

Sexual preference disorders

These conditions are characterized by the presence of a persistent disposition, or Compulsive **drive towards unusual** (deviant) **and socially unacceptable sexual objects**. This tendency can be present in fantasies, dreams and is related to sexual excitement and erotic orientation of the subject.

Pedophilia

- ICD-10: **Pedophilia** F65.4 (<https://mkn10.uzis.cz/prohlizec/F65.4>)

Pedophilia is '**sexual orientation towards pre-adolescent, i.e. childish objects without expressed secondary sexual characteristics**. *Pedophilic orientation can be heterosexual, homosexual, or bisexual in nature. The frequency of individual forms of this deviation can also be assumed in the given order.*

Etiology

We are not aware of any generally accepted etiological concept of pedophilia. **Predisposition for her should be the absence of those instinctive mechanisms that suppress sexual tendencies in relation to child objects. Such mechanisms in relation to the `juvenile features of the object are well known experimentally in subhuman animals. However, it cannot be ruled out that erotic interest in children is inhibited by learned processes. Learned inhibitions can be weakened primarily by socially defective influences and upbringing or emotional deprivation in childhood. The important thing is that only a small part of pedophilic individuals clearly prefer children's objects to adults. Most pedophiles are also capable of erotic reactions to mature objects. Their orientation is therefore not as pronounced in this direction as it can be seen in homosexual people.**

Prognosis

Pedophilia, similar to sexual identification disorders, has the nature of a *lifelong orientation*, persistent characteristics. Only manifestations change with age. The subject copes with his pedophile tendencies in different ways. They can be completely denied and repressed. In such cases, there is sometimes a *sublimation of pedophilic tendencies*. For example, to top works of art, or to excellent performances in the field of working with children and pedagogy.

Elsewhere, the pedophile individual fails to suppress deviant tendencies and tries to act them out. Some show a strong interest in pedophile objects already in adolescence. Others do so only at a later age, sometimes even in old age. As if with a decrease in sexual activity it became more and more difficult for them to realize themselves with an adult object.

If the pedophile's approach to the object is not aggressive, any sexual contact with the child sometimes remains hidden for a very long time. Pedophiles skillfully infiltrate the child's world. They use their *ability to empathize with the psyche of children*. Intimate contacts can take the form of play or instruction, a kind of "sex education". A pedophile most often achieves his satisfaction through masturbation. Sometimes he exposes his genitalia in front of children. Genital connection is relatively rare in pedophile contacts. However, with a prepubertal child, anal and vaginal coitus are always traumatic and dangerous. The appearance of minor injuries on the genitals and anus, as well as the appearance of condyloma in the anogenital landscape, are among the symptoms that should raise suspicion of sexual abuse.

Treatment

It is likely that most pedophile men will never seek out a doctor or sex counselor. Their focus may not be a major problem for them throughout their lives. Compensations in the marriage bond are usually well able. Any sublimation of pedophilic tendencies is not the subject of interest of sexologists, psychiatrists or psychologists. In counseling centers and ambulances, we mostly meet those pedophile men who have failed and committed some pedophile delict. If sexual adaptation is not possible for some reason (personality disorder, mental retardation) and there is a risk of further pedophile crimes, then short-term or even long-term suppression of sexual activity with appropriate therapy should be considered.

The level of danger is higher where pedophilia is combined with elements of sexually aggressive, or even sadistic. Fortunately, there are not many such cases.

Close to pedophilia is ``ephebophilia (*homosexual*) or hebephilia (*heterosexual*), which is a specific erotic orientation towards young pubescent objects. Homosexual men in particular sometimes suffer from this paraphilia and seek out boys aged 12-14 for intimate sex. Such a preference has the same connotations as true pedophilia, requiring consistent therapeutic measures. On the other hand, a similar "specialization" of heterosexual men on girls in puberty is not so pathologically pronounced. Only rarely does it require specific treatment.

Fetishism

■ MKN-10: **Fetishism** F65

According to MKN-10, a fetish is an **"inanimate object"** that is an important **source of sexual stimulation** or is necessary for achieving a satisfactory sexual response.

In this sexual deviation, the subject's erotic interest is focused only on a certain **symbol of a sexual partner**. It may be a specific part of the body and its specific quality, a part of clothing (lingerie, shoes), or it may have nothing to do with an erotic object at all (such as fur, rubber, etc.). Fetishistic fixations also include cases of sexual intercourse with **animals**, in which the animal has a specific erotic value for the deviant. Rare cases include fetishes for unattractive things, such as chairs, urine, and foul-smelling waste (**coprophilia, urophilia, mysophilia**). Fetishes for fire (**pyrophilia**) and dead bodies (**necrophilia**) are also rare.

Fetishistic fixations are also the basis of many **sexual addictions**, such as addiction to prostitution, pornographic magazines, video programs, erotic phone calls, and the like.

It seems that only a very small number of fetishists have problems with their deviation. Usually, this deviation has the nature of some **harmless** quirks and peculiarities. In young men, the interest in fetishism can be very urgent. They may then commit thefts of clothing and other items. Other fetishistic fixations can also lead to **conflict with the law**. For example, when a coprophile asks randomly contacted girls to provide him with a stool sample. Or when a pyrophile sets serial fires of stacks and buildings instead of harmless candle, lamp or "witch" burning. Similarly, zoophilic practices may not be without consequences for the attacked animal.

Various "sexual addictions" also bear elements of fetishism. In practice, we mainly encounter men addicted to various erotic audio or audiovisual programs. Such individuals compulsively consume erotic phone lines, pornography in books, magazines, and on the internet. We also know men addicted to prostitution. Sometimes such addiction drives them to spend considerable sums of money on such "hobbies" and can complicate their lives.

Transvestism has its fetishistic form. We then speak of **fetishistic transvestism** (MKN-10: F65.1). These men get a considerable erotic excitement from wearing women's underwear and dresses. They satisfy themselves with various autoerotic practices. This deviation is indirectly related to transsexuality. A typical fetishistic transvestite usually has a heterosexual orientation and does not think about changing his gender.

Fetishism has a strong **compulsive** component. Because it is not always well controlled by rational mechanisms, in cases of highly urgent fetishistic behaviors (sexual addiction, stealing clothing and other fetishes, coprophilia, transvestitism), it is sometimes necessary to use medication to effectively reduce sexual activity. However, the emphasis is on psychotherapy aimed at teaching the patient alternative sexual practices.

Exhibitionism

ICD-10: **Exhibitionism F65.2** (<https://mkn10.uzis.cz/prohlizec/F65.2>)

In this sexual deviance, the subject becomes excited and remonstrates by **exposing his genitals in front of the desired object**. Since the exhibitionist is male, the exposed genital is usually the genital organ. It is understandable, because even in animals the penis has considerable signaling importance. In typical cases, the exhibitionist annoys adult women with his nudity and does not try to get close to the object in his actions.

Exhibitionism is **one of the most widespread sexual deviations**. At least once in their lives, most women encounter genital exposure. This experience is most common in women under the age of 25. It is therefore obvious that the expositors choose their "victims" according to age, among other things.

Similar to fetishism, we believe that exhibitionism results in some form of learning on the available terrain. The motivation of exhibitionists is undoubtedly related to deficiencies in sex life in general. These men are often single and if they have a partner relationship, then the frequency of intercourse tends to be lower than their need. As if their sexuality was not spontaneous enough. Wives of exhibitionists often complain about their men's lower interest in partner sex.

A typical exhibitionist **does not have** tendencies aggressive and does not attack children's objects. The motivation for genital exposure in some psychotics, demented individuals and the like is completely non-sexual. In mentally defective individuals, atypical genital exposures sometimes occur as a manifestation of sexual clumsiness in approaching the object.

Exhibitionists are a grateful object of psychotherapy, sometimes even group therapy. The compulsion of their deviant drive makes them the most repetitive sexual deviant. Therefore, for those who are active and repeatedly fail, treatment with medications to suppress sexual activity is completely appropriate.

Voyeryism

Voyeryism

Pathological sexual aggression

- MNK-10: this paraphilia does not have a separate sign, so it belongs to **"Other sexual preference disorders" F65.8**

Some repetitive and **dangerous sexual aggressors** have no obvious sadistic deviant disposition. These young offenders attack women they do not know. Their attack is violent, without any attempt at verbal communication. The assaulted woman is groped, sometimes knocked down or raped. The attacker resists any cooperation from the victim. The behavioral stereotypes of these men resemble hunting behavior. Often these men are psychopathic personalities with a slight mental defect. Their social adaptation tends to be significantly defective. If they have any partnership at all, it tends to be dysfunctional and conflictual.

These dangerous sexual aggressors must be distinguished from immature, completely *sexually inexperienced* youths. However, the distinction is not always easy. Especially for young men without sexual partner experience, it would be a mistake to consider them incapable of conventional sexual adaptation just because they have committed a few sexually aggressive offenses.

Massers and **terriers** form a relatively separate subgroup of pathological sexual aggressors. Their sexual excitement and satisfaction is enhanced when they press themselves on women in completely impersonal situations, or touch women in such situations. They retaliate by rubbing against the victim (terriers) or by touching objects (touchers), and tactile contact is what they strive for the most. They usually do not tend to communicate with the object and often actively avoid any communication. Due to the anonymity of the object and the refusal to communicate, the inkers and terriers are included in a large family of deviations with disorders of pairing mechanisms.

The most popular field of realization of terry clothers and inkers is crowding in public transport, in queues for anything, but also concerts of rock bands and similar situations.

Sadism

- ICD-10: **Sadomasochism F65.5** (<https://mkn10.uzis.cz/prohlizec/F65.5>)

The object of erotic interest of sadists is **Pathological sexual aggression and hostility towards the sexual object**. Also, anything related to aggression. Sexual violence has a varied phenomenology. The manifestations of sadism and sadists also look like this. It is a whole range of sexually deviant tendencies and activities. From fetishistic sadistic partner expressions to offensive sadism and sadistic murder. Thus, the label "sadist" alone does not classify someone as a dangerous individual. This designation always needs to be further specified.

For practical and descriptive reasons, we recommend distinguishing sadism: fetishistic, pseudopedagogical and aggressive. This deviance in all its manifestations can be heterosexual, homosexual or bisexual. There is pedophilic sadism, but also gerontophilic sadism. We have repeatedly observed sadists who have shown their sexually aggressive tendencies on animals. We can therefore also speak of zoophilic sadism.

Fetishistic Sadism

This sexual deviation is of the nature of **intimate erotic predilection**. The victim is usually not *seriously threatened*. Sometimes the object as a whole is in the background and the erotic fascination is only with props that are somehow related to the violence. The deviance may be fantasy in nature (*ideatory sadism*). Then its manifestations are peculiar literary or artistic productions. Sometimes these are self-serving pseudo-artistic works, sometimes such works have a certain artistic ambition. The classic of fetishistic sadism, after whom the whole deviation takes its name, was the *Marquis A. de Sade* (1740-1840). Apart from literary works of dubious artistic value ('Justine', 'Philosophy in the Boudoir', etc.), this man repeatedly committed sexually aggressive offences. He was therefore clearly not a mere ideological paraphiliac.

A fetishistic sadist can pursue his deviant interests with a **willing sexual partner**. Often he uses the services of specialized prostitutes. In some countries, fetish sadists form deviant erotic clubs. Here it is possible to obtain both sadistic props and a willing partner for a fee. Because sadism in this embodiment is perfectly complementary to its inverse image, masochism, it is sometimes referred to as **sadomasochism**' (*SM clubs*). However, there are very few actual sadomasochists in the population. We can usually classify an individual as either a sadist or a masochist, depending on his or her erotic preferences.

Fetishistic sadists generally do not commit any crimes. They are therefore *discovered only by accident*. Some young fetishistic sadists consult a sexological counsellor because they are disturbed by their strange erotic fantasies. The partners of these men sometimes disclose their sexually deviant predilections. Either because they are surprised and offended by these practices, or (more often) because there has been a partner or marital conflict and the counterpart needs to be discredited as much as possible in the eyes of those around him.

Pseudopedagogical Sadism

Especially those sadists who target children or adolescents are close to this kind of sadism. The main features of pseudopedagogical sadism are **emphasis on obedience and discipline**. Dominance over the object is symbolized by *dressage* and a peculiar *education* for absolute submission. The violence used by these delinquents to achieve this may be only mild and symbolic. But the actual torture of the object, whether psychological or physical, is no exception. The domain of pseudo-pedagogical sadism is **partner relations** and **child-rearing** (whether in the family or in institutions).

If a sexual deviant of this kind appears in a position where he has some power over other people, he can become a source of considerable suffering for his charges. This pseudo-pedagogical form of sadism, like fetishistic sadism, can also sometimes occur in women.

Aggressive (offensive) sadism

An aggressive sadist **brutally attacks an object to subdue it**. He does not demand consent or submission, nor does he seek much of it. Sometimes he seems to need primarily the negative reactions of the object, his fear, terror and disgust. The object is usually immobilized by physical violence or severe threats. The manner of attacking the object is often ritualistically *stereotyped*. There is beating, attack with a stone or stick to the head, smashing, strangling, tying, drugging. At other times, the subject is attacked with a firearm, literally *ambushed*.

Typical of the aggressive sadist is the brutal and *self-inflicted torture* of the subjugated object. These deviants make it clear by their behaviour that the true aim of the attack is not to obtain sexual intercourse. The brutal physical violence is accompanied by bossing and bullying. The victim may be tortured in various ways and sometimes even Suicide. An assaultive sadist differs from a pathological sexual aggressor primarily by the fact that he or she tortures and humiliates the object. The **props** needed to assault and abuse the object are sometimes carried by the assaultive sadist. These include knives, guns, handcuffs, ropes, chains, etc. In contact with the victim, such an assaultive sadist sometimes does not even reach the emotional climax. At other times, during a long ritual, he will satisfy himself repeatedly and in different ways. Often he deliberately delays the orgasm, showing that he is primarily concerned with the thrill of tormenting his victim.

Aggressive sadists include *most serial sexual killers*. Their offences are often carried out in a stereotypical manner, using the same technique. Few aggressive sadists, however, begin their delinquent careers with sexual homicide. Most of the time, the dangerousness of their offences escalates. The typical progression goes through atypical genital exposure and less severe aggressive acts.

The assaultive sadist is rarely a willing client of a sexologist. Working with them is a matter of medical management of sex offenders.

Razorback

They are a less dangerous subgroup of offensive sadists. These sexually motivated men, typically obsessive, **damage women's outer clothing**. They take advantage of similar situations to frotheists and tuffers. I mean, crowding. Their classic tool is a razor or razor blade, which can be used to subtly and effectively damage women's outfits. Individuals have also been repeatedly described using acid, sprayed from a specially prepared container or syringe, for the same purpose.

The razor-wielder shows himself either at the scene by rubbing himself against the object or by jerking off, or more often by masturbating in seclusion. These sexual deviants usually have highly sadistic erotic fantasies.

Diagnosing sadism in an examination is not easy where the subject is uncooperative or his cooperation in the examination is only formal. Sexually aggressive topics are among the most taboo and repressed. They are even less entrusted to the community than paedophilic or homosexual tendencies. Sexual aggressiveness may not correlate at all with the general aggressiveness of the examinee's personality.

Masochism

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- ICD-10: **Sadomasochism F65.5** (<https://mkn10.uzis.cz/prohlizec/F65.5>)

A masochist is erotically *fascinated by aggression directed against his person*. He becomes sexually aroused when he is molested, stomped on, humiliated, bullied, beaten or even tormented.

It is an inverse sexual preference in relation to sadism. Because the props of fetishistic sadism and masochism are actually identical and the area of sexual interests similar, both deviations are sometimes described as '*sadomasochism*'. Masochistic elements are rarely present in pseudo-pedagogical and especially aggressive sadists.

Masochists cajole or bribe their sexual objects into tormenting, humiliating and commanding them. Deviation can take a heterosexual and homosexual form. The object can be adults and adolescents. Only rarely are children the object of masochists. Some masochists prefer outright geronts. Many masochists are not looking for a partner. Either because he does not want to share his intimate interests with anyone, or because he is autoerotically oriented. Such masochists sometimes inflict serious injuries on themselves using various torture devices of their own design. For example, a man who repeatedly masturbated with an imitation penis, which he inserted into his anus. He rubbed the "Tool" with pepper and cayenne pepper to induce the desired rectal pain.

The phenomenon of ``erotic asphyxiophilia *can also be attributed to masochism*. *These individuals induce sexual arousal by strangling themselves with their hands or with a choker. In more complex cases, they build various nooses ('repetitive erotic hanging)*. **The stimulation technique used is so dangerous that it sometimes happens that the patient pays for the autoerotic manipulation with his life. Every year, the police find several men killed by autoerotic manipulations. It is interesting that in the vast majority of cases the immediate surroundings of such a person have no idea about his deviant tendencies.**

The classic of fetishistic masochism was the Austrian count and writer of historical and erotic novels 'L. von Sacher-Masoch (1836 - 1895). His erotic novels are devoted to descriptions of dominant women, dressed in leather and fur. The opposite of dominant women are submissive and enslaved men who serve their mistresses and are excited by their despotism.

External links

- [Masochism \(Czech Wikipedia\)](#)
- [Sadomasochism \(English Wikipedia\)](#)

Combined Sexual Deviations

Combined Sexual Deviance

Links

References

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