood and blood-forming organs
 - ▶ 04 Disorders of the immune system
 - ▶ 05 Endocrine, nutritional and metabolic diseases
 - ▶ 06 Conditions related to sexual health
 - ▶ 07 Mental and behavioural disorders
 - ▶ 08 Sleep-wake disorders
 - ▶ 09 Diseases of the nervous system
 - ▶ 10 Diseases of the eye and adnexa
 - ▶ 11 Diseases of the ear and mastoid process
 - ▶ 12 Diseases of the circulatory system
 - ▶ 13 Diseases of the respiratory system
 - ▶ 14 Diseases of the digestive system
 - ▶ 15 Diseases of the skin
 - ▶ 16 Diseases of the musculoskeletal system and connective tissue
 - ▶ 17 Diseases of the genitourinary system
 - ▶ 18 Pregnancy, childbirth and the puerperium
 - ▶ 19 Certain conditions originating in the perinatal and neonatal period
 - ▶ 20 Developmental anomalies
 - ▶ 21 Symptoms, signs, clinical forms, and abnormal clinical and laboratory findings, not elsewhere classified
 - ▶ 22 Injury, poisoning and certain other consequences of external causes
 - ▶ 23 External causes of morbidity and mortality
 - ▶ 24 Factors influencing health status and contact with health services
 - ▶ 25 Codes for special purposes
 - ▶ 26 Traditional Medicine conditions - Module I (Note: This is a provisional title for ICD-11 Beta Phase)

- 07 Mental and behavioural disorders
 - ▶ Neurodevelopmental disorders
 - ▶ Schizophrenia and other primary psychotic disorders
 - ▶ Mood disorders
 - ▶ Anxiety and fear-related disorders
 - ▶ Obsessive-compulsive and related disorders
 - ▶ Disorders specifically associated with stress
 - ▶ Dissociative disorders
 - ▶ Bodily distress disorder
 - ▶ Feeding and eating disorders
 - ▶ Elimination disorders
 - ▶ Disorders due to Substance Use
 - ▶ Impulse control disorders
 - ▶ Disruptive behaviour and dissocial disorders
 - ▶ Personality disorders
 - ▶ Paraphilic disorders
 - 7D70 Exhibitionistic disorder
 - 7D71 Voyeuristic disorder
 - 7D72 Pedophilic disorder
 - 7D73 Coercive sexual sadism disorder
 - 7D74 Frotteuristic disorder
 - 7D75 Other paraphilic disorder involving non-consenting individuals
 - 7D76 Paraphilic disorder involving solitary behaviour or consenting individuals
 - ▶ Factitious disorders
 - ▶ Neurocognitive disorders
 - ▶ 7E00 Psychological and behavioural factors affecting disorders or diseases classified elsewhere
 - ▶ Mental and behavioural disorders associated with disorders or diseases classified elsewhere
 - 7EDY Other specified mental and behavioural disorders
 - 7E0Z Mental and behavioural disorders, unspecified
 - ↳ B170 Catatonia
 - ▶ 08 Sleep-wake disorders
 - ▶ Symptoms, findings and clinical forms of mental and behavioural disorders

F65 – Disorders of Sexual Preference (Paraphilias)

**ICD-10 (1990)
Disorders of Sexual Preference**

- ⌘ Disorders of sexual preference
 - ☒ F65.0 Fetishism
 - ☒ F65.1 Fetishistic transvestism
 - ☒ F65.2 Exhibitionism
 - ☒ F65.3 Voyeurism
 - ☒ F65.4 Paedophilia
 - ☒ F65.5 Sadomasochism
 - ☒ F65.6 Multiple disorders of sexual preference
 - ☒ F65.8 Other disorders of sexual preference
 - ☒ F65.9 Disorder of sexual preference, unspecified

Paraphilias: DSM and ICD

1. DSM-IV-TR for all paraphilic disorders differentiates between “A” criteria (which define an atypical pattern of sexual arousal) and the “B” criteria, which involves distress or dysfunction. For those with a victim the “B” criteria additionally contain the specification of acting involving a non-consenting person.
2. The ICD does not; if an individual has a paraphilia as a preferential pattern, regardless of whether they have distress, dysfunction, or have acted on it, they receive the diagnosis.
3. Thus, ICD-10 diagnosed vastly more individuals with paraphilias than did DSM-IV or DSM-IV-TR

Considerations for Paraphilias in ICD

1. Considered outright deletion
2. Public health utility
 - Sexual assault is identified as public health problem
 - 1 in 3 women in Europe victim of physical or sexual violence
 - Large portion of sexual offenders have paraphilic disorders
3. Forensic usage in many countries
4. Need to develop treatment
5. Analogous to treatment of alcoholics and drug abusers in first part of 20th century when behavior was criminalized before being categorized as disease

Working Group Recommendations

I

- ⌘ - Rename section to **Paraphilic Disorders**
- ⌘ - Better represents content of section, which involves atypical sexual interests
- ⌘ - 'Disorders' added to clarify that atypical sexual interests have to be pathological, i.e., result in action against a non-consenting individual or cause severe distress or significant risk of injury or death

Working Group Recommendations

II

- Delete diagnostic categories which consist of consensual or solitary sexual behaviour
 - F 65.0 Fetishism
 - F 65.1 Fetishistic Transvestism
 - F 65.5 Sadomasochism
- Reasons:
 - No public health importance
 - No association with distress/functional impairment
 - Inclusion results in stigmatization of these behaviours and individuals practicing them, no discernible health benefit

Working Group Recommendations
III

● **Specific definitions of paraphilic disorders and compulsive sexual behavior disorder refined by:**

- Geoffrey Reed, Senior Project Officer
- Michael First, Consultant to ICD-11 Revision Process
- Peer Briken
- Richard Krueger

Paraphilic Disorders:
Proposed Definition for ICD-11

⌘ Paraphilic disorders are characterized by persistent and intense patterns of atypical sexual arousal, manifested by sexual thoughts, fantasies, urges, or behaviors, the focus of which involves others whose are or status renders them unwilling or unable to consent and on which the person has acted or by which he or she is markedly distressed. Paraphilic disorders may include arousal patterns involving solitary behaviours or consenting individual only when these are associated with marked distress that is not simply a result of rejection or feared rejection of the arousal pattern by others or with significant risk of injury or death.

Specific Paraphilic Disorders
(Proposed for ICD-11)

⌘ **Resulted in five specifically named Paraphilic Disorders:**

- Exhibitionistic Disorder
- Voyeuristic Disorder
- Pedophilic Disorder
- Coercive Sexual Sadism Disorder
- Frotteuristic Disorder

⌘ **And**

- Other paraphilic disorder involving non-consenting individuals
- Paraphilic disorder involving solitary behavior or consenting individuals

**Paraphilic disorders:
Exhibitionistic disorder**

⌘ **Exhibitionistic disorder is characterized by a sustained, focused and intense pattern of sexual arousal—as manifested by persistent sexual thoughts, fantasies, urges, or behaviors—that involves exposing one’s genitals to an unsuspecting individual in public places, without inviting or intending closer contact. In addition, in order for Exhibitionistic disorder to be diagnosed, the individual must have acted on these thoughts, fantasies, or urges or been markedly distressed by them. Exhibitionistic disorder specifically excludes consensual exhibitionistic behaviours that occur with the consent of the person or persons involved as well as socially sanctioned forms of exhibitionism.**

**Paraphilic Disorders:
Other specified paraphilic disorder involving
non-consenting individuals**

⌘ **Other paraphilic disorders involving non-consenting individuals is characterized by a persistent and intense pattern of atypical sexual arousal—manifested by sexual thoughts, fantasies, urges, or behaviors—in which the focus of the arousal pattern involves others whose age or status renders them unwilling or unable to consent but which are not specifically described in any of the other named Paraphilic Disorders categories (e.g., arousal patterns involving corpses or animals). The individual must have acted on these thoughts, fantasies or urges or been markedly distressed by them. The disorder specifically excludes sexual behaviours that occur with the consent of the person or persons involved.**

**Paraphilic Disorders:
7D76 Paraphilic disorder involving solitary
behaviour or consenting individuals**

⌘ **Paraphilic disorder involving solitary behaviour or consenting individuals is characterized by a persistent and intense pattern of atypical sexual arousal—manifested by sexual thoughts, fantasies, urges, or behaviours—that involves consenting adults or solitary behaviours, as long as either: 1) the person is markedly distressed by the nature of the arousal pattern and the distress that is not simply a consequence of rejection or feared rejection of the arousal pattern by others; or 2) the nature of the paraphilic behaviour involves significant risk of injury or death (e.g. asphyxophilia)**

Hypersexual Behavior in ICD-10

1. ICD-10 had a Category F52 Sexual dysfunction, not caused by organic disorder or disease

2. F52.7 Excessive sexual drive

Both men and women may occasionally complain of excessive sexual drive as a problem in its own right, usually during late teenage or early adulthood. . . .

Includes: nymphomania
satyriasis

Hypersexual Behavior in ICD-11

1. Considered initially by for the Sexual Health and Disorders Section, but it was decided that this disorder was not appropriate for the paraphilic disorders section, inasmuch as hypersexual behavior focused more on sexual drive than on paraphilic patterns of behavior

2. Referred to the Working Group on the Classification of Obsessive-Compulsive and Related Disorders

3. It recommended inclusion in the Impulse Control Disorders Section and that it be internet and field tested

Impulse Control Disorders in ICD-11

1. Pathological gambling
2. Intermittent explosive disorder
3. Kleptomania
4. Pyromania
5. Compulsive sexual behavior disorder

“These disorders should be defined by the repeated failure to resist an impulse, drive, or urge to perform an act that is rewarding to the person (at least in the short-term), despite longer-term harm either to the individual or others.”

**Compulsive Sexual Behavior Disorder
Tentative Definition ICD-11**

⌘ Compulsive sexual behaviour disorder is characterized by the presence of intense, repetitive sexual impulses or urges that are experienced as irresistible or uncontrollable, leading to repetitive sexual behaviour. In addition, in order for compulsive sexual behaviour disorder to be diagnosed, the individual must be markedly distressed by these repetitive sexual impulses or behaviour, or have experienced significant impairment in social, occupational or other important areas of functioning as a result of the sexual impulses or behaviours. Compulsive sexual behaviour disorder cannot be diagnosed based solely on distress and/or impairment in functioning related to real or feared social disapproval of sexual impulses or behaviours.

⌘

**DSM-IV-TR
Sexual and Gender Identity Disorders**
⌘ **Sexual Dysfunctions**
⌘ **Paraphilias**
⌘ **Gender Identity Disorder**
⌘ **Sexual Disorder Not Otherwise Specified**

Provided category to diagnosis Hypersexual Disorder, with example of "Distress about a pattern of repeated sexual relationships involving a succession of lovers who are experienced by the individual only as things to be used."

**HYPERSEXUAL DISORDER
(HD)**

- ⌘ **A. At least six months, recurrent and intense sexual fantasies, sexual urges, and sexual behavior in association with four or more:**
- (1) excessive time-consumed
Repetitively engaging in sexual behavior in response to:
 - (2) dysphoric mood states
 - (3) stressful life events.
- ⌘ (4) Repetitive, unsuccessful efforts to control or significantly reduce sexual behavior.
- ⌘ (5) Disregarding the risk for physical or emotional harm to self or others.

HYPERSEXUAL DISORDER

- ⌘ B. Clinically significant personal distress or impairment in important areas of functioning
- ⌘ C. not due to direct physiological effects of exogenous substances (e.g., drugs of abuse or medications), a co-occurring medical condition or to Manic Episodes.
- ⌘
- ⌘ D. The person is at least 18 years of age.

F66 - Psychological and Behavioural Disorders Associated with Sexual Development and Orientation

F66: Current ICD-10 Categories (1990)

- ⌘ F66.0: Sexual maturation disorder
- ⌘ F66.1: Ego-dystonic sexual orientation
- ⌘ F66.2: Sexual relationship disorder
- ⌘ F66.8: Other psychosexual development disorders
- ⌘ F66.9: Psychosexual development disorder, unspecified
 - x0 Heterosexuality
 - x1 Homosexuality
 - x2 Bisexuality
 - x8 Other, including prepubertal
 - May also be assigned based on gender identity

F66: Rationale for Changes

- - Sexual maturation disorder: Distress surrounding developing a different than normative sexual orientation or gender identity is in itself normative and part of a differentiation process
- - Ego-dystonic homosexuality pathologizes a normal response to social stigmatization
- ⌘ - Sexual relationship disorder is not a primary diagnosis but a consequence of relationship difficulties—it is overly broad and might include any issue that might affect a sexual relationship
- ⌘ - Psychosexual development disorder: Lacks clinical utility, no scholarly research on the topic, now subsumed into other areas

F66: Working Group Recommendation

Deletion of all F66 categories from ICD-11

Country-Based Field Testing: Sexual Disorders and Sexual Health

- ⌘ - **Field studies to be conducted with WHO support in Mexico, South Africa, India, Lebanon (Arab region), Brazil**
- ⌘ - **Includes legal and policy analyses for recommendations for Gender Incongruence and Paraphilic Disorders**
- ⌘ - **Additional field studies in high-income countries will be self-funded**

Analysis In Countries Of Different WHO Regions



Studies of Effects of New Paraphilic Diagnoses

⌘ The goal of this assessment is to examine legal and policy considerations relevant to proposals for the categories, definitions, and diagnostic guidelines of Paraphilic Disorders to be included in the International Classification of Diseases and Related Health Problems, 11th Revision (ICD-11).

Assessment Guide-I

- The legal and policy assessment will ideally be carried out by two national experts.
 - Forensic mental health
 - Other in relevant criminal law
- To prepare a brief assessment of country-specific legal and policy issues relevant to the conceptualization and implementation of Paraphilic Disorders in ICD-11, particularly as these issues related to the forensic implications of the proposed changes.

Assessment Guide II

- Part I: Review of laws related to sexual behaviors
- Part II: Relationship between legal and clinical issues for non-forensic health professionals
- Part III: Implications of mental disorders classification for forensic practice
- Part IV: Other implications of ICD-11 Paraphilic Disorders proposals
- Part V: Contextual issues

Part III: Implications of mental disorders classification for forensic practice

- Compared to ICD-10, how would the categories and definitions in ICD-11 create additional obstacles or offer additional clarity?

Part III: Implications of mental disorders classification for forensic practice

- Is there any evidence of the designation of Paraphilic Disorders as mental disorders or their inclusion in ICD or DSM being used in the determination of legal responsibility/culpability of sex offenders or to support an argument of lack of culpability using an insanity defense?

**Part IV: Other implications of ICD-11
Paraphilic Disorders proposals**

- Compared to the definitions in ICD-10, would the definitions and diagnostic guidelines proposed for ICD-11 have any impact on other legal, social, and economic consequences of sexual offenses (e.g., sex offender registries, child custody, housing, employment)?

**Working Group for Legal and
Policy Analysis in Mexico**

- Geoffrey Reed PhD OMS
- María Elena Medina M PhD INPRF
- Eszter Kismódi PhD OMS
- Lorena Goslinga PhD Supreme Court of Justice in Mexico
- Luz Helena Orozco y Villa PhD Supreme Court of Justice in Mexico
- Jaime Silva Gaxiola Criminal Judge in Mexico
- Rosa María Álvarez González Master in Law
- Victor Hugo Flores Ramírez. Criminal Attorney in Mexico
- Rebeca Robles Garcia PhD INPRF
- Verónica Delgado MD. Psychiatrist
- Iván Arango MD, MSc. in Psychiatry INPRF
- Enrique Carpizo PhD in Law
- Joaquín Alejandro Soto Chilaca. MD, Forensic Psychiatrist
- Nicolás Martínez López. MD. Forensic Psychiatrist INPRF

Next Steps

- ⌘ - Proposals will be posted on ICD-11 beta platform for public review and comment
- ⌘ - Comments will be reviewed, and modifications to - proposals will be considered on that basis
- ⌘ - Proposals will be field tested in 2014 onwards and will be modified based on results of field studies
- ⌘ - ? Important question: consider implications of removing paraphilias from mental and behavioural disorders and placement into conditions related to sexual health

Expected Impact

- ⌘ **Better conceptualization of health conditions**
- ⌘ **Improved access to health services**
- ⌘ **Formulation of adequate laws, policies and standards of care**
- ⌘ **Reduce discrimination and stigma**
- ⌘ **Respect and protection of the human rights of affected populations around the world**

WHO Global Clinical Practice Network

1. WHO has Global Clinical Practice Network
2. Anyone who is licensed practitioner who treats mental illness, including psychiatrists, psychologists, nurses, primary care doctors, licensed counselors or therapists can join
3. 10,000 belong, many different countries and languages
4. There is a need for specialists in sexology & forensics
5. To register for WHO Global Clinical Practice Network, Google WHO Global Clinical Practice Network, or go to www.paraphilias.com
www.globalclinicalpractice.net

www.globalclinicalpractice.net

development.

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www.paraphilias.com

DOUGLAS MARTINEZ, PhD

BACKGROUND

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Register

BEHAVIORAL MEDICINE PROGRAM

PROFESSIONAL SEXUAL MISCONDUCT

Dr. Richard Krueger is a psychiatrist with an expertise in forensic psychiatry, addiction psychiatry, sexual offenders, professional sexual misconduct, and the psychopharmacological and behavioral treatment of paraphilias and sexual disorders. He is a graduate of Harvard Medical School and an Associate Clinical Professor of Psychiatry in the Department of Psychiatry, Columbia University, College of Physicians and Surgeons. He is also on the faculty of the Columbia-Cornell Fellowship Program in Psychiatry and the Law. He is Medical Director of the Sexual Behavior Clinic at New York State Psychiatric Institute and an attending psychiatrist at New York State Psychiatric Institute and at Columbia-Presbyterian Medical Center. Dr. Krueger is also a boardmember and Vice President of the New York State ATSA.

For detailed information on Dr. Meg Kaplan's private practice, please see megkaplan.com.

Dr. Meg Kaplan, is a psychologist who is an Associate Clinical Professor of Psychology in Psychiatry in the Department of Psychiatry, Columbia University, College of Physicians and Surgeons, and a Research Scientist at the New York State Psychiatric Institute, where she is Director of the Sexual Behavior Clinic. She is on the board of the New York State ATSA.
