The clinical manifestation of sexually perverse behavior is extraordinarily diverse in its severity and form. The clinician may be confronted with a continuum of perversion or perverselike behaviors, ranging from relatively minor and transient fantasy-laden material to dangerous sexual acting out of a paraphiliac disorder. Cases in which sexual perversion may surface as a problem are seen in a whole host of different settings, treatment contexts, and referral networks. At one end of the spectrum, sexually perverse experiences may be disclosed in the course of ongoing psychoanalytic psychotherapy, perhaps even after several years of treatment. It is probably the case that most patients who undergo traditional psychotherapy and eventually reveal sexually perverse difficulties or experiences, originally came to treatment for a variety of nonsexual problems, eg, anxiety, depression, low self-esteem, and interpersonal difficulties. At the other end of the spectrum are convicted sex offenders, referred by criminal justice agencies, such as probation or parole. These convicted sex offenders often deny, minimize, and attempt to deceive the clinician about their involvement in unlawful sexuality.

Assessment of these cases for ultimate treatment recommendations depends largely on where they lie in this continuum. The issues are often ambiguous as to precisely what kind of assessment is most appropriate for the individual case. These
assessments are relevant not only for clinical purposes, but may also have profound legal implications. Despite the fact that there is no uniformly accepted protocol for the evaluation of sexually deviant behaviors, we will discuss the assessment techniques that are commonly utilized. The use of any one of these techniques may vary with the nature and circumstances of the individual case. Obviously, those cases referred to the specialist for a paraphilic disorder per se, as opposed to reports of deviant sexuality, which surface during the course of traditional psychotherapy, may require different utilization of the evaluative techniques suggested below.

**COMPREHENSIVE PSYCHIATRIC INTERVIEW**

The standard comprehensive psychiatric interview typically includes the chief complaint, history of present illness, past psychiatric and psychosocial histories, mental status examination, and diagnostic impression. In evaluating a paraphilic individual, the cardinal concern is identifying what other psychopathology may coexist with, or indeed be contributory to, the deviant sexuality. Major concerns include the presence of a psychosis, organic impairment or disorder, mental retardation, alcohol and/or substance abuse, and the presence of a severe personality disorder, with particular emphasis on antisocial and borderline features. Other important clinical concerns include coexisting depression with anxiety, and compulsions such as gambling, eating disorders, and general sexual compulsivity. It is important to ascertain the presence of these accompanying conditions, because they may preclude involvement in a particular form of treatment, and may merit referral for treatment of the coexisting problem prior to, or in place of, the sexual symptomatology. These conditions include psychosis, organic impairment or disorder, mental retardation, alcohol and/or substance abuse, severe personality disorder, and compulsive and addictive disorders. It is estimated that at most 5% of persons who present with sexually deviant symptomology suffer from major psychotic disorders such as schizophrenia or manic psychosis. \(^1\) Targeting the underlying psychosis as presump-