



PEDOPHILIC DISORDER

INTRODUCTION:

Pedophilic Disorder is a DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, fifth edition), diagnosis assigned to adults (defined as age 16 and up) who have sexual desire for prepubescent children (American Psychiatric Association, 2013a). Any behavioral expression of Pedophilic Disorder is a criminal offense in the United States, Canada, and Europe, as well as most other places in the world. Some authors differentiate between having deviant desires for children which are ego-dystonic and resisted, causing guilt, shame, and distress, vs. desires which are indulged through fantasy, associating with other pedophiles, possession and trading of pornographic images, or direct observation, self-exposure, or physical contact with a victim (Harvard University, 2010; Vachss, 2013). Pedophilic Disorder is highly treatment resistant and rates of recidivism have been estimated to be 25% -50%, (Harvard University, 2010) This is inconclusive however, as this figure is more accurately described as 25 % to 50% are arrested for child sexual abuse, and an unknown number re-offend but do not come to the attention of law enforcement. For the victim of the offense, it tends to be very psychologically damaging, and can produce long term psychosexual problems, and PTSD (Post- traumatic Stress Disorder).

Always consult a mental health or medical professional regarding any questions you may have about a mental health diagnosis and treatment options.



SYMPTOMS:

According to the DSM-5, there are three criterion, with six specifiers:

- An individual who has had arousing fantasies about, urges for, or behaviors with a prepubescent child or children.
- The individual has acted out these sexual desires, or is experiencing significant distress or difficulty as a result of these desires.
- The Individual is 16 years of age, and at least five years older than the child or children noted in Criterion A.

The Specifiers are:

- Exclusive type- sexual attraction to children only.
- Non-exclusive type- sexual attraction to adults and children.
- Attraction to boys.
- Attraction to girls.
- Incestuous only. (American Psychiatric Association, 2013a).

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TREATMENT:

The DSM-5 does not specify treatment options for (American Psychiatric Association, 2013a). As noted in the Introduction, generally speaking, Pedophilic Disorder is not amenable to Psychotherapy, although many methods have been tried, including a Relapse-Prevention model, and CBT (Cognitive Behavioral Therapy). Pharmacotherapy using estrogens or SSRI's (Selective Serotonin Re-uptake Inhibitors) to suppress sexual desire, and castration. Studies have shown that long terms outcomes in terms of recidivism are worse for offenders who receive Relapse Prevention therapy (Harvard University, 2010). Pharmacotherapy involves compliance with taking medications, and monitoring and supervision of compliance, tasks which Departments of Corrections may not have sufficient staff to conduct. Physical castration of sex offenders was practiced in the United States through 1975 (Scharf,1989), and as of 2012, in nine states, chemical castration through the use of synthetic estrogen can be used, in some states as a condition of attaining parole status. However, even castration may not dissuade a determined and predatory offender, as they will resort to using foreign objects for penetration, watch other individuals perpetrate on a victim, or watch pornographic videos or images. The distinction is that the deviant desires are in the offenders mind, not body. The most viable option at this time is long term incarceration, and post release monitoring and supervision (Harvard University, 2010) through parole or House arrest (if applicable as this is not available in all jurisdictions). Designation as an MDSO (Mentally Disordered Sex offender) under SVP (Sexually Violent Predator) laws is another option for long term incapacitation of the offender, and is practiced in 20 states as of 2011 (Minnesota Office of the State Auditor, 2011). MDSO involves post release civil commitment of the offender if a comorbid mental illness is present and the offender is deemed at high risk of recidivism (The California Coalition on Sexual Offending, 2009). Pedophilic Disorder offenders are often not successfully prosecuted, and there is gross under reporting by their victims (Harvard University, 2010).

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