ANIL AGGRAWAL'S
Internet Journal of
Forensic Medicine and Toxicology
The world's first online journal devoted entirely to forensic medicine and toxicology · Published 1 January and 1 July

VOL. 10, NO. 2
Downloaded from www.anilaggrawal.com · ISSN 0972-8074 (Online) · https://www.anilaggrawal.com/ij/vol_010_no_002/reviews/tb/page007.html

Book Reviews: Technical Books Section

...FIRST BOOK ON PARAPHILIAS AND SEXUAL CRIMES FROM A MULTIDISCIPLINARY ANGLE ...This is perhaps the first book that deals with sexually deviant behavior and sexual crimes from a multidisciplinary point of view. Medical, psychological, criminological and legal standpoints have been discussed in detail. Classifications of all major paraphilias have been introduced, many of which were not previously classified...

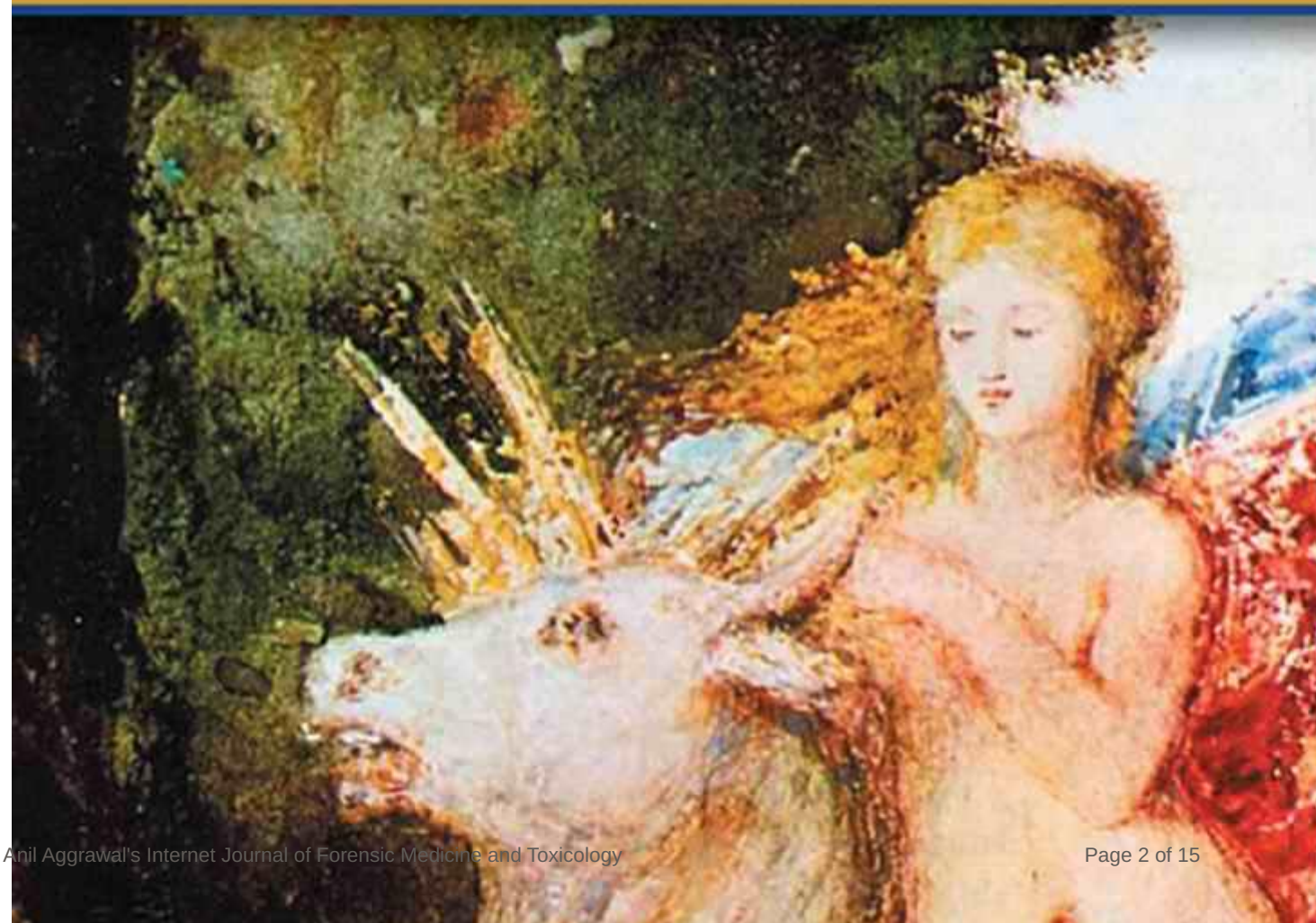
Forensic and Medico-legal Aspects of Sexual Crimes and Unusual Sexual Practices, 1st Edition, by Anil Aggrawal. Hard Bound, 10.1" x 7.1" x 1".
CRC Press LLC, 2000 Corporate Blvd., N.W., Boca Raton, Florida 33431, , . Publication Date December 22, 2008. 424 pages, ISBN-10: 1420043080; ISBN-13: 978-1420043082 (alk. paper). Price: $99.95

Visit the Official site of this book by clicking here

Buy from Amazon by clicking here.

Click above picture to buy from Amazon. Click here to enlarge picture

Forensic and Medico-legal Aspe Sexual Crimes and Unusual Sexual Pra



Deviant or abnormal sexual behavior is an exciting field of study. Many professionals including psychologists, psychiatrists, medico-legal professionals, lawyers, law enforcement authorities and criminologists are interested in it. Despite this, no single existing book seemed to cater to the needs of these professionals.

The book under review is written by a forensic professional, who is engaged in the study of paraphilias and sexual crimes for last several years. The book deals with all eight major paraphilias mentioned in the latest edition of DSM: pedophilia (302.2), transvestic fetishism (302.3), exhibitionism (302.4), fetishism (302.81), voyeurism (302.82), sexual masochism (302.83), sexual sadism (302.84) and frotteurism (302.89), as well as a ninth group [paraphilias not otherwise specified (302.9)]. A chapter has been devoted to each paraphilia. Seven chapters have been devoted to sexual crimes and other sexually deviant behaviors (rape, bestiality, sexual harassment, necrophilia, incest and telephone scatologia). And finally, one chapter has been devoted to transsexualism, which is neither a paraphilia nor a sexual crime, but has so much in common with transvestism and other seemingly abnormal sexual behaviors that the author has preferred to included it.

This is perhaps the first book that deals with sexually deviant behavior and sexual crimes from a multidisciplinary point of view. Medical, psychological, criminological and legal standpoints have been discussed in detail. An important feature is that classifications of all major paraphilias have been introduced. Many of these are completely new and had been proposed for the first time in this book.

View this book on Amazon

Another important feature of this book is that laws relating to major paraphilias and sexual crimes from all major jurisdictions have been included. Important case material related to each paraphilia is also given. Much of this appears in print for the first time.

It is hoped that this book would prove useful to forensic psychologists, psychiatrists, forensic medicine personnel, law enforcement authorities and medical examiners.

Chapter	Title	Page
1	Sexual Crimes and Unusual Sexual Practices: An Overview	1
2	Pedophilia and Child Sexual Abuse	45
3	Transvestic Fetishism	71
4	Exhibitionism	85
5	Fetishism	109
6	Voyeurism	127
7	Sexual Masochism	145
8	Sexual Sadism	167
9	Frotteurism	183
10	Rape	201
11	Zoophilia and Bestiality	257

12	Sexual Harassment	275
13	Necrophilia	293
14	Incest	319
15	Telephone Scatologia	335
16	Transsexualism	347
17	Miscellaneous Sexual Crimes and Perversions	359
Index		709

Excerpts from the book:

Here are some excerpts from the book, so reader can get some ideas as to what is contained within the book. This is what Aggrawal has to say in chapter 6 (**voyeurism**) - page 128 - 132.

Chapter 6: Voyeurism

Historical perspectives

Perhaps the earliest instance of voyeurism comes from the Bible. The Book of Genesis mentions that once Noah was lying naked when his son Ham saw him.

And the sons of Noah, that went forth of the ark, were Shem, and Ham, and Japheth: and Ham is the father of Canaan. These are the three sons of Noah: and of them was the whole earth overspread. And Noah began to be a husbandman, and he planted a vineyard: and he drank of the wine, and was drunken; and he was uncovered within his tent. And Ham, the father of Canaan, saw the nakedness of his father, and told his two brethren without. And Shem and Japheth took a garment, and laid it upon both their shoulders, and went backward, and covered the nakedness of their father; and their faces were backward, and they saw not their father's nakedness. And Noah awoke from his wine, and knew what his younger son had done unto him. and he said, Cursed be Canaan; a servant of servants shall he be unto his brethren. And he said, Blessed be the Lord God of Shem; and Canaan shall be his servant. God shall enlarge Japheth, and he shall dwell in the tents of Shem; and Canaan shall be his servant.

Curiously though it is Ham who sees his father naked, it is Canaan, his son, who gets the punishment.

Another instance of voyeurism in the Bible is when David gets up from his bed, walks around the roof of his palace, and sees Bathsheba taking a bath. He gets so sexually aroused that he sends messengers to get her, so he could have sexual intercourse with her:

In the spring of the year, at the time when kings normally conduct wars, David sent out Joab with his officers and the entire Israelite army. They defeated the Ammonites and besieged Rabbah. But David stayed behind in Jerusalem. One evening David got up from his bed and walked around on the roof of his palace. From the roof he saw a woman bathing. Now this woman was very attractive. So David sent someone to inquire about the woman. The messenger said, "Isn't this Bathsheba, the daughter of Eliam, the wife of Uriah the Hittite?" And David sent messengers, and took her; and she came in unto him, and he lay with her; for she was purified from her uncleanliness (menstruation): and she returned unto her house.

In yet another Biblical instance of voyeurism, Abimelech of Gerar peeps out of his palace window and sees Isaac and Rebekah petting.

And it came to pass, when he had been there a long time, that Abimelech king of the Philistines looked out at a window, and saw, and, behold, Isaac was sporting with Rebekah his wife.

Figure 6.1 Candaules, King of Lydia, Shews his wife by stealth to Gyges, one of his bodyguards, in the painting "As She Goes to Bed" by William Etty. This image illustrates Herodotus's version of the tale of Gygesa. (This figure appears on page 130 of this book (in Black & White version). Please Click to enlarge)



Another instance, not from the mythology this time, comes from the ancient kingdom of Lydia. Candaules, king of Lydia from 735 BC to 718 BC was so proud of the beauty of his wife, and so much wanted to impress others with his "possession," that he arranged for his favorite bodyguard Gyges to see his naked wife by stealth. To be fair to Gyges, he refused at the first instance as he did not wish to dishonor the Queen. He also feared what the King might do to him if he did accept. However, Candaules was insistent, and Gyges had no choice but to obey his king. Candaules worked out a detailed plan according in which Gyges would hide behind a door in the royal bedroom to observe the Queen disrobing before her bed. And when the queen turned her back, Gyges would leave the room quietly. Everything went according to the plan. But the Queen saw Gyges as he left the room and realized that she had been betrayed and shamed by her own husband. She immediately decided to have her revenge and worked out her own plan (Figure 6.1).

The next day, the Queen summoned Gyges to her chamber and told him of the previous night's sordid episode. She confronted him with a choice-either Gyges must kill himself or kill her husband Candaules. Gyges chose the latter and stabbed Candaules with a knife provided by the Queen, killing him in his sleep. Gyges then married the Queen and became King, and father to the Mermnad Dynasty. The legend has been narrated by Herodotus.11 It gives rise to the modern paraphilic terms candaulism or candaulesism, which involves getting sadomasochistic pleasure when the husband exposes his wife, or pictures of her, to other voyeurist people.

Figure 6.2 "Lady Godiva riding naked through the streets of Coventry" by John Collier, ca 1897. (This fi of this book (in Black & White version). Please Click to enlarge)



The next major instance of voyeurism also involves a king and his queen. Lady Godiva (c. 990?-1067), an Anglo-Saxon noblewoman, the wife of Leofric (968-1057), Earl of Mercia and Lord of Coventry, was the victim this time. Leofric had imposed heavy taxes on his subjects, who felt deeply oppressed. Lady Godiva took pity on them and pleaded with her husband to reduce taxes. Leofric did not relent, but when his queen appealed to him again and again, he made an outrageous offer

which he was sure Godiva would reject. He promised he would grant her request if she would ride naked through the streets of the town. Lady Godiva, determined to have the taxes reduced, decided to do exactly that. However, she took care to issue a proclamation that all persons should keep within doors or shut their windows. Eventually, she rode through the streets of Coventry, albeit covering her body in her long hair. Only one person in the town, a tailor ever afterwards known as Peeping Tom, disobeyed her proclamation and bore a hole in his shutters so that he might see Godiva pass. He was struck blind by the king for his offense. Leofric kept his word and abolished the oppressive taxes. Modern voyeurs are still known in common parlance as Peeping Toms (Figure 6.2).

Etiology

Conditioning

McGuire and colleagues propose that voyeurism can be explained by conditioning (see Chapter 1 for details of classical and operant conditioning). To illustrate their theory, they cite the case of one of their patients who acquired voyeurism through conditioning. The patient, a 28-year old male, married at the age of 24, had had normal sexual interests. However, his wife proved to be totally frigid so that the marriage was never consummated. In the early months of his marriage, while sexually frustrated, he observed that a young lady in the opposite flat was in the habit of stripping in a lighted room with the curtains open (his wife confirmed this story). The patient found this sexually stimulating. The marriage had not been consummated when the couple moved to a new home. In his new environment the patient sought opportunities of seeing women undressing and developed the habit of masturbating on these occasions. Interestingly, the patient retained all the circumstances of the early stimulus and had no interest in nudist films or strip-tease shows. He came to the investigators' notice after his fourth conviction for a "Peeping Tom" offense.

Classification

No formal classification of voyeurism has been suggested till now. The following classification is proposed in this book, based on the theory of paraphilic equivalence proposed in this book elsewhere (please see chapter on frotteurism for details). Based on this theory, one can attempt a reasonably accurate classification. The classification proposed here lists all voyeurs on a continuum with the most innocuous voyeur (or the one who takes minimal risks for his activities and tends to break the law to the least possible extent) to the most dangerous (who takes substantial risks, breaks laws, and often harms the victims, too).

Class I Voyeurs: Pseudovoyeurs

These people are not true voyeurs, since they do not fulfill the DSM-IV-TR criteria of voyeurism. They merely have erotic fantasies involving witnessing the sexual performances of other persons. It is best to call them pseudovoyeurs, or voyeurs of Class I (for details, please see below). A true pseudovoyeur is happy with his fantasies. If an opportunity arose, he would not be bold enough to take the risk of peeping. In this, he differs from the next class.

Class II Voyeurs: Opportunistic Voyeurs

These people also do not fulfill the DSM-IV-TR criteria of voyeurism, as they do not have "intense, sexually arousing fantasies, sexual urges, or behaviors involving the act of observing an

unsuspecting person who is naked". However they do have a latent desire to look at a naked person, or a person who is in the process of disrobing, or engaging in sexual activity. If an opportunity arose, they would take some risk of peeping to satisfy their latent desires. These people may be called latent voyeurs or opportunistic voyeurs.

Class III Voyeurs: Computer Voyeurs

These offenders fulfill their voyeuristic fantasies by online sexual activities and may hack into others' computers and try to view their explicit pictures. It also includes seeing pornographic images on the internet. These voyeurs break various laws relating to computers, internet, and information technology, and thus are criminals in the true sense of the world.

Class IV Voyeurs: Video Voyeurs

These offenders set up complicated equipment in bathrooms, bedrooms, or other intimate places of their victims to see them naked or in acts of disrobing or intercourse. They take more risk than class III voyeurs in that they actually visit the homes of victims (during their absence perhaps, or during their presence by trickery such as masquerading as a plumber). Video voyeurism is now an offense in most jurisdictions.

Class V Voyeurs: Classical Voyeurs

These offenders are the true or classical voyeurs as DSM-IV-TR describes them. They have over a period of at least six months intense, sexually arousing fantasies, sexual urges, or behaviors involving the act of observing an unsuspecting person who is naked, in the process of disrobing, or engaging in sexual activity. They also act on these sexual urges, and the sexual urges or fantasies cause marked distress or interpersonal difficulty. They take greater risk than voyeurs of class IV, because they are physically present when the victim is disrobing or having sexual intercourse, and thus have a greater chance of getting caught.

Class VI Voyeurs: Criminal Voyeurs

Studies suggest that some voyeurs also engage in serious sex offenses and can become sexually aggressive with women or children. Voyeurs who engage in other serious sex offenses, belong to this category. These are the most dangerous of all voyeurs.

The author illustrates each paraphilia with ample case law. Here is case law related to frotteurism - not easy to get otherwise (chapter 9- Frotteurism, page 190-191)

Chapter 9: Frotteurism

Case Law

Dr. Nayan Prasann a Karunasekera's Case (2003)

Dr. Nayan Prasanna Karunasekera arrived in New Zealand on a work visa with his wife and 2 young children in February 2002. During his time at Grey Hospital, Dr. Karunasekera was involved in a conflict with a senior consultant who was critical of his work although the matter was dealt with by the hospital administration.

Toward the end of 2002, Dr. Karunasekera and his family went to Queenstown on holiday. During this period, Dr. Karunasekera was involved in acts of toucherism and other similar behaviors in 3

separate incidents, In the first 2 incidents, Dr. Karunasekera visited a souvenir and gift shop and entered into conversations with the shop assistants. He commented on the assistants' complexions. He persuaded the one assistant to allow him to examine her hands and the other assistant to examine her back. During the physical examinations, Dr. Karunasekera pulled their hands onto the penile region of his trousers.

In the third incident, Dr. Karunasekera approached a shop assistant and inquired about purchasing clothing for his wife. While the assistant was displaying the clothing, Dr. Karunasekera ran his fingers against the shop assistant's breasts, holding them for a period of approximately 2 seconds.

Initially, Dr. Karunasekera denied all allegations, pled not guilty and elected to be tried by a jury. The depositions took place in March 2003 and in the succeeding 6 months, Dr. Karunasekera challenged the joining of the charges. It was only after the Court refused severance of the charges that Dr. Karunasekera pled guilty. On September 19, 2003, he was convicted by the District Court in Invercargill of the three offenses of indecent assault under Section 135(1)(a) on the Crimes Act of 1961, and sentenced to the following punishment: 12 months supervision; and referral for assessment to the adult Straight Thinking On Probation (STOP) program and, if found suitable, to undertake the program as directed and to the satisfaction of his probation officer; and referral for Department of Corrections psychological assessment and treatment as directed by and to the satisfaction of his probation officer; and payment of reparation (emotional harm) of $500 to each of the three complainants.

Earlier, on May 16, 2003, the Medical Council of New Zealand had resolved to cancel Dr. Karunasekera's temporary registration. Dr. Karunasekera was subsequently convicted by the Medical Practitioners Disciplinary Tribunal (MPDT). Section 109 of the Medical Practitioners Act 1995 of New Zealand prescribes "grounds on which medical practitioners may be disciplined." Section 109(1)(e) states that the medical practitioner may be disciplined if he has been convicted by any court in New Zealand or elsewhere of any offense punishable by imprisonment for a term of 3 months or longer, and the circumstances of that offense reflect adversely on the practitioner's fitness to practice medicine.

Since the offenses Dr. Karunasekera had committed were punishable by imprisonment for a term of 7 years (see Legal Aspects - New Zealand below), the Complaints Assessment Committee (CAC) charged that the circumstances of the offenses reflected adversely on Dr Karunasekera's fitness to practice medicine.

A hearing was held at Wellington on August 2, 2004. On September 15, 2004, the Tribunal finding Dr. Karunasekera guilty issued an order recommending that (a) Dr Karunasekera be censured; (b) publication of these orders be published in the New Zealand Medical Journal; (c) any application to re-register should not occur until completion by Dr Karunasekera of the STOP program; (d) a recommendation be forwarded to the Medical Council that Dr Karunasekera undertake the Sexual Misconduct Assessment Test (SMAT) and that registration and conditions of practice that might be imposed following that process should address matters such as practicing within a team or with a chaperone and issues of supervision; and finally (e) Dr Karunasekera pay 15% of the costs and expenses of the prosecution and hearing of this inquiry.

For each paraphilia discussed in this book, the author gives historical perspectives, etiology, classification, epidemiology, offender characteristics, case law and legal provisions in several

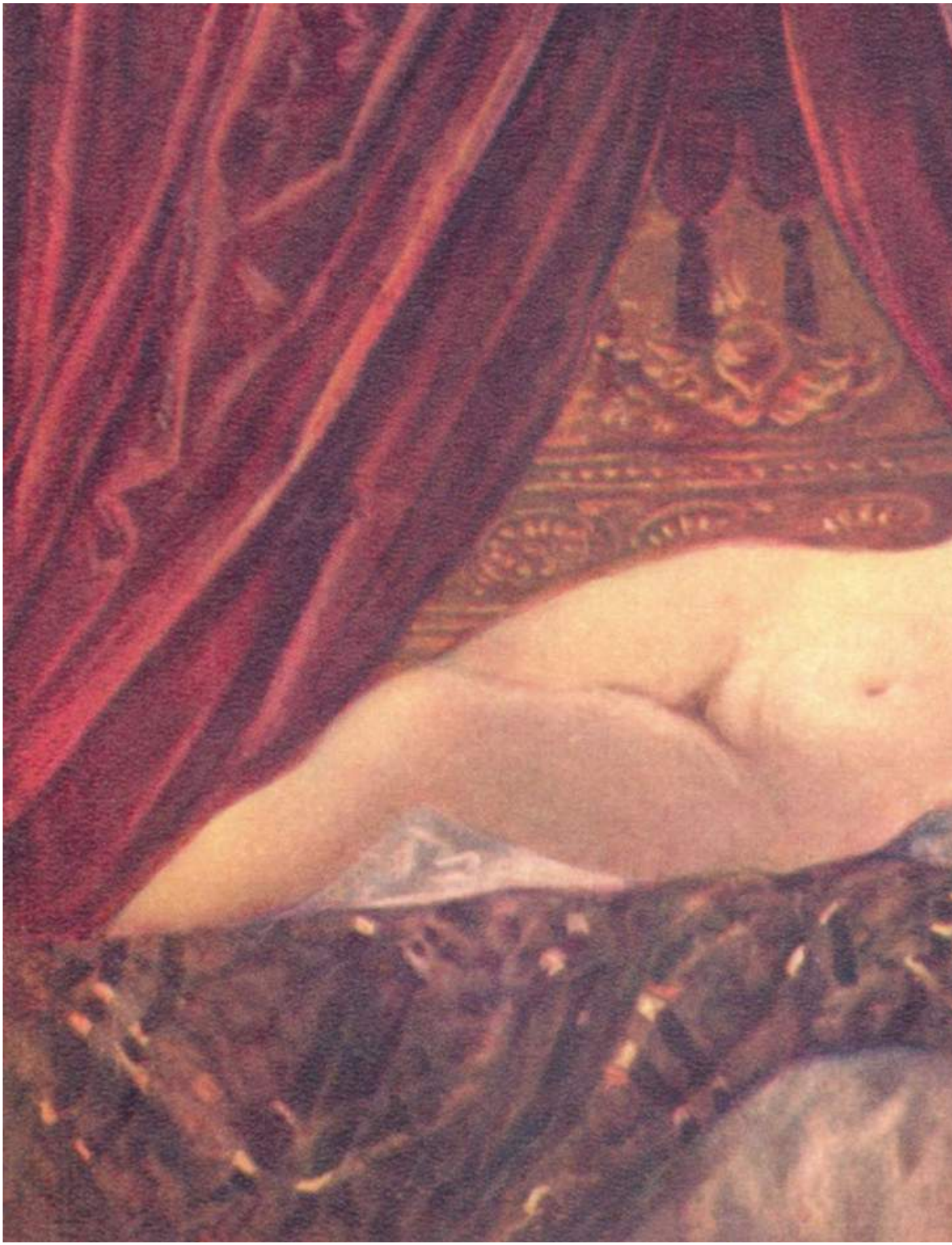
jurisdictions. Here is what the author has to say in his chapter on sexual harassment (chapter 12, page 276 onwards)

Chapter 12: Sexual Harassment

Historical perspectives

It is said that the first case of sexual harassment occurred in Biblical times, when sexual advances were made on Joseph by his employer Potiphar's wife Zuleika. Joseph had been taken from the Promised Land to Egypt by Ishmaelite traders, where Potiphar, a senior officer in Pharaoh's court, bought him. Joseph began to make large sums of money for his master, so much so that Potiphar turned over the running of his estate to him.

Figure 12.1 Joseph and the Wife of Potiphar, by the German Romantic painter Philipp Veit. (This figure a



One day, as Potiphar was away, his wife looked at Joseph with desire, and said, "Lie with me." (Figure 12.1). But he refused and told her, "Behold, with me around, my master does not concern himself with anything in the house, and he has put all that he owns in my charge. There is no one greater in this house than I, and he has withheld nothing from me except you, because you are his wife. How then could I do this great evil, and sin against God?"

But such refusals had little effect on her, and she requested Joseph day after day to lie with her. Seeing that her requests had little effect on Joseph, one day she caught him by his garment and said again, "Lie with me!" Joseph left his garment in her hand and fled outside. Stung by his refusal, she complained to her husband that Joseph had wanted to sleep with her, and when she raised her voice, left his garment and fled outside. Potiphar believed his wife's story and had Joseph thrown into jail.

One of the earliest cases on record that could classify as a case of sexual harassment by today's standards occurred in 1734 when a group of female servants published a notice in the New York Weekly Journal that said, "We think it reasonable we should not be beat by our mistresses' husbands, they being too strong and perhaps may do tender women mischief."

However, despite these early cases, the issue of sexual harassment really began occupying a general consciousness in the 1060s when: (i) women began entering jobs in large numbers; (ii) in the U.S., the Civil Rights Bill was passed in 1964, Title VII of which covered sex discrimination, and which was interpreted by courts as including sexual harassment; and finally (iii) the advent of the birth control pill, the women's movement, and the sexual revolution, which suddenly changed society's view of men, women, and how they interacted at work.

Prevalence and incidence

Sexual harassment is prevalent in hospital setups. Pennington and associates studied the prevalence and details of sexual harassment of female dental hygienists by distributing a questionnaire to 540 randomly selected registered Virginia dental hygienists; 285 surveys (53%) were returned. As many as 54% of the responding dental hygienists experienced sexual harassment. Of these, 50% experienced sexual harassment 4 or more years earlier, 23% 1 to 3 years, and 28% within the last year; these categories were mutually exclusive. The perpetrators of the harassment were reported to be either male dentists (73%) or male clients (45%). Less than 10% reported being harassed by women. While 70% of the sexually harassed respondents indicated that filing formal complaints was an effective strategy for managing sexual harassment, less than 1% actually did so.

McKenna and associates10 studied the problem in New Zealand hospitals by a similar method. They sent anonymous questionnaires to 1169 registered nurses in their first year of practice, of which 551 were returned (47%). Verbal sexual harassment was reported in 30% cases (n = 167).

Hibino and associates studied the prevalence and details of sexual harassment of female nurses by patients in Japanese hospitals by distributing similar questionnaires to hospital nurses. Of 600 nurses to whom the questionnaires were given, 473 (78.8%) were returned. It was discovered that sexual harassment was prevalent in the hospital environment. As many as 55.8% of nurses had been sexually harassed by patients. Nurses, on their part, tended to react passively and moderately and, in many cases, they did not attempt to stop the patients. Relatively few incidents were reported to the appropriate supervisors. The researchers concluded that administrators tended to

underestimate the problem, and effective policies to combat this situation did not exist in Japanese hospitals.

Chaudhuri conducted a study in 2005-2006 among 135 female doctors, nurses, health care attendants, administrative and other non-medical staff working in 2 government and 2 private hospitals in Kolkata, West Bengal, India. Four types of experiences were reported by the 77 women who had experienced 128 incidents of sexual harassment: verbal harassment (41), psychological harassment (45), sexual gestures and exposure (15), and unwanted touch (27). None of the women reported rape, attempted rape, or forced sex, but a number of them knew of other women health workers who had experienced these. The women who experienced harassment were reluctant to complain, fearing for their jobs or being stigmatized, and most were not aware of formal channels for redress. The latter problem has been mentioned by Pennington and associates as well, who went to the extent of suggesting that information about managing sexual harassment (including the process of filing a formal complaint) needed to be incorporated into the curricula of professionals.

A similar survey conducted among nurses in Turkey (n = 622) revealed that 37.1% had been harassed sexually. Physicians were identified as the primary instigators of sexual harassment. About 80% of sexually harassed nurses did not report the incidents to hospital administration.

The book gives a host of similar information on all aspects of paraphilias and sexual crimes. We are sure our readers would enjoy the book as much as we at the journal office did.

Review by -*Puneet Setia and Avneesh Gupta*





View this book on Amazon

Request a PDF file of this review by clicking here. (If your screen resolution can not be increased, or if printing this page is giving you problems like overlapping of graphics and/or tables etc, you can take a proper printout from a pdf file. You will need an Acrobat Reader though.)

Other Reviews of this book

Review by J. Reid Meloy, J Forensic Sci, January 2010, Vol. 55, No. 1