

**THE RELATIONSHIP BETWEEN STIGMA AND ENGAGING IN PARAPHILIC
BEHAVIOURS THAT ALIGN WITH PARAPHILIC INTERESTS**

EMILY MARIAH OUELLETTE

Bachelor of Arts in Psychology (Hons), University of Lethbridge, 2022

A thesis submitted
in partial fulfilment of the requirements for the degree of

MASTER OF EDUCATION

in

COUNSELLING PSYCHOLOGY

Faculty of Education
University of Lethbridge
LETHBRIDGE, ALBERTA, CANADA

© Emily Mariah Ouellette, 2024

THE RELATIONSHIP BETWEEN STIGMA AND ENGAGING IN PARAPHILIC
BEHAVIOURS THAT ALIGN WITH PARAPHILIC INTERESTS

EMILY OUELLETTE

Date of Defense: July 23rd, 2024

Dr. Ian McPhail	Research Associate	Ph.D
Dr. Jean-Baptiste Leca	Associate Professor	Ph.D
Thesis Co-Supervisors		
Dr. Thelma Gunn	Professor	Ph.D
Thesis Examination Committee Member		
Dr. Skye Stephens	Associate Professor	Ph.D
Thesis Examination Committee Member		
Dr. Alexandra Zidenberg	Assistant Professor	Ph.D
External Examiner		
University of Montreal, Montreal, Quebec		
Dr. Jamal Mansour	Associate Professor	Ph.D
Chair, Thesis Examination Committee		

ABSTRACT

Paraphilias are intense and persistent sexual interests that are considered atypical and are experienced by a significant proportion of the population. A notable percentage of people who experience paraphilic interests do not engage in sexual behaviours that align with their paraphilic interests. As paraphilic interests are stigmatized sexualities—and stigma can affect interpersonal behaviour—stigma may be a factor that is associated with why people do or do not engage in paraphilic behaviours related to their paraphilic interests. In a sample of 290 participants, the present study investigated the associations between internalized stigma, perceived stigma, fear of discovery, as well as concealment and engagement in sexual behaviours that align with their paraphilic interests (i.e., sexual behaviour with a partner, pornography usage, and masturbation). The present study found that partnered paraphilic behaviour was typically negatively associated with stigma-related stressors across most paraphilic interests, while masturbation and pornography usage tended to be positively associated with stigma-related stressors. The stigma-related stressors explained a significant proportion of the variance in engagement of paraphilic behaviours; however, individually, the stigma-related stressors did not account for a significant amount of unique variance in paraphilic behaviour. The findings suggest that for people with paraphilic interests, stigma-related stressors may interfere with sexual behaviour that includes a relational component. Conversely, stigma processes are paired with increased solo sexual activity. The present study is the start of understanding the associations between stigma-related stressors and engagement in paraphilic behaviour.

ACKNOWLEDGEMENTS

I want to give my deepest thanks and appreciation to my supervisors Drs. Ian McPhail and Jean-Baptiste Leca. This thesis would be nothing but a fleeting idea without your willingness to take me on as a student and subsequent guidance in making an idea a reality (a better reality than I had imagine it to be). I have learned a tremendous amount from you both that I will carry with me.

I want to acknowledge the contributions of my committee members, Dr. Skye Stephens and Dr. Thelma Gunn, my external examiner, Dr. Alexandra Zidenberg, and my Thesis Examination committee chair, Dr. Jamal Mansour. Thank you for taking the time out of your busy schedules to aid in the development of this thesis. Your contributions have pushed this thesis to be even better.

To Dylan, my partner, thank you for listening to me endlessly think out-loud about my thesis. Without your support I would have burnt out on my way to the end. To Ahsoka, my cat, for always making zoom meetings interesting and blocking my computer to remind me to take mental health breaks.

Finally, thank you Dr. Bruce Galenza, for igniting my passion for research in the first place.

Table of Content

Abstract.....	iii
Acknowledgements.....	iv
List of Tables.....	ix
List of Abbreviations.....	x
CHAPTER 1: Introduction.....	1
1.1 Purpose.....	4
CHAPTER 2: Literature Review.....	5
2.1 General Features of Paraphilic Interests.....	5
2.1.1 Connecting Paraphilic Interest to Paraphilic Behaviour.....	8
2.1.1.1 Variables that Are Associated with Engaging in Paraphilic Behaviour.....	9
2.2 Stigma.....	15
2.2.1 Sexuality and the Experience of Stigma.....	17
2.2.2 Associations Between Stigma and Sexual Behaviours.....	19
2.2.2.1 Sexual Minorities.....	19
2.2.2.2 Paraphilias.....	21
2.3 The Current Study.....	24
CHAPTER 3: Methods.....	28
3.1 Participants.....	28
3.2 Instruments.....	28
3.2.1 Demographic Questions.....	28
3.2.2 Paraphilias Scale.....	28

3.2.2.1 Open-Ended Questions Regarding Other Paraphilic Interests.....	32
3.2.3 Development of Stigma-Related Stressor Items.....	32
3.2.3.1 Internalized Stigma.....	33
3.2.3.1.1 Reactions to Homosexuality Scale Items.....	33
3.2.3.1.2 Proximal Stigma Scale – Minor Attraction Person Items.....	34
3.2.3.1.3 Internalized Pedonegativity Scale Items.....	35
3.2.3.2 Perceived Stigma.....	36
3.2.3.2.1 Perceived Social Distance Scale.....	37
3.2.3.2.2 Perceived Stigma Scale.....	37
3.2.3.2.3 Reactions to Homosexuality Scale Items.....	38
3.2.3.3 Fear of Discovery.....	39
3.2.3.3.1 Fear of Discovery Scale.....	39
3.2.3.3.2 Other Fear of Discovery Items.....	40
3.2.3.4 Concealment.....	40
3.3 Procedures.....	42
3.3.1 Pilot Study.....	42
3.3.2 Recruitment.....	42
3.3.3 Online Survey Data Collection.....	43
3.4 Planned Analysis.....	45
CHAPTER 4: Results.....	48
4.1 Descriptive Statistics.....	48
4.1.1 Participants.....	48

4.1.2 Stigma Scales.....	50
4.2 Paraphilic Behaviours.....	51
4.2.1 Submission.....	51
4.2.2 Dominance.....	54
4.2.3 Illegal Activities.....	56
4.2.3.1 Voyeurism.....	63
4.2.3.2 Exhibitionism.....	64
4.2.3.3 Frotteurism.....	65
4.2.3.4 Scatologia.....	65
4.2.3.5 Biastophilia.....	66
4.2.4 Illegal Targets.....	68
4.2.4.1 Pedophilia.....	73
4.2.4.2 Hebephilia.....	74
4.2.4.3 Zoophilia.....	74
4.2.5 Mysophilia.....	76
4.2.5.1 Urophilia.....	80
4.2.5.2 Scatophilia.....	83
4.2.6 Fetishism.....	84
4.2.6.1 Material/Object Fetishism.....	88
4.2.6.2 Transvestic Fetishism.....	90
4.3 Opened-Ended Questions: Descriptives.....	91
CHAPTER 5: Discussion.....	97
5.1 Differential Associations of Stigma-Related Stressors and Sexual Behaviour.....	97

5.2 Variability in the Association between Stigma-Related Stressors and Sexual Behaviour Across Paraphilic Interests.....	103
5.3 Patterns of Paraphilic Interest and Behaviour in Open-Ended Questions.....	110
5.4 Counselling Applications.....	110
5.5 Limitations.....	117
5.5.1 Future Directions.....	120
5.6 Conclusion.....	121
References.....	123
Appendix A: Demographic Questions.....	141
Appendix B: Paraphilia Scale.....	144
Appendix C: Paraphilic Interest and Behaviour Open Question.....	152
Appendix D: Sexual Interest Internalized Stigma Scale.....	153
Appendix E: Sexual Interest Perceived Stigma Scale.....	154
Appendix F: Sexual Interest Fear of Discovery Scale.....	156
Appendix G: Sexual Interest Concealment Scale.....	158
Appendix H: Message Recruitment Sample.....	160
Appendix I: Social Media Advertisement.....	161
Appendix J: Consent Form.....	162
Appendix K: Identifying Non-Identifier Items	165
Appendix L: Attention Check and Truthfulness Questions.....	166
Appendix M: Survey Closing.....	167
Appendix N: Open-Ended Questions Coding Manual.....	168

LIST OF TABLES

Table 1: Description of Common Paraphilias.....	7
Table 2: Descriptive Statistics for Demographic Variables.....	48
Table 3: Stigma Scale Descriptives and Internal Consistency.....	50
Table 4: Association between Masochistic Behaviours and Stigma Related Stressors.....	53
Table 5: Association between Sadistic Behaviours and Stigma Related Stressors.....	55
Table 6: Association between Behaviours Involving Illegal Activities, Voyeurism, Exhibitionism, Frotteurism, Scatologia, and Biastophilia and Stigma Related Stressors.....	59
Table 7: Association between Behaviours Involving Illegal Targets, Pedophilia, Hebephilia, and Zoophilia and Stigma Related Stressors.....	70
Table 8: Association between Mysophilic, Urophilic, and Scatophilic Behaviour and Stigma Related Stressors	78
Table 9: Association between Fetishistic, Material/Object Fetishistic, and Transvestic Fetishistic Behaviour and Stigma Related Stressors.....	86
Table 10: Open-Ended Questions – Descriptive Statistics.....	92

LIST OF ABBREVIATIONS

APA	American Psychological Association
BDSM	Bondage and discipline, Dominance and submission, and Sadism and Masochism
ETLE	Erotic Target Location Error
ETII	Erotic Target Identity Inversion
CI	Confidence Intervals
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer, Plus
MSM	Minority Stress Model
PS-MAP	Proximal Stigma Scale - Minor Attraction Version
MISS-LG	Measure of Internalized Sexual Stigma for Lesbians and Gay
IPS	Internalized Pedonegativity Scale
SISS	Sexual Interest Internalized Stigma Scale
MAP	Minor Attracted Person
SIPSS	Sexual Interest Perceived Stigma Scale
SIFoDS	Sexual Interest Fear of Discovery Scale
ECM-SV	Extent of Concealment Measure – Short Version
SICS	Sexual Interest Concealment Scale
CPA	Canadian Psychological Association
CAP	College of Alberta Psychologists
WEIRD	Western, Educated, Industrialized, Rich, Democratic

CHAPTER 1: Introduction

Paraphilias are intense and persistent sexual interests that are considered atypical (i.e., orientated towards non-human objects, non-copulatory activities, non-genital anatomy, or targets that do not have the capacity to consent; American Psychiatric Association [APA], 2022). There are a vast number of paraphilic erotic targets, ranging from specific characteristics to specific objects or activities of interest (see Table 1 for examples and definitions). In the general public, the prevalence for people reporting interest in certain paraphilia varies (e.g., 0.1% of men report interest in pedophilia, Dombert et al., 2016; 3.9% of women and 11.5% of men report interest in voyeurism; 2.1% of women and 4.1% of men report interest in exhibitionism, Långström & Seto, 2006; and 0.4% of women and 2.8% of men report interest in transvestic fetishism, Långström & Zucker, 2005). People with paraphilic interests are more likely to also engage in sexual behaviour that aligns with their paraphilic interests than those without paraphilic interests (e.g., in criminal/clinical samples, Baic et al., 2019; Bouchard et al., 2019; Chan et al., 2015; Grundmann et al., 2016; in community samples, Joyal & Carpentier, 2022; Noorishad et al., 2019; Seto et al., 2021; Willis & Bartel, 2022). However, paraphilic interests are more commonly expressed in urges and fantasies at 58.6 to 68.2%, while fewer people masturbate to their paraphilic interests at 47.7 to 52.3%, and fewer will act on their paraphilic interest with a partner at 43.6 to 44.4% (Ahlers et al., 2011; Castellini et al., 2018). Thus, a sizable proportion of people with paraphilic interests do not engage in sexual behaviour aligning with these interests.

Previous research has examined the reasons why people engage in their paraphilic interests. Higher psychopathy (e.g., Ajazi, 2022; de Roos et al., 2024; Williams et al., 2009), higher sadism (Ajazi, 2022 de Roos et al., 2024), lower Machiavellianism (de Roos et al., 2024),

higher antisociality (e.g., Klein et al., 2015), sexual preoccupation (e.g., Bouchard et al., 2017; Knight & Sims-Knight, 2003; Seto et al., 2021), deliberate fantasizing about paraphilic interests (Willis & Bartels, 2022), the plausibility of acting out one's paraphilic interest (e.g., Willis & Bartels, 2022), the preferentiality of sexual interests (Bailey et al., 2016; McPhail et al., 2024), and the legality of the paraphilic interest (Joyal & Carpentier, 2022) have all been found to increase the chance of people engaging in paraphilic behaviour that aligns with their paraphilic interests. Further, it has been found that higher moral disengagement, higher impulsivity, misunderstandings about consent, and higher sexual excitation were associated with greater engagement in paraphilic behaviours that align with their paraphilic interests (Molen et al., 2022).

Stigma is another psychosocial process that may help to understand why some people engage in paraphilic behaviour that aligns with their paraphilic interests. *Stigma* connotes a socially devalued attribute that discredits a person. The process of stigmatization occurs through labeling another as having the stigmatized attribute, associated with the perception of the person as tainted or discounted, which then contributes to the devaluation of the person (Goffman, 1963; Link & Phelan, 2001; Pescosolido & Martins, 2015). Stigma can take various forms including internalized stigma (i.e., internalizing attitudes, stereotypes, prejudice, and discrimination directed towards those with a stigmatized characteristic; Pescosolido & Martins, 2015) and perceived stigma (i.e., a person believes that others will stigmatize them upon learning of the discredited characteristic; Bos & Reeder, 2013; Pescosolido & Martins, 2015). In turn, these stigma processes can be associated with fear of discovery and concealment efforts on the part of the stigmatized individual. Fear of discovery can be defined as fear of a real or imagined threat that others will discover one's stigmatized characteristic through means other than self-

disclosure (Jahnke, Schmidt et al., 2015). Concealment can be defined as behaviour that aims to hide some stigmatized characteristic (Brennan, 2021). Given the internal and relational features involved in these stigma processes, these processes may influence the degree to which people with paraphilias are comfortable expressing their sexuality via solo behaviour (i.e., masturbation or pornography use) or communicating their interests to sexual partners.

There is some support that stigma is associated with engagement in behaviours related to one's sexual interests. In individuals that practice BDSM (i.e., bondage and discipline, dominance and submission, and sadism and masochism), the experience of stigma is associated with decreased disclosure and more concealment of their sexual interests (Bezreh et al., 2012; Connolly, 2006). In non-paraphilic samples, sexual minorities (e.g., Lesbian, Gay, Bisexual individuals) experience of stigmatization is associated with concealing or hiding sexual orientation (Corrigan et al., 2009; Dworkin & Yi, 2003; Herek et al., 2009; Lemke & Weber, 2017; Schrimshaw et al., 2013), not disclosing sexual orientation (Corrigan et al., 2009; Herek et al., 2009; Pistella et al., 2016), engaging in more risky sexual behaviours (Knox et al., 2022; Siegel et al., 2008; Zhai et al., 2023), or limiting public displays of same-sex affection (Lemke, 2022; Wagner et al., 2013). Research also suggests that stigma influences general social behaviours and psychological experiences in some who experience paraphilic interests. In paraphilic samples, people with pedophilic interests experience of stigmatization tends to be connected to distress related to fear of discovery (Jahnke, Schmidt et al., 2015) and concealment (e.g., not disclosing their pedophilic interest, Fafejta, 2021; attempting to suppress pedophilic thoughts and actively avoiding children, Lievesley et al., 2020). A pattern of avoiding treatment has also been found in association to the experience of stigma (Cantor & McPhail, 2016; Jahnke, 2018b; Jahnke & Hoyer, 2013; Grady et al., 2019; Lasher & Stinson, 2016; Levenson & Grady,

2019). The available evidence suggests that stigma is a plausible correlate of sexual behaviour in those with paraphilic interests.

Purpose

The present study investigated whether stigma is associated with people with paraphilias engaging in sexual behaviour that aligns with their interests. Specifically, the present study examined the association between internalized stigma, perceived stigma, fear of discovery, as well as concealment, and whether people report engaging in sexual behaviours that align with their paraphilic interests (e.g., sexual behaviour with a partner, pornography usage, and masturbation). Since stigma has been established in previous research with sexual minorities and is associated with interpersonal or sexual behaviours, it is reasonable to assume a similar pattern of associations will be found in samples of paraphilic individuals.

CHAPTER 2: Literature Review

General Features of Paraphilic Interests

The term *paraphilia* was first coined in 1903 by Friedrich Salomo Krauss (1859–1938), the word being comprised of the Greek *para* (i.e., ‘beside, aside’) and *philos* (i.e., ‘loving’) (Moser & Kleinplatz, 2020). Paraphilic interests are generally defined as sexual interests in atypical targets or activities, often presenting in the form of urges, fantasies, or behaviours (APA, 2022; Dawson et al., 2016). A wide range of stimuli has the potential to become the erotic stimulus for humans (Wiederman, 2003), including objects (e.g., material/object fetishism), activities (e.g., biastophilia, voyeurism, and exhibitionism), or specific characteristics of humans and non-human animals (e.g., pedohebephilia and zoophilia). A way to describe paraphilias is through different errors in locating erotic targets in the environment (Freund & Blanchard, 1993; Lawrence, 2009). According to this conceptualization, paraphilias refer to erotic targets other than preparatory or copulatory sexual behaviour with consenting adult men or women. There are two types of erotic target errors: erotic target location errors (ETLE) and erotic target identity inversions (ETII). ETLE are the external objects, activities, or specific characteristics of a person’s paraphilic interests. ETII describe a process by which erotic objects, activities, or specific characteristics or persons are located in the self, in which the paraphilic interest lies in either fantasising about being or impersonating the erotic target (see Table 1 for a list of some paraphilias and the targets that are experienced as erotic).

Paraphilic interests can also present in three different ways. The first presentation is as a paraphilic disorder, in which the paraphilic interest is recurrent and intense and causes clinically significant suffering or impairs psychosocial functioning (Joyal & Carpentier, 2017). The second presentation is preferential paraphilic interest, in which paraphilic interest is recurrent, intense,

and is preferred compared with normophilic sexual interests (i.e., consenting adults engaging in sexual acts that are preparatory or copulatory); however, there is no suffering or impairment reported (Joyal & Carpentier, 2017). Third, paraphilic interests can be persistent and intense, yet less preferred than normophilic interests (i.e., non-preferential paraphilic interests).

Recent research has shown that paraphilic interests are relatively common in the general population. A large study ($n = 1,040$) in the province of Quebec showed that 45.6% of the sample reported at least one paraphilic interests (Joyal & Carpentier, 2017). In this sample, the most common paraphilic interests were voyeurism (46.3%), fetishism (44.5%), exhibitionism (30.6%), frotteurism (26.7%), and masochism (23.8%). Further, a given individual often presents with more than one paraphilic interest (APA, 2022). In a large population study ($n = 10,044$) in Czech Republic showed that 13.6% of women and 31.3% of men report at least one paraphilic interest, while 5.0% of women and 15.5% of men reported more than one paraphilic interest (Bártová et al., 2021). There are a few paraphilic interests and behaviours that are more female-typical (e.g., masochism or submission), but these are the exceptions. In another large population study in Sweden ($n = 2,450$), 2.1% of women and 4.1% of men reported paraphilic interest in exhibitionism (Långström & Seto, 2006), 3.9% of women and 11.5% of men reported paraphilic interest in voyeurism (Långström & Seto, 2006) and 0.4% of women and 2.8% of men reported paraphilic interest in transvestic fetishism (Långström & Zucker, 2005). Sex drive has been used to account for the gendered differences in the presence of paraphilias (Dawson et al., 2016), with most studies showing that women are more repulsed by the majority of paraphilic activities compared to men (e.g., Dawson et al., 2016; Långström & Seto, 2006; Långström & Zucker, 2005; Richters et al., 2008). Thus, women are less likely to pursue paraphilic opportunities compared to men.

Table 1.*Description of Common Paraphilias*

Paraphilia	Erotic Target	Prevalence in men and women
Location Errors		
Voyeurism	Watching unsuspecting others while they are naked or during sexual activities.	Higher in men than in women ^{a,b}
Exhibitionism	Exposing others to one's naked body, usually the genitals, or having sex in front of others.	Higher in men than in women ^{a,b}
Material/Object Fetishism	Non-living objects or specific body parts.	Much higher in men than in women ^b
Transvestic Fetishism	Cross-dressing, dressing in the opposite gender or thoughts of dressing in the opposite gender.	Much higher in men than in women ^b
Scatologia	Making obscene phone calls to others.	Prevalence is low ^c , higher in men than in women ^d
Frotteurism	Rubbing oneself on another person.	Higher in men than in women ^{a,b}
Blastophilia	Having sexual contact (e.g., intercourse or touching) with a non-consenting person.	Prevalence is low, higher in men than in women ^b
Sadism	Harming or humiliating others (e.g., verbally, physically, psychologically).	Higher in men than in women ^e
Masochism	Being harmed or humiliated (e.g., verbally, physically, psychologically).	Higher in women than in men ^e
Pedophilia	Being attracted to prepubertal children, aged 3 to 10 (i.e., stage 1 of the Tanner scale of development). ^f	Higher in men than in women ^{b,f}

Hebephilia	Being attracted to pubescent children, approximately ages 11 to 14 (i.e., stages 2 or 3 of the Tanner scale of development). ^f	Higher in men than in women ^{b,f}
Pedohebephilia	Prepubescent or pubescent children.	Higher in men than in women ^g
Zoophilia	Non-human animals.	Prevalence is limited ^h , higher in men than in women ^b
Urophilia	Urinating on others, being urinated on, consuming, or smelling urine.	Prevalence is low, higher in men than in women ⁱ
Scatophilia	Defecating on others, being defecated on, consuming, or smelling feces.	Prevalence is low, higher in men than in women ^j

Identity Inversions

Apotemnophilia	Being an amputee. Physically and/or behaviourally.	Prevalence is low, higher in men than in women ^k
Autopedophilia	Being a child. Anatomically, behaviourally, transvestic, and/or psychologically.	Common in those with Pedophilia ^l
Autozoophilia	Being an animal. Anatomically and/or behaviourally.	Common in those with Zoophilia ^m

^aAPA, 2022. ^bBártová et al., 2021. ^cPrice et al., 2002. ^dGinsberg, 2003. ^eBaur et al., 2016. ^fSeto, 2017. ^gSeto et al., 2021. ^hCamp-Arias et al., 2021. ⁱJanus & Janus, 1993. ^jSandnabba et al., 1999. ^kSedda & Bottini, 2014. ^lHsu & Bailey, 2017. ^mMileski, 2002.

Connecting Paraphilic Interest to Paraphilic Behaviour

Research has repeatedly shown that having a paraphilic interest is associated with engaging in paraphilic behaviours related to one's paraphilic interest in criminal/clinical samples (e.g., Baic et al., 2019; Bouchard et al., 2019; Chan et al., 2015; Gee et al., 2004; Grundmann et

al., 2016; Skovron et al., 2010; Woodworth et al., 2013) and community samples (e.g., Dombert et al., 2016; Joyal & Carpentier, 2017; 2022; Knack, 1982; Långström & Seto, 2006; Noorishad et al., 2019; Seto et al., 2021; Williams et al., 2009; Willis & Bartel, 2022). In community samples, people are more likely to have paraphilic interests than they are to engage in paraphilic behaviours (Ahlers et al., 2011; Castellini et al., 2018; Dawson et al., 2016; Engel et al., 2019; Joyal & Carpentier, 2017; Joyal et al., 2015). Overall, paraphilic interests are commonly expressed in urges and fantasies (58.6 to 68.2%), with fewer people masturbating to their paraphilic interests (47.7 to 52.3%), and even fewer acting on their paraphilic interest with a partner (43.6 to 44.4%; Ahlers et al., 2011; Castellini et al., 2018). In addition, paraphilic interests are significantly and positively correlated with paraphilic behaviours (r s from .30 to .71; Bártoová et al., 2021; Bouchard et al., 2019; Dombert et al., 2016; Joyal & Carpentier, 2022; Knack, 1982; Noorishad et al., 2019; Seto et al., 2021; Williams et al., 2009). Previous studies have found concordance rates between interest and behaviour is strongest in masochism and sadism (Joyal & Carpentier, 2022; Seto et al., 2021) and weakest in pedohebephilia and frotteurism (Seto et al., 2021; de Roos et al., 2024). This body of research suggests that, while there is variability amongst the paraphilias, people who engage in paraphilic behaviours tend to also have aligned paraphilic interests, yet not all people with paraphilic interests will show related paraphilic behaviours.

Variables that Are Associated with Engaging in Paraphilic Behaviour

The finding that a significant proportion of individuals with paraphilic interests do not act on their interests suggests there are specific factors associated with engaging in paraphilic behaviours that align with paraphilic interests. Conceptually, some individuals lack the ability to personally engage in the related paraphilic behaviour because they have personal inhibitions

(e.g., lack of social skills to arrange opportunities to engage in their paraphilic interest) or are concerned about, or limited by, societal norms (Seto, 2019). People have also been found to be less likely to engage in paraphilic behaviours that align with interests when doing so would be illegal (Joyal & Carpentier, 2022). An example of this is that although some men are sexually attracted to children, it is hypothesized that a certain proportion agree that engaging in sexual contact with children is wrong or are concerned with the legal ramifications for acting on their sexual interest, and thus do not act on their pedohebephilic interest (see Seto, 2019).

Another factor that may explain why people engage in paraphilic behaviours related to their paraphilic interests is the plausibility of the paraphilic interest (Willis & Bartels, 2022). If a person perceives that they are able to act on their paraphilic interest in real life (e.g., for a masochistic individual, it is relatively easy to find someone who has the ability to inflict pain), then there is a higher chance of engaging in that paraphilic interest. However, if a person perceives that it will be difficult to act on their paraphilic interest (e.g., for an individual with necrophilia, the sexual interest of corpses, access to corpses is illegal and difficult), they will be unlikely to engage in the aligned paraphilic behaviours. In addition to plausibility, Willis and Bartels (2022) found deliberate fantasizing about a person's paraphilic interest increased engagement in the paraphilia. This finding was found to be true for both paraphilic and non-paraphilic interests.

Past research has also discussed various psychological characteristics as to why people engage in their related paraphilic interests. Preferentiality of paraphilic interests is associated with people engaging in related paraphilic behaviours (Bailey et al., 2016). This hypothesis is supported by a large population study ($n = 8,766$), in which 26.8% of men with preferential pedohebephilia reported engaging in pedohebephilic behaviours (McPhail et al., 2024). In

contrast, 12.0% of men with non-preferential pedohebephilia and 1.0% of teleiophilic men reporting having engaged in pedohebephilic behaviours.

The dark triad (i.e., narcissism, psychopathy, and Machiavellianism) personality traits are associated with engagement in paraphilic behaviours that align with paraphilic interests.

Williams et al. (2009) examined the associations between the dark triad and paraphilias within a sample of male undergraduate students ($n = 88$). Those authors assessed for narcissism with the Narcissistic Personality Inventory (Raskin & Hall, 1979), Machiavellianism with the Mach-IV (Christie & Geis, 1970), psychopathy with the Self Report Psychopathy Scale (Paulhus et al., 2006) and the paraphilic interests and behaviour with the Multidimensional Assessment of Sex and Aggression (Knight et al., 1994). Those authors found a significant positive correlation between paraphilic behaviour and psychopathy ($r = .26$) and narcissism ($r = .20$). In a multiple regression model, only psychopathy ($\beta = .19$) was predictive of paraphilic engagement compared to narcissism ($\beta = .05$) and Machiavellianism ($\beta = .05$).

Further, the Dark Tetrad (i.e., narcissism, psychopathy, Machiavellianism, and sadism) personality traits are associated with engagement in paraphilic behaviours that align with paraphilic interest. Ajazi (2022) examined the associations between the Dark Tetrad and paraphilias within a sample of university students ($n = 52$). The author assessed for the Dark Tetrad with the Short Dark Tetrad scale (Paulhus et al., 2021) and paraphilic interest and behaviour with the Paraphilias Scale (Seto et al., 2012). The results showed that overall, the Dark Tetrad was significantly positively correlated with the engagement of paraphilic interests ($r = .48$). Separately, only psychopathy ($r = .51$) and sadism ($r = .43$) were significantly correlated with engaging in paraphilic interest. A hierarchical regression model showed that both variables significantly predicted paraphilic engagement ($R^2 = .30$). Finally, de Roos et al. (2024) examined

the associations between the Dark Tetrad in a sample of online and university participants ($n = 384$). Those authors assessed for the Dark Tetrad with the Short Dark Tetrad Scale (Paulhus et al., 2021) and for paraphilic interests and behaviour using the Paraphilias Scale (Seto et al., 2012). In that sample, Machiavellianism predicted lower engagement in voyeuristic ($\beta = -.01$) and exhibitionistic behaviour ($\beta = -.01$), psychopathy was predictive of engagement in illegal paraphilic behaviours (i.e., frotteurism, $\beta = .01$; hebephilia, $\beta = .01$; and pedophilia, $\beta = .01$), sadism was predictive of engagement in fetishistic behaviour ($\beta = .07$), and narcissism was not predictive of any paraphilic behaviour.

Antisociality is another psychological characteristic that has been discussed in associated with engagement in pedohebephilic behaviour. Klein et al. (2015) examined the associations between antisociality via engagement in three criminal behaviours (i.e., offense against property, violent offense, and sexual offense) and for pedohebephilic interest using a viewing time and self-report measure (Banse et al., 2010), in a sample of German males ($n = 8,718$). In a moderated hierarchical regression, pedohebephilic interest was associated with engagement in pedohebephilic behaviour when antisociality was present ($\beta = .39$).

Sexual preoccupation and high sex drive are other psychological processes that have been examined as correlates of engagement in paraphilic behaviour. First, Knight and Sims-Knight (2003) examined the association between sexual preoccupation, sexually aggressive fantasies, and sexual coercion using the Multidimensional Assessment of Sex and Aggression in a sample of justice-involved men ($n = 168$). Higher sexual preoccupation was found to be predicted by higher aggressive sexual fantasies, which was associated with a higher risk of sexual coercion. Second, Bouchard et al. (2017) examined the association between sex drive and paraphilias in a sample of university students and community members ($n = 1,015$). Those authors assessed for

sex drive with the Sexual Compulsivity Scale (Kalichman and Rompa, 1995; 2001), the Total Sexual Outlet Inventory (Kafka, 1997), and the Sexual Behaviour and Desire Questionnaire (Rinehart & McCabe, 1998). Paraphilic interest and behaviour were assessed through the Paraphilia Scale (Seto et al., 2012). Sex drive was significantly and positively correlated with paraphilic interest (Sexual Compulsivity Scale, $r = .26$; Total Sexual Outlet Inventory, $r = .24$; Sexual Behaviour and Desire Questionnaire, $r = .26$) and behaviour (Sexual Compulsivity Scale, $r = .25$; Total Sexual Outlet Inventory, $r = .22$; Sexual Behaviour and Desire Questionnaire, $r = .34$). In a moderated regression, after controlling for social desirability, paraphilic interest was associated with engagement in paraphilic behaviour when high levels of sex drive were also present ($\beta = .58$, 95% confidence intervals [CI] = .52, .64; $SE = .033$). Finally, Seto et al. (2021) examined the associations between sex drive and paraphilias with an online sample of participants ($n = 1,036$). Those authors assessed for sex drive with the Total Sexual Outlet Inventory (Kafka, 1997) and paraphilic interest and behaviour with the Paraphilia Scale (Seto et al., 2012). Sex drive significantly predicted paraphilic behaviour after accounting for aligning paraphilic interest for biastophilia ($\Delta R^2 = .017$), masochism ($\Delta R^2 = .015$), pedohebephilia ($\Delta R^2 = .012$), sadism ($\Delta R^2 = .038$), sexual interest in sex with someone who is sleeping or unconscious (i.e., somnophilia; $\Delta R^2 = .043$), voyeurism ($\Delta R^2 = .011$), and zoophilia ($\Delta R^2 = .027$).

A study by Molen et al. (2022) examined whether perceptions of sexual consent, self-control, and moral disengagement were associated with engagement in paraphilic behaviours that align with interests in a sample of members of the general population ($n = 772$). Those authors assessed for perceptions of consent with the Sexual Consent Scale – Revised (Humphreys & Brousseau, 2009), sexual self-control with the Sexual Excitation/Sexual Inhibition Inventory (Milhausen et al., 2010), moral disengagement with the Moral Disengagement Scale (Detert et

al., 2008), and paraphilic interest and behaviours with the Paraphilia Scale (Seto et al., 2012). Paraphilias were split into three groups: highly stigmatized (i.e., hebephilia, pedophilia, coprophilia, scatologia, and zoophilia), BDSM/Fetish (i.e., sadism, masochism, fetishism, transvestic fetishism), and non-consensual (i.e., voyeurism, exhibitionism, frotteurism, and biastophilia). Using standardized discriminant function coefficients and group centroid, each variable was analyzed to determine the association to engagement in paraphilic behaviours. Findings showed those who had higher moral disengagement, lower sexual control (i.e., high sexual excitation, low sexual inhibition), and maladaptive perceptions of consent were more likely to engage in paraphilic behaviour that aligned with their paraphilic interests.

In summary, previous research has found that psychopathy (e.g., Ajazi, 2022; de Roos et al., 2024; Williams et al., 2009), sadism (Ajazi, 2022, de Roos et al., 2024), antisociality (e.g., Klein et al., 2015), sexual preoccupation (e.g., Bouchard et al., 2017; Knight & Sims-Knight, 2003; Seto et al., 2021), plausibility of interests (Willis & Bartel, 2022), deliberate fantasizing about the paraphilic interest (Willis & Bartel, 2022), and preferentiality of paraphilic interest (Baily et al., 2016; McPhail et al., 2024) are associated with people engaging in paraphilic behaviours related to their paraphilic interests. Engagement of paraphilic behaviours was negatively associated with Machiavellianism (de Roos et al., 2024), personal inhibitions (Seto, 2019), worrying about social norms (Seto, 2019), and illegality of paraphilic behaviour (Joyal & Carpentier, 2022). Further, it has been found that moral disengagement, impulsivity, misunderstandings about consent, and sexual excitation led to a higher chance of people acting on their paraphilic interest (Molen et al., 2022). Other psychological processes, such as the Big Five personality traits (i.e., openness, conscientiousness, extraversion, agreeableness, and neuroticism; Williams et al., 2009), impulsivity (Ajazi, 2022), and empathy (Molen et al., 2022)

tend to not be associated with engaging in paraphilic behaviour that aligns with one's paraphilic interests.

Stigma

There are various intrapersonal processes that could aid in explaining discordance between paraphilic behaviours and interests. Several stigma-related processes might reduce the likelihood that people incorporate paraphilic behaviours into their sex lives, whether that be with a consenting partner or via solo sexual behaviours. This section will describe stigma-related stressors, paraphilias as stigmatized sexualities, and empirical evidence correlating stigma-related stressors with sexual and interpersonal functioning in sexual minorities and individuals with paraphilias.

Stigma is a mark of disgrace associated with a particular circumstance, quality, or person. Goffman (1963) was one of the first scholars in the social sciences to discuss the concept of stigma. The word was first used by the Ancient Greeks concerning bodily markers to signify the moral status of the individual. At the time, cuts or burns were placed on a “blemished person” (i.e., a slave, criminal, traitor) to advertise to others that the carrier of the mark was tainted or immoral and should be avoided. The contemporary meaning of the term stigma is not necessarily a physical marking, but is rather a negative attribution given to an individual due to membership in a stigmatized group (Bos & Reeder, 2013). Stigma can be defined as a socially devalued attribute that discredits a person, which involves a process of reducing a person from being accepted and normal to tainted and discounted due to the person having some devalued attribute (Bos & Reeder, 2013; Goffman, 1963; Link & Phelan, 2001; Pescosolido & Martins, 2015). Common responses towards stigmatized people are avoidance, prejudice, discrimination, aggression, or violence (Goffman, 1963; Jahnke, 2018b).

Stereotypes, prejudices, and discrimination are negative responses directed towards stigmatized people (Arboleda-Flórez, 2002; Corrigan & Watson, 2002). Stereotypes are social knowledge structures that predetermine our attitudes; these can be either positive or negative attitudes. Stereotypic beliefs are another way of describing stigmatizing attitudes as they are both culturally influenced and impact how people interact with one another (Corrigan & Watson, 2002; Hilton & von Hippel, 1996; Judd & Park, 1993). In other words, stereotypes can aid in identifying and discrediting stigmatized groups. Prejudice is a cognitive and affective response that develops when an individual or group supports negative stereotypes (Corrigan & Watson, 2002). Discrimination is a behavioural reaction guided by prejudice (Corrigan & Watson, 2002; Crocker et al., 1998). Both prejudice and discrimination are forms of enacting stigmatizing attitudes directed towards someone who carries a stigmatized characteristic. Further, discrimination can be enacted in various ways. The expression of stigmatizing attitudes can be overt through aversion and avoidance, social rejection, discounting, discreditation, dehumanization, and depersonalization of stigmatized others (Bos & Reeder, 2013). Subtle displays of discrimination include indirect expressions of discomfort, such as avoiding eye contact, which can then result in tension between individuals or groups (Bos & Reeder, 2013).

Stigmatization comes from two main sources: others and the self. Public stigmatization is the cognitive, affective, and behavioural reactions of people towards others who possess some stigmatized characteristic (Pescosolido & Martins, 2015; Pryor & Reeder, 2011). Aspects of a stigmatized characteristic can change how other people respond to the person, such as the characteristic being perceived as dangerous, as violating social norms, or as being intense (Arboleda-Flórez, 2002; Bos & Reeder, 2013). In contrast, self-stigmatization, or internalized stigma, is a process in which a person realizes that some characteristic they possess is devalued

and stigmatized by the larger society and they come to believe and apply to themselves the stigmatizing attitudes, stereotypes, and prejudices (Pescosolido & Martins, 2015).

A person who is stigmatized can experience various stigma-related stressors. For some individuals, stigma involves a person believing that others will behave in a stigmatizing manner towards them or have acted in stigmatizing ways (i.e., perceived stigma; Bos & Reeder, 2013; Pescosolido & Martins, 2015). Other times, stigma is felt, being the combination of received stigma (i.e., stigma that is experienced) and anticipated stigma (i.e., expectations of being stigmatized; Bos & Reeder, 2013; Pescosolido & Martins, 2015). Additionally, a response to the experience of stigmatization is fear of discovery and concealment as ways to avoid further experiences of stigmatization. Fear of discovery can be defined as fear of a real or imagined threat that others will discover one's stigmatized identity through means other than self-disclosure (Jahnke, Schmidt et al., 2015). Concealment, which is a behavioural aspect of fear of discovery, can be defined as behaviours that actively hide one's stigmatized characteristic (Brennan, 2021).

Sexuality and the Experience of Stigma

Individuals with paraphilic interests are a stigmatized group. Members of the general public tend to report negative opinions and attitudes towards those with these paraphilic interests, particularly those who engage in diverse sexual behaviours (Combridge & Lastella, 2023; Ginger-Sorolla et al., 2012; Jahnke, Imhoff, et al., 2015; Lehmann et al., 2021). Specifically, stereotypes and prejudices about people with paraphilias are present in the general public in three main themes: intentionality, dangerousness, and rarity (Lehmann et al., 2021). People report the belief that paraphilic interests are voluntarily and deliberately chosen (Imhoff, 2015; Imhoff & Jahnke, 2018). Punitive beliefs are then held about what should and should not happen to people

with such sexual desires, regardless of whether related behaviours are also present. Some people also tend to report beliefs that people with paraphilias are a danger in terms of harming other people through sexual violence (Jahnke, 2018a). Thus, some people report beliefs that those with paraphilias should be avoided to prevent harm. Finally, paraphilias are seen as uncommon, unusual, or atypical, thus somehow making paraphilias morally wrong (Lehmann et al., 2021). The affective responses (i.e., anger and disgust) towards people with paraphilias are associated with stereotypes that paraphilic behaviour is abnormal or harmful with the potential of sexual morality violations (Ginger-Sorolla et al., 2012). Members of the general public report higher levels of stigmatizing attitudes towards BDSM practitioners compared to LGBTQ+ individuals (i.e., Lesbian, Gay, Bisexual, Transgender, Queer, Plus; Hansen-Brown & Jefferson, 2023), but people report higher stigmatized attitude towards BDSM practitioners and LGBTQ+ individuals compared to normophilic individuals in romantic relationships. Further, people report the highest level of stigmatizing and punitive attitudes towards individuals with pedophilia compared to those who experience fetishism and hypersexuality, as they were perceived as more deviant and dangerous (Combridge & Lastella, 2023).

In addition to being stigmatized, individuals with diverse sexualities also experience discrimination due to their sexualities. People with pedophilic interests often experience discrimination overtly through social rejection and/or avoidance, and even death threats (Jahnke, Imhoff et al., 2015; Jahnke, 2018b; Lehmann et al., 2021). Another example is found in the media, with patterns of discrimination towards BDSM practitioners through depicting BDSM characters that are villainized or targets of jokes (Weiss, 2006). Other enactments of discrimination towards those with pedohebephilic interests are through affective responses including increased anger, lower desire to affiliate with pedohebephiles, and lower pity (Jahnke,

Imhoff et al., 2015). Further, psychological court experts struggle to differentiate between people who have paraphilic interests and people who commit sexual offenses, instead equating paraphilic interests with committing sexual offenses (Iffland & Schmidt, 2023). These biases can be associated with legal decisions about child custody due to inadequate risk assessments.

Associations Between Stigma and Sexual Behaviour

The Minority Stress Model (MSM; Meyer, 2003) provides a framework for understanding how stigma and stigma-related stress affect people with non-heterosexual or atypical sexualities. For example, sexual minorities and people with paraphilic interests tend to also experience higher rates of mental disorders than the general population and the MSM provides an explanation for this elevation (e.g., Cochran, 2001; Gilman et al., 2001; Herrell et al., 1999; Sandfort et al., 2001). The MSM states that there are unique, chronic, and socially-based stresses that minority groups experience, such as discrimination, prejudice, internalized stigma, fearing their minority identity will be discovered, and hiding or concealing their minority status. These stigma-related experiences are additional stressors for sexual minority individuals to cope with, which increases their risk for mental disorders and psychological distress. Hatzenbuehler (2009) added to the MSM by describing how minority groups need to cope with the additional stress they experience, associated with more pathways in which mental illness can be developed due to maladaptive coping strategies (e.g., substance use, self-harm).

Sexual Minorities

Sexual minorities (e.g., Lesbian, Gay, and Bisexual individuals) are a non-paraphilic group that experiences behavioural changes due to the experience of stigma. The MSM has been extended to understand how stigma might affect interpersonal and sexual behaviours, which may in turn inform an understanding of how stigma-related stressors may affect sexual behaviour in

people with paraphilias. Hiding, concealing, or denying one's sexual orientation may be a stigma management strategy for people who anticipate negative consequences if others discover one's sexual minority status or because the individual has internalized stigmatizing attitudes (Corrigan et al., 2009; Herek et al., 2009; Lemke & Weber, 2017). This process can be seen in an association between lower disclosure of sexual orientation to family and non-family members and higher internalized homophobia (Herek et al., 2009; Pistella et al., 2016). Perceived and internalized stigma are also associated with lower likelihood of public displays of affection by sexual minorities (e.g., kissing or holding hands; Lemke, 2022). Some sexual minority individuals may also attempt to pass as heterosexual by dating, having relationships, or flirting with individuals outside of their sexual orientation (Wagner et al., 2013).

Sexual minority individuals who want to conceal their sexuality to avoid discovery, but still want to find their desired sexual partners, employ various concealment strategies (Schrimshaw et al., 2013). For example, in bisexual males, fear of discovery is associated with various concealment behaviours when interacting with male partners. Themes of concealment strategies include hiding same-sex behaviours from female partners, avoiding places that are perceived to have high risk of discovery with male partners (e.g., public places such as bars or restaurants), looking for male partners outside of the places they frequently visit (e.g., home, neighbourhood, or work), meeting partners on the Internet, preferring places where sexuality cannot be assumed (i.e., if discovered, would have a non-sexual explanation for their presence), having sex at the partner's residence, and limiting their in-person sexual activities with the same-sex partners (Schrimshaw et al., 2012).

Research with sexual minority individuals showed that increased levels of concealment and internalized stigma were associated with more risky sexual behaviours in terms of risk for

contracting human immunodeficiency virus or other sexually transmitted infections (e.g., condomless sex, casual sexual encounters; Knox et al., 2022; Siegel et al., 2008; Zhai et al., 2023). In contrast, some sexual minorities respond to stigmatization by limiting their sexual behaviours to online formats (e.g., chat rooms or forums), as it is perceived as a safer way to express one's sexuality, rather than engagement in in-person behaviours (e.g., going to gay bars; Lemke & Weber, 2017; Wagner et al., 2013). Dworkin and Yi (2003) discussed how invisibility of a stigmatized group can be associated with less victimization, thus explaining why some individuals want to limit or hide their sexual orientation from others to avoid experiencing stigmatization. Overall, the available research suggests that sexual minorities cope with the stress of experiencing stigma through changing how they behave with sexual and/or romantic partners, often associated with concealment behaviours to avoid identification.

Paraphilias

If stigma is linked with altered expressions of sexual behaviour in sexual minorities, it might be reasonable to expect stigma to be associated with sexual behaviour, interpersonal behaviour, and mental health functioning in people with paraphilic interests. Much of the available research has investigated how stigma is associated with psychological and interpersonal functioning in those with pedophilic interests. In individuals with pedophilic interests, stigma-related stressors are associated with increased risk of offending (Jahnke, 2018b; Lievesley et al., 2020), not confiding in a therapist or avoiding treatment due to fear of rejection or unethical treatment (Jahnke, 2018b; Jahnke, Schmidt, et al., 2015), substance use problems (McPhail & Stephens, 2024), maladaptive coping (McPhail & Stephens, 2024), suicidality (Cohen et al., 2020; Elchuk et al., 2022; McPhail & Stephens, 2024), and mental health problems (e.g., anxiety, depression, obsessive-compulsive disorder, traumatic disorder; McPhail &

Stephens, 2024). There are various changes in psychological functioning associated with those with pedophilic interests who experience stigma-related stressors, such as social isolation (Elchuk et al., 2022), lowered self-efficacy (Jahnke, Schmidt, et al., 2015), cognitive distortions (Jahnke, Schmidt, et al., 2015), psychological and somatic distress (Elchuk et al., 2022; Lievesley et al., 2020; McPhail & Stephens, 2024), and overall lowered social and emotional functioning related to fear of discovery (Jahnke, Schmidt, et al., 2015).

As a result of fear of discovery, many people with pedophilic interests employ concealment behaviours (e.g., not disclosing their sexual interests; Fafejta, 2021; Lievesley et al., 2020). Although the desire to disclose one's pedophilic interests is present, even non-offending persons with pedophilic interests are presumed to have offended, not disclosing their pedophilic interest avoids stigmatization. Additionally, those with pedophilic interests report that the experience of stigmatization is related to concealing or suppressing one's sexuality, and specifically, with attempting to suppress unwanted thoughts and actively avoiding children (Lievesley et al., 2020).

The experience of stigmatization is associated with changes in treatment seeking-behaviours in those with pedophilic interests. This is an important consideration because various authors have predicted treatment avoidance increases the chance of individuals with pedophilia having sexual contact with children (e.g., Cantor & McPhail, 2016; Jahnke, 2018b; Jahnke & Hoyer, 2013; Lasher & Stinson, 2016). This could be due to untreated risk factors for perpetrating child sexual abuse like loneliness, emotion dysregulation, substance use, self-esteem problems, and depression that are associated with coping with stigmatization (Cantor & McPhail, 2016; Janke, 2018). Additionally, both perceived and anticipated stigma are identified as barriers to help-seeking (Grady et al., 2019; Levenson & Grady, 2019), along with fear of disclosing and

then being rejected by a therapist or a therapist engaging in unethical treatment (Jahnke, 2018b). When a disclosure happens, if the client does not perceive the therapist as supportive, the client also reports less improvement in therapy compared to those who did not disclose their pedophilic interests to their therapist (Jahnke et al., 2023). When disclosure is made, and the therapist is perceived as supportive, greater improvement was reported compared to those who did not disclose their interests. Internalized stigma has displayed a different pattern, as it has been connected to increased treatment-seeking behaviours (e.g., Lehmann et al., 2023; Lindo, 2022; Moss et al., 2021). Specifically, it has been found that those who experience higher levels of internalized stigma report higher levels of readiness and eagerness for treatment (Moss et al., 2021) and are more willing to consider receiving help (Lindo, 2022). Through therapeutic treatment, people with pedophilic interests are able to relieve negative feelings that resulted in the experience of internalized stigmatization (Lehmann et al., 2023).

There is comparatively less research conducted on the possible connections between stigma and other paraphilias; however, it is reasonable to predict that stigma has similar associations with individuals who experience other paraphilic interests. The few studies linking stigma and paraphilias showed that the fear of discovery represents a large portion of the distress experienced by people with paraphilias and people with stigmatized sexual interests in general (Bezreh et al., 2012; Connolly, 2006; Jahnke, 2018b). Individuals who practice or are interested in BDSM report increased fears about telling others about their sexual interests (Bezreh et al., 2012; Connolly, 2006). In contrast, BDSM practitioners do not tend to express personal distress with their involvement or interest in BDSM activities (Connolly, 2006); however, they still expressed feelings of discomfort, moderate and severe worry, and terror at the idea of being discovered (Connolly, 2006). Feelings of discomfort and worry are associated with BDSM

practitioners avoiding disclosure to those “outside” of the BDSM community due to concerns other will stigmatize them. Bezreh et al. (2012) found similar results: people are more likely to disclose their sexual interests through online platforms compared to making in-person disclosures. Not only can in-person interactions make disclosure difficult with family and friends, but there is an added level of distress when it comes to dating. People in the BDSM community often have a hard time finding partners who are willing to engage in BDSM practices or will suppress their desires while dating, which can be associated with unsatisfactory relationships. In a general paraphilic sample, Captein (2020) found higher levels of both sexual shame and pride were connected to increased frequency of paraphilic fantasy and compulsive sexual behaviours. Further, sexual pride was associated with increased disclosure of one’s sexual interests, sexual shame was associated with increased sexual distress, and sexual pride was associated with decrease sexual distress.

The Current Study

Stigma is associated with a wide range of negative psychosocial outcomes. Specifically, the experience of stigma is associated with changes in sexual behaviour in both paraphilic and non-paraphilic sexual minority samples. Examples of the psychosocial outcomes include distress related to experiences of stigma (Bezreh et al., 2012; Connolly, 2006; Cohen et al., 2020; Elchuk et al., 2022; Jahnke, 2018b; Jahnke, Schmidt, et al., 2015; Lievesley et al., 2020; McPhail & Stephens, 2024), not disclosing their interest (Bezreh et al., 2012; Connolly, 2006; Corrigan et al., 2009; Fafejta, 2021; Herek et al., 2009; Pistella et al., 2016), avoiding disclosure in therapy treatment (Cantor & McPhail, 2016; Jahnke, 2018b; Jahnke & Hoyer, 2013; Grady et al., 2019; Lasher & Stinson, 2016; Levenson & Grady, 2019), concealing or hiding sexual orientation (Corrigan et al., 2009; Dworkin & Yi, 2003; Herek et al., 2009; Lemke & Weber, 2017;

Schrimshaw et al., 2013), suppression of thoughts and avoiding targets of sexual desire (Lievesley et al., 2020), limiting public displays of same-sex affection (Lemke, 2022; Wagner et al., 2013), or engaging in more risky sexual behaviours (Knox et al., 2022; Siegel et al., 2008; Zhai et al., 2023). It is logical to assume that stigma will be negatively associated with people engaging in sexual behaviour, particularly paraphilic behaviour.

There are several notable limitations to the available body of evidence to account for why people do or do not engage in sexual behaviour that aligns with their paraphilic interests. One limitation in this body of research is that the variability in discordance of paraphilic behaviours is not fully explained within the existing research. Additionally, many of the predictors previously researched are risk factors for perpetrating sexual offences (e.g., the dark triad/tetrad, misunderstandings about consent, moral disengagement). These predictors can support harmful stereotypes and prejudices about people with paraphilias as being intentional and dangerous. An additional limitation of the existing research is exclusively focusing on general paraphilic behaviours or only behaviours with a partner, rather than also including solo sexual behaviours (e.g., pornography usage or masturbation). Another limitation is the research on the experience of stigma-related stressors in those with paraphilic interests, is mostly understood in those with pedohebephilic interests. To date, little is understood about the experience of stigma-related stressors in other paraphilic interests. These limitations in the previous research result in knowledge gaps as the variety of ways people engage in paraphilic behaviour remains unexplained.

The current research will examine the association between stigma-related stressors and whether people engaged in sexual behaviours that align with their paraphilic interests. Specifically, the current research will assess the association among internalized stigma, fear of

discovery, and perceived stigma with engaging in paraphilic behaviours in terms of partnered sexual behaviour, pornography use, and masturbation.

Based on the existing evidence base, the following hypotheses are made:

Hypothesis 1: In a community sample of individuals with paraphilic interests, there is a negative association between internalized stigma and paraphilic behaviours that align with their paraphilic interests. This hypothesis is supported by the research showing that internalized stigma decreases sexual behaviours in sexual minority samples. Specifically, internalized stigma is associated with decreasing public displays of affection (Lemke, 2022), limiting one's sexual behaviours to online environments (Herek et al., 2009; Lemke & Weber, 2017), not disclosing one's sexuality (Corrigan et al., 2009; Herek et al., 2009; Pistella et al. 2016), and increasing risky sexual behaviours (Knox et al., 2022).

Prediction 1: Internalized stigma and paraphilic behaviours are negatively correlated in those who have aligning paraphilic interests.

Hypothesis 2: In a community sample of individuals with paraphilic interests, there is a negative association between perceived stigma and paraphilic behaviours that align with their paraphilic interests. This hypothesis is supported by the research showing that perceived stigma decreases sexual behaviours in using sexual minority samples. Specifically, perceived stigma is associated with decreasing public displays of affection (Lemke, 2022) and not disclosing one's sexuality (Corrigan et al., 2009)

Prediction 2: Perceived stigma and paraphilic behaviours are negatively correlated, despite aligning paraphilic interests.

Hypothesis 3: In a community sample of individuals with paraphilic interests, there is a negative association between fear of discovery and paraphilic behaviours that align with their paraphilic

interests and a negative relationship between concealment and paraphilic behaviours that align with their paraphilic interests. This hypothesis is supported by the research using sexual minority and BDSM samples, showing that fear of discovery decreases sexual behaviours by employing concealment behaviours. Specifically, fear of discovery and concealment are associated with decreased disclosure of sexual interests (Bezrah et al., 2012; Connolly, 2006; Fafejta, 2021), limiting behaviours to online formats (Bezrah et al., 2012; Lemke & Weber, 2017), modifying in-person sexual behaviours to avoid detection (Schrimshaw et al., 2013; Siegel et al., 2008; Zhai et al., 2023), attempting to decrease visibility (Dworkin & Yi, 2003), and attempting to pass as heterosexual (Wagner et al., 2013).

Prediction 3a: Fear of discovery and paraphilic behaviours are negatively correlated in those individuals who have aligning paraphilic interests.

Prediction 3b: Concealment and paraphilic behaviours are negatively correlated in those individuals who have aligning paraphilic interests.

CHAPTER 3: Methods

Participants

Participants were recruited from online forums for those with paraphilic interests or sexual topic-specific forums. Specifically, an advertisement for the survey was posted on B4U-ACT, Virtuous Pedophiles, Footfetishforum.com, Forumzoone.com, Kinktalk.com, and several FetLife groups. Exclusion criteria included being under the age of 18, not being categorized as having a paraphilic interest, not passing the data quality checks, and not completing the stigma scales. To attain an adequate level of statistical power ($\beta = .80$), the target sample size for the research project was between 65 to 125 participants. Power analysis was based on effect sizes estimating the magnitude of the associations between paraphilic behaviour and predictor variables found in past research. Specifically, previous research has reported correlations between paraphilic behaviours and psychopathy ($r = .55$, Ajazi, 2022; $r = .26$, Williams et al., 2009), sadism ($r = .43$, Ajazi, 2022), and sex drive (women, $r = .22$ to $.38$, men $r = .22$ to $.34$, Bouchard et al., 2017). These correlation values were used to estimate the sample size required to achieve adequate power ($\beta = .80$) in the planned analyses.

Instruments and Materials

Demographics

To assess demographic information, the participants were asked about their sex, gender identity, sexual identity and attraction, relationship status, religious identity and behaviours, education level, employment status, ethnicity, country of origin, population density of location of residence, and age (see Appendix A).

Paraphilia Scale

To assess paraphilic interest and behaviour, the Paraphilia Scale was used (Seto et al., 2012). The Paraphilias scale contains 40 items assessing 14 different paraphilic targets or activities and non-paraphilic activities (i.e., voyeurism, exhibitionism, scatologia, material/object fetishism, transvestic fetishism, frotteurism, sadism, masochism, biastophilia, urophillia, scatophilia, hebephilia, pedophilia, and zoophilia; see Appendix B). The paraphilic interest items were rated on a 7-point Likert response scale, ranging from ‘very repulsive’ (1), ‘somewhat repulsive’ (2), ‘mildly repulsive’ (3), ‘indifferent’ (4), ‘mildly arousing’ (5), ‘somewhat arousing’ (6), and ‘very arousing’ (7). Participants were classified as having a paraphilic interest if they reported being “somewhat” or “very” aroused to at least a third of the items assessing a specific paraphilic interest. Given that the present study’s central aim is to examine stigma-related stress in those with paraphilic interests, the criterion of one-third of items for a single paraphilia was chosen to increase the likelihood that a person had a given paraphilia. A single participant can be categorized as having more than one paraphilic interest.

Participants reporting paraphilic interests were categorized as having voyeurism, exhibitionism, scatologia, material/object fetishism, transvestic fetishism, frotteurism, sadism, masochism, biastophilia, urophillia, scatophilia, hebephilia, pedophilia, or zoophilia (taken from Seto et al., 2012). The individual paraphilias were grouped by submission (i.e., masochism), dominance (i.e., sadism), illegal activities (i.e., voyeurism, exhibitionism, frotteurism, biastophilia, and scatologia), illegal targets (i.e., pedophilia, hebephilia, and zoophilia), mysophilia (i.e., urophillia and scatophilia), and fetishism (i.e., material/object fetishism and transvestic fetishism; taken from Schippers et al., 2021). This way of grouping paraphilias was chosen due to previous research associating legality with engagement in paraphilic behaviour (Joyal & Carpentier, 2022), the separation of activities and targets in sexual interests (Freund &

Blanchard, 1993; Lawrence, 2009), and the illegal activities grouping being akin to the courtship disorders (Freund, 1990). Further, previous research has shown a connection between disgust and sexual arousal (de Jong et al., 2013; Fleischman et al., 2015; Stevenson et al., 2011), possibly suggesting a unique process when deciding engaging in mysophilic behaviours related to mysophilic interests.

The Paraphilia Scale also assesses the frequency of engaging in paraphilic and normophilic behaviour. The sexual behaviour items of the Paraphilias Scale use a 5-point Likert response scale, ranging from ‘never’ (1), ‘once or twice ever’ (2), ‘once a year or more on average’ (3), ‘once a month or more on average’ (4), and ‘once a week or more on average’ (5). The original scale assessed general engagement in the sexual behaviour across one’s lifespan. For the present research, additional items were created to assess a wider range of paraphilic behaviour, specifying for partnered sexual activity involving paraphilic targets and activities, frequency of use of pornography depicting paraphilic targets and activities, and frequency of masturbating to fantasies involving paraphilic targets and activities. The additional sexual behaviour items assessed the same range of paraphilias as the original Paraphilia Scale items and used the same response scale as the original Paraphilia Scale behavioural frequency items (see Appendix B).

Certain paraphilias are often illegal if acted upon; namely, hebephilia, pedophilia, and zoophilia, which involve sexual interests in children and non-human animals. To avoid asking participants about undetected illegal behaviour (i.e., sexual offending that has not come to the attention of criminal justice authorities), participants who endorse a sexual interest in children or non-human animals were only asked about sexual behaviours involving masturbation. Specifically, all pedophilic behaviour items, all hebephilic behaviour items, and one zoophilic

behaviour item (i.e., “You are having sex with an animal”) assessed for masturbation and not for partnered behaviour or pornography use. Although other interests assessed for paraphilias might also be illegal if acted upon in certain ways (e.g., biastophilia), non-consent of sexual partners cannot be assumed. Additionally, the paraphilic behaviour items were intentionally written to include consent if there was a possibility for non-consent to be present. For example, intentionally phrasing the paraphilic behaviour around acts of roleplaying as explicitly including consent.

Participants’ paraphilic behaviour was operationalized in several ways. One operationalization identified paraphilic behaviours as being present/absent (i.e., those who reported engaging in a paraphilic behaviour yearly, monthly, or weekly were classified as having engaged in the behaviour¹). A second operationalization took the average of frequency of engaging in paraphilic behaviour across items within an individual paraphilia. A third operationalization took the maximum frequency in engaging in paraphilic behaviour across items within an individual paraphilia. Several operationalizations were used because the researcher degree of freedom of which operationalization is used in analysis may influence the magnitude of the relationships found in this research and using multiple operationalizations serves as a sensitivity analysis to test how robust the results are across operationalizations (Ioannidis, 2005; Simmons et al., 2011).

¹ During initial analysis, problems in effect sizes, as measured by Cohen’s *d*, arose likely due to small group sizes for those who have not engaged in certain paraphilic behaviours. The criterion for engaging in paraphilic behaviour was changed from never engaging in the paraphilic behaviour to also include engaging in the paraphilic behaviour once in their lifetime. When viewing the response scale for paraphilic behaviour, options three to five (i.e., engagement yearly, engagement monthly, and engagement weekly) suggest a regular engagement in the paraphilic behaviour. By increasing the cut off requirements, the intentions were to not only increase samples sizes in both groups and get more robust results, but also more accurately group those who have engaged in paraphilic behaviour or not.

The Paraphilias Scale has been used in past research to examine paraphilic interests, behaviours, or both in online samples. Past research with the Paraphilias Scale has found congruence between the various paraphilic interests and their corresponding behaviours (Chivers et al., 2014; Dawson et al., 2016; de Roos et al., 2024; Molen et al., 2022). Permission to use the Paraphilias Scale has been provided by Dr. Michael Seto.

Open-Ended Question Regarding Other Paraphilic Interests

An open-ended question was used to assess for paraphilic interests not measured by the Paraphilias Scale. The purpose of adding an open question is due to the broad nature of paraphilic interests. A measure of paraphilias cannot comprehensively cover all possible paraphilias and including open-ended responses allows for more comprehensive coverage of paraphilic interests. The question stated, “If your favorite sexual interest was not included in the questionnaire, please write it down here.” The participants then rated their degree of interest and the frequency of engaging in the related sexual behaviours (e.g., with a partner, pornography usage, and masturbation; see Appendix C). The participants were given three open-ended questions to add any additional paraphilic interests.

Development of Stigma-Related Stressor Items

To date, no measures have been developed to assess internalized stigma, perceived stigma, fear of discovery, and concealment with general paraphilic samples. To assess these stigma-related stressors, items from existing measures were modified to be more appropriate for the present research topic. The procedure for revising the wording of items was to remove words indicative of sexual orientation or pedophilic interest and to insert words indicative of general sexual interests. The items were then reviewed for readability and grammatical soundness. The procedure for item selection was based on the latent construct the item assesses (i.e., being

related to a given stigma-related stressor) and the strength of item loadings in past factor analyses.

Internalized Stigma

To assess for internalized stigma, items were adapted from the Reactions to Homosexuality Scale (Ross & Rosser, 1996), the Proximal Stigma Scale – Minor Attraction Version (PS-MAP; McPhail & Stephens, 2024, adapted from of Measure of Internalized Sexual Stigma for Lesbians and Gay Men, MISS-LG; Logie & Earnshaw, 2015), and the Internalized Pedonegativity Scale (IPS; Elchuk et al., 2022, adapted from Internalized Homophobia Scale; Wagner et al., 1994). The resulting set of revised items forms a measure that was named *Sexual Interest Internalized Stigma Scale (SISS)*. Total scores on the SISS were the average and maximum of all items, higher scores indicated greater experience of internalized stigma.

Reactions to Homosexuality Scale Items. The Reactions to Homosexuality Scale (Ross & Rosser, 1996) assesses the experience of internalized homonegativity. The scale has four subscales which assess public identification as gay (10 items), perceptions of stigma associated with being gay (6 items), social comfort with being gay (6 items), and moral and religious acceptability of being gay (4 items). From this scale, six items were revised. The following four items were selected from the category of public identification as gay: ‘I feel comfortable discussing homosexuality in a public situation’ (reverse coded), ‘Even if I could change my sexual orientation, I wouldn’t’ (reverse coded), ‘I feel comfortable being a homosexual man’ (reverse coded), and ‘I avoid thinking about my homosexuality’. The following two items were selected from the moral and religious acceptability of being gay subscale: ‘Homosexuality is morally acceptable’ (reverse coded) and ‘Homosexuality is as natural as heterosexuality’ (reverse coded). For the purpose of this study, the word homosexuality, sexual orientation, and

homosexual man was changed to ‘my sexual interests’ (see Appendix D). Additionally, heterosexuality was changed to “‘vanilla” sexual interests.’ Examples of these modifications are, ‘I feel comfortable with my sexual interests’ (reverse coded) and ‘My sexual interests are as natural as “vanilla” sexual interest’ (reverse coded). Each item was rated on a 7-point Likert scale, with the available options ‘strongly disagree’ (1), ‘mostly disagree’ (2), ‘slightly disagree’ (3), ‘neither agree nor disagree’ (4), ‘slightly agree’ (5), ‘mostly agree’ (6), and ‘strongly agree’ (7).

The Reactions to Homosexuality Scale has been found to have acceptable internal consistency with the total score ($\alpha = .84$) and the public identification as gay subscale ($\alpha = .84$). The perceptions of stigma associated with being gay, social comfort with gay men, and moral and religious acceptability of being gay subscales have shown weaker internal consistency ($\alpha = .56, .54, .62$, respectively). The Reactions to Homosexuality Scale has been found to predict risky sexual behaviour in homosexual men (i.e., condomless anal intercourse, $\beta = -0.20$; Knox et al., 2022). Permission from Dr. Michael Ross was given to use an adapted version of this scale.

Proximal Stigma Scale – Minor Attraction Persons Items. The Proximal Stigma Scale – Minor Attraction Version (PS-MAP; McPhail & Stephens, 2024), was adapted from the Logie and Earnshaw (2015) Internalized Sexual Stigma for Lesbians and Gay Men. The PS-MAP contains 13 items that assess the degree to which a person has internalized negative societal attitudes towards individuals who are attracted to children. From this scale, the following three items were selected for revision: ‘If it were possible, I would do anything to change my sexual attraction to children.’, ‘The thought of being a minor attracted person makes me feel depressed’, and ‘Sometimes I think that if I were sexually attracted to adults, I could be happier.’ For the purpose of this study, each item was modified to refer to general sexual interests (see Appendix

D). Specifically, the items were changed to ‘If it were possible, I would do anything to change my sexual interest’, ‘The thought of my sexual interests makes me feel depressed’, and ‘Sometimes I think that if I were had more “vanilla” sexual interests, I could be happier’, respectively. Items were rated on a 7-point Likert scale ranging from ‘strongly disagree’ (1), ‘mostly disagree’ (2), ‘slightly disagree’ (3), ‘neither agree nor disagree’ (4), ‘slightly agree’ (5), ‘mostly agree’ (6), and ‘strongly agree’ (7).

The PS-MAP was found to have a two-factor structure, with the total score, concealment, and ego-dystonic distress/aversion subscale scores having acceptable internal consistency ($\omega = .89, .87, \text{ and } .88$ respectively; McPhail & Stephens, 2024). Scale scores on the PS-MAP has been associated with higher general psychological distress ($r = .21$ to $.37$; McPhail & Stephens, 2024), somatization ($r = .14$ to $.23$), depressive symptoms ($r = .22$ to $.38$), anxiety symptoms ($r = .17$ to $.31$), hopelessness ($r = .25$ to $.40$), suicidality ($r = .13$ to $.32$), use of maladaptive coping strategies ($r = .26$ to $.54$), and lower treatment-seeking behaviours ($r = .25$ to $.30$; Moss et al., 2021). Permission from the authors was given to use this scale.

Internalized Pedonegativity Scale Items. The Internalized Pedonegativity Scale (IPS; Elchuk et al., 2022) was adapted from Wagner et al.’s (1994) Internalized Homophobia Scale. The IPS contains 22 items that assess concealment and degree of ego dystonia regarding one’s minor attraction/experience of internalizing symptoms in relation to one’s minor attraction, which involves internalizing negative attitudes and how one feels about being attracted to children. From this scale, nine items were used. These items included, ‘Attraction to children is a natural expression of sexuality in humans.’ (reverse coded), ‘I wish I were only attracted to adults’, ‘Whenever I think a lot about being a MAP (i.e., minor attracted person), I feel critical about myself’, ‘I am confident that my pedophilia does not make me inferior’(reverse coded),

‘Attraction to children is deviant’, ‘Being a MAP is a satisfactory and respectable way of life for me’ (reverse coded), ‘Most MAPs end up lonely and isolated’, ‘I have tried to stop being attracted to children in general’, and ‘I would like to get professional help in order to change my attraction to children to attraction to adults’. For this study, each item was modified by changing “being a MAP”, “my pedophilia”, and “my attraction to children” to ‘my sexual interests’ (Appendix D). Additionally, ‘I wish I were only attracted to adults,’ was changed to ‘I wish I were only attracted to more accepted sexual interests.’ The IPS uses a 5-point Likert scale ranging from ‘strongly disagree’ (1) to ‘strongly agree’ (5). For the present study, the scale was changed to a 7-point Likert scale ranging from ‘strongly disagree’ (1), ‘mostly disagree’ (2), ‘slightly disagree’ (3), ‘neither agree nor disagree’ (4), ‘slightly agree’ (5), ‘mostly agree’ (6), and ‘strongly agree’ (7). This decision was made to have consistency of the response scales for all items in the SIISS.

The IPS has demonstrated acceptable internal consistency ($\omega = .94$; Elchuk et al., 2022), which is similar with past research using the Internalized Homonegativity Scale with gay men ($\omega = .92$; Wagner, 1994). The IPS has been found to be correlated with suicidality ($r = .34$; Elchuk et al., 2022), loneliness ($r = .28$), and degree of outness with friends ($r = -.28$). Permission from the authors was given to use this scale.

Perceived Stigma

To assess for perceived stigma, items were adapted from the Perceived Social Distance Scale (Jahnke, Schmidt et al., 2015), the Perceived Stigma Scale (Meyer et al., 2006), and the Reactions to Homosexuality Scale (Ross & Rosser, 1996) to create the *Sexual Interests Perceived Stigma Scale* (SIPSS). Total scores for SIPSS were the average and maximum of all items, higher scores indicated greater experience of perceived stigma.

Perceived Social Distance Scale. The Perceived Social Distance Scale (Jahnke, Schmidt et al., 2015) was a modified version of the Social Distance Scale (Imhoff, 2015; Jahnke, Imhoff, et al., 2015; Jahnke, Phillips et al., 2015). The Social Distance Scale assesses stigmatizing attitudes and beliefs towards those with pedophilic interests, the Perceived Social Distance Scale assesses the stigmatizing attitudes and beliefs those with pedohebephilic interests perceive others in society as holding about them. For the SIPSS, the Perceived Social Distance Scale instructions were adapted to read, ‘The following questions are not about your personal beliefs on the subject. Instead, please indicate how, in your belief, most people would respond to these statements concerning people with your sexual interests but have never committed a crime. I believe that most people think that...’ (see Appendix E). The wording of the six items of the Perceived Social Distance Scale were retained and examples of items include, ‘Would have these persons as friends’ or ‘These persons should better be dead’. Each item is rated on a 7-point Likert scale, that range from ‘completely disagree’ (1), ‘mostly disagree’ (2), ‘slightly disagree’ (3), ‘neutral’ (4), ‘slightly agree’ (5), ‘mostly agree’ (6), and ‘completely agree’ (7).

The original Social Distance Scale has displayed adequate internal consistency ($\alpha = .82$) and convergent validity (e.g., $r = .38$ with Right Wing Authoritarianism; Jahnke, Imhoff et al., 2015). The Perceived Social Distance Scale has adequate internal consistency ($\alpha = .84$; Jahnke, Schmidt et al., 2015) and is associated with fear of discovery ($r = .24$). Permission from Dr. Sara Jahnke was given to use this scale.

Perceived Stigma Scale. The Perceived Stigma Scale (Meyer et al., 2006) is a 6-item scale assessing expectations of rejection and discrimination based on one’s homosexuality. For the SIPSS, the instructions from the Perceived Stigma Scale were adapted to read, ‘These next statements refer to a person like you; by this I mean a person who has the same sexual interests

as you. Please respond based on how you feel people regard you in terms of such interests.’ (See Appendix E). The content of items from the Perceived Stigma Scale was retained and examples of these items include, ‘Most people believe that a person like you cannot be trusted’ or ‘Most people think that a person like you is dangerous and unpredictable’. Items are rated each item on a 7-point Likert scale, changed from the 6-point Likert scale from the original scale, that ranged from ‘completely disagree’ (1), ‘mostly disagree’ (2), ‘slightly disagree’ (3), ‘neutral’ (4), ‘slightly agree’ (5), ‘mostly agree’ (6), and ‘completely agree’ (7). This decision was made to have consistency of the response scales for all items in the SIPSS.

The Perceived Stigma Scale has displayed adequate psychometric properties in samples with sexual minorities ($\alpha = .88$; Meyer et al., 2006). The scale has been previously used to understand the experience of sexual minorities of the MSM. For example, perceived stigma was found to be correlated with self-reported health problems ($r = .19$; Frost et al., 2015). Permission from Dr. Meyer was given to use this scale.

Reactions to Homosexuality Scale Items. Four items from the perceptions of stigma associated with being gay subscale of the Reactions to Homosexuality Scale (Ross & Rosser, 1996) were adapted for use in the SIPSS (see Appendix E). The adapted items were, ‘Society still punishes people for being gay’, ‘Most people have negative reactions to homosexuality’, ‘Discrimination against gay people is still common’, and ‘Only a few people discriminate against homosexual men’ (reverse coded). For the purpose of the present study, ‘homosexuality’ was replaced with ‘my sexual interests.’ The modifications were as followed, ‘Society still punished people with my sexual interests’, ‘Most people have negative reactions to people with my sexual interests’, ‘Discrimination against people with my sexual interests is still common’, and ‘Only a few people with my sexual interests are discriminated against’ (reverse coded), respectively.

Each item was rated on a 7-point Likert scale, with the available options ‘strongly disagree’ (1), ‘mostly disagree’ (2), ‘slightly disagree’ (3), ‘neither agree nor disagree’ (4), ‘slightly agree’ (5), ‘mostly agree’ (6), and ‘strongly agree’ (7).

Fear of Discovery

To assess fear of discovery, items were adapted from the Fear of Discovery Scale (Jahnke, Schmidt et al., 2015), the Reactions to Homosexuality Scale (Ross & Rosser, 1996), Internalized Pedonegativity Scale (Elchuk et al., 2022), and the Extent of Concealment Scale – Short Version (Brennen, 2021). The resulting set of revised items forms a measure that was named *Sexual Interest Fear of Discovery Scale* (SIFoDS). Total scores on the SIFoDS were the average and maximum of all items, higher scores indicated greater experience of fear of discovery.

Fear of Discovery Scale. The Fear of Discovery Scale (Jahnke, Schmidt et al., 2015) assesses emotional responses elicited by the thought of or threat of one’s sexual interest in children being revealed to others. The 10-item scale is comprised of five themes that are associated with fear of discovery (see Appendix F): subjective experience of fear of the secret being discovered (e.g., “I’m afraid that others may discover my secret”), body sensations (e.g., “When thinking about others discovering my secret I become nervous and feel my heart beat rise”), worry about the secret being discovered (e.g., “I worry a lot about what will happen if others find out about my secret”), attempting to prevent others from discovering the secret (e.g., “I avoid talking about subjects that are related to my secret”), and the subjective experience of having the secret (e.g., “Having this secret is distressing to me”). Each item is rated on a 7-point Likert scale, ranging from ‘completely disagree’ (1), ‘mostly disagree’ (2), ‘slightly disagree’ (3), ‘neutral’ (4), ‘slightly agree’ (5), ‘mostly agree’ (6), and ‘completely agree’ (7).

The original Fear of Discovery Scale displayed high internal consistency ($\alpha = .90$), when given to participants to rate on any secret of their choosing, in a pedophilic sample ($\alpha = .89$; Jahnke, Schmidt et al., 2015). The Fear of Discovery Scale has been found to be associated with perceived social distance ($r = .24$; Jahnke, Schmidt et al., 2015), self-esteem ($r = -.32$), loneliness ($r = .44$), fear of being evaluated unfavourably by others ($r = .43$), coping with stressful situations ($r = .32$), and psychological and physical problems ($r = .51$). Permission from Dr. Jahnke was given to use this scale.

Other Fear of Discovery Items. Additional items from other scales were used to assess fear of discovery. First, one item from the Reactions to Homosexuality Scale (Ross & Rosser, 1996) was used (i.e., ‘I am comfortable about anyone finding out that I am gay’). Second, one item from the Internalized Pedonegativity Scale (Elchuk et al., 2022) was used (i.e., ‘For the most part, I do not care who knows I am a MAP’). Finally, five items were selected from the Extent of Concealment Scale – Short Version (Brennen, 2021) (i.e., ‘I worried that I would say or do something that would expose my identity,’ ‘I was afraid that I would reveal something about my identity I didn’t want to,’ ‘When I talked to someone, I worried about what they may be thinking about me, particularly in regard to my concealed identity,’ ‘I worried that everyone already knew about my identity,’ and ‘I worried that others would find out about my identity’). For this study, the items were modified by changing content referring to minor attraction and sexual orientation to indicate “my sexual interest” (see Appendix F). All item from the three different scale were rated on a 7-point Likert scale, that ranged from ‘completely disagree’ (1), ‘mostly disagree’ (2), ‘slightly disagree’ (3), ‘neutral’ (4), ‘slightly agree’ (5), ‘mostly agree’ (6), and ‘completely agree’ (7).

Concealment

To assess for concealment, items were adapted from the Extent of Concealment Measure – Short Version (ECM-SV; Brennan, 2021). The resulting set of revised items forms a measure that was named *Sexual Interest Concealment Scale* (SICS). Total scores on the SICS were the average and maximums of all items, higher scores indicated greater experience of concealment. Five items were removed from this scale for the purpose of the study as they reflected fear of discovery items rather than concealment items. Items were modified to be less specific to sexual and gender identities, and assess for general sexual interests. Examples of the modified items include, ‘I felt drained by the end of the day after having to conceal my sexual interests all day’ and ‘When I went to social events, I was careful not to let me guard down, so I didn’t give away my sexual interests’ (see Appendix G). In addition, two items were added relating to concealment of paraphilic interests in context of an intimate or dating relationship. These items include ‘When I’m in a relationship, I do not talk with my partner about my concealed sexual interests’ and ‘The thought of talking to a sexual partner about my sexual interests causes me discomfort.’ The original ECM-SV was rated on a 5-point Likert scale, which was adapted to a 7-point Likert scale was used for the present study. The response ranging from ‘never’ (1), ‘very rarely’ (2), ‘rarely’ (3), ‘neutral’ (4), ‘occasionally’ (5), ‘frequently’ (6), to ‘very frequently’ (7). This decision was made to have consistency of the response scales across all stigma scales.

The full version of the ECM has displayed adequate internal consistency ($\alpha = .95$), with the EMC-SV strongly correlating with the full version ($r = .97$; Brennan, 2021). The ECM-SV showed convergent validity with the Self-Concealment Scale ($r = .44$) and predicted psychological distress ($b = 0.39$) and self-stigma ($b = 0.26$). Additionally, the ECM-SV was correlated with Self-Stigma Scale ($r = .41$) and Anticipated Stigma Scale ($r = .53$). Permission from Dr. Brennan was given to use this scale.

Procedures

Pilot Study

Before conducting the study (i.e., collecting data), a pilot test was run to ensure the readability of questions (e.g., grammar, spelling, and survey experience on various devices) and was used to provide an accurate estimation of the time required for completion. The pilot study was done with 16 graduate psychology students at the University of Lethbridge and the University of Alberta. The data collected from the pilot study was not included in the main analysis. Participants were instructed to give artificial answers to the survey items.

Recruitment

Participants were recruited from both online forums that require a password and login. These forums are private forums, not openly accessible on the web, and they require researchers to contact and be screened by the site moderators. For these forums, the URL is either not public or the private forum is accessible as a subsection of the main website.

Before posting the survey to online forums, site moderators were contacted to request permission to post the survey on the site. A broad range of forums were contacted to include various paraphilic interests, such as pedohebephilia, foot fetishism, zoophilia, and general diverse sexual interest forums (e.g., masochism, sadism, fetishism, biastophilia, urophillia, exhibitionism, voyeurism, etc.). The initial message sent to each moderator is in Appendix H. From there, a conversation was started to negotiate posting the survey on the forum. This included sharing the purpose of the study, the survey items, or information about ethical approval to allow moderators to ensure members' privacy would be protected. Any requests of the moderators were agreed upon during this time, for example including a sentence about approval from moderators in the advertisement or specific places on the forum the survey could be posted.

No changes were made to the survey (e.g., adding items or revising existing items) if requested by moderators, if this was non-negotiable for moderators it was agreed to not post in the forum. To further protect participant anonymity and privacy, forum moderators were asked to turn off members' ability to comment on the survey advertisement. In cases where the comments were not turned off, researchers monitored the post for any questions, comments, or concerns. A total of 23 forums were contacted with a response rate of 35%. From those who responded six forums gave approval to post the survey. On FetLife in addition to the forum administrator's approval, approval needed to be obtained from moderators of each group. A total of 137 FetLife groups were contacted with a response rate of 35%. From those who responded 19 FetLife groups gave approval to post the survey. Appendix I shows what the advertisements said on each forum post, including the survey link, what the survey is about, and contact information for questions.

Online Survey Data Collection

The survey was built in Qualtrics, a web-based software that allows the user to create surveys and generate reports without having any previous programming knowledge. The data collection was from October 2023 to February 2024. An initial announcement of the research was posted to various online forums. Participants who clicked on the survey link were brought to the consent form (see Appendix J) informing them of the survey, what was expected of them, and the opportunity to continue with the survey. On each page of the survey, participants were informed that they may discontinue from the survey at any time without penalty by simply closing the browser. Participants were also given the option to withdraw from the survey with a 'Withdraw' button at the bottom of each page. If selected, it would bring them to the end of the survey and their data was deleted from the dataset. The participants were first asked to provide non-identifying, yet unique information (e.g., first letter of mother's maiden name), which

provides a means to identify individuals who participate in the research on multiple occasions, and to provide their age to screen for eligibility to participate (see Appendix K). Participants who indicated they were under 18 were brought to a page which thanked them for their participation.

Participants next completed the demographic questions (see Appendix A). The participants then completed the Paraphilias Scale sexual interest items (see Appendix B). If a participant indicated an interest in a given paraphilic item (i.e., they reported some sexual activity was somewhat arousing or very arousing), they were presented with three additional items that assess for the frequency of engaging in sexual behaviour that aligns with the paraphilic interest. The paraphilia measures section of the survey ended with three open questions, allowing participants to indicate additional paraphilic interests that were not assessed in the Paraphilia Scale. Following each open question was interest and behavioural ratings for the written interest (see Appendix C). If participants reported finding the additional sexual interests ‘somewhat arousing’ or ‘very arousing,’ the three behaviour items were provided.

Following the Paraphilias Scale, participants completed the SISS (see Appendix D), the SIPSS (see Appendix E), SIFoDS (see Appendix F), and SICS (see Appendix G). For the purpose of specificity, before each section, participants were given the following instructions, “For the following series of questions please think about each question in the context of your sexual interests. By sexual interests, we mean the paraphilia(s), kink(s), and/or fetish(es) you experience.” In each section, the items were presented in a predetermined randomized order. Additionally, three attention and honesty checks were placed throughout the survey (see Appendix L). Two items with very similar content were asked to assess inconsistency in responding and serves as an attention check. One of these items were in the first half of the survey and the other in the second half. The final honesty check item acknowledged the sensitive

and private nature of the survey questions, the tendency to thus not answer truthfully, and to indicate how many items participants were dishonest in answering. The purpose of these items was to ensure participants were fully attending to the survey and filling it out accurately, while allowing surveys completed by bots or by participants who simply rushed through or randomly responded to the survey items to be removed from the study. The survey was estimated to take between 20 and 30 minutes.

Upon completing the survey items and honesty check item, participants were shown a debriefing script thanking the participants for their participation, provided with contacts of the researchers and the ethics board, followed by resources in case participants experienced distressed due to the contents of the survey (see Appendix M). The survey was reviewed for ethical acceptability and approved by the University of Alberta's Human Participant Research Committee (#Pro00133373).

Planned Analysis

Before analyses were conducted, the exclusion criteria were applied to screen out ineligible participants. A participant only needed to fail one of these quality checks to be screened out of the analysis. If answers for the attention check items were not the same or similar (e.g., plus or minus a response), the attention check was considered failed. For the honest item, participants who indicated being dishonest on more than two items were removed from analyses. For the non-identifying identifier items, if there was suspicion that multiple entries were from the same participant (i.e., these items were the same in multiple data entries), these cases were screened out of the analysis. If participants finished the survey in under 300 seconds, they were screened out of the analysis. If a participant completed the Paraphilias Scale sexual interest items without endorsing any paraphilic interest, they were screened out of the study.

Demographic information about the sample is presented via descriptive statistics. The proportion of the sample reporting the individual and paraphilic interest domains are presented via frequency counts. The frequency of paraphilic behaviours (i.e., partner, pornography usage, masturbation) reported by participants is presented via frequency counts.

For the main analysis, the maximum item score for internalized stigma, perceived stigma, fear of discovery, and concealment were the independent variables. The dependent sexual behaviour variables were operationalized using the average item score and a dichotomous classification for the presence or absence of sexual behaviour (i.e., partnered, pornography usage, and masturbation) for each of the 14 paraphilias (i.e., voyeurism, exhibitionism, scatologia, material/object fetishism, transvestic fetishism, frotteurism, sadism, masochism, biastophilia, urophillia, scatophilia, pedophilia, hebephilia, and zoophilia) and six paraphilia domains (i.e., submission, dominance, illegal activities, illegal targets, mysophilia, and fetishism). To assess for linearity of the stigma-related stressors and engagement in paraphilic behaviour that related to paraphilic interests, bivariate scatterplots were examined. To assess for the magnitude and direction of bivariate relationships, correlations were conducted for the relationships between each paraphilic behaviour, operationalized as a continuous variable, and the stigma scales (i.e., internalized stigma, perceived stigma, fear of discovery, and concealment). A positive correlation indicated that those who reported *higher* past engagement in paraphilic behaviour scored *higher* on a stigma scale (and vice versa); a negative correlation indicated those who reported *higher* engagement in paraphilic behaviour scored *lower* on a stigma scale (and vice versa). Finally, as a sensitivity check, those who engaged in and those who did not engage in paraphilic behaviour were compared on the stigma scales via standardized mean differences (i.e., Cohen's *d*). A positive Cohen's *d* indicated that those who reported past

engagement in paraphilic behaviour scored *higher* on a stigma scale; a negative Cohen's *d* indicated those who engaged in paraphilic behaviour scored *lower* on a stigma scale.²

To examine the potential unique contributions of each stigma-related stressors to explaining paraphilic behaviour, linear regression analyses were conducted. Predictor variables were selected if a stigma scale showed a significant correlation with a given paraphilic behaviour. A simple bivariate regression analysis was first conducted and if more than one stigma variable was significantly correlated with a paraphilic behaviour, a multiple regression analysis was conducted. Standardized regression coefficients were reported as the different stigma scales varied in terms of the range of possible total scores, using a standardized coefficient allows for more meaningful comparisons among predictors. A positive bivariate regression coefficient indicates that those who reported *high* on a stigma scale predicted *higher* engagement in paraphilic behaviour (and vice versa); a negative bivariate regression coefficient indicates those who reported *low* on a stigma scale predicted *higher* engagement in paraphilic behaviour (and vice versa).

The process of coding the written responses can be found in Appendix N. Each response was determined to be in one of the 22 paraphilic categories according to the definitions in Appendix N. Categories were developed first with the original 14 paraphilias from Seto et al. (2012) Paraphilia Scale, further categories were identified by the general theme of the responses. Each category was clearly operationalized to ensure proper categorization. Counts are presented to report the frequency of each type of paraphilic interest was reported.

² During analysis, problems arose in interpreting the effect sizes, as measured through Cohen's *d*, because of small group sizes even after increasing the cut off to be categorized as having paraphilic behaviours. The decision was made to not place interpretive weight on effect size if the smallest group is below 15 participants. This decision was made as the accuracy of the effect size cannot be guaranteed without an appropriate number of participants in each group.

Chapter 4: Results

Descriptive Statistics

Participants

A total of 654 participants started the survey. Of these 654 participants, 48 participants utilized the withdraw option, 20 failed the honesty check, 4 failed the attention check, 49 were identified as duplicated entries from our non-identifying identifiers, 61 completed the survey in under five minutes, 107 did not continue the survey after the consent page, and 84 did not complete the stigma scales. Following the exclusion of these cases, the final sample size used in the analyses was 290.

Descriptive statistics for the demographic variables can be found in Table 2. The sample was born in a wide variety of countries; however, the vast majority are from Global North countries ($N = 269$, 93.7%).

Table 2.
Descriptive Statistics for Demographic Variables

Variables	<i>N</i>	Percent (%)	<i>M</i>	<i>SD</i>
Age	289		25.0	14.9
18–19	116	40.1		
20–29	75	26.0		
30–39	42	14.5		
40–49	37	12.8		
50–59	17	5.9		
60–69	2	0.7		
Sexual Identity				
Heterosexual	114	39.3		
Asexual	7	2.4		
Bisexual	70	24.1		
Lesbian	2	0.7		
Gay	22	7.6		
Queer	16	5.5		
Pansexual	35	12.1		
Other	23	7.9		
Prefer not to say	1	0.3		
Sexual Attraction				
Exclusively Gynephilic	65	22.4		

Mostly Gynephilic	61	21.0
Primarily Gynephilic, Some Androphilic	46	15.8
Equally Gynephilic and Androphilic	20	6.9
Primarily Androphilic, Some Gynephilic	26	9.0
Mostly Androphilic	31	10.7
Exclusively Androphilic	37	12.8
Attracted to Neither	4	1.4
Sex		
Female	80	27.6
Male	210	72.4
Gender		
Woman	66	22.8
Man	194	66.9
Non-binary	18	6.2
Two-Spirited	2	0.7
Other	8	2.7
Prefer not to say	2	0.7
Relationship Status		
Single	135	46.6
Committed Relationship	57	19.7
Married	70	24.1
Common Law	8	2.8
Divorced	17	5.8
Widowed	3	1.0
Religious Identity		
Not at all religious	170	58.6
A little religious	54	18.6
Somewhat religious	40	13.8
Fairly religious	15	5.2
Very religious	11	3.8
Religious Behaviour		
Never	171	59.0
A few times a year	62	21.4
A few times a month	27	9.3
A few times a week	11	3.8
Every day	19	6.5
Education		
Incomplete Primary School	3	1.0
Incomplete Secondary School	9	3.1
Complete Secondary School	34	11.7
Incomplete Vocational/Technical School	2	0.7
Complete Vocational/Technical School	31	10.7
Incomplete Higher Education	62	21.4
Complete Higher Education	91	31.4
Masters-Level Degree	45	15.5
Doctorate-Level Degree	13	4.5

Employment Status		
Full-time Employment	151	52.1
Part-time Employment	36	12.4
Not Employed	22	7.6
Homemaker, Unable to Work	16	5.5
Military	1	0.3
Part-time Student	8	2.8
Full-time Student	31	10.7
Retired	25	8.6
Ethnicity		
Arab	3	1.0
Black	13	4.5
Caribbean	1	0.3
Chinese	4	1.4
Filipino	1	0.3
Indigenous	2	0.8
Japanese	1	0.3
Latin American	9	3.1
South Asian	1	0.3
White	239	82.4
Biracial	8	2.8
Other	8	2.8
Population Density		
Medium to Large City	138	47.6
Suburb Near Large City	46	15.9
Small City	57	19.7
Town or Village	25	8.6
Rural	24	8.2

Stigma Scales

Internal consistency for the stigma scales was estimated using McDonald's ω (McDonald, 1999). The analysis suggested that the items within each stigma scale were measuring the same latent construct. Additionally, the stigma scales were all positively and significantly correlated with each other. Descriptive, McDonald's ω analysis, and correlations for the stigma scales (i.e., SISS, SIPSS, SIFoDS, and SICS) can be found in Table 3.

Table 3.

Stigma Scale Descriptives, Internal Consistency Estimates, and Correlations.

Stigma Scale	<i>M</i>	<i>SD</i>	<i>ω</i>	
Sexual Interest Internalized Stigma Scale			.93	
Average	2.9	1.3		
Maximum	52.6	23.7		
Sexual Interest Perceived Stigma Scale			.97	
Average	4.3	1.7		
Maximum	69.3	27.5		
Sexual Interest Fear of Discovery Scale			.97	
Average	4.0	1.7		
Maximum	119.0	29.2		
Sexual Interest Concealment Scale			.96	
Average	3.3	1.6		
Maximum	62.6	30.1		
Correlations				
	1.	2.	3.	4.
1. Sexual Interest Internalized Stigma Scale	–			
2. Sexual Interest Perceived Stigma Scale	.51**	–		
3. Sexual Interest Fear of Discovery Scale	.68**	.67**	–	
4. Sexual Interest Concealment Scale	.63**	.64**	.78**	–

***p* < .01 (two-tailed)

Paraphilia Behaviours

Submission

Masochistic interests comprised the *Submission* domain of paraphilic interests. In the sample, 163 participants were categorized as having masochistic interest (i.e., rated at least one third of the masochistic interest items as somewhat arousing or very arousing). Of those reporting masochistic interest, 129 participants (79.1%) reported engagement in masochistic partnered behaviour and the modal frequency for partnered behaviour was once a year or more on average. Correlations for the association between masochistic sexual behaviour and stigma-related stressors for participants reporting masochistic sexual interests are reported in Table 4. Masochistic partnered behaviour was significantly and negatively correlated with internalized stigma ($r = -.22$), perceived stigma ($r = -.23$), fear of discovery ($r = -.25$), and concealment ($r = -.25$). A linear regression showed that, internalized stigma significantly predicted masochistic partnered behaviour, $\beta = -.01$, $t(162) = -2.92$, $p = .004$, explaining a significant portion of the

variance in masochistic partnered behaviour, $R^2 = .05$. A linear regression with perceived stigma significantly predicted masochistic partnered behaviour, $\beta = -.01$, $t(159) = -3.02$, $p = .003$, explaining a significant portion of the variance in masochistic partnered behaviour, $R^2 = .06$. Fear of discovery also significantly predicted masochistic partnered behaviour in a linear regression, $\beta = -.01$, $t(156) = -3.19$, $p = .002$, explaining a significant portion of the variance in masochistic partnered behaviour, $R^2 = .06$. A linear regression with concealment significantly predicted masochistic partnered behaviour, $\beta = -.01$, $t(145) = -3.10$, $p = .002$, explaining a significant portion of the variance in masochistic partnered behaviour, $R^2 = .06$. In the multiple regression, the overall model explained a significant proportion of variance in masochistic partnered behaviour, $R^2 = .09$, $F(4, 141) = 3.35$, $p = .012$. Among the individual predictors in the overall model, internalized stigma ($\beta = -.004$, $t(145) = -0.73$, $p = .469$), perceived stigma ($\beta = -.004$, $t(145) = -0.96$, $p = .338$), fear of discovery ($\beta = -.004$, $t(145) = -0.77$, $p = .442$), and concealment ($\beta = -.002$, $t(145) = -0.45$, $p = .655$) did not predict masochistic partnered behaviour. Finally, those who engaged in masochistic partnered behaviour tended to report lower levels of the stigma-related stressors compared with those who had not engaged in partnered behaviour (ds ranged from -0.38 to -0.64).

In terms of masochistic pornography usage, 157 participants (96.3%) reported engagement and the modal frequency for pornography usage was once a month or more on average. Masochistic pornography usage was significantly and positively correlated with fear of discovery ($r = .18$). A linear regression showed that fear of discovery significantly predicted masochistic pornography usage, $\beta = .01$, $t(156) = 2.22$, $p = .028$, explaining a significant portion of the variance in masochistic pornography usage, $R^2 = .03$.

For masochistic masturbation, 156 participants (95.7%) reported engagement and the modal frequency for masturbation was once a month or more on average. Masochistic masturbation was significantly and positively correlated with fear of discovery ($r = .21$). A linear regression showed that fear of discovery significantly predicted masochistic masturbation, $\beta = .01$, $t(156) = 2.70$, $p = .008$, explaining a significant portion of the variance in masochistic masturbation, $R^2 = .05$.

Table 4.

Association between Masochistic Behaviours and Stigma Related Stressors

	Correlations					
	Partnered Behaviour		Pornography Use		Masturbation	
Internalized Stigma	-.22**		.04		.07	
Perceived Stigma	-.23**		.00		-.08	
Fear of Discovery	-.25**		.18*		.21**	
Concealment	-.25**		.06		.13	
	Standardized Mean Differences					
	Partnered Behaviour		Pornography Use		Masturbation	
	Present	Absent	Present	Absent	Present	Absent
Internalized Stigma						
<i>n</i>	129	34	157	6	156	7
<i>M</i>	46.9	56.6	48.5	58.8	48.9	48.7
(<i>SD</i>)	(20.8)	(22.3)	(21.3)	(24.5)	(21.2)	(27.7)
<i>d</i> [95% <i>CI</i>]	-0.46 [-0.84, -0.08]		-0.48 [-1.30, 0.34]		0.01 [-0.75, 0.77]	
Perceived Stigma						
<i>n</i>	126	34	155	5	153	7
<i>M</i>	60.1	69.7	62.1	64.4	61.6	72.9
(<i>SD</i>)	(24.5)	(26.7)	(25.1)	(30.6)	(24.8)	(33.5)
<i>d</i> [95% <i>CI</i>]	-0.38 [-0.76, -0.002]		-0.09 [-0.98, 0.80]		-0.45 [-1.20, 0.31]	
Fear of Discovery						
<i>n</i>	124	33	152	5	150	7
<i>M</i>	56.5	74.2	60.2	59.0	60.6	51.1
(<i>SD</i>)	(27.5)	(27.5)	(28.2)	(37.4)	(28.0)	(37.1)
<i>d</i> [95% <i>CI</i>]	-0.64 [-1.03, -0.25]		0.04 [-0.85, 0.93]		0.33 [-0.42, 1.09]	
Concealment						
<i>n</i>	116	30	141	5	139	7
<i>M</i>	53.6	68.2	56.4	63.8	56.8	53.7
(<i>SD</i>)	(27.2)	(32.4)	(28.8)	(32.9)	(28.7)	(34.3)
<i>d</i> [95% <i>CI</i>]	-0.52 [-0.92, -0.11]		-0.26 [-1.15, 0.64]		0.11 [-0.65, 0.86]	

* $p < .05$ (two-tailed).

****** $p < .01$ (two-tailed).

Bolded effect size (ES) indicates $p < .05$.

Dominance

Sadistic interest comprised the *Dominance* domain of paraphilic interests. In the sample, 124 participants were categorized as having sadistic interest (i.e., rated at least one third of the sadistic interest items as somewhat arousing or very arousing). Of those reporting sadistic interest, 89 participants (71.8%) reported engagement in sadistic partnered behaviour and the modal frequency for partnered behaviour was once a year or more on average. Correlations for the association between sadistic sexual behaviour and stigma-related stressors for participants reporting sadistic sexual interests are reported in Table 5. Sadistic partnered behaviour was significantly and negatively correlated with internalized stigma ($r = -.24$), perceived stigma ($r = -.27$), and fear of discovery ($r = -.26$). A linear regression showed that internalized stigma significantly predicted sadistic partnered behaviour, $\beta = -.01$, $t(123) = -2.68$, $p = .008$, explaining a significant portion of the variance in sadistic partnered behaviour, $R^2 = .06$. Perceived stigma also significantly predicted sadistic partnered behaviour in a linear regression, $\beta = -.01$, $t(123) = -3.04$, $p = .003$, explaining a significant portion of the variance in sadistic partnered behaviour, $R^2 = .07$. A linear regression show that fear of discovery significantly predicted sadistic partnered behaviour, $\beta = -.01$, $t(123) = -2.89$, $p = .005$, explaining a significant portion of the variance in sadistic partnered behaviour, $R^2 = .07$. In a multiple regression model, the overall model predicted a significant proportion of variance in sadistic partnered behaviour, $R^2 = .09$, $F(4, 116) = 3.66$, $p = .015$. Among the individual predictors in the overall model, internalized stigma ($\beta = -.003$, $t(119) = -0.61$, $p = .542$), perceived stigma ($\beta = -.01$, $t(119) = -1.30$, $p = .198$), and fear of discovery ($\beta = -.004$, $t(119) = -0.83$, $p = .408$) did not predict sadistic partnered behaviour. Finally, those who engaged in sadistic partnered behaviour

tended to report lower levels of the stigma-related stressors compared with those who had not engaged in partnered behaviour (perceived stigma, $d = -0.48$ and fear of discovery, $d = -0.55$).

In terms of sadistic pornography usage, 117 participants (94.4%) reported engagement and the modal frequency for pornography usage was once a month or more on average. Sadistic pornography usage showed no significant correlations with the stigma-related stressors. For sadistic masturbation, 115 participants (92.7%) reported engagement and the modal frequency for masturbation was once a month or more on average. Sadistic masturbation was significantly and positively correlated with fear of discovery ($r = .18$). A linear regression show that fear of discovery significantly predicted sadistic pornography usage, $\beta = .01$, $t(119) = 1.99$, $p = .048$, explaining a significant portion of the variance in sadistic pornography usage, $R^2 = .03$.

Table 5.

Association between Sadistic Behaviours and Stigma Related Stressors

	Correlations					
	Partnered Behaviour		Pornography Use		Masturbation	
Internalized Stigma	-.24**		.07		.13	
Perceived Stigma	-.27**		.11		.10	
Fear of Discovery	-.26**		.13		.18*	
Concealment	-.16		.03		.11	
	Standardized Mean Differences					
	Partnered Behaviour		Pornography Use		Masturbation	
	Present	Absent	Present	Absent	Present	Absent
Internalized Stigma						
<i>n</i>	89	35	117	7	115	9
<i>M</i>	47.5	55.7	50.5	38.7	50.3	43.8
(<i>SD</i>)	(22.3)	(23.3)	(23.1)	(13.3)	(23.2)	(16.3)
<i>d</i> [95% <i>CI</i>]	-0.36 [-0.75, 0.03]		0.52 [-0.25, 1.28]		0.29 [-0.36, 0.96]	
Perceived Stigma						
<i>n</i>	87	35	115	7	113	9
<i>M</i>	63.6	76.0	68.1	52.4	67.6	61.4
(<i>SD</i>)	(25.7)	(26.3)	(26.4)	(27.2)	(26.1)	(30.9)
<i>d</i> [95% <i>CI</i>]	-0.48 [-0.87, -0.08]		0.60 [-0.17, 1.35]		0.23 [-0.45, 0.91]	
Fear of Discovery						
<i>n</i>	86	34	113	7	111	9

	<i>M</i>	58.5	74.0	62.9	63.1	63.2	59.0
	(<i>SD</i>)	(29.7)	(24.8)	(29.3)	(30.3)	(29.5)	(26.6)
	<i>d</i> [95% <i>CI</i>]	-0.55 [-0.95, -0.14]		-0.01 [-0.77, 0.75]		0.14 [-0.54, 0.82]	
Concealment							
	<i>n</i>	84	30	107	7	105	9
	<i>M</i>	58.6	67.2	61.0	59.0	61.4	54.9
	(<i>SD</i>)	(27.7)	(31.5)	(29.0)	(28.3)	(29.0)	(27.7)
	<i>d</i> [95% <i>CI</i>]	-0.30 [-0.72, 0.12]		0.07 [-0.70, 0.83]		0.22 [-0.46, 0.91]	

* $p < .05$ (two-tailed).

** $p < .01$ (two-tailed).

Bolded effect size (ES) indicates $p < .05$.

Illegal Activities

For interest in illegal activities (i.e., voyeurism, exhibitionism, frotteurism, biastophilia, scatologia), 206 participants reported interest in at least one paraphilic interest aligning with illegal activities. Of those reporting interest in illegal activities, 108 participants (52.4%) reported engagement in partnered behaviour aligning with illegal activities and the modal frequency for partnered behaviour was once or twice ever. Correlations for the association between sexual behaviour aligning with illegal activities and stigma-related stressors for participants with sexual interests in illegal activities are reported in Table 6. Partnered behaviour aligning with illegal activities was significantly and negatively correlated with internalized stigma ($r = -.19$), fear of discovery ($r = -.21$), and concealment ($r = -.17$). A linear regression showed that internalized stigma significantly predicted partnered behaviour aligning with illegal activities, $\beta = -.01$, $t(205) = -2.71$, $p = .007$, explaining a significant portion of the variance in partnered behaviour aligning with illegal activities, $R^2 = .04$. A linear regression showed that fear of discovery significantly predicted partnered behaviour aligning with illegal activities, $\beta = -.01$, $t(198) = -2.96$, $p = .004$, explaining a significant portion of the variance in partnered behaviour aligning with illegal activities, $R^2 = .04$. Concealment also significantly predicted partnered behaviour aligning with illegal activities in a linear regression, $\beta = -.01$, $t(189) = -2.43$, $p = .016$,

explaining a significant portion of the variance in partnered behaviour aligning with illegal activities, $R^2 = .03$. In the multiple regression, the overall model did not explain a significant proportion of variance in partnered behaviour aligning with illegal activities, $R^2 = .04$, $F(3, 186) = 2.58$, $p = .055$. Nor did the stigma-related stressors individually predict partnered behaviour aligning with illegal activities (internalized stigma, $\beta = -.003$, $t(186) = -0.74$, $p = .461$, fear of discovery, $\beta = -.004$, $t(186) = -0.78$, $p = .435$, and concealment, $\beta = -.002$, $t(186) = -0.44$, $p = .664$). Finally, differences in reported level of stigma-related stressors in those who engaged in partner behaviour aligning with illegal activities compared to those who did not engage in partnered behaviour were nonsignificant.

In terms of pornography usage including illegal activities, 182 participants (88.3%) reported engagement and the modal frequency for pornography usage was once a month or more on average. Pornography usage including illegal activities was significantly and positively correlated with internalized stigma ($r = .30$), perceived stigma ($r = .27$), fear of discovery ($r = .31$), and concealment ($r = .26$). A linear regression showed that internalized stigma significantly predicted pornography usage including illegal activities, $\beta = .01$, $t(205) = 4.42$, $p < .001$, explaining a significant portion of the variance in pornography usage including illegal activities, $R^2 = .09$. A linear regression with perceived stigma also significant predicted pornography usage including illegal activities, $\beta = .01$, $t(201) = 3.98$, $p < .001$, explaining a significant portion of the variance in pornography usage including illegal activities, $R^2 = .07$. As for fear of discovery, a linear regression significantly predicted pornography usage including illegal activities, $\beta = .01$, $t(198) = 4.64$, $p < .001$, explaining a significant portion of the variance in pornography usage including illegal activities, $R^2 = .10$. A linear regression with concealment significantly predicted pornography usage including illegal activities, $\beta = .01$, $t(189) = 3.69$, $p < .001$, explaining a

significant portion of the variance in pornography usage including illegal activities, $R^2 = .07$. In the multiple regression, internalized stigma predicted pornography usage including illegal activities, $\beta = -.01$, $t(189) = 2.14$, $p = .034$; however, perceived stigma, $\beta = .003$, $t(189) = 1.00$, $p = .320$, fear of discovery, $\beta = .004$, $t(189) = 1.03$, $p = .304$, and concealment, $\beta = -.001$, $t(189) = -0.21$, $p = .836$, did not. A proportion of variance is explained by this overall model for engagement in pornography usage including illegal activities, $R^2 = .12$, $F(4, 185) = 6.24$, $p < .001$. Finally, those who engaged in pornography usage behaviour including illegal activities tended to report higher levels of the stigma-related stressors compared with those who had not engaged in pornography usage (d s ranged from 0.46 to 0.61).

For masturbation to illegal activities, 182 participants (88.3%) reported engagement and the modal frequency for masturbation was once a month or more on average. Masturbation to illegal activities was significantly and positively correlated with internalized stigma ($r = .20$), fear of discovery ($r = .21$), and concealment ($r = .18$). A linear regression showed that internalized stigma significantly predicted masturbation to illegal activities, $\beta = .01$, $t(205) = 2.93$, $p < .001$, explaining a significant portion of the variance in masturbation to illegal activities, $R^2 = .04$. As for fear of discovery, a linear regression significantly predicted masturbation to illegal activities, $\beta = .01$, $t(198) = 3.03$, $p = .003$, explaining a significant portion of the variance in masturbation to illegal activities, $R^2 = .05$. A linear regression showed that concealment significantly predicted masturbation to illegal activities, $\beta = .01$, $t(189) = 2.52$, $p = .013$, explaining a significant portion of the variance in masturbation to illegal activities, $R^2 = .03$. In the multiple regression, internalized stigma, $\beta = .01$, $t(186) = 1.51$, $p = .132$, fear of discovery, $\beta = .01$, $t(186) = 1.34$, $p = .183$, and concealment, $\beta = -.001$, $t(186) = -0.34$, $p = .735$, did not predict masturbation to illegal activities. The overall model significantly predicted

engagement in masturbation to illegal activities, $R^2 = .07$, $F(3, 186) = 4.30$, $p = .006$. Finally, differences in reported level of stigma-related stressors in those who engaged in masturbation to illegal activities compared to those who did not engage in masturbation were nonsignificant.

Table 6.

Association between Behaviours Involving Illegal Activities, Voyeurism, Exhibitionism, Frotteurism, Scatologia, and Biastophilia and Stigma Related Stressors

Illegal Activities							
	Correlations						
	Partnered Behaviour		Pornography Use		Masturbation		
Internalized Stigma	-.19**		.30**		.20**		
Perceived Stigma	-.11		.20**		.09		
Fear of Discovery	-.21**		.31**		.21**		
Concealment	-.17*		.26**		.18*		
Standardized Mean Differences							
	Partnered Behaviour		Pornography Use		Masturbation		
	Present	Absent	Present	Absent	Present	Absent	
Internalized Stigma							
<i>n</i>	108	98	182	24	182	24	
<i>M</i>	49.0	54.5	53.2	39.2	52.7	43.5	
(<i>SD</i>)	(23.4)	(23.1)	(23.9)	(13.6)	(23.6)	(20.2)	
<i>d</i> [95% <i>CI</i>]	-0.24 [-0.51, 0.04]		0.61 [0.18, 1.04]		0.40 [-0.03, 0.82]		
Perceived Stigma							
<i>n</i>	105	97	179	23	178	24	
<i>M</i>	67.6	68.0	69.3	55.8	67.9	66.7	
(<i>SD</i>)	(26.4)	(28.2)	(27.1)	(25.8)	(26.6)	(32.3)	
<i>d</i> [95% <i>CI</i>]	-0.02 [-0.29, 0.26]		0.50 [0.06, 0.94]		0.05 [-0.38, 0.47]		
Fear of Discovery							
<i>n</i>	104	95	177	22	176	23	
<i>M</i>	61.6	68.7	66.8	50.2	66.1	56.6	
(<i>SD</i>)	(29.8)	(28.8)	(29.5)	(23.0)	(28.7)	(32.6)	
<i>d</i> [95% <i>CI</i>]	-0.24 [-.052, 0.03]		0.58 [0.13, 1.02]		0.32 [-0.11, 0.76]		
Concealment							
<i>n</i>	99	91	169	21	167	23	
<i>M</i>	58.2	64.1	62.5	49.0	62.3	52.1	
(<i>SD</i>)	(29.6)	(29.6)	(30.0)	(23.5)	(29.5)	(29.4)	
<i>d</i> [95% <i>CI</i>]	-0.20 [-0.49, 0.08]		0.46 [0.01, 0.92]		0.34 [-0.09, 0.78]		
Voyeurism							
	Correlations						
	Partnered Behaviour		Pornography Use		Masturbation		

Internalized Stigma	-.22*	.12	.12
Perceived Stigma	-.13	.13	.13
Fear of Discovery	-.20	.24**	.17
Concealment	-.20	.12	.12

	Standardized Mean Differences					
	Partnered Behaviour		Pornography Use		Masturbation	
	Present	Absent	Present	Absent	Present	Absent
Internalized Stigma						
<i>n</i>	27	69	80	16	72	24
<i>M</i>	44.3	56.6	55.3	42.6	54.3	49.6
(<i>SD</i>)	(17.0)	(27.0)	(30.0)	(17.2)	(25.5)	(24.2)
<i>d</i> [95% <i>CI</i>]	-0.50 [-0.95, -0.05]		0.51 [-0.03, 1.05]		0.19 [-0.28, 0.65]	
Perceived Stigma						
<i>n</i>	25	69	78	16	70	24
<i>M</i>	71.0	74.7	74.4	70.1	74.2	72.2
(<i>SD</i>)	(26.0)	(28.9)	(28.1)	(28.2)	(29.1)	(25.3)
<i>d</i> [95% <i>CI</i>]	-0.14 [-0.60, 0.32]		0.15 [-0.39, 0.69]		0.07 [-0.39, 0.54]	
Fear of Discovery						
<i>n</i>	25	67	77	15	68	24
<i>M</i>	61.4	70.6	70.2	57.4	68.5	67.0
(<i>SD</i>)	(22.1)	(30.7)	(29.4)	(23.9)	(29.7)	(26.7)
<i>d</i> [95% <i>CI</i>]	-0.32 [-0.78, 0.14]		0.45 [-0.10, 1.00]		0.05 [-0.42, 0.52]	
Concealment						
<i>n</i>	24	65	74	15	66	23
<i>M</i>	60.1	69.7	69.1	57.3	67.8	65.2
(<i>SD</i>)	(29.1)	(30.6)	(30.9)	(26.2)	(31.0)	(28.9)
<i>d</i> [95% <i>CI</i>]	-0.32 [-0.79, 0.16]		0.39 [-0.17, 0.95]		0.09 [-0.39, 0.56]	

Exhibitionism			
	Correlations		
	Partnered Behaviour	Pornography Use	Masturbation
Internalized Stigma	-.14	-.05	-.03
Perceived Stigma	-.06	.11	.16
Fear of Discovery	-.16	-.01	-.05
Concealment	-.16	-.10	-.15

	Standardized Mean Differences					
	Partnered Behaviour		Pornography Use		Masturbation	
	Present	Absent	Present	Absent	Present	Absent
Internalized Stigma						
<i>n</i>	19	22	36	5	36	5
<i>M</i>	48.9	54.8	51.8	54.0	51.8	54.0
(<i>SD</i>)	(20.8)	(24.1)	(23.3)	(18.1)	(23.3)	(18.1)
<i>d</i> [95% <i>CI</i>]	-0.26 [-0.88, 0.36]		-0.10 [1.03, 0.84]		-0.10 [1.03, 0.84]	
Perceived Stigma						
<i>n</i>	17	22	34	5	34	5

	<i>M</i>	75.0	76.2	75.9	74.2	75.9	74.2
	(<i>SD</i>)	(29.5)	(29.9)	(30.7)	(20.9)	(30.7)	(20.9)
	<i>d</i> [95% <i>CI</i>]	-0.04 [-0.67, 0.59]		0.06 [-0.88, 1.00]		0.06 [-0.88, 1.00]	
Fear of Discovery							
	<i>n</i>	16	21	33	4	33	4
	<i>M</i>	66.3	73.5	68.6	85.0	68.6	85.0
	(<i>SD</i>)	(27.0)	(27.7)	(27.8)	(19.4)	(27.8)	(19.4)
	<i>d</i> [95% <i>CI</i>]	-0.26 [-0.92, 0.39]		-0.61 [-1.64, 0.45]		-0.61 [-1.64, 0.45]	
Concealment							
	<i>n</i>	15	20	31	4	31	4
	<i>M</i>	62.0	71.2	64.6	87.8 (7.9)	64.6	87.8
	(<i>SD</i>)	(35.0)	(27.2)	(31.5)		(31.5)	(7.9)
	<i>d</i> [95% <i>CI</i>]	-0.30 [-0.97, 0.38]		-0.77 [-1.82, 0.30]		-0.77 [-1.82, 0.30]	

Frotteurism

	Correlations		
	Partnered Behaviour	Pornography Use	Masturbation
Internalized Stigma	.16	.27	.29
Perceived Stigma	-.26	.14	.10
Fear of Discovery	-.02	.19	.20
Concealment	.09	.16	.20

Standardized Mean Differences

	Partnered Behaviour		Pornography Use		Masturbation		
	Present	Absent	Present	Absent	Present	Absent	
Internalized Stigma							
	<i>n</i>	17	22	32	7	34	5
	<i>M</i>	50.7	47.0	51.5	35.3 (9.6)	50.2	37.0
	(<i>SD</i>)	(26.4)	(15.9)	(21.6)		(21.5)	(11.1)
	<i>d</i> [95% <i>CI</i>]	0.18 [-0.46, 0.81]		0.81 [-0.04, 1.64]		0.65 [-0.31, 1.59]	
Perceived Stigma							
	<i>n</i>	17	22	32	7	34	5
	<i>M</i>	64.1	77.4	74.4	58.6	72.6	64.8
	(<i>SD</i>)	(25.5)	(28.5)	(26.2)	(33.0)	(26.7)	(36.9)
	<i>d</i> [95% <i>CI</i>]	-0.49 [-1.13, 0.16]		0.58 [-0.25, 1.40]		0.28 [-0.67, 1.22]	
Fear of Discovery							
	<i>n</i>	16	22	31	7	33	5
	<i>M</i>	69.7	69.6	70.6	65.3	70.1	66.8
	(<i>SD</i>)	(26.4)	(26.3)	(26.3)	(26.0)	(25.6)	(31.6)
	<i>d</i> [95% <i>CI</i>]	0.00 [-0.64, 0.65]		0.20 [-0.62, 1.02]		0.12 [-0.82, 1.06]	
Concealment							
	<i>n</i>	15	22	29	7	31	5
	<i>M</i>	70.0	65.0	69.2	58.3	67.1	67.2
	(<i>SD</i>)	(32.3)	(26.6)	(27.1)	(36.2)	(27.6)	(39.4)
	<i>d</i> [95% <i>CI</i>]	0.17 [-0.49, 0.83]		0.38 [-0.46, 1.21]		-0.01 [-0.95, 0.94]	

Scatologia			
	Correlations		
	Partnered Behaviour	Pornography Use	Masturbation
Internalized Stigma	-.52	-.16	-.41
Perceived Stigma	.12	-.47	-.08
Fear of Discovery	-.11	.04	-.11
Concealment	-.23	-.02	-.12

Standardized Mean Differences						
	Partnered Behaviour		Pornography Use		Masturbation	
	Present	Absent	Present	Absent	Present	Absent
Internalized Stigma						
<i>n</i>	1	5	2	4	3	3
<i>M</i>	45.0	50.4	41.5	53.5	42.3	56.7
(<i>SD</i>)		(13.4)	(4.9)	(13.3)	(3.8)	(14.3)
<i>d</i> [95% <i>CI</i>]	-0.40 [-2.54, 1.79]		-1.02 [-2.80, 0.86]		-1.37 [-3.16, 0.53]	
Perceived Stigma						
<i>n</i>	1	5	2	4	3	3
<i>M</i>	112.0	82.2	72.0	94.8	84.0	90.3
(<i>SD</i>)		(32.1)	(56.6)	(17.9)	(45.1)	(19.1)
<i>d</i> [95% <i>CI</i>]	0.93 [-1.36, 3.11]		-0.71 [-2.43, 1.10]		-0.18 [-1.78, 1.43]	
Fear of Discovery						
<i>n</i>	1	5	2	4	3	3
<i>M</i>	80.0	58.2	54.5	65.5	52.0	71.7
(<i>SD</i>)		(26.3)	(36.1)	(23.9)	(25.9)	(25.0)
<i>d</i> [95% <i>CI</i>]	0.83 [-1.44, 3.00]		-0.40 [-2.10, 1.34]		-0.77 [-2.41, 0.95]	
Concealment						
<i>n</i>	1	4	2	3	2	3
<i>M</i>	68.0	65.5	51.0	76.0	51.0	76.0
(<i>SD</i>)		(38.9)	(24.0)	(40.1)	(24.0)	(40.1)
<i>d</i> [95% <i>CI</i>]	0.06 [-2.13, 2.25]		-0.70 [-2.52, 1.22]		-0.70 [-2.52, 1.22]	

Biaophilia			
	Correlations		
	Partnered Behaviour	Pornography Use	Masturbation
Internalized Stigma	-.19*	.27**	.17
Perceived Stigma	-.09	.38**	.12
Fear of Discovery	-.18*	.39**	.26**
Concealment	-.12	.35**	.29**

Standardized Mean Differences						
	Partnered Behaviour		Pornography Use		Masturbation	
	Present	Absent	Present	Absent	Present	Absent
Internalized Stigma						
<i>n</i>	71	57	119	9	120	8
<i>M</i>	47.9	57.9	52.9	44.9	52.9	44.6
(<i>SD</i>)	(22.0)	(24.2)	(23.4)	(24.3)	(23.3)	(26.7)

<i>d</i> [95% <i>CI</i>]	-0.43 [-0.78, -0.08]	0.34 [-0.34, 1.02]	0.35 [-0.37, 1.07]
Perceived Stigma			
<i>n</i>	69	56	117
<i>M</i>	66.9	71.9	69.9
(<i>SD</i>)	(25.8)	(25.6)	(25.3)
<i>d</i> [95% <i>CI</i>]	-0.20 [-0.55, 0.16]	0.49 [-0.23, 1.20]	-0.51 [-1.23, 0.21]
Fear of Discovery			
<i>n</i>	69	55	116
<i>M</i>	60.1	71.9	66.6
(<i>SD</i>)	(28.8)	(30.0)	(29.7)
<i>d</i> [95% <i>CI</i>]	-0.41 [-0.76, -0.05]	0.67 [-0.06, 1.39]	0.43 [-0.29, 1.15]
Concealment			
<i>n</i>	65	52	110
<i>M</i>	56.2	65.2	61.3
(<i>SD</i>)	(28.3)	(30.7)	(29.3)
<i>d</i> [95% <i>CI</i>]	-0.31 [-0.67, 0.06]	0.61 [-0.16, 1.37]	0.57 [-0.16, 1.29]

* $p < .05$ (two-tailed).

** $p < .01$ (two-tailed).

Bolded effect size (ES) indicates $p < .05$.

Voyeurism

For voyeuristic interest, 96 participants reported interest in at least one voyeuristic interest item. Of those reporting voyeuristic interest, 51 participants (53.1%) reported engagement in voyeuristic partnered behaviour and the modal frequency for partnered behaviour was once or twice ever. Correlations for the association between voyeuristic sexual behaviour and stigma-related stressors for participants reporting voyeuristic sexual interests are reported in Table 6. Overall, voyeuristic partnered behaviour was significantly and negatively correlated with internalized stigma ($r = -.22$). A linear regression showed that internalized stigma significantly predicted voyeuristic partnered behaviour, $\beta = -.01$, $t(95) = -2.23$, $p = .028$, explaining a significant portion of the variance in voyeuristic partnered behaviour, $R^2 = .05$. Finally, those who engaged in voyeuristic partnered behaviour tended to report lower levels of internalized stigma compared to those who had not engage in partner behaviour ($d = -0.50$).

In terms of voyeuristic pornography usage, 90 participants (93.8%) reported engagement and the modal frequency for pornography usage was once a year or more on average. Voyeuristic pornography usage was significantly and positively correlated with fear of discovery ($r = .24$). A linear regression showed that fear of discovery significantly predicted voyeuristic pornography usage, $\beta = .01$, $t(91) = 2.32$, $p = .022$, explaining a significant portion of the variance in voyeuristic pornography usage, $R^2 = .06$. Finally, differences in reported level of stigma-related stressors in those who engaged in voyeuristic pornography usage compared to those who did not engage in pornography usage were nonsignificant.

For voyeuristic masturbation, 90 participants (93.8%) reported engagement and the modal frequency for masturbation was once a year or more on average. Voyeuristic masturbation showed no significant correlations with the stigma-related stressors. Finally, differences in reported level of stigma-related stressors in those who engaged in voyeuristic masturbation compared to those who did not engage in masturbation were nonsignificant.

Exhibitionism

For exhibitionistic interest, 41 participants reported interest in at least one exhibitionistic interest item. Of those reporting exhibitionistic interest, 27 participants (65.9%) reported engagement in exhibitionistic partnered behaviour and the modal frequency for partnered behaviour was once or twice ever. Correlations for the association between exhibitionistic sexual behaviour and stigma-related stressors for participants reporting exhibitionistic sexual interests are reported in Table 6. Exhibitionistic partnered behaviour showed no significant correlations with the stigma-related stressors. Finally, differences in reported level of stigma-related stressors in those who engaged in exhibitionistic partner behaviour compared to those who did not engage in partnered behaviour were nonsignificant.

In terms of exhibitionistic pornography usage, 39 participants (95.1%) reported engagement and the modal frequency for pornography usage was once a month or more on average. Exhibitionistic pornography usage showed no significant correlation with the stigma-related stressors. For exhibitionistic masturbation, 39 participants (95.1%) reported engagement and the modal frequency for masturbation was once a month or more on average. Exhibitionistic masturbation showed no significant correlations with the stigma-related stressors.

Frotteurism

For frotteuristic interest, 39 participants reported interest in at least one frotteuristic interest item. Of those reporting frotteuristic interest, 22 participants (56.4%) reported engagement in frotteuristic partnered behaviour and the modal frequency for partnered behaviour was once or twice ever. Correlations for the association between frotteuristic sexual behaviour and stigma-related stressors for participants reporting frotteuristic sexual interests are reported in Table 6. Frotteuristic partnered behaviour showed no significant correlations with the stigma-related stressors. Finally, differences in reported level of stigma-related stressors in those who engaged in frotteuristic partner behaviour compared to those who did not engage in partnered behaviour were nonsignificant.

In terms of frotteuristic pornography usage, 35 participants (89.7%) reported engagement and the modal frequency for pornography usage was once a month or more on average. Frotteuristic pornography usage showed no significant correlations with the stigma-related stressors. For frotteuristic masturbation, 35 participants (89.7%) reported engagement and the modal frequency for masturbation was once a month or more on average. Frotteuristic masturbation showed no significant correlations with the stigma-related stressors.

Scatologia

For interest in scatologia, 6 participants reported interest in at least one scatologia interest item. Of those reporting interest in scatologia, 3 participants (50.0%) reported engagement in scatologia partnered behaviour and the modal frequency for partnered behaviour was once or twice ever. Correlations for the association between sexual behaviour of scatologia and stigma-related stressors for participants reporting scatologia sexual interests are reported in Table 6. Partnered behaviour of scatologia showed no significant correlations with the stigma-related stressors. In terms of pornography usage of scatologia, 5 participants (83.3%) reported engagement and the modal frequency for pornography usage was once or twice ever. Pornography usage of scatologia showed no significant correlations with the stigma-related stressors. In this sample, 5 participants (83.3%) reported engagement in masturbation to scatologia and the modal frequency for partnered behaviour was once a year or more on average. There were no significant correlations with masturbation to scatologia and the stigma-related stressors.

Bistophilia

For bistophilic interest, 128 participants were categorized as having bistophilic interest (i.e., rated interest items as somewhat arousing or very arousing in at least a third of the items for each paraphilia). Of those reporting bistophilic interest, 71 participants (40.8%) reported engagement in bistophilic partnered behaviour and the modal frequency for partnered behaviour was once or twice ever. Correlations for the association between bistophilic sexual behaviour and stigma-related stressors for participants reporting bistophilic sexual interests are reported in Table 6. Bistophilic partnered behaviour was significantly and negatively correlated with internalized stigma ($r = -.19$) and fear of discovery ($r = -.18$). A linear regression showed that internalized stigma significantly predicted bistophilic partnered behaviour, $\beta = -.01$, $t(127) = -$

2.21, $p = .029$, explaining a significant portion of the variance in biastophilic partnered behaviour, $R^2 = .04$. A linear regression showed that fear of discovery significantly predicted biastophilic partnered behaviour, $\beta = -.01$, $t(123) = -2.03$, $p = .045$, explaining a significant portion of the variance in biastophilic partnered behaviour, $R^2 = .03$. In the multiple regression, internalized stigma ($\beta = -.01$, $t(88) = -0.87$, $p = .386$) and fear of discovery ($\beta = -.003$, $t(88) = -0.59$, $p = .554$) did not predict biastophilic partnered behaviour and did not explain a significant proportion of variance in biastophilic partnered behaviour, $R^2 = .03$, $F(2, 86) = 1.33$, $p = .271$. Finally, those who engaged in biastophilic partnered behaviour tended to report lower levels of stigma-related stressors compared to those who had not engaged in partnered behaviour (fear of discovery, $d = -0.41$ and internalized stigma, $d = -0.43$).

In terms of biastophilic pornography usage, 119 participants (68.4%) reported engagement and the modal frequency for pornography usage was once a month or more on average. Biastophilic pornography usage was significantly and positively correlated with internalized stigma ($r = .27$), perceived stigma ($r = .38$), fear of discovery ($r = .39$), and concealment ($r = .35$). A linear regression showed that internalized stigma significantly predicted biastophilic pornography usage, $\beta = .01$, $t(127) = 3.13$, $p = .002$, explaining a significant portion of the variance in biastophilic pornography usage, $R^2 = .07$. Perceived stigma significantly predicted biastophilic pornography usage in a linear regression, $\beta = .01$, $t(124) = 4.50$, $p < .001$, explaining a significant portion of the variance in biastophilic pornography usage, $R^2 = .14$. A linear regression with fear of discovery significantly predicted biastophilic pornography usage, $\beta = .01$, $t(123) = 4.61$, $p < .001$, explaining a significant portion of the variance in biastophilic pornography usage, $R^2 = .15$. A linear regression with concealment significantly predicted biastophilic pornography usage, $\beta = .01$, $t(116) = 4.01$, $p < .001$, explaining a

significant portion of the variance in biastophilic pornography usage, $R^2 = .12$. In the multiple regression model, the stigma-related stressors explained a significant proportion of variance in biastophilic pornography usage, $R^2 = .17$, $F(4, 112) = 5.70$, $p < .001$. Among the individual predictors in the overall model, internalized stigma ($\beta = .000$, $t(116) = 0.08$, $p = .937$), perceived stigma ($\beta = .01$, $t(116) = 1.84$, $p = .069$), fear of discovery ($\beta = .01$, $t(116) = 1.14$, $p = .256$), and concealment ($\beta = .002$, $t(116) = 0.39$, $p = .698$) did not predicted biastophilic pornography usage.

For biastophilic masturbation, 120 participants (67.0%) reported engagement and the modal frequency for masturbation was once a month or more on average. Biastophilic masturbation was significantly and positively correlated with fear of discovery ($r = .26$) and concealment ($r = .29$). A linear regression of fear of discovery significantly predicted masturbation to biastophilia, $\beta = .01$, $t(123) = 2.94$, $p = .004$, explaining a significant portion of the variance in biastophilic masturbation, $R^2 = .07$. A linear regression show that concealment significantly predicted masturbation, $\beta = .01$, $t(116) = 3.29$, $p = .001$, explaining a significant portion of the variance in biastophilic masturbation, $R^2 = .09$. In the multiple regression, the model did explain a significant proportion of variance in biastophilic masturbation, $R^2 = .10$, $F(2, 82) = 4.71$, $p = .012$. Among the individual predictors in the overall model, fear of discovery ($\beta = .01$, $t(84) = 1.02$, $p = .311$) and concealment ($\beta = .01$, $t(84) = 0.84$, $p = .400$) did not predict biastophilic masturbation.

Illegal Targets

For interest in illegal targets, 178 participants reported interest in at least one paraphilic interest aligning with illegal targets. Of those reporting interest in illegal targets, 57 participants (32.0%) reported engagement in partnered behaviour aligning with illegal targets and the modal frequency for partnered behaviour was once or twice ever. Correlations for the association

between sexual behaviour and stigma-related stressors for participants reporting sexual interests aligning with illegal targets are reported in Table 7. Partnered behaviour aligning with illegal targets had no significant correlations to the stigma-related stressors. Finally, differences in reported level of stigma-related stressors in those who engaged in partner behaviour aligning with illegal targets compared to those who did not engage in partnered behaviour were nonsignificant.

In terms of pornography usage including illegal targets, 79 participants (44.4%) reported engagement and the modal frequency for pornography usage was once a year or more on average. Pornography usage including illegal targets was significantly and positively correlated with fear of discovery ($r = .38$). A linear regression showed that fear of discovery significantly predicted pornography usage including illegal targets, $\beta = .02$, $t(45) = 2.70$, $p = .010$, explaining a significant portion of the variance in pornography usage including illegal targets, $R^2 = .14$. Finally, differences in reported level of stigma-related stressors in those who engaged in pornography usage including illegal targets compared to those who did not engage in pornography usage were nonsignificant.

For masturbation to illegal targets, 166 participants (93.3%) reported engagement and the modal frequency for masturbation was once a month or more on average. Masturbation to illegal targets was significant and positively correlations with internalized stigma ($r = .29$), perceived stigma ($r = .45$), fear of discovery ($r = .48$), and concealment ($r = .42$). A linear regression showed that internalized stigma significantly predicted masturbation to illegal targets, $\beta = .01$, $t(174) = 4.01$, $p < .001$, explaining a significant portion of the variance in masturbation to illegal targets, $R^2 = .09$. Similarly, perceived stigma significantly predicted masturbation to illegal targets in a linear regression, $\beta = .02$, $t(172) = 6.61$, $p < .001$, explaining a significant portion of

the variance in masturbation to illegal targets, $R^2 = .20$. As for fear of discovery, a linear regression significantly predicted masturbation to illegal targets, $\beta = .02$, $t(168) = 7.14$, $p < .001$, explaining a significant portion of the variance in masturbation to illegal targets, $R^2 = .23$. A linear regression of concealment significantly predicted masturbation to illegal targets, $\beta = .02$, $t(160) = 5.83$, $p < .001$, explaining a significant portion of the variance in masturbation to illegal targets, $R^2 = .18$. In the multiple regression, perceived stigma, $\beta = .01$, $t(160) = 2.45$, $p = .015$, and fear of discovery, $\beta = .01$, $t(160) = 2.60$, $p = .010$, predicted masturbation to illegal targets; however, internalized stigma, $\beta = -.003$, $t(160) = -0.61$, $p = .542$, and concealment, $\beta = .002$, $t(160) = 0.47$, $p = .640$, did not. The overall model explained a significant proportion of variance in masturbation to illegal targets, $R^2 = .27$, $F(4, 156) = 14.36$, $p < .001$. Finally, those who engaged in masturbation to illegal targets tended to report higher levels of the stigma-related stressors compared with those who had not engaged in masturbation (d s ranged from 1.02 to 1.23).

Table 7.

Association between Behaviours Involving Illegal Targets, Pedophilia, Hebephilia, and Zoophilia and Stigma Related Stressors

Illegal Targets						
	Correlations					
	Partnered Behaviour		Pornography Use		Masturbation	
Internalized Stigma	-.05		.02		.29**	
Perceived Stigma	-.05		.05		.45**	
Fear of Discovery	-.23		.38**		.48**	
Concealment	-.17		.15		.42**	
Standardized Mean Differences						
	Partnered Behaviour		Pornography Use		Masturbation	
	Present	Absent	Present	Absent	Present	Absent
Internalized Stigma						
<i>n</i>	35	55	69	21	157	18
<i>M</i>	50.7	51.0	50.2	52.9	60.7	37.2
(<i>SD</i>)	(22.8)	(21.3)	(19.9)	(27.7)	(24.0)	(11.5)

<i>d</i> [95% <i>CI</i>]	-0.01 [-0.44, 0.41]	-0.12 [-0.61, 0.37]	1.02 [0.52, 1.52]
Perceived Stigma			
<i>n</i>	35	53	69
<i>M</i>	68.3	67.9	69.3
(<i>SD</i>)	(25.8)	(26.5)	(24.8)
<i>d</i> [95% <i>CI</i>]	0.01 [-0.41, 0.44]	0.23 [-0.28, 0.74]	1.18 [0.66, 1.70]
Fear of Discovery			
<i>n</i>	35	52	69
<i>M</i>	61.5	68.4	67.6
(<i>SD</i>)	(29.8)	(26.1)	(26.9)
<i>d</i> [95% <i>CI</i>]	-0.25 [-0.68, 0.18]	0.35 [-0.18, 0.87]	1.23 [0.70, 1.76]
Concealment			
<i>n</i>	34	50	67
<i>M</i>	61.3	61.5	62.8
(<i>SD</i>)	(30.8)	(27.9)	(27.7)
<i>d</i> [95% <i>CI</i>]	-0.01 [-0.44, 0.43]	0.23 [-0.31, 0.76]	1.16 [0.63, 1.69]

Pedophilia

Correlations

Masturbation

Internalized Stigma	.15
Perceived Stigma	.05
Fear of Discovery	.29**
Concealment	.21*

Standardized Mean Differences

Masturbation

	Present	Absent
Internalized Stigma		
<i>n</i>	99	1
<i>M</i> (<i>SD</i>)	65.4 (24.2)	32.0
<i>d</i> [95% <i>CI</i>]	1.38 [-0.61, 3.35]	
Perceived Stigma		
<i>n</i>	99	1
<i>M</i> (<i>SD</i>)	93.2 (17.1)	102.0
<i>d</i> [95% <i>CI</i>]	-0.51 [-2.48, 1.46]	
Fear of Discovery		
<i>n</i>	97	1
<i>M</i> (<i>SD</i>)	86.4 (24.5)	67.0
<i>d</i> [95% <i>CI</i>]	0.79 [-1.18, 2.76]	
Concealment		
<i>n</i>	90	1
<i>M</i> (<i>SD</i>)	83.0 (25.3)	45.0
<i>d</i> [95% <i>CI</i>]	1.50 [-0.49, 3.48]	

Hebephilia

Correlations			
Masturbation			
Internalized Stigma			-.03
Perceived Stigma			.07
Fear of Discovery			.16
Concealment			.09
Standardized Mean Differences			
Masturbation			
	Present	Absent	
Internalized Stigma			
<i>n</i>	104	3	
<i>M (SD)</i>	65.5 (25.7)	54.3 (28.9)	
<i>d [95% CI]</i>	0.43 [-0.72, 1.58]		
Perceived Stigma			
<i>n</i>	104	3	
<i>M (SD)</i>	91.8 (18.3)	74.7 (24.0)	
<i>d [95% CI]</i>	0.93 [-0.23, 2.08]		
Fear of Discovery			
<i>n</i>	104	3	
<i>M (SD)</i>	84.0 (25.5)	61.7 (11.0)	
<i>d [95% CI]</i>	0.88 [-0.27, 2.03]		
Concealment			
<i>n</i>	96	3	
<i>M (SD)</i>	79.4 (27.8)	48.0 (2.6)	
<i>d [95% CI]</i>	1.14 [-0.02, 2.30]		

Zoophilia			
Correlations			
	Partnered Behaviour	Pornography Use	Masturbation
Internalized Stigma	-.02	.05	.09
Perceived Stigma	-.02	.21*	.20*
Fear of Discovery	-.14	.33**	.32**
Concealment	-.06	.24*	.22*

Standardized Mean Differences						
	Partnered Behaviour		Pornography Use		Masturbation	
	Present	Absent	Present	Absent	Present	Absent
Internalized Stigma						
<i>n</i>	35	55	69	21	80	23
<i>M</i>	50.7	51.0	50.2	52.9	53.8	47.0
<i>(SD)</i>	(22.8)	(21.8)	(19.9)	(27.7)	(22.7)	(21.7)
<i>d [95% CI]</i>	-0.01 [-0.44, 0.41]		-0.12 [-0.61, 0.37]		0.30 [-0.17, 0.76]	
Perceived Stigma						
<i>n</i>	35	53	69	19	79	22
<i>M</i>	68.3	67.9	69.3	63.3	70.9	62.7
<i>(SD)</i>	(25.8)	(26.5)	(24.7)	(30.6)	(24.4)	(29.5)

<i>d</i> [95% <i>CI</i>]	0.02 [-0.41, 0.44]	0.23 [-0.28, 0.74]	0.32 [-0.15, 0.80]
Fear of Discovery			
<i>n</i>	35	52	69
<i>M</i>	61.5	68.4	67.6
(<i>SD</i>)	(29.8)	(26.1)	(26.9)
<i>d</i> [95% <i>CI</i>]	-0.25 [-0.68, 0.18]	0.35 [-0.18, 0.87]	0.63 [0.14, 1.12]
Concealment			
<i>n</i>	34	50	67
<i>M</i>	61.3	61.5	62.8
(<i>SD</i>)	(30.8)	(27.9)	(27.7)
<i>d</i> [95% <i>CI</i>]	-0.01 [-0.44, 0.43]	0.23 [-0.31, 0.76]	0.35 [-0.14, 0.83]

* $p < .05$ (two-tailed).

** $p < .01$ (two-tailed).

Bolded effect size (ES) indicates $p < .05$.

Pedophilia

For pedophilic interest, 100 participants reported interest in at least one pedophilia interest item. Of those reporting pedophilic interest, 99 participants (99.0%) reported engagement in masturbation and the modal frequency for partnered behaviour was once a week or more on average. Correlations for the association between pedophilic sexual behaviour and stigma-related stressors for participants reporting pedophilic sexual interests are reported in Table 7. Pedophilic masturbation was significantly and positively correlated with fear of discovery ($r = .29$) and concealment ($r = .21$). A linear regression showed that fear of discovery significantly predicted pedophilic masturbation, $\beta = .01$, $t(97) = 2.92$, $p = .004$, explaining a significant portion of the variance in pedophilic masturbation, $R^2 = .08$. Concealment also significantly predicted pedophilic masturbation, $\beta = .01$, $t(90) = 1.99$, $p = .049$, explaining a significant portion of the variance in pedophilic masturbation, $R^2 = .04$. In the multiple regression, fear of discovery significantly predicted pedophilic masturbation, $\beta = .01$, $t(90) = 2.12$, $p = .037$, while concealment did not, $\beta = .001$, $t(90) = 0.15$, $p = .879$. The overall model

explained a significant proportion of variance in pedophilic masturbation, $R^2 = .09$, $F(2, 88) = 4.31$, $p = .016$.

Hebephilia

For hebephilic interest, 107 participants reported interest in at least one hebephilia interest item. Of those reporting hebephilic interest, 104 participants (97.2%) reported engagement in masturbation and the modal frequency for partnered behaviour was once a week or more on average. Correlations for the association between hebephilic sexual behaviour and stigma-related stressors for participants reporting hebephilic sexual interests are reported in Table 7. Hebephilic masturbation showed no significant correlations with the stigma-related stressors.

Zoophilia

For zoophilic interest, 105 participants reported interest in at least one zoophilia interest item. Of those reporting zoophilic interest, 57 participants (54.3%) reported engagement in zoophilic partnered behaviour and the modal frequency for partnered behaviour was once or twice ever. Correlations for the association between zoophilic sexual behaviour and stigma-related stressors for participants reporting zoophilic sexual interests are reported in Table 7. Zoophilic partnered behaviour showed no significant correlations to the stigma-related stressors. Finally, differences in reported level of stigma-related stressors in those who engaged in zoophilic partner behaviour compared to those who did not engage in partnered behaviour were nonsignificant.

In terms of zoophilic pornography usage, 79 participants (75.2%) reported engagement and the modal frequency for pornography usage was once a year or more on average. Zoophilic pornography usage was significantly and positively correlated with perceived stigma ($r = .21$),

fear of discovery ($r = .33$), and concealment ($r = .24$). A linear regression showed that perceived stigma significantly predicted zoophilic pornography usage, $\beta = .01$, $t(87) = 2.01$, $p = .047$, explaining a significant portion of the variance in zoophilic pornography usage, $R^2 = .05$. Fear of discovery also significantly predicted zoophilic pornography usage in a linear regression, $\beta = .01$, $t(86) = 3.23$, $p = .002$, explaining a significant portion of the variance in zoophilic pornography usage, $R^2 = .11$. A linear regression with concealment also significantly predicted zoophilic pornography usage, $\beta = .01$, $t(83) = 2.28$, $p = .025$, explaining a significant portion of the variance in zoophilic pornography usage, $R^2 = .06$. In the multiple regression, zoophilic pornography usage was not predicted by perceived stigma, $\beta = -.001$, $t(83) = -0.09$, $p = .927$, fear of discovery, $\beta = .01$, $t(83) = 1.84$, $p = .069$, or concealment, $\beta = .001$, $t(83) = 0.13$, $p = .896$. The overall model explained a significant proportion of variance in zoophilic pornography usage, $R^2 = .10$, $F(3, 80) = 2.99$, $p = .036$. Finally, differences in reported level of stigma-related stressors in those who engaged in zoophilic pornography usage compared to those who did not engage in pornography usage were nonsignificant.

For zoophilic masturbation, 93 participants (88.6%) reported engagement and the modal frequency for masturbation was once a year or more on average. Zoophilic masturbation was significantly and positively correlated with perceived stigma ($r = .20$), fear of discovery ($r = .32$), and concealment ($r = .22$). A linear regression showed that perceived stigma significantly predicted zoophilic masturbation, $\beta = .01$, $t(100) = 2.05$, $p = .043$, explaining a significant portion of the variance in zoophilic masturbation, $R^2 = .04$. Fear of discovery also significantly predicted zoophilic masturbation in a linear regression, $\beta = .01$, $t(98) = 3.28$, $p = .001$, explaining a significant portion of the variance in zoophilic masturbation, $R^2 = .10$. A linear regression with concealment also significantly predicted zoophilic masturbation, $\beta = .01$, $t(94) = 2.18$, $p = .032$,

explaining a significant portion of the variance in zoophilic masturbation, $R^2 = .05$. In the multiple regression, fear of discovery significantly predicted zoophilic masturbation, $\beta = .01$, $t(94) = 1.99$, $p = .050$, while perceived stigma, $\beta = -.001$, $t(94) = -0.17$, $p = .865$, and concealment, $\beta = .001$, $t(94) = 0.01$, $p = .989$, did not. The overall model explained a significant proportion of variance in zoophilic masturbation, $R^2 = .09$, $F(3, 91) = 3.02$, $p = .034$. Finally, differences in reported level of stigma-related stressors in those who engaged in zoophilic masturbation compared to those who did not engage in masturbation were nonsignificant.

Mysophilia

For mysophilic interest, 100 participants reported interest in at least one mysophilia interest item. Of those reporting mysophilic interest, 64 participants (64.0%) reported engagement in mysophilic partnered behaviour and the modal frequency for partnered behaviour was once or twice. Correlations for the association between mysophilic sexual behaviour and stigma-related stressors for participants reporting mysophilic sexual interests are reported in Table 8. Mysophilic partnered behaviour was significantly and negatively correlated with internalized stigma ($r = -.29$), perceived stigma ($r = -.25$), and fear of discovery ($r = -.20$). A linear regression showed that internalized stigma significantly predicted mysophilic partnered behaviour, $\beta = -.01$, $t(99) = -3.01$, $p = .003$, explaining a significant portion of the variance in mysophilic partnered behaviour, $R^2 = .09$. A linear regression with perceived stigma significantly predicted mysophilic partnered behaviour, $\beta = -.01$, $t(98) = -2.55$, $p = .012$, explaining a significant portion of the variance in mysophilic partnered behaviour, $R^2 = .06$. As for fear of discovery, a linear regression significantly predicted mysophilic partnered behaviour, $\beta = -.01$, $t(96) = -1.99$, $p = .049$, explaining a significant portion of the variance in mysophilic partnered behaviour, $R^2 = .04$. In the multiple regression, the overall model explained a significant

proportion of variance in mysophilic partnered behaviour, $R^2 = .10$, $F(3, 93) = 3.53$, $p = .018$.

Among the individual predictors in the overall model, internalized stigma predicted mysophilic partnered behaviour, $\beta = -.01$, $t(96) = -2.02$, $p = .047$; however, perceived stigma, $\beta = -.01$, $t(96) = -1.27$, $p = .209$, and fear of discovery, $\beta = .004$, $t(96) = 0.74$, $p = .460$, did not. Finally, those who engaged in mysophilic partnered behaviour tended to report lower levels of internalized stigma compared to those who had not engaged in partnered behaviour ($d = -0.60$).

In terms of mysophilic pornography usage, 89 participants (89.0%) reported engagement and the modal frequency for pornography usage was once a year or more on average. Mysophilic pornography usage was significantly and positively correlated with internalized stigma ($r = .20$), fear of discovery ($r = .34$), and concealment ($r = .39$). A linear regression showed that internalized stigma significantly predicted mysophilic pornography usage, $\beta = .01$, $t(99) = 2.05$, $p = .043$, explaining a significant portion of the variance in mysophilic pornography usage, $R^2 = .04$. A linear regression with fear of discovery significantly predicted mysophilic pornography usage, $\beta = .01$, $t(96) = 3.49$, $p < .001$, explaining a significant portion of the variance in mysophilic pornography usage, $R^2 = .11$. Concealment significantly predicted mysophilic pornography usage in a linear regression, $\beta = .02$, $t(89) = 4.02$, $p < .001$, explaining a significant portion of the variance in mysophilic pornographic, $R^2 = .16$. In the multiple regression, mysophilic pornography usage was not predicted by internalized stigma, $\beta = .001$, $t(89) = 0.09$, $p = .927$, fear of discovery, $\beta = .01$, $t(89) = 0.81$, $p = .420$, or concealment, $\beta = .01$, $t(89) = 1.81$, $p = .073$. The overall model explained a significant proportion of variance in mysophilic pornography usage, $R^2 = .16$, $F(3, 86) = 5.63$, $p < .001$. Finally, those who engaged in mysophilic pornography usage tended to report higher levels of stigma-related stressors

compared to those who had not engaged in pornography usage (concealment, $d = 0.52$; and fear of discovery, $d = 0.54$).

For mysophilic masturbation, 89 participants (89.0%) reported engagement and the modal frequency for masturbation was once a year or more on average. Mysophilic masturbation was significantly and positively correlated with fear of discovery ($r = .28$) and concealment ($r = .37$). A linear regression showed that fear of discovery significantly predicted mysophilic masturbation, $\beta = .01$, $t(96) = 2.86$, $p = .005$, explaining a significant portion of the variance in mysophilic masturbation, $R^2 = .08$. As for concealment, a linear regression significantly predicted mysophilic masturbation, $\beta = .01$, $t(89) = 3.68$, $p < .001$, explaining a significant portion of the variance in mysophilic masturbation, $R^2 = .13$. In a multiple regression, the overall model explained a significant proportion of variance in mysophilic masturbation, $R^2 = .13$, $F(2, 87) = 6.72$, $p = .002$. Among the individual predictors in the overall model, concealment predicted mysophilic masturbation, $\beta = .01$, $t(89) = 2.25$, $p = .027$; however, fear of discovery, $\beta = .001$, $t(89) = 0.16$, $p = .871$, did not. Finally, those who engaged in mysophilic masturbation tended to report higher levels of stigma-related stressors compared to those who had not engaged in masturbation (fear of discovery, $d = 0.57$; and concealment, $d = 0.61$).

Table 8.

Association between Mysophilic, Urophilic, and Scatophilic Behaviour and Stigma Related Stressors

Mysophilia			
	Correlations		
	Partnered Behaviour	Pornography Use	Masturbation
Internalized Stigma	-.29**	.20*	.11
Perceived Stigma	-.25*	.16	.10
Fear of Discovery	-.20*	.34**	.28**
Concealment	-.14	.39**	.37**
Standardized Mean Differences			
	Partnered Behaviour	Pornography Use	Masturbation

	Present	Absent	Present	Absent	Present	Absent
Internalized Stigma						
<i>n</i>	37	63	74	26	75	25
<i>M</i>	42.6	56.4	52.0	49.2	52.7	47.1
(<i>SD</i>)	(19.5)	(25.0)	(23.4)	(25.7)	(24.4)	(22.4)
<i>d</i> [95% <i>CI</i>]	-0.60 [-1.01, -0.18]		0.12 [-0.33, 0.56]		0.23 [-0.22, 0.69]	
Perceived Stigma						
<i>n</i>	37	62	73	26	74	25
<i>M</i>	59.2	70.0	68.3	59.7	68.4	58.8
(<i>SD</i>)	(22.8)	(28.7)	(27.2)	(26.0)	(27.1)	(25.9)
<i>d</i> [95% <i>CI</i>]	-0.41 [-0.82, 0.01]		0.32 [-0.13, 0.77]		0.36 [-0.10, 0.82]	
Fear of Discovery						
<i>n</i>	36	61	71	26	72	25
<i>M</i>	57.4	68.4	68.4	53.2	68.4	52.4
(<i>SD</i>)	(25.9)	(29.8)	(28.1)	(28.1)	(28.7)	(26.1)
<i>d</i> [95% <i>CI</i>]	-0.38 [-0.80, 0.03]		0.54 [0.8, 0.99]		0.57 [0.11, 1.03]	
Concealment						
<i>n</i>	35	55	66	24	67	23
<i>M</i>	59.0	63.5	66.0	50.0	6.4	48.0
(<i>SD</i>)	(30.5)	(32.2)	(31.9)	(27.5)	(31.8)	(26.4)
<i>d</i> [95% <i>CI</i>]	-0.14 [-0.57, 0.28]		0.52 [0.04, 0.99]		0.61 [0.12, 1.09]	

Urophilia

	Correlations		
	Partnered Behaviour	Pornography Use	Masturbation
Internalized Stigma	-.30**	.30**	.10
Perceived Stigma	-.25*	.16	.10
Fear of Discovery	-.21*	.33**	.29**
Concealment	-.17	.37**	.36**

Standardized Mean Differences

	Partnered Behaviour		Pornography Use		Masturbation	
	Present	Absent	Present	Absent	Present	Absent
Internalized Stigma						
<i>n</i>	37	61	72	26	73	25
<i>M</i>	42.6	56.9	52.3	49.2	53.0	47.1
(<i>SD</i>)	(19.5)	(25.2)	(23.6)	(25.7)	(24.6)	(22.4)
<i>d</i> [95% <i>CI</i>]	-0.62 [-1.03, -0.20]		0.13 [-0.32, 0.58]		0.25 [-0.21, 0.70]	
Perceived Stigma						
<i>n</i>	37	60	71	26	72	25
<i>M</i>	59.2	70.5	68.6	59.7	68.8	58.8
(<i>SD</i>)	(22.8)	(28.6)	(27.2)	(26.0)	(27.1)	(25.9)
<i>d</i> [95% <i>CI</i>]	-0.42 [-0.84, -0.01]		0.33 [-0.12, 0.78]		0.37 [-0.09, 0.83]	
Fear of Discovery						
<i>n</i>	36	59	69	26	70	25

	<i>M</i>	57.4	68.9	68.9	53.2	68.9	52.4
	(<i>SD</i>)	(25.9)	(30.1)	(28.4)	(28.1)	(28.9)	(26.1)
	<i>d</i> [95% <i>CI</i>]	-0.40 [-0.82, 0.02]		0.55 [0.09, 1.01]		0.58 [0.12, 1.05]	
Concealment	<i>n</i>	35	53	64	24	65	23
	<i>M</i>	59.0	64.2	66.7	50.0	67.2	48.0
	(<i>SD</i>)	(30.5)	(32.3)	(31.9)	(27.5)	(31.8)	(26.4)
	<i>d</i> [95% <i>CI</i>]	-0.17 [-0.59, 0.26]		0.54 [0.06, 1.02]		0.63 [0.14, 1.11]	

Scatophilia

	Correlations		
	Partnered Behaviour	Pornography Use	Masturbation
Internalized Stigma	-.07	.34	.27
Perceived Stigma	.02	.13	.08
Fear of Discovery	.10	.58**	.54*
Concealment	.37	.70**	.57*

Standardized Mean Differences

	Partnered Behaviour		Pornography Use		Masturbation		
	Present	Absent	Present	Absent	Present	Absent	
Internalized Stigma							
	<i>n</i>	4	17	15	6	16	5
	<i>M</i>	39.8	44.3	47.4	33.5	46.7	33.0
	(<i>SD</i>)	(14.0)	(20.3)	(21.0)	(7.1)	(20.4)	(7.8)
	<i>d</i> [95% <i>CI</i>]	-0.23 [-1.32, 0.86]		0.76 [-0.23, 1.73]		0.74 [-.30, 1.76]	
Perceived Stigma							
	<i>n</i>	4	17	15	6	16	5
	<i>M</i>	72.0	69.1	72.5	62.3	70.9	65.4
	(<i>SD</i>)	(12.0)	(24.8)	(19.1)	(30.9)	(19.5)	(33.5)
	<i>d</i> [95% <i>CI</i>]	0.13 [-0.97, 1.22]		0.45 [-0.52, 1.40]		0.24 [-0.77, 1.24]	
Fear of Discovery							
	<i>n</i>	4	16	15	5	16	4
	<i>M</i>	63.0	57.4	64.3	41.2	63.3	39.8
	(<i>SD</i>)	(19.8)	(23.0)	(19.4)	(22.0)	(19.3)	(25.1)
	<i>d</i> [95% <i>CI</i>]	0.25 [-0.86, 1.34]		1.16 [0.62, 2.22]		1.16 [-0.02, 2.30]	
Concealment							
	<i>n</i>	4	14	14	4	15	3
	<i>M</i>	80.3	49.8	64.7	28.0	62.5	26.7
	(<i>SD</i>)	(43.7)	(28.6)	(33.9)	(6.2)	(33.8)	(6.8)
	<i>d</i> [95% <i>CI</i>]	0.95 [-0.22, 2.10]		1.20 [-0.01, 2.37]		1.13 [-0.18, 2.42]	

* $p < .05$ (two-tailed).

** $p < .01$ (two-tailed).

Bolded effect size (ES) indicates $p < .05$.

Urophilia

For urophilic interest, 98 participants reported interest in at least one urophilic interest item. Of those reporting urophilic interest, 63 participants (64.3%) reported engagement in urophilic partnered behaviour and the modal frequency for partnered behaviour was once or twice ever. Correlations for the association between urophilic sexual behaviour and stigma-related stressors for participants reporting urophilic sexual interests are reported in Table 8. Urophilic partnered behaviour was significantly and negatively correlated with internalized stigma ($r = -.30$), perceived stigma ($r = -.25$), and fear of discovery ($r = -.21$). A linear regression showed that internalized stigma significantly predicted urophilic partnered behaviour, $\beta = -.10$, $t(97) = -3.11$, $p = .002$, explaining a significant portion of the variance in urophilic partnered behaviour, $R^2 = .09$. A linear regression with perceived stigma significantly predicted urophilic partnered behaviour, $\beta = -.10$, $t(96) = -2.48$, $p = .015$, explaining a significant portion of the variance in urophilic partnered behaviour, $R^2 = .06$. As for fear of discovery, a linear regression significantly predicted urophilic partnered behaviour, $\beta = -.10$, $t(94) = -2.02$, $p = .046$, explaining a significant portion of the variance in urophilic partnered behaviour, $R^2 = .04$. In the multiple regression, the overall model predicted a significant proportion of variance in urophilic partnered behaviour, $R^2 = .10$, $F(3, 91) = 3.49$, $p = .019$. Among the individual predictors in the overall model, internalized stigma partnered behaviour, $\beta = -.10$, $t(94) = -2.12$, $p = .037$; however, fear of discovery, $\beta = -.01$, $t(94) = -1.03$, $p = .304$, and concealment, $\beta = .004$, $t(94) = 0.65$, $p = .516$, did not. Finally, those who engaged in urophilic partnered behaviour tended to report lower levels of stigma-related stressors compared to those who had not engaged in partnered behaviour (perceived stigma, $d = -0.42$; and internalized stigma, $d = -0.62$).

In terms of urophilic pornography usage, 87 participants (88.8%) reported engagement and the modal frequency for pornography usage was once a year or more on average. Urophilic

pornography usage was significantly and positively correlated with fear of discovery ($r = .33$) and concealment ($r = .37$). A linear regression showed that fear of discovery significantly predicted urophilic pornography usage, $\beta = .01$, $t(94) = 3.40$, $p = .001$, explaining a significant portion of the variance in urophilic pornography usage, $R^2 = .11$. Concealment significantly predicted urophilic pornography usage in a linear regression, $\beta = .01$, $t(87) = 3.65$, $p < .001$, explaining a significant portion of the variance in urophilic pornography usage, $R^2 = .13$. In the multiple regression, neither fear of discovery ($\beta = .01$, $t(87) = 1.17$, $p = .245$) or concealment ($\beta = .01$, $t(87) = 1.45$, $p = .150$) individually predicted urophilic pornographic; however, the overall model did explain a significant proportion of variance in urophilic pornography usage, $R^2 = .15$, $F(2, 85) = 7.37$, $p < .001$. Finally, those who engaged in urophilic pornography usage tended to report higher levels of stigma-related stressors compared to those who had not engaged in pornography usage (concealment, $d = 0.54$; and fear of discovery, $d = 0.55$).

For urophilic masturbation, 87 participants (88.8%) reported engagement and the modal frequency for masturbation was once a year or more on average. Urophilic masturbation was significantly and positively correlated with fear of discovery ($r = .29$) and concealment ($r = .36$). A linear regression showed that fear of discovery significantly predicted urophilic masturbation, $\beta = .01$, $t(94) = 2.95$, $p = .004$, explaining a significant portion of the variance in urophilic masturbation, $R^2 = .09$. Concealment significantly predicted urophilic masturbation in a linear regression, $\beta = .01$, $t(87) = 3.62$, $p < .001$, explaining a significant portion of the variance in urophilic masturbation, $R^2 = .13$. In the multiple regression, concealment significantly predicted urophilic masturbation, $\beta = .01$, $t(87) = 2.05$, $p = .043$; however, fear of discovery did not $\beta = .002$, $t(87) = 0.34$, $p = .737$. The overall model did explain a significant proportion of variance in urophilic masturbation, $R^2 = .13$, $F(2, 85) = 6.53$, $p = .002$. Finally, those who engaged in

uophilic masturbation tend to report higher levels of stigma-related stressors compared to those who had not engaged in masturbation (fear of discovery, $d = 0.58$; and concealment, $d = 0.63$).

Scatophilia

For scatophilic interest, 21 participants reported interest in at least one scatophilia interest item. Of those reporting scatophilic interest, 11 participants (52.4%) reported engagement in scatophilic partnered behaviour and the modal frequency for partnered behaviour was once or twice ever. Correlations for the association between scatophilic sexual behaviour and stigma-related stressors for participants reporting scatophilic sexual interests are reported in Table 8. Scatophilic partnered behaviour showed no significant correlations with the stigma-related stressors.

In terms of scatophilic pornography usage, 20 participants (95.2%) reported engagement and the modal frequency for pornography usage was once a year or more on average. Scatophilic pornography usage was significantly and positively correlated with fear of discovery ($r = .58$) and concealment ($r = .70$). A linear regression showed that fear of discovery significantly predicted scatophilic pornography usage, $\beta = .03$, $t(19) = 2.98$, $p = .008$, explaining a significant portion of the variance in scatophilic pornography usage, $R^2 = .33$. Concealment also significantly predicted scatophilic pornography usage in a linear regression, $\beta = .03$, $t(17) = 3.93$, $p < .001$, explaining a significant portion of the variance in scatophilic pornography usage, $R^2 = .49$. In the multiple regression, concealment significantly predicted scatophilic pornographic, $\beta = .02$, $t(17) = 2.89$, $p = .011$, while fear of discovery did not, $\beta = .02$, $t(17) = 1.58$, $p = .143$. The overall model explained a significant proportion of variance in scatophilic pornographic, $R^2 = .56$, $F(2, 15) = 9.57$, $p = .002$.

For scatophilic masturbation, 20 participants (95.2%) reported engagement and the modal frequency for masturbation was once a month or more on average. Scatophilic masturbation was significantly and positively correlated with fear of discovery ($r = .54$) and concealment ($r = .57$). A linear regression showed that fear of discovery significantly predicted scatophilic masturbation, $\beta = .03$, $t(19) = 2.71$, $p = .014$, explaining a significant portion of the variance in scatophilic masturbation, $R^2 = .29$. Concealment also significantly predicted scatophilic masturbation in a linear regression, $\beta = .02$, $t(17) = 2.79$, $p = .013$, explaining a significant portion of the variance in scatophilic masturbation, $R^2 = .33$. In the multiple regression, neither fear of discovery, $\beta = .02$, $t(17) = 1.49$, $p = .157$, or concealment, $\beta = .01$, $t(17) = 1.86$, $p = .083$, significantly predicted scatophilic masturbation. The overall model explained a significant proportion of variance in scatophilic masturbation, $R^2 = .41$, $F(2, 15) = 5.30$, $p = .018$.

Fetishism

For fetishistic interest, 154 participants reported interest in at least one fetishism interest item. Of those reporting fetishistic interest, 133 participants (86.4%) reported engagement in fetishistic partnered behaviour and the modal frequency for partnered behaviour was once a year or more on average. Correlations for the association between fetishistic sexual behaviour and stigma-related stressors for participants reporting fetishistic sexual interests are reported in Table 9. Overall, fetishistic partnered behaviour was significantly and negatively correlated with perceived stigma ($r = -.26$) and concealment ($r = -.20$). A linear regression showed that perceived stigma significantly predicted fetishistic partnered behaviour, $\beta = -.01$, $t(152) = -3.26$, $p < .001$, explaining a significant portion of the variance in fetishistic partnered behaviour, $R^2 = .07$. As for concealment, a linear regression significantly predicted fetishistic partnered behaviour, $\beta = -.01$, $t(141) = -2.40$, $p = .018$, explaining a significant portion of the variance in

fetishistic partnered behaviour, $R^2 = .04$. In a multiple regression, the overall model explained a significant proportion of variance in fetishistic partnered behaviour, $R^2 = .10$, $F(2, 139) = 7.31$, $p < .001$. Among the individual predictors in the model, perceived stigma predicted fetishistic partnered behaviour, $\beta = -.01$, $t(141) = -2.29$, $p = .004$; however, concealment, $\beta = .00$, $t(141) = -0.12$, $p = .908$, did not. Finally, those who engaged in fetishistic partnered behaviour tended to report lower levels of perceived stigma compared to those who had not engaged in partnered behaviour ($d = -0.56$).

In terms of fetishistic pornography usage, 138 participants (89.6%) reported engagement and the modal frequency for pornography usage was once a month or more on average. Fetishistic pornography usage showed no significant correlations with the stigma-related stressors. Finally, differences in reported level of stigma-related stressors in those who engaged in fetishistic masturbation compared to those who did not engage in masturbation were nonsignificant.

For fetishistic masturbation, 133 participants (86.4%) reported engagement and the modal frequency for masturbation was once a month or more on average. Fetishistic masturbation was significantly and positively correlated with perceived stigma ($r = .18$) and fear of discovery ($r = .23$). A linear regression showed that internalized stigma significantly predicted fetishistic masturbation, $\beta = .01$, $t(152) = 2.30$, $p = .023$, explaining a significant portion of the variance in fetishistic masturbation, $R^2 = .04$. As for fear of discovery, a linear regression significantly predicted fetishistic masturbation, $\beta = .01$, $t(149) = 2.82$, $p = .005$, explaining a significant portion of the variance in fetishistic masturbation, $R^2 = .05$. In a multiple regression, the overall model explained a significant proportion of variance in fetishistic masturbation, $R^2 = .05$, $F(2, 147) = 4.08$, $p = .019$. Among the individual predictors in the overall model, internalized stigma,

$\beta = .003$, $t(149) = 0.50$, $p = .619$, and fear of discovery, $\beta = .01$, $t(149) = 1.70$, $p = .091$ did not predict fetishistic masturbation. Finally, those who engaged in fetishistic masturbation tend to report higher levels of fear of discovery compared to those who had not engaged in masturbation ($d = 0.37$).

Table 9.

Association between Fetishistic, Material/Object Fetishistic, and Transvestic Fetishistic Behaviours and Stigma Related Stressors

Fetishism						
	Partnered Behaviour		Correlations			
			Pornography Use		Masturbation	
Internalized Stigma	-.06		.05		.18*	
Perceived Stigma	-.26**		.03		.07	
Fear of Discovery	-.15		.10		.23**	
Concealment	-.20*		.05		.10	
Standardized Mean Differences						
	Partnered Behaviour		Pornography Use		Masturbation	
	Present	Absent	Present	Absent	Present	Absent
Internalized Stigma						
<i>n</i>	115	39	122	32	113	40
<i>M</i>	52.2	54.0	52.4	53.3	54.2	48.6
(<i>SD</i>)	(24.5)	(22.0)	(23.5)	(25.4)	(24.4)	(22.2)
<i>d</i> [95% <i>CI</i>]	-0.08 [-0.44, 0.29]		-0.04 [-0.43, 0.35]		0.24 [-0.13, 0.60]	
Perceived Stigma						
<i>n</i>	114	39	121	32	112	40
<i>M</i>	63.0	77.5	67.0	65.7	68.5	62.9
(<i>SD</i>)	(25.1)	(27.4)	(26.2)	(27.4)	(26.6)	(25.2)
<i>d</i> [95% <i>CI</i>]	-0.56 [-0.93, -0.19]		0.05 [-0.34, 0.44]		0.22 [-0.15, 0.58]	
Fear of Discovery						
<i>n</i>	113	38	120	31	111	39
<i>M</i>	66.4	72.6	68.0	68.0	70.9	60.3
(<i>SD</i>)	(29.1)	(27.5)	(29.3)	(27.0)	(29.2)	(26.7)
<i>d</i> [95% <i>CI</i>]	-0.22 [-0.58, 0.15]		0.00 [-0.39, 0.40]		0.37 [0.0, 0.74]	
Concealment						
<i>n</i>	106	36	112	30	105	36
<i>M</i>	61.9	67.8	63.3	63.9	66.3	55.4
(<i>SD</i>)	(29.3)	(27.7)	(28.6)	(30.4)	(28.8)	(28.5)
<i>d</i> [95% <i>CI</i>]	-0.21 [-0.59, 0.17]		-0.02 [-0.43, 0.38]		0.38 [-0.01, 0.76]	
Material/Object Fetishism						

	Correlations					
	Partnered Behaviour		Pornography Use		Masturbation	
Internalized Stigma	-.19*		.05		.10	
Perceived Stigma	-.20*		.05		.10	
Fear of Discovery	-.13		.18		.30*	
Concealment	-.22*		.09		.18	

	Standardized Mean Differences					
	Partnered Behaviour		Pornography Use		Masturbation	
	Present	Absent	Present	Absent	Present	Absent
Internalized Stigma						
<i>n</i>	80	36	89	27	78	37
<i>M</i>	48.7	56.8	50.9	52.1	51.8	50.1
(<i>SD</i>)	(23.2)	(23.5)	(23.9)	(22.4)	(23.9)	(23.2)
<i>d</i> [95% <i>CI</i>]	-0.35 [-0.75, 0.05]		-0.05 [-0.48, 0.38]		0.07 [-0.32, 0.46]	
Perceived Stigma						
<i>n</i>	79	36	88	27	77	37
<i>M</i>	61.1	72.3	65.8	60.5	67.7	59.1
(<i>SD</i>)	(24.8)	(30.2)	(27.1)	(26.8)	(27.2)	(25.4)
<i>d</i> [95% <i>CI</i>]	-0.42 [-0.82, -0.02]		0.20 [-0.24, 0.63]		0.32 [-0.07, 0.72]	
Fear of Discovery						
<i>n</i>	78	36	87	27	76	37
<i>M</i>	64.1	68.1	68.3	55.8	71.4	53.2
(<i>SD</i>)	(27.9)	(34.1)	(30.0)	(28.1)	(28.4)	(29.9)
<i>d</i> [95% <i>CI</i>]	-0.13 [-0.53, 0.26]		0.42 [-0.02, 0.86]		0.63 [0.23, 1.03]	
Concealment						
<i>n</i>	74	33	81	26	72	34
<i>M</i>	58.6	64.8	62.4	54.7	64.9	51.6
(<i>SD</i>)	(29.7)	(29.9)	(30.0)	(28.7)	(29.5)	(29.1)
<i>d</i> [95% <i>CI</i>]	-0.21 [-0.62, 0.20]		0.26 [-0.18, 0.70]		0.46 [0.04, 0.87]	

Transvestic Fetishism						
	Correlations					
	Partnered Behaviour		Pornography Use		Masturbation	
Internalized Stigma	.07		-.08		.15	
Perceived Stigma	-.24*		-.05		-.05	
Fear of Discovery	-.10		-.08		.10	
Concealment	-.12		-.06		.08	

	Standardized Mean Differences					
	Partnered Behaviour		Pornography Use		Masturbation	
	Present	Absent	Present	Absent	Present	Absent
Internalized Stigma						
<i>n</i>	56	20	62	14	59	17
<i>M</i>	55.8	49.5	53.0	59.5	54.9	51.5
(<i>SD</i>)	(26.0)	(19.8)	(23.6)	(29.0)	(24.6)	(25.1)
<i>d</i> [95% <i>CI</i>]	0.26 [-0.25, 0.77]		-0.27 [-0.85, 0.32]		0.14 [-0.40, 0.68]	

Perceived Stigma						
<i>n</i>	55	20	61	14	58	17
<i>M</i>	66.0	74.6	67.1	73.3	67.1	72.3
(<i>SD</i>)	(25.3)	(26.4)	(26.0)	(25.1)	(25.2)	(27.8)
<i>d</i> [95% <i>CI</i>]	-0.34 [-0.85, 0.18]		-0.24 [-0.82, 0.34]		-0.20 [-0.74, 0.34]	
Fear of Discovery						
<i>n</i>	55	19	61	13	58	16
<i>M</i>	71.7	68.5	68.9	80.3	70.7	71.6
(<i>SD</i>)	(30.3)	(22.6)	(28.7)	(26.3)	(29.1)	(26.7)
<i>d</i> [95% <i>CI</i>]	0.11 [-0.41, 0.63]		-0.40 [-1.00, 0.20]		-0.03 [-0.58, 0.52]	
Concealment						
<i>n</i>	49	18	55	12	53	14
<i>M</i>	66.3	69.8	64.9	78.2	66.9	68.5
(<i>SD</i>)	(29.4)	(23.1)	(27.7)	(26.5)	(27.9)	(28.2)
<i>d</i> [95% <i>CI</i>]	-0.12 [-0.66, 0.42]		-0.48 [-1.11, 0.15]		-0.06 [-0.65, 0.53]	

* $p < .05$ (two-tailed).

** $p < .01$ (two-tailed).

Bolded effect size (ES) indicates $p < .05$.

Material/Object Fetishism

For material/object fetishistic interest, 116 participants reported interest in at least one material/object fetishism interest item. Of those reporting material/object fetishistic interest, 99 participants (85.3%) reported engagement in material/object fetishistic partnered behaviour and the modal frequency for partnered behaviour was once a year or more on average. Correlations for the association between material/object fetishistic sexual behaviour and stigma-related stressors for participants reporting material/object fetishistic sexual interests are reported in Table 9. Material/object fetishistic partnered behaviour was significantly and negatively correlated with internalized stigma ($r = -.19$), perceived stigma ($r = -.20$), and concealment ($r = -.22$). A linear regression showed that internalized stigma significantly predicted material/object fetishistic partnered behaviour, $\beta = -.01$, $t(115) = -2.07$, $p = .041$, explaining a significant portion of the variance in material/object fetishistic partnered behaviour, $R^2 = .04$. A linear regression of perceived stigma significantly predicted material/object fetishistic partnered

behaviour, $\beta = -.01$, $t(114) = -2.16$, $p = .033$, explaining a significant portion of the variance in material/object fetishistic partnered behaviour, $R^2 = .04$. As for concealment, there was significant prediction of material/object fetishistic partnered behaviour in a linear regression, $\beta = -.01$, $t(106) = -2.28$, $p = .024$, explaining a significant portion of the variance in material/object fetishistic partnered behaviour, $R^2 = .05$. In the multiple regression, the overall model did not predict a significant proportion of variance in material/object fetishistic partnered behaviour, $R^2 = .07$, $F(3, 103) = 2.56$, $p = .059$. Among the individual predictors in the overall model, perceived stigma ($\beta = -.01$, $t(106) = -1.44$, $p = .153$), internalized stigma ($\beta = -.002$, $t(106) = -0.33$, $p = .741$), and concealment ($\beta = -.003$, $t(1306) = -0.58$, $p = .563$) were not significant predictors of partnered behaviour by the overall model. Finally, those who engaged in material/object fetishistic partnered behaviour tend to report lower perceived stigma compared to those who had not engaged in partnered behaviour ($d = -0.42$).

In terms of material/object fetishistic pornography usage, 105 participants (90.5%) reported engagement and the modal frequency for pornography usage was once a month or more on average. Material/object fetishistic pornography usage showed no significant correlations with the stigma-related stressors. Finally, differences in reported level of stigma-related stressors in those who engaged in material/object fetishistic pornography usage compared to those who did not engage in pornography usage were nonsignificant.

For material/object fetishistic masturbation, 96 participants (91.4%) reported engagement and the modal frequency for masturbation was once a month or more on average. Material/object fetishistic masturbation was significantly and positively correlated with fear of discovery ($r = .30$). A linear regression showed that fear of discovery significantly predicted material/object fetishistic masturbation, $\beta = .01$, $t(112) = 3.25$, $p = .002$, explaining a significant portion of the

variance in material/object fetishistic masturbation, $R^2 = .09$. Finally, those who engaged in material/object fetishistic masturbation tend to report higher levels of stigma-related stressors compared to those who had not engaged in masturbation (concealment, $d = 0.46$; and fear of discovery, $d = 0.63$).

Transvestic Fetishism

For transvestic fetishistic interest, 76 participants reported interest in at least one transvestic fetishism interest item. Of those reporting transvestic fetishistic interest, 62 participants (81.6%) reported engagement in transvestic fetishistic partnered behaviour and the modal frequency for partnered behaviour was once a year or more on average. Correlations for the association between transvestic fetishistic sexual behaviour and stigma-related stressors for participants reporting transvestic fetishistic sexual interests are reported in Table 9. Overall, transvestic fetishistic partnered behaviour was significantly and negatively correlated with perceived stigma ($r = -.24$). A linear regression showed that perceived stigma significantly predicted transvestic fetishistic partnered behaviour, $\beta = -.01$, $t(74) = -2.11$, $p = .038$, explaining a significant portion of the variance in transvestic fetishistic partnered behaviour, $R^2 = .06$. Finally, differences in reported level of stigma-related stressors in those who engaged in transvestic fetishistic partner behaviour compared to those who did not engage in partnered behaviour were nonsignificant.

In terms of transvestic fetishistic pornography usage, 68 participants (89.5%) reported engagement and the modal frequency for pornography usage was once a month or more on average. Transvestic fetishistic pornography usage showed no significant correlations with the stigma-related stressors. For transvestic fetishistic masturbation, 67 participants (84.8%) reported engagement and the modal frequency for masturbation was once a month or more on average.

Transvestic fetishistic masturbation had no significant correlations with the stigma-related stressors. Finally, differences in reported level of stigma-related stressors in those who engaged in transvestic fetishistic masturbation compared to those who did not engage in masturbation were nonsignificant.

Open-Ended Questions: Descriptives

Of the sample, 177 (61.0%) participants entered one open-ended question, 54 (18.6%) participants entered two open-ended questions, and 23 (7.9%) participants entered three open-ended questions. In categorizing paraphilic interests for the open-ended questions, 22 entries were categorized as non-paraphilic and 51 were categorized as unclear (e.g., multiple interests were entered in the textbox or not enough information was provided to understand the source of arousal). These entries were not further analyzed for behaviour. There were 20 paraphilic categories identified from the written responses. Table 10 displays the descriptive statistics for each paraphilic interest and behaviour. Definitions for each paraphilia can be found in Appendix N.

In general, a pattern emerged in which the more people reported an interest in a paraphilia, the fewer reported engagement in the corresponding behaviour with a partner, whereas the more reported engagement in solo behaviours (i.e., pornography usage, masturbation). A similar pattern emerged in terms of frequency of behaviour, having more frequent engagement in solo behaviours, whereas participants reported less frequent engagement in partner behaviours. The largest reported interests were BDSM ($n = 40$) followed by the submission group ($n = 36$). Within the illegal activities group, concordance between interest and partnered behaviour was high (88.9 to 100.0%), with the exception of biastophilia displaying low concordance (20.0%). The reverse pattern emerged within the fetishism group as overall

concordance was low with partnered behaviours (30.0 to 50.0%), the exception being material/object fetishism displaying high concordance (65.0%). Mysophilia had the lowest concordance in sexual behaviours, with no engagement in partnered behaviour or pornography usage, and 16.7% engagement in masturbation. Participants with interest in illegal targets reported lower concordance in masturbation (54.4 to 60.0%, with the exception of necrophilia at 100.0%) compared to masturbation to illegal activities (88.9 to 100.0%).

Table 10.

Open-Ended Questions – Descriptive Statistics

Paraphilia	<i>N</i>	<i>M</i>	<i>SD</i>
Submission			
Masochism/Submission			
Interest	20		
Partnered Behaviour	16		
Average		3.2	1.5
Total		3.2	1.5
Pornography Usage	17		
Average		3.5	1.3
Total		3.5	1.3
Masturbation	18		
Average		4.2	1.2
Total		4.2	1.2
Chastity/Orgasm Denial			
Interest	16		
Partnered Behaviour	13		
Average		3.8	1.7
Total		3.8	1.7
Pornography Usage	16		
Average		4.9	0.3
Total		4.9	0.3
Masturbation	16		
Average		4.9	0.3
Total		4.9	0.3
Dominance			
Sadism/Dominance			
Interest	6		
Partnered Behaviour	4		
Average		2.7	1.6
Total		2.6	1.5

Pornography Usage	5		
Average		3.3	1.2
Total		3.3	1.2
Masturbation	6		
Average		4.2	0.4
Total		4.1	0.5
Illegal Activities			
Voyeurism			
Interest	2		
Partnered Behaviour	2		
Average		4.5	0.7
Total		4.5	0.7
Pornography Usage	2		
Average		5.0	0.0
Total		5.0	0.0
Masturbation	2		
Average		5.0	0.0
Total		5.0	0.0
Exhibitionism			
Interest	9		
Partnered Behaviour	8		
Average		3.0	1.2
Total		3.0	1.2
Pornography Usage	8		
Average		3.8	1.4
Total		3.8	1.4
Masturbation	8		
Average		4.7	0.5
Total		4.7	0.5
Blastophilia			
Interest	5		
Partnered Behaviour	1		
Average		1.8	1.8
Total		1.8	1.8
Pornography Usage	5		
Average		4.2	0.5
Total		4.2	0.5
Masturbation	5		
Average		4.4	0.6
Total		4.4	0.6
Illegal Targets			
Pedohebephilia			
Interest	16		
Masturbation	9		
Average		4.0	1.6
Total		4.0	1.6

Total		4.5	0.7
Masturbation	2		
Average		4.5	0.7
Total		4.5	0.7
Cuckholding/Cuckqueaning			
Interest	10		
Partnered Behaviour	3		
Average		2.6	1.5
Total		2.6	1.5
Pornography Usage	5		
Average		4.8	0.5
Total		4.8	0.5
Masturbation	5		
Average		4.8	0.5
Total		4.8	0.5
Other Types of Paraphilias			
Autozoophilia			
Interest	7		
Partnered Behaviour	1		
Average		3.0	2.8
Total		3.0	2.8
Pornography Usage	2		
Average		4.0	1.4
Total		4.0	1.4
Masturbation	2		
Average		4.0	1.4
Total		4.0	1.4
Diaperism			
Interest	10		
Partnered Behaviour	3		
Average		2.2	1.3
Total		2.2	1.3
Pornography Usage	5		
Average		4.0	1.0
Total		4.0	1.0
Masturbation	5		
Average		4.0	1.0
Total		4.0	1.0
Autochronophilia			
Interest	10		
Partnered Behaviour	3		
Average		2.2	1.1
Total		2.2	1.1
Pornography Usage	5		
Average		4.0	1.2
Total		4.0	1.2

Masturbation	5		
Average		4.2	0.8
Total		4.2	0.8
Teratophilia			
Interest	3		
Partnered Behaviour	2		
Average		2.7	2.1
Total		2.7	2.1
Pornography Usage	3		
Average		4.7	0.6
Total		4.7	0.6
Masturbation	3		
Average		4.3	0.6
Total		4.3	0.6
Multiple Partners			
Interest	13		
Partnered Behaviour	9		
Average		2.4	1.5
Total		2.2	1.2
Pornography Usage	13		
Average		4.5	0.7
Total		4.5	0.7
Masturbation	13		
Average		4.7	0.5
Total		4.7	0.5
BDSM ³			
Interest	40		
Partnered Behaviour	34		
Average		3.3	1.3
Total		3.2	1.4
Pornography Usage	39		
Average		4.1	1.0
Total		4.1	1.0
Masturbation	40		
Average		4.4	0.7
Total		4.4	0.7

³ This category contains entries that were unable to identify paraphilic interest beyond being BDSM related. Specifically, the direction to which the activity. For example, having an action done to them, or doing it to someone else (i.e., the direction of sadism/dominance or masochism/submission).

Discussion

The present study investigated the relationship between various processes of stigmatization and engagement in partnered and solo paraphilic behaviours that align with paraphilic interests. This chapter will discuss the study findings and place the current findings in the context of the broader empirical literature. Additionally, implications of this study for the field of counselling will be discussed. The section will conclude with limitations and future research directions will be considered.

Differential Associations of Stigma-Related Stressors and Sexual Behaviour

Within the present sample, the concordance rates were between 40.8% to 85.3% across the individual paraphilic partnered behaviour and 67.0% and 99.1% for solo sexual behaviour. Solo behaviour having a higher concordance rate than partnered sexual behaviour is an expected pattern, as it has been found previously that more people engage in masturbation to their paraphilic interest, and fewer will engage in paraphilic partnered behaviours (Ahlers et al., 2011; Castellini et al., 2018). For partnered behaviour, concordance was strongest in material/object fetishism (85.3%), transvestic fetishism (81.6%), and masochism (79.1%), whereas concordance was weakest in scatophilia (52.4%), scatologia (50.0%), and biastophilia (40.8%). For solo behaviour, concordance was strongest in pedophilia (99.0%), hebephilia (97.2%), and masochism (95.7 to 96.3%), whereas concordance was weakest in scatologia (83.8%), zoophilia (75.2 to 88.6%), and biastophilia (67.0 to 68.4%). A difference found in the present study is that despite expecting partnered behaviour to have lowered concordance rates compared to solo behaviours, the concordance rates in the present study were considerably higher compared to that of previous studies. For partner behaviours, previous studies found 43.6 to 44.4% engagement (Ahlers et al., 2011; Castellini et al., 2018), whereas the present study found between 40.8 to

85.3%. As for solo behaviours, previous studies found 47.7 to 52.3% engagement (Ahlers et al., 2011; Castellini et al., 2018), whereas the present study found between 67.0 to 99.1%.

The variations in concordance rates found in the present study could be the results of the definition of paraphilic behaviour used in the present study compared with previous research. By recruiting participants from paraphilia websites, a stricter criterion to categorize participants as paraphilic was used, allowing for increased confidence that the participants were paraphilic, while also allowing for a large sample to be recruited. Previous studies that sample from the general population when assessing for concordance in paraphilic behaviours, tend to use more lenient criteria for categorizing those with paraphilic interests. Often any report of non-disgust or slight interest are used to operationalize paraphilic interest (e.g., the cut-off to be categorized as having paraphilic interests is reporting ‘not at all arousing,’ ‘not at all,’ ‘indifferent’ levels of interest in Ahlers et al., 2011; Joyal & Carpentier, 2022; Seto et al., 2021, respectively), which likely results in more participants being categorized as paraphilic who are likely not paraphilic. These more lenient operationalizations may lower confidence in previous research assessing the paraphilic interest-behaviour link because analysis includes participants less likely to be paraphilic. Due to the present study using a stricter operationalization, the hypotheses are then able to be more precisely addressed, as the present sample represents people more likely to be truly paraphilic.

These rates of engaging in paraphilic behaviour that aligns with one’s paraphilic interest continue to suggest that not everyone with a paraphilic interest will engage in their sexual interests. One plausible reason for this is that stigma processes may play a role in whether people pursue various means of engaging in their paraphilic interests, either with a partner or via solo sexual behaviour. Within this sample, stigma-related stressors tended to associate with the

frequency with which individuals with paraphilic interests engaged in these interests via partnered and solo sexual behaviour. Across the five paraphilic interest domains, more than half of the associations were statistically significant (i.e., 77.1%, or 37/48 correlations). When individual paraphilias were examined, stigma-related stressors tended to show fewer significant relationships with paraphilic behaviour (i.e., 28.9%, or 44/152 correlations). At the most general level, the present findings indicate that stigma-related stressors are associated, to some degree, with how frequently people engage in their paraphilic interests.

Overall, the direction of associations provides partial support for the study hypotheses. In general, the stigma-related stressors (i.e., internalized stigma, perceived stigma, fear of discovery, and concealment) were negatively associated with partnered paraphilic behaviours and were positively associated with paraphilic pornography use and masturbation. The latter set of results contradicted the predictions in this study, as the prediction was that stigma-related stressors would be negatively associated with both partnered and solo paraphilic behaviours. The majority of these associations ranged from .20 to .40, with only a few correlations being larger than this general trend (e.g., scatophilic pornography usage correlations with fear of discovery [$r = .58$], concealment [$r = .70$]).

It is possible that a relational component moderates the differential associations on sexual behaviour. These findings are suggestive that certain stigma-related processes may reduce a person's ability or willingness to approach potential partners as a means of expressing their paraphilic interests. For instance, internalized stigma, in particular the items on measures used in this study, involve perceiving one's sexuality as deviant, morally unacceptable, abnormal, and a source of self-criticism. It seems reasonable that people who hold these negative views about themselves would be more likely to assume others would see them similarly, if they found out

about one's paraphilic interest. Such assumptions about others' reactions may be tied to assumptions about others acting in a rejecting manner or ending the relationship. To manage perceived threats to an intimate relationship, individuals with paraphilic interests who experience internalized stigma may avoid disclosure as a means of protecting their relationships from such threats.

Being invisible or unidentifiable as part of a stigmatized group can help people avoid negative interpersonal consequences or victimization (Dworkin & Yi, 2003), thereby explaining why some individuals cope by limiting or hiding their sexual orientation from others. If people with paraphilic interests are coping with stigma-related stressors in general through avoiding related paraphilic partnered behaviours, it is reasonable to assume this coping mechanism would extend to intimate and close relationships (i.e., sexual partners, long or short-term romantic partners). To engage in paraphilic partnered behaviour that aligns with a paraphilic interest, a person would need to communicate their sexual desires to their partners, yet stigma processes may influence decisions to disclose. Individuals who practice or are interested in BDSM report increased fears about telling others about their sexual interests (Bezreh et al., 2012; Connolly, 2006). Feelings of discomfort and worry are associated with avoiding disclosure to those "outside" of the BDSM community due to concern other will stigmatize them (Connolly, 2006). By not communicating one's paraphilic interests, it might be seen as a coping mechanism to retain and maintain intimate relationships. People in the BDSM community often report having a hard time finding partners who are willing to engage in BDSM practices or will suppress their desires while dating, which can be associated with unsatisfactory relationships (Bezreh et al., 2012).

Concurrently, not disclosing one's sexual interests in an intimate relationship is connected to decreased sexual satisfaction (Mundy & Cioe, 2019). Experiencing lowered sexual satisfaction is associated with multiple markers of psychological distress (Blondeel et al., 2024; Buczak-Stec et al., 2019; Davison et al., 2009; Miguel et al., 2024). In contrast, disclosure of paraphilic interests to a partner is associated with higher reported levels of sexual satisfaction compared to those who do not disclose their paraphilic interests (Mundy & Cioe, 2019). This increased sexual satisfaction is not dependent on whether a person then engages in partnered paraphilic behaviour related to their paraphilic interests. Overall, various complexities exist within the decision to disclose one's sexual interests, as both disclosing or not disclosing one's sexual interests is associated with potential distress. It is important to note that the present study's findings are correlational in nature, not causal. The causal direction of this association is unknown, and it might be as likely that engagement in partner sexual behaviours decreases the experience of stigma-related stressors.

People might also cope with stigma-related stress using solo sexual behaviour, which does not include the same additional relational/social stress partnered behaviour does. Engaging in sexual behaviour has been shown to be associated with stress management (e.g., Dariotis & Chen, 2022; Park et al., 2021), which may be due to sexual behaviour activating dopamine systems that contribute to pleasurable feedback via sexual gratification for the performer, and more generally, a person can experience a temporary state of euphoria (Katehakis, 2016; Koob, 2006). Further, hypersexuality is associated with both paraphilic interests and engagement in paraphilic behaviours (Castellini et al., 2018; Dawson et al., 2016). Conceptualizations of hypersexual behaviour typically indicate that using sexual behaviour as a means of coping with stress and other negative emotional states is a marker of hypersexuality (e.g., Howard, 2007;

Katehakis, 2016). For paraphilic individuals—with or without hypersexuality—who report experiencing higher levels of stigma-related stress, viewing pornography or masturbating to orgasm to stimuli that align with their paraphilic interests may be one method of coping with stress. Given the tendency for stigma processes to be associated with less engagement with partnered behaviour, solo sexual behaviour may become the more readily available outlet for experiencing and expressing one's sexuality, which can account for the positive association found in this study.

Arguably, engagement in solo paraphilic behaviours may also increase the experience of stigma-related stressors. A possible explanation for solo paraphilic behaviours being both a trigger of, and a coping mechanism for, stigma-related stressors can be found in models of hypersexuality (Walton et al., 2017). The cycle begins with a sexual urge, defined as a motivational state, psychological desire, and/or emotional desire to engage in sexual behaviour. This urge is followed by, but not always, sexual behaviour. During the phases of sexual urge and behaviour a person will feel 'cognitive abeyance.' Cognitive abeyance is a temporary state of being disassociated from one's cognition, euphoric or highly excited disposition, and unrealistic positive biases towards their anticipated sexual behaviour. When in cognitive abeyance, a person is inclined towards engaging in sexual behaviour that they might later find personally distressing. The next phase is sexual satiation, described as the sexual urge being either satisfied or when it begins to dissipate and internal motivation for sexual activity begins to decline. The final phase is post-sexual satiation, described as the biopsychological process in the decline of a person's sexual arousal and the return to a state of non-sexual arousal or neutrality. During the sexual satiation and post-sexual satiation phases, a person may experience sexual incongruence. Cognitive incongruence is when psychological distress increases due to sexual experiences not

aligning with personal beliefs and values. The personal distress can be reinforced by others discovering the sexual behaviour. In the context of the present study, it is possible people engage in solo sexual behaviour related to their paraphilic interests when in a state of cognitive abeyance, and afterward when in a state of cognitive incongruence, feelings/thoughts about internalized stigma or preoccupation with fear of discovery/concealment are elevated.

In general, the stigma processes were not uniquely associated with paraphilic behaviour. When considered as an overall model, stigma-related stressors explain a significant portion of variance in paraphilic behaviours (e.g., illegal activities pornography use, $R^2 = 0.12$; illegal targets masturbation, $R^2 = .27$; mysophilia pornography use $R^2 = .16$). However, the individual stigma-related stressors did not provide a unique contribution over-and-above the contribution of the other stigma processes. This pattern of findings suggests that stigma is associated with paraphilic behaviour, yet these processes do not add uniquely to our understanding of engaging in these sexual behaviours. Support for this explanation is found in the zero-order correlations and partial correlations in the models⁴; partial correlations were in most cases less than half the size of the zero-order correlations. One implication of these findings is that it may be reasonable to only use one or a general stigma scale to understand a paraphilic behaviour-stigma link, rather than using multiple stigma scales. Although the present study investigated how different stigma-related stressors are processed differently in association with engagement in paraphilic behaviours, it is possible that stigma-related stressors are processed similarly.

Variability in the Associations between Stigma-Related Stressors and Sexual Behaviour Across Paraphilic Interests

⁴ The statistical output for multiple regression models includes zero-order correlations and partial correlations. These statistics were reviewed by the researchers when interpreting the overall model, but were not reported for the purpose of brevity.

Results of the present study also suggest there is variation across paraphilic interests in the pattern in which engagement in related paraphilic behaviour is associated with stigma-related stressors. The submissive, dominance, and fetishistic domains displayed the same pattern, in that stigma-related stressors were negatively associated with partnered behaviour and were not generally associated with solo behaviours. This might suggest certain paraphilias are less stigmatized and are practiced by a significant portion of the population, resulting in these paraphilic interests being normative to express via solo sexual behaviour. For example, research has found material/object fetishism to be less stigmatized compared to pedophilia and hypersexuality (Combridge & Lastella, 2023) and sadistic and masochistic interests are less stigmatized compared to pedophilia (e.g., Jahnke, Imhoff, et al. 2015; Lehmann et al., 2021). Additionally, pornography involving trans actors is among the most searched for (i.e., “femboy” and “trans”) and viewed category (i.e., “transgender”) on Pornhub in 2023 (Pornhub, 2023). In the present study material/object fetishism and transvestic fetishism have the highest concordance for partnered behaviour. Sadism and masochism have also repeatedly displayed the highest concordance compared to other paraphilias (e.g., de Roos et al., 2024; Joyal & Carpentier, 2022; Seto et al., 2021).

Together these findings suggest that there could be less barriers for people with interest in sadism, masochism, and/or fetishism from engaging in related sexual behaviours. If the extremeness (e.g., dangerousness and/or rarity of interests) of sadistic, masochistic, and fetishism paraphilic interests are increased, the association between engagement in related solo paraphilic behaviour and stigma may emerge. For example, it is a possible the associations between stigma-related stressors and paraphilic behaviour in those with sadistic interests is different in those who are interested in occasional spanking with one’s hand versus those interested in spanking with a

cane until blood is drawn. While further research would need to be done to test this hypothesis, the present study provides some preliminary evidence in that biastophilia is a more extreme form of sadism and the results suggest biastophilic behaviour is both less frequent and shows stronger associations with stigma-related stressors. All this information considered, if sadistic, masochistic, and fetishistic interests are less stigmatized and more normative, then people interested in these paraphilias are going to a lesser degree experience stigma-related stressors for engaging in related solo paraphilic behaviours.

Other factors might have more prominent associations with engagement in sadism, masochism, and fetishistic behaviours. Specifically, Molen et al. (2022) found that engagement in sexual behaviours of BDSM/fetish paraphilias (i.e., sadism, masochism, fetishism, transvestic fetishism) was associated with moral disengagement, misunderstandings about consent, impulsivity, and sexual inhibition/exhibition. Additionally, de Roos et al. (2024) found that engagement in sadistic behaviour was associated with lower Machiavellianism ($\beta = -.08$), engagement in transvestic fetishistic behaviour was associated with psychopathy ($\beta = .11$), and fetishistic behaviour was associated with sadism ($\beta = .10$). Finally, Seto et al. (2021) found engagement in sadistic behaviour and masochistic behaviour was associated with sex drive ($\Delta R^2 = .04$, $\Delta R^2 = .02$, respectively) after accounting for related interest. It is possible these factors might have a more prominent role in the frequency for engaging in sadistic, masochistic, and fetishistic solo behaviour that align with one's interests compared to stigma. Despite the lack of association between stigma-related stressors and solo paraphilic behaviour for less stigmatized paraphilias, the negative association between stigma-related stressors and partnered behaviour remains present. This supports the explanation that the association between paraphilic behaviour and stigma-related stressors is moderated by a relational component, as a result having different

associations with partnered behaviour and solo behaviour. Although potentially less stigmatized, individuals with sadism, masochism, and fetishism might still experience elevated stigma-related stressors when a relation component is present (i.e., with partnered behaviour).

Stigma-related stressors tended to have more consistent patterns of associations for the paraphilic domains compared to the individual paraphilic interests. In some instances, this is likely due to low sample sizes within the individual paraphilias (e.g., only six individuals reported scatologia). For example, when breaking down mysophilic domain, urophilic interests showed consistent associations between related paraphilic behaviour and stigma-related stressors ranging from .21 to .37. In contrast, scatophilia did not show consistent association between stigma and behaviour. The associations scatophilia had were considerably stronger compared to urophillia, or any other association within the present study ranging from .54 to .70. Additionally, the explained portion of variable was considerably larger in scatophilia compared to urophillia. Stigma-related stressors explained 13 to 15% of the variance in solo urophilic sexual behaviour, while explaining 41 to 56% of the variance in solo scatophilic sexual behaviour. It is important to note, the results for scatophilia are considered preliminary due to low sample size ($n = 21$).

In other domains there may be meaningful differences between the nature of the paraphilias within a domain that account for this pattern of results. These findings suggest there are paraphilias in which stigma-related stressors are less prominent in the decision-making process to engage in paraphilic behaviour related to their paraphilic interests. When breaking down the illegal activity domain, biastophilic interests showed consistent associations between related paraphilic behaviour and stigma-related stressors ranging from .18 to .39. In contrast, voyeurism, exhibitionism, and frotteurism did not show a consistent association between stigma

and behaviour. These findings could suggest that engagement in biastophilic sexual behaviours is associated with stigma-related stressors, and driving the associations found in the illegal activity domain. As for the illegal target domain, with zoophilic (ranging from .20 to .33) and pedophilic (ranging from .21 to .29) sexual behaviours had consistent associations with the stigma-related stressors, whereas hebephilia had no associations.

Specifically, in paraphilias that are illegal to act on (i.e., targets and activities) stigma-related stressors may not be as relevant to engaging in paraphilic behaviour related to paraphilic interests because legality-related variables are more prominent. Few authors have examined how legality is associated with engagement in paraphilic behaviours, finding that the associations for paraphilias that are illegal to act on are significantly lower than for paraphilias that are legal to act on (Joyal & Carpentier, 2022; Seto et al., 2021). In addition, the plausibility of paraphilic interests has been found to be associated with engagement in related paraphilic behaviours (Willis & Bartels, 2022). The plausibility of engaging in paraphilias that are illegal to act on is likely lower than paraphilias that are legal to act on due to legal barriers (e.g., worries about getting caught and following consequences, finding pornographic material). Overall, risk factors for perpetrating sexual offences might be more relevant in explaining paraphilic behaviour related to paraphilic interests that are illegal to act on.

For the illegal activity domain, other factors might be more prominently associated with engaging in voyeuristic, exhibitionistic, and frotteuristic behaviour. For example, voyeurism and exhibitionism were found to be associated with Machiavellianism ($\beta = -.15$) and narcissism ($\beta = .09$ and $.13$, respectively; de Roos et al., 2024). Overall, the Dark Tetrad explained 8 to 18% of the variance in engagement in voyeuristic and exhibitionistic sexual behaviour. This pattern suggests people who are more impulsive (i.e., lower in Machiavellianism) and inclined towards

selfishness (i.e., higher in narcissism) would engage in paraphilic behaviours related to voyeuristic and exhibitionistic interests. de Roos et al. (2024) also found engagement in frotteuristic behaviours was associated with psychopathy ($\beta = .14, R^2 = .08$), potentially meaning people who cared less about the rights of others are more willing to engage in frotteuristic behaviour. Further, Molen et al. (2022) found that engagement in sexual behaviours of non-consensual paraphilias (e.g., voyeurism, exhibitionism, frotteurism, biastophilia) was associated with moral disengagement, misunderstandings about consent, and impulsivity. In addition, sex drive has been associated with engagement in exhibitionistic and voyeuristic behaviour ($\Delta R^2 = .01, \Delta R^2 = .01$, respectively), after accounting for related interest (Seto et al., 2021). Taken together, the previous research indicates that stigma-related stressors may not add to our understanding of why individuals with exhibitionistic, voyeuristic, and frotteuristic interests engage in sexual behaviour that aligns with these interests.

As for the illegal target domain, other factors might be more prominently associated with engaging in pedophilic, hebephilic, and zoophilic behaviour. de Roos et al. (2024) found that pedophilic, hebephilic, and zoophilic sexual behaviours were associated with psychopathy ($\beta = .13, .15, .15$, respectively). These authors suggested that psychopathy allows a person to be able to better engage in behaviours that might hurt others (e.g., sexual coercion and/or sexual violence), which is relevant to engage in sexual behaviours of paraphilic interests that are illegal to act on. In addition, Klein et al. (2015) found that pedohebephilic partnered sexual behaviours and pornography usage were associated with antisociality (β s ranging from .18 to .39). These finding can be explained similarly to psychopathy, as people with higher antisociality show less regard for morality or how they might cause harm to others. Further, Molen et al. (2022) found that engagement in sexual behaviours of highly stigmatized paraphilias (i.e., pedophilia,

hebephilia, and zoophilia) was associated with moral disengagement, misunderstandings about consent, sexual inhibition/exhibition, and impulsivity. Finally, sex drive has been associated with engagement in pedohebephilic and zoophilic behaviour ($\Delta R^2 = .01$, $\Delta R^2 = .03$, respectively), after accounting for interest. Taken together, the available research indicates that stigma-related stressors may not add to our understanding of why individuals with pedophilic, hebephilic, and zoophilic interests engage in sexual behaviour that aligns with these interests.

The variability in the associations between stigma-related stressors and sexual behaviour across paraphilic interests suggest that engagement in paraphilic behaviour related to paraphilic interests is dependent on the erotic target of *individual* paraphilias. In the previous research examining why people engage in paraphilic behaviours that align with paraphilic interests, some authors have examined paraphilic interest and behaviour as a whole (e.g., Ajazi, 2022; Bouchard et al., 2017; Joyal & Carpentier, 2022; Williams et al., 2009; Willis & Bartel, 2022) or through one paraphilia (e.g., pedohebephilic samples, Baily et al., 2016; Klein et al., 2015; McPhail et al., 2024; sexual coercion/offending, Knight & Sims-Knight, 2003; Seto, 2019). Only a few previous studies have analyzed the variables for several paraphilias (de Roos et al., 2024; Seto et al., 2021) or grouped paraphilias into rational domains (Molen et al., 2022). When authors did examine individual paraphilias or paraphilia domains, variation emerged in the association the variables had with engagement in different paraphilic behaviours. In addition, previous research has not distinguished between different forms of sexual behaviours (i.e., partnered, solo sexual behaviour), which emerged as a key consideration in the present research. Future research should prioritize differentiating how variables are associated to engagement in paraphilic behaviour related to paraphilic interests both by separate paraphilias and types of paraphilic sexual behaviours.

Patterns of Paraphilic Interest and Behaviour in Open Ended-Questions

The results from the open-ended questions are considered preliminary. Of the sample, 61.0% of participants used the open-ended questions to elaborate on their paraphilic interests and behaviours. This suggests that when given the option, participants will often utilize an open-ended question regarding their sexual interests and behaviours. In addition, one interesting outcome of including these open-ended response options is that participants used these questions to identify paraphilic interests not measured by the Paraphilia Scale. An interpretation of this could be that participants used the open-ended questions to express specific details, or sometimes beliefs, about their sexual interests in a manner that fixed items could not. Another implication is that investigating paraphilic interests is a complex research task, with any given measure of paraphilias necessarily not being able to assess for the range of possible sexual interests that people experience.

Another pattern that emerged is the proportion of participants that reported engagement in paraphilic behaviours for a related interest, mirrored the pattern that emerged in the main analysis. Overall, the open-ended questions showed that more participants reported engagement in solo behaviours (i.e., pornography use and masturbation) and fewer reported partnered behaviours. A possible understanding of these findings is that concordance *and* frequency of behaviour increase in solo behaviours compared to partnered behaviours. This is an expected pattern in this sample, as previous studies showed that fewer people engage in masturbation to their paraphilic interest, and even fewer will engage with a partner (Ahlers et al., 2011; Castellini et al., 2018).

Counselling Applications

Sexual well-being, sexual health, and sexual pleasure are important markers of public health (Mitchell et al., 2021), suggesting these factors contribute to well-being. Changes in sexual satisfaction across one's lifespan is associated with life adjustment, life satisfaction, positive affect, and overall well-being (e.g., having a sense of purpose, social supports, zest and spirituality, and body health; Buczak-Stec et al., 2019; Miguel et al., 2024). Further, in a sample of men who have sex with men, sexual satisfaction was predictive of sexual health and an increased positive perception of social supports (Blondeel et al., 2024). In a sample of women, sexual dissatisfaction was associated with lowered psychological well-being and increased depression symptoms (Davison et al., 2009). Having paraphilic interests is associated with one's sexual satisfaction, as people with illegal/nonconsensual and atypical paraphilic interests tend to have lowered sexual satisfaction (Molen et al., 2021; Mundy & Cioe, 2019). Additionally, individuals with a paraphilic interest who disclosed their paraphilic interest to a partner reported higher levels of sexual satisfaction than those who had not disclosed to a partner (Mundy & Cioe, 2019). In those who disclosed paraphilic interest to a partner, higher levels of sexual satisfaction were present despite not engaging in related paraphilic behaviour with a partner. As the present study showed, experiencing stigma-related stressors may influence partnered sexual behaviours and reduce sexual satisfaction in those with paraphilic interests.

It is possible that through therapy, helping those with paraphilic interests to engage in their sexual interests in safe and healthy ways is a path towards supporting clients to have better lives. Research does suggest that various therapeutic approaches can improve sexual satisfaction for individuals in general (e.g., trauma-focused attachment therapy, Lafrenaye-Dugas et al., 2023; emotional focused couples therapy, Soleimani et al., 2015; Wiebe et al., 2019; cognitive-behavioural therapy, Taravati et al., 2018). Various therapeutic interventions exist to reduce

stigma-related stressors and associated negative outcomes. For example, in samples of individuals with major depressive disorder, group cognitive-behavioural therapy can reduce the experience of stigma, improve treatment compliance, and reduce depressive symptoms (Tong et al., 2020). People with other mental disorders (e.g., bipolar disorder, schizophrenia) also display reduced internalized stigma and associated negative factors through therapeutic interventions (Tsang et al., 2016). In sexual minorities, therapy has also been associated with improvement in the experience of stigma-related stressors and related negative consequences (e.g., decreasing depression, anxiety, stress; increasing quality of life; Yadavaia et al., 2012).

For most people with paraphilias seeking counselling relating to their sexual interests, the goal is not to prevent them from engaging in their paraphilic interests. Some people with paraphilic interests are keen on engaging in corresponding behaviours in healthy ways and incorporating their sexuality into their intimate relationships. Many people in the paraphilic community value consent and communication. The goal of therapy might instead be understanding and removing the barriers and distress that keep people from engaging in their paraphilic interests. There are certain paraphilic interests which should not be acted upon, either for legal reasons or potential for harm to victims, in which cases, the therapeutic goal might be managing sexual desires and decreasing distress about paraphilic interests. As found in this study, the experience of stigma may impact people's decision to include a partner in their sexual interests. Further to engagement in sexual behaviour, the strain of stigma-related stress is linked with other forms of psychological distress (e.g., anxiety, loneliness, suicidality, etc.; Elchuk et al., 2022; McPhail & Stephens, 2024) and therapists with a paraphilic client can target stigma-related stress as a means of improving a client's general well-being.

Another factor to consider when working with paraphilic people and stigma-related stressors in therapy is the impact of therapist biases on whether clients share their sexual interests. Therapists can enter therapy with various personal biases towards those with paraphilias. In the pedophilic community, both perceived and anticipated stigma are identified as barriers to help-seeking (Grady et al., 2019; Levenson & Grady, 2019), along with fear of disclosing and then being rejected by a therapist or a therapist engaging in unethical treatment (Jahnke, 2018b). When a disclosure does happen, if the therapist is not perceived to be supportive, the client reports less improvement in therapy compared to those who did not disclose their pedohebephilic interests (Jahnke et al., 2023). Concern about therapist stigma may not be unfounded, as therapists with higher stigma toward people with pedohebephilic interests were more likely to make a mandated report on a hypothetical client, even in scenarios where a report was not clearly warranted (Stephens et al., 2021).

In a BDSM community, Kolmes (2006) found that not disclosing sexual interests in therapy was connected to concerns about therapist bias, including viewing the interests as unhealthy, asking the client to give up BDSM activities, confusing BDSM with abuse, having to educate the therapist about BDSM, and assuming BDSM interests are the result of previous abuse. In contrast, disclosing their interests should be connected to being open to learn about BDSM; being comfortable talking about BDSM issues; and promoting safe, sane, and consensual BDSM. A client may come to therapy looking for support relating to their sexual interests and experience of stigma (e.g., telling their partner about their interest, finding a partner to share this with, or distress from internalized stigma). The biases a therapist brings into the sessions about these issues can then negatively impact client care.

Understanding the impact of therapist biases on the client's experience of therapy is only part of the learning process to work with clients with paraphilic interests. If a therapist is going to work effectively with clients who have paraphilic interests, they should have a knowledge base about how people engage in their paraphilic interests. It is helpful to have cultural humility (i.e., willingness and desire to reflect on oneself as a cultural being, as well as learn about and understand others' cultural backgrounds and identities; Tervalon & Murry-García, 1998) towards those with paraphilic interests, as they are a community that could benefit from additional education for therapists. In general, clients who report their therapist as being culturally humble also report better therapeutic outcomes and therapeutic alliance compared to clients who perceive their therapist as less culturally humble (Davis et al., 2016; Owen et al., 2016). A similar association between outcome and alliance and cultural humility has been found in sexual minority clients (Jennings & Sprankle, 2024). Clients do not want to educate their therapists about BDSM (Kolmes, 2006). A therapist should have a basic understanding about how partner dynamics work within the context of BDSM and what types of sexual activities are arousing and what types of sexual interests can be acted on. The same can be said for other paraphilic interests.

Another part of cultural humility is acknowledging the limits of one's knowledge and competence. It is impossible for a therapist to have knowledge about every topic a client might come in with; however, it is possible to reflect on one's ability to support a client with their presenting problems, reduce the potential influence of biases on the therapy process, and make referrals when appropriate. It is typically a requirement of counsellors in Canada, according to the Canadian Psychological Association's (CPA) code of ethics, to only offer therapeutic services that one has established competence (Sinclair & Pettifor, 2017). When working outside

of one's established competence it is essential to obtain supervision, consultation, or refer the client to a clinician with competence in the area. The standard of responsible caring is reflected in the College of Alberta Psychologists (CAP) standards of practice (CAP, 2022).

As of today, no practice guidelines exist for therapists in the APA or the CPA for treating clients with paraphilias. Due to the unique experience of people with paraphilias, it would be helpful for therapists to have guidance on the topic. Although sex therapists specialize in this area, sex is a natural part of life, and thus paraphilias or diverse sexual interests can be brought up in therapy in relation to what the client might have originally come in for (e.g., depression, anxiety, or relationship problems). Considering having paraphilic interests is reasonably common in the general public (e.g., between 22.4 to 45.6% people report interests in at least one paraphilia, Bártoová et al., 2021; Joyal & Carpentier, 2017), a significant proportion of people seeking therapy may have paraphilic interests. Organizations such as the APA or CPA should consider creating guidelines or standards of practice for clients with paraphilias.

The APA does have a guideline for “Psychological Practice with Sexual Minority Persons” (APA Task Force on Psychological Practice with Sexual Minority Persons, 2022), which may inform how counsellors work with paraphilic clients, particularly around stigma-related stress. In this APA guide, there are four specific guidelines relating to the experience of stigma. These guidelines highlight that psychologists should recognize the influence of institutional discrimination (e.g., societal-level conditions that limits the opportunities, resources, and well-being of specific groups), distal minority stressors (e.g., the experience of interpersonal discrimination, victimization, and microaggressions), proximal minority stressors (e.g., internalized psychological distress as a result of distal-related stressors, societal sexual stigma, and prejudicial stereotypes), and positive aspects of being a sexually minority person. Part of the

application of these guidelines include identifying the barriers and stressors members of sexual minorities experience, discussing and understanding the impacts this experience has on clients, and being activists for change. The final part is viewing clients through a resiliency-based and strengthen-based lens (i.e., focusing therapy on strengths and resources), as well as understanding that being a member of sexual minorities does not make up the entirety of a person, nor does it equate to only bad experiences. The present study can add to these guidelines in the context of people with paraphilic interests, through understanding the associations stigma has with how a person engages with their interests. It will be important to explore the complex experience of stigma with clients who are paraphilic, and consider the positive factors associated with belonging to this community.

Owing to the lack of guidelines for therapists working with paraphilic individuals developed by professional organizations, the Kink Clinical Practice Guidelines Project (2019) was created to fill this gap. This project created the “Clinical Practice Guidelines for Working with People with Kink Interests,” which contains twenty-three guidelines for clinical practice with explanations, justifications, tips, and suggestions. Within this guideline document, information about sexual interests is provided to ameliorate stereotypic beliefs (e.g., kinks are unusual, uncommon, caused by trauma, and are a sign of mental health problems). These guidelines aim to reduce therapists’ biases in hopes of providing a higher quality of client care. Part of these guidelines includes understanding the experience of stigma in people who identify as kinky, which this study, along with previous research (e.g., Bezreh et al., 2012; Connolly, 2006), can highlight. In understanding the experience of stigma in people who identify as kinky, there is a need for treatment of stigma-related stressors as they can be the source of distress about one’s sexual interests. It is then important that therapists should have knowledge in the

psychotherapeutic interventions for stigma-related stressors to provide clients with strategies to manage and cope with these experiences. People who experience distress due to their paraphilic interests can benefit from therapy in many ways, and it is the duty of therapists to be competent in working with clients' presenting problems regarding their sexual interests.

Limitations

This study represents a first attempt to understanding the relationship between stigma processes and engagement in paraphilic behaviour. The sample from the present study was mostly WEIRD (i.e., western, educated, industrialized, rich, and democratic; Henrich et al., 2010). Due to this, the present results may not generalize to samples drawn from other countries and cultures. Another limitation pertains to the recruitment method of online announcements on paraphilia-related forums. A criticism of stigma-related research using online surveys is the potential for the study sample to experience less stigma-related stressors due to the influence of online communities. People with mental health problems that engage on related peer support forums over time show increased psychological safety and self-efficacy, while also reporting reduced stigma (Marshall et al., 2024). It is likely that engaging in online communities can help those with paraphilic interests in similar ways. For example, virped.org (i.e., virtuous pedophiles, an information and peer support forum) has the mission statement to decrease stigmatization of people with pedohebephilic interests. By interacting on the website, it is possible people's experience of stigma-related stressors decreased. Participants on FetLife might experience less stigma-related stressors than those with kink interests in the community not engaged on FetLife due to the website being a place to interact with other people with similar paraphilic interests. Stigma-related stressors tend to decrease when engaging in in-person behaviours, as shown in the present study and previous research (e.g., sexual minorities samples show that an increase in

stigma is associated with more online sexual behaviours compared to in-person sexual behaviours, Lemke & Weber, 2017; Wagner et al., 2013). Overall, by using paraphilia forums to recruit participants with paraphilic interests, the present study might have sampled a group that experience less stigma-related stressors about their sexual interests. The findings from the present study might not be generalizable to those who are not on online forums.

As a sensitivity analysis, individuals were grouped according to whether they had acted on their paraphilic interests more than once in their lives and were compared with those who had not engaged in more frequent sexual behaviour. These results focused on group comparison deserve special mention. In general, the correlations and the standardized mean differences resulting from the above group comparison were in the same direction. In some instances, the magnitude of the standardized mean difference was what one would predict given the magnitude of the correlation coefficients (i.e., when correlations are transformed to Cohen's d , the difference in magnitude is approximately a ratio of 1:2; Salgado, 2018). However, in several instances, the magnitude of the standardized mean difference was much larger than anticipated, based on the size of a correlation coefficient, or was in the opposite direction. In addition, there were multiple instances in which a correlation coefficient was statistically different from zero, and while the standardized mean difference was in the expected direction, the magnitude of the difference was somewhat smaller than anticipated and was non-significant. These are interpretational issues due to a sensitivity analysis and care is required with interpreting the standardized mean differences. In the majority of instances where these issues arose, there were large differences between the number of those who engaged in the paraphilic behaviour and those who did not, specifically with solo behaviours. In most cases, only a few people had not engaged in paraphilic behaviours (e.g., biastophilia 119 reported engagement in pornography

usage, 9 reported no engagement). This low sample size in one of the groups reduces the statistical power of the group comparison and increases the chances extreme cases exerted an outsized influence on sample descriptive statistics. A second plausible explanation is that even though these group comparisons were intended partially as a sensitivity analysis to examine the robustness of the results, the behaviour variables have semi-continuous scales and dichotomizing variables can artificially bias group comparisons downward (Irwin & McClelland, 2003; Streiner, 2002). While it is reasonable to assume that the standardized mean differences would more closely resemble the correlation coefficients as sample size increases, it is notable that inclusion of this sensitivity analysis also suggests that the observed results may be somewhat less robust. This may indicate the importance of replicating these findings to improve our confidence that the results reported here will generalize.

Two additional design limitations should also be noted. The first limitation concerns the open-ended questions. In coding the responses, problems arose which led to realize this section of the survey could have benefitted from three types of clarification. First, the participants should have been instructed to write only one paraphilic interest per question. Many responses were not codable due to multiple paraphilic interests being entered in a single textbox, making it unclear to which interest or behaviour a participant's ratings corresponded. Second, the participants should have been instructed to include specific details about their single paraphilic interest. In some cases, the direction of the paraphilic interest was unclear (e.g., in the case of a person who reported being interested in spanking, it was unclear whether they were interested in being spanked by someone else or spanking another person). A directionless BDSM category was used to deal with this problem. Third, to further ensure participants did not report illegal behaviour, an explicit statement about avoiding reports of illegal behaviours should have been added. In sum,

future open-ended questions should specify: (1) one interest per entry, (2) more details on single interests, and (3) warnings about reporting illegal behaviours.

The last *potential* limitation of this study concerns the stigma scales. Since stigma scales for general paraphilic interests do not exist, adjustments to previously existing scales were made. It is worth noting that a few of these scales had been previously adjusted (e.g., PS–MAP; McPhail & Stephens, 2024; IPS; Elchuk, 2022) and continued to have strong internal consistency in the present sample. Although there is support that the stigma scales used in the present study may be valid, future studies should still test the psychometric properties of the adjusted stigma scales.

Future Directions

In addition to providing evidence for the possible role of stigma in engaging in paraphilic behaviour, the present study raises some intriguing questions and suggestions for future research. First, future research should start to examine populations where the limits of our sample begin. For example, recruiting participants from non-western populations, people who have committed sexual offenses, and those who are not on online sexuality forums. There are many demographic factors that might contribute to why someone engages in paraphilic behaviour that related to their interests. Hopefully through diverse samples, a better understanding of how stigma-related stressors are associated with engagement in paraphilic behaviours can be understood. Further, it might be interesting to recruit participants with a variety of intensity of interest in paraphilias. Changes in findings might be dependent on the intensity of the paraphilic interest, ranging from paraphilic disorder (i.e., interests that are recurrent, intense, and presence clinically significant suffering or impairment), preferential sexual interest (i.e., interests that are recurrent, intense, and

preferred interest), to non-preferential sexual interest (i.e., interests that are non-preferred that can be recurrent).

Second, it would be beneficial to test whether paraphilias beyond those assessed in the present study are associated with stigma-related stressors. For instance, the present study did not investigate erotic target identity inversions (ETIIs; e.g., autogynephilia, autopedohephilia); research into the links between stigma and ETIIs would further our understanding of this association. Third, previous studies have found various psychological and demographic characteristics to be associated with engagement in paraphilic behaviours. Future research should determine if stigma-related stressors are still associated with paraphilic behaviours when also accounting for the association with these other characteristics. Finally, other variables should be considered to be associated with whether people with paraphilic interests engage in related paraphilic behaviours. Other stressors, such as rejection sensitivity, might account for different associations with engagement in paraphilic behaviours related to one's paraphilic interests.

Conclusions

The present study investigated the association between stigma-related stressors and the frequency with which people acted on their paraphilic interests or not. Through this study, a better understanding of how stigma plays a role in engaging in paraphilic behaviours that relate to one's paraphilic interests has been established. The results supported the predictions in terms of the stigma-related stressors being negatively associated with partnered paraphilic behaviour; however, the results supported the opposite of the predictions regarding solo behaviours (i.e., pornography use and masturbation) and the stigma-related stressors. For some paraphilic interests, it appears stigma plays a smaller role in why people choose to engage in related behaviours due to other factors being more prominent in the decision-making process (e.g.,

illegal targets and activities). For other paraphilic interests, stigma might play a smaller role in choosing in engage in related behaviour because the paraphilic interests are less stigmatized (e.g., solo masochistic and sadistic behaviour). The stigma-related stressors also explained a significant portion of variance in paraphilic behaviours; however, the individual stigma-related stressors tend to not provide unique contributions over-and-above the other stigma processes. The results of the present study provide direction for future research in understanding why people engage in paraphilic behaviours related to their paraphilic interests through examining diverse populations (e.g., non-western cultures), examining different paraphilic interests and behaviours, understanding how previously researched variables compare to one another in the decision-making process, and examining the role of different variables not yet researched.

References

- Ahlers, C. J., Schaefer, G. A., Mundt, I. A., Roll, S., Englert, H., Willich, S. N., & Beier, K. M. (2011). How unusual are the contents of paraphilias? Paraphilia-associated sexual arousal patterns in a community-based sample of men. *Journal of Sexual Medicine*, 8(5), 1362–1370. <https://doi.org/10.1111/j.1743-6109.2009.01597.x>
- Ajazi, V. (2022). *The role of impulsivity in the relation between Dark Tetrad personality traits and paraphilic interest: An EEG study*. [Bachelor's thesis, University of Padua]. Thesis and Dissertation Padua Archive. <http://hdl.handle.net/20.500.12608/33566>
- American Psychiatric Association [APA]. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>
- American Psychological Association, APA Task Force on Psychological Practice with Sexual Minority Persons. (2021). Guidelines for psychological practice with sexual minority persons. Retrieved from www.apa.org/about/policy/psychological-practice-sexual-minority-persons.pdf
- Arboleda-Flórez J. (2002). What causes stigma? *World psychiatry: Official Journal of the World Psychiatric Association (WPA)*, 1(1), 25–26.
- Baic, V., Lajic, O., & Ivanovic, Z. (2019). Sexual fantasies of the rapists. *Trames (Tallinn)*, 23(4), 439–454. <https://doi.org/10.3176/tr.2019.4.04>
- Bailey, J. M., Bernhard, P. A., & Hsu, K. J. (2016). An internet study of men sexually attracted to children: Correlates of sexual offending against children. *Journal of Abnormal Psychology (1965)*, 125(7), 989–1000. <https://doi.org/10.1037/abn0000213>
- Banse, R., Schmidt, A. F., & Clarbour, J. (2010). Indirect measures of sexual interest in child sex offenders: A multimethod approach. *Criminal Justice and Behavior*, 37(3), 319–335. <https://doi.org/10.1177/0093854809357598>
- Bártová, K., Androvičová, R., Krejčová, L., Weiss, P., & Klapilová, K. (2021). The prevalence of paraphilic interests in the Czech population: Preference, arousal, the use of pornography, fantasy, and behavior. *The Journal of Sex Research*, 58(1), 86–96. <https://doi.org/10.1080/00224499.2019.1707468>
- Baur, E., Forsman, M., Santilla, P., Johansson, A., Sandnabba, K., & Långström, N. (2016). Paraphilic sexual interests and sexually coercive behavior: A population-based twins

- study. *Archives of Sexual Behavior*, 45, 1163–1172. <https://doi.org/10.1007/s10508-015-0674-2>
- Bezreh, T., Weinberg, T. S., & Edgar, T. (2012). BDSM disclosure and stigma management: Identifying opportunities for sex education. *American Journal of Sexuality Education*, 7(1), 37–61. <https://doi.org/10.1080/15546128.2012.650984>
- Blondeel, K., Mirandola, M., Gios, L., Folch, C., Noestlinger, C., Cordioli, M., De Sutter, P., Temmerman, M., Toskin, I., Berghe, W. V., Alexiev, I., Marcus, U., Schink, S. B., Suligoj, B., Regine, V., Caplinskas, S., Caplinskiene, I., Rosińska, M., Niedzwiedzka-Stadnik, M., . . . Sherriff, N. (2024). Sexual satisfaction, an indicator of sexual health and well-being? Insights from STI/HIV prevention research in European men who have sex with men. *BMJ Global Health*, 9(5), e013285. <https://doi.org/10.1136/bmjgh-2023-013285>
- Bos, A. E. R., Pryor, J. B., Reeder, G. D., & Stutterheim, S. E. (2013). Stigma: Advances in theory and research. *Basic and Applied Social Psychology*, 35(1), 1–9. <https://doi.org/10.1080/01973533.2012.746147>
- Bouchard, K. N., Dawson, S. J., & Lalumière, M. L. (2017). The effects of sex drive and paraphilic interests on paraphilic behaviours in a nonclinical sample of men and women. *The Canadian Journal of Human Sexuality*, 26(2), 97–111. <https://doi.org/10.3138/cjhs.262-a8>
- Bouchard, K. N., Moulden, H. M., & Lalumière, M. L. (2019). Assessing paraphilic interests among women who sexually offend. *Current Psychiatry Reports*, 21(12), 121. <https://doi.org/10.1007/s11920-019-1112-2>
- Brennan, J. M. (2021). *Hiding the authentic self: Concealment of gender and sexual identity and its consequences for authenticity and psychological well-being*. [Doctoral dissertation, University of Montana]. ScholarWorks. <https://scholarworks.umt.edu/cgi/viewcontent.cgi?article=12892&context=etd>
- Buczak-Stec, E., König, H. H. & Hajek, A. (2019). The link between sexual satisfaction and subjective well-being: A longitudinal perspective based on the German ageing survey. *Quality of Life Research*, 28, 3025–3035. <https://doi.org/10.1007/s11136-019-02235-4>
- Campo-Arias, A., Herazo, E., & Ceballos-Ospino, G. A. (2021). Review of cases, case series and

- prevalence studies of zoophilia in the general population. *Revista Colombiana De Psiquiatria (English Ed.)*, 50(1), 34–38. <https://doi.org/10.1016/j.rcp.2019.03.003>
- Cantor, J. M., & McPhail, I. V. (2016). Non-offending pedophiles. *Current Sexual Health Reports*, 8(3), 121–128. <https://doi.org/10.1007/s11930-016-0076-z>
- Captein W. A. (2020). *Shame, pride, and disclosure: Exploring paths to distress in individuals with paraphilic fantasies*. [Master's thesis, University of Vermont]. ScholarWorks. <https://scholarworks.uvm.edu/graddis/1274>
- Castellini, G., Rellini, A. H., Appignanesi, C., Pinucci, I., Fattorini, M., Grano, E., Fisher, A. D., Cassioli, E., Lelli, L., Maggi, M., & Ricca, V. (2018). Deviance or normalcy? The relationship among paraphilic thoughts and behaviors, hypersexuality, and psychopathology in a sample of university students. *Journal of Sexual Medicine*, 15(9), 1322. <https://doi.org/10.1016/j.jsxm.2018.07.015>
- Chan, H. C., Beaugard, E., & Myers, W. C. (2015). Single-victim and serial sexual homicide offenders: Differences in crime, paraphilias and personality traits. *Criminal Behaviour and Mental Health*, 25(1), 66–78. <https://doi.org/10.1002/cbm.1925>
- Chivers, M. L., Roy, C., Grimbos, T., Cantor, J. M., & Seto, M. C. (2014). Specificity of sexual arousal for sexual activities in men and women with conventional and masochistic sexual interests. *Archives of Sexual Behavior*, 43(5), 931–940. <https://doi.org/10.1007/s10508-013-0174-1>
- Christie, R., & Geis, F. L. (1970). *Studies in machiavellianism*. Academic Press.
- Cochran, S. D. (2001). Emerging issues in research on lesbians' and gay men's mental health: Does sexual orientation really matter? *American Psychologist*, 56(11), 931–947. <https://doi.org/10.1037/0003-066X.56.11.931>
- Cohen, L. J., Wilman-Depena, S., Barzilay, S., Hawes, M., Yaseen, Z., & Galynker, I. (2020). Correlates of chronic suicidal ideation among community-based minor-attracted persons. *Sexual Abuse*, 32(3), 273–300. <https://doi.org/10.1177/1079063219825868>
- College of Alberta Psychologists [CAP]. (2022, Dec). Standards of practice, December 2022. Retrieved from [https://www.cap.ab.ca/Portals/0/adam/Content/ORAsvuTIC0KVeQqIV2EAxw/Link/Standards%20of%20Practice%20\(December%2031,%202022\)%20for%20website-1.pdf](https://www.cap.ab.ca/Portals/0/adam/Content/ORAsvuTIC0KVeQqIV2EAxw/Link/Standards%20of%20Practice%20(December%2031,%202022)%20for%20website-1.pdf)

- Combridge, K., & Lastella, M. (2023). Stigmatisation of people with deviant sexual interest: A comparative study. *Sexes*, 4(1), 7–25. <https://doi.org/10.3390/sexes4010002>
- Connolly, P. H. (2006). Psychological functioning of Bondage/Domination/Sado-masochism (BDSM) practitioners. *Journal of Psychology and Human Sexuality*, 18(1), 79–120. https://doi.org/10.1300/J056v18n01_05
- Corrigan, P. W., Larson, J. E., Hautamaki, J., Matthews, A., Kuwabara, S., Rafacz, J., Walton, J., Wassel, A., & O’Shaughnessy, J. (2009). What lessons do coming out as gay men or lesbians have for people stigmatized by mental illness? *Community Mental Health Journal*, 45(5), 366–374. <https://doi.org/10.1007/s10597-009-9187-6>
- Corrigan, P. W., & Watson, A. C. (2002). Understanding the impact of stigma on people with mental illness. *World Psychiatry*, 1(1), 16–20.
- Crocker J., Major B., & Steele C. (1998). Social stigma. In Gilbert D., Fiske S.T., Lindzey G. (2nd Ed.), *The handbook of social psychology*. (pp. 504–553). Addison-Wesley Pub. Co.
- Dariotis, J. K., & Chen, F. R. (2022). Stress coping strategies as mediators: Toward a better understanding of sexual, substance, and delinquent behavior-related risk-taking among transition-aged youth. *Deviant Behavior*, 43(4), 397–414. <https://doi.org/10.1080/01639625.2020.1796210>
- Davis, D. E., DeBlaere, C., Brubaker, K., Owen, J., Jordan II, T. A., Hook, J. N., & Van Tongeren, D. R. (2016). Microaggressions and perceptions of cultural humility in counseling. *Journal of Counseling and Development*, 94(4), 483–493. <https://doi.org/10.1002/jcad.12107>
- Davison, S. L., Bell, R. J., LaChina, M., Holden, S. L., & Davis, S. R. (2009). The relationship between self-reported sexual satisfaction and general well-being in women. *Journal of Sexual Medicine*, 6(10), 2690–2697. <https://doi.org/10.1111/j.1743-6109.2009.01406.x>
- Dawson, S. J., Bannerman, B. A., & Lalumière, M. L. (2016). Paraphilic interests: An examination of sex differences in a nonclinical sample. *Sexual Abuse*, 28(1), 20–45. <https://doi.org/10.1177/1079063214525645>
- de Jong, P. J., van Overveld, M., & Borg, C. (2013). Giving in to arousal or staying stuck in disgust? Disgust-based mechanisms in sex and sexual dysfunction. *The Journal of Sex Research*, 50(3–4), 247–262. <https://doi.org/10.1080/00224499.2012.746280>

- de Roos, M. S., Longpré, N., & van Dongen, J D M. (2024). When kinks come to life: An exploration of paraphilic behaviors and underlying predictors. *The Journal of Sex Research*, 1–13. <https://doi.org/10.1080/00224499.2024.2319242>
- Detert, J. R., Trevino, L. K., & Sweitzer, V. L. (2008). Moral disengagement in ethical decision making: A study of antecedents and outcomes. *Journal of Applied Psychology*, 93(2), 374–391. <https://doi.org/10.1037/0021-9010.93.2.374>
- Dombert, B., Schmidt, A. F., Banse, R., Briken, P., Hoyer, J., Neutze, J., & Osterheider, M. (2016). How common is men's self-reported sexual interest in prepubescent children? *The Journal of Sex Research*, 53(2), 214–223. <https://doi.org/10.1080/00224499.2015.1020108>
- Dworkin, S. H., & Yi, H. (2003). LGBT identity, violence, and social justice: The psychological is political. *International Journal for the Advancement of Counselling*, 25(4), 269–279. <https://doi.org/10.1023/B:ADCO.0000005526.87218.9f>
- Elchuk, D. L., McPhail, I. V., & Olver, M. E. (2022). Stigma-related stress, complex correlates of disclosure, mental health, and loneliness in minor-attracted people. *Stigma and Health (Washington, D.C.)*, 7(1), 100–112. <https://doi.org/10.1037/sah0000317>
- Engel, J., Kessler, A., Veit, M., Sinke, C., Heitland, I., Kneer, J., Hartmann, U., & Kruger, T. H. (2019). Hypersexual behavior in a large online sample: Individual characteristics and signs of coercive sexual behavior. *Journal of Behavioral Addictions*, 8(2), 213–222. <http://doi:10.1556/2006.8.2019.16>
- Fafejta, M. (2021). Coming out of people with pedophilic orientation. *International Journal of Sexual Health*, 33(3), 312–325. <https://doi.org/10.1080/19317611.2021.1913687>
- Fleischman D. S., Hamilton L. D., Fessler D. M. T., Meston C. M. (2015) Disgust versus lust: Exploring the interactions of disgust and fear with sexual arousal in women. *PLoS ONE*, 10(6). <https://doi.org/10.1371/journal.pone.0118151>
- Freund, K. (1990). Courtship disorder. In Marshall, W.L., Laws, D.R., Barbaree, H.E. (Eds.), *Handbook of sexual assault. Applied clinical psychology* (pp. 195–207). Springer. https://doi.org/10.1007/978-1-4899-0915-2_12
- Freund, K., & Blanchard, R. (1993). Erotic target location errors in male gender dysphorics, paedophiles, and fetishists. *British Journal of Psychiatry*, 162(4), 55–563. <https://doi.org/10.1192/bjp.162.4.558>

- Frost, D. M., Lehavot, K., & Meyer, I. H. (2015). Minority stress and physical health among sexual minority individuals. *Journal of Behavioral Medicine*, 38, 1–8.
<https://doi.org/10.1007/s10865-013-9523-8>
- Gee, D. G., Devilly, G. J., & Ward, T. (2004). The content of sexual fantasies for sexual offenders. *Sexual Abuse*, 16(4), 315–331. <https://doi-org/10.1177/107906320401600405>
- Gilman, S., Cochran, S., Mays, V., Hughes, M., Ostrow, D., & Kessler, R. (2001). Risk of psychiatric disorders among individuals reporting same-sex sexual partners in the national comorbidity survey. *American Journal of Public Health (1971)*, 91(6), 933–939.
<https://doi.org/10.2105/AJPH.91.6.933>
- Ginger-Sorolla, R., Bosson, J. K., Caswell, T. A., & Hettinger, V. E. (2012). Emotions in sexual morality: Testing the separate elicitors of anger and disgust. *Cognition and Emotion*, 26(7), 1208–1222. <https://doi.org/10.1080/02699931.2011.645278>
- Ginsburg, H. J., Ogletree, S. M., & Silakowski, T. D. (2003). Vulgar language: Review of sex differences in usage, attributions, and pathologies. *North American Journal of Psychology*, 5(1).
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Simon and Schuster.
- Grady, M. D., Levenson, J. S., Mesias, G., Kavanagh, S., & Charles, J. (2019). “I can’t talk about that”: Stigma and fear as barriers to preventive services for minor-attracted persons. *Stigma and Health*, 4(4), 400–410. <https://doi.org/10.1037/sah0000154>
- Grundmann, D., Krupp, J., Scherner, G., Amelung, T., & Beier, K. M. (2016). Stability of self-reported arousal to sexual fantasies involving children in a clinical sample of pedophiles and hebephiles. *Archives of Sexual Behavior*, 45(5), 1153–1162.
<https://doi.org/10.1007/s10508-016-0729-z>
- Hansen-Brown, A. A., & Jefferson, S. E. (2023). Perceptions of and stigma toward BDSM practitioners. *Current Psychology (New Brunswick, N.J.)*, 42(23), 19721–19729.
<https://doi.org/10.1007/s12144-022-03112-z>
- Hatzenbuehler, M. L. (2009). How does sexual minority stigma "get under the skin"? A psychological mediation framework. *Psychological Bulletin*, 135(5), 707–730.
<https://doi.org/10.1037/a0016441>

- Henrich, J., Heine, S. J., & Norenzayan, A. (2010). The weirdest people in the world? *Behavioral and brain sciences*, 33(2-3), 61–83. <http://doi.org/10.1017/S0140525X0999152X>
- Herek, G. M., Gillis, J. R., & Cogan, J. C. (2009). Internalized stigma among sexual minority adults: Insights from a social psychological perspective. *Journal of Counseling Psychology*, 56(1), 32–43. <https://doi.org/10.1037/a0014672>
- Herrell, R., Goldberg, J., True, W. R., Ramakrishnan, V., Lyons, M., Eisen, S., & Tsuang, M. T. (1999). Sexual orientation and suicidality: A co-twin control study in adult men. *Archives of General Psychiatry*, 56(10), 867. <https://doi.org/10.1001/archpsyc.56.10.867>
- Hilton, J. L., & von Hippel, W. (1996). Stereotypes. *Annual Review of Psychology*, 47(1), 237–271. <https://doi.org/10.1146/annurev.psych.47.1.237>
- Howard, M. D. (2007). Escaping the pain: Examining the use of sexually compulsive behavior to avoid the traumatic memories of combat. *Sexual Addiction & Compulsivity*, 14, 77–94. <http://doi.org/10.1080/10720160701310443>
- Hsu, K. J., & Bailey, J. M. (2017). Autopedophilia: Erotic-target identity inversions in men sexually attracted to children. *Psychological Science*, 28(1), 115–123. <https://doi.org/10.1177/0956797616677082>
- Humphreys, T., & Brousseau, M. M. (2009). The sexual consent scale-revised: Development, reliability, and preliminary validity. *The Journal of Sex Research*, 47(5), 420–428. <https://doi.org/10.1080/00224490903151358>
- Iffland, J. A., & Schmidt, A. F. (2023). Stigmatization and perceived dangerousness for intrafamilial child sexual abuse of fathers with a history of sexual offenses and paraphilic interests: Results from a survey of legal psychological experts. *Child Abuse & Neglect*, 144, 106348–106348. <https://doi.org/10.1016/j.chiabu.2023.106348>
- Imhoff, R. (2015). Punitive attitudes against pedophiles or persons with sexual interest in children: Does the label matter? *Archives of Sexual Behavior*, 44, 35–44. <http://doi.org/10.3389/fpsyg.2014.00085>
- Imhoff, R., & Jahnke, S. (2018). Determinants of punitive attitudes towards people with pedophilia: Dissecting effects of the label and intentionality ascriptions. *Archives of Sexual Behavior*, 47, 353–361. <https://doi.org/10.1007/s10508-017-1048-8>

- Ioannidis, J. P. (2005). Why most published research findings are false. *PLoS Medicine*, 2(8), e124. <https://doi.org/10.1371/journal.pmed.0020124>
- Irwin, J. R., & McClelland, G. H. (2003). Negative consequences of dichotomizing continuous predictor variables. *Journal of Marketing Research*, 40(3), 366–371. <https://doi.org/10.1509/jmkr.40.3.366.19237>
- Jahnke, S. (2018a). Emotions and cognitions associated with the stigma of nonoffending pedophilia: A vignette experiment. *Archives of Sexual Behavior*, 47, 363–373. <http://doi.org/10.1007/s10508-017-1073-7>
- Jahnke, S. (2018b). The stigma of pedophilia: Clinical and forensic implications. *European Psychologist*, 23(2), 144–153. <https://doi.org/10.1027/1016-9040/a000325>
- Jahnke, S., Blagden, N., Mcphail, I. V., & Antfolk, J. (2023). Secret-keeping in therapy by clients who are sexually attracted to children. *Psychotherapy Research*, 1–16. <https://doi.org/10.1080/10503307.2023.2265047>
- Jahnke, S., & Hoyer, J. (2013). Stigmatization of people with pedophilia: A blind spot in stigma research. *International Journal of Sexual Health*, 25, 169–184. <https://doi.org/10.1080/19317611.2013.795921>
- Jahnke, S., Imhoff, R., & Hoyer, J. (2015). Stigmatization of people with pedophilia: Two comparative surveys. *Archives of Sexual Behavior*, 44(1), 21–34. <https://doi.org/10.1007/s10508-014-0312-4>
- Jahnke, S., Philipp, K., & Hoyer, J. (2015). Stigmatizing attitudes towards people with pedophilia and their malleability among psychotherapists in training. *Child Abuse and Neglect*, 40, 93–102. <http://doi.org/10.1016/j.chiabu.2014.07.008>
- Jahnke, S., Schmidt, A. F., Geradt, M., & Hoyer, J. (2015). Stigma-related stress and its correlates among men with pedophilic sexual interests. *Archives of Sexual Behavior*, 44(8), 2173–2187. <https://doi.org/10.1007/s10508-015-0503-7>
- Janus, S. S., & Janus, C. L. (1993). *The Janus report on sexual behavior*. John Wiley.
- Jennings, T. L., & Sprankle, E. (2024). Therapist multicultural orientation: Client perceptions of cultural humility, LGB identity, and the working alliance. *Journal of Homosexuality*, 71(9), 2200–2216. <https://doi.org/10.1080/00918369.2023.2229473>

- Joyal, C. C., & Carpentier, J. (2017). The prevalence of paraphilic interests and behaviors in the general population: A provincial survey. *The Journal of Sex Research*, *54*(2), 161–171. <https://doi.org/10.1080/00224499.2016.1139034>
- Joyal, C. C., & Carpentier, J. (2022). Concordance and discordance between paraphilic interests and behaviors: A follow-up study. *The Journal of Sex Research*, *59*(3), 385–390. <https://doi.org/10.1080/00224499.2021.1986801>
- Joyal, C. C., Cossette, A., & Lapierre, V. (2015). What exactly is an unusual sexual fantasy? *Journal of Sexual Medicine*, *12*(2), 328–340. <https://doi.org/10.1111/jsm.12734>
- Judd, C. M., & Park, B. (1993). Definition and assessment of accuracy in social stereotypes. *Psychological Review*, *100*(1), 109–128. <https://doi.org/10.1037/0033-295X.100.1.109>
- Kafka, M. P. (1997). Hypersexual desire in males: An operational definition and clinical implications for males with paraphilias and paraphilia-related disorders. *Archives of Sexual Behavior*, *26*(5), 505–526. <https://doi.org/10.1023/A:1024507922470>
- Kalichman, S. C., & Rompa, D. (1995). Sexual sensation seeking and sexual compulsivity scales: Validity, and predicting HIV risk behavior. *Journal of Personality Assessment*, *65*(3), 586–601. https://doi.org/10.1207/s15327752jpa6503_16
- Kalichman, S. C., & Rompa, D. (2001). The sexual compulsivity scale: Further development and use with HIV-positive persons. *Journal of Personality Assessment*, *76*(3), 379–395. https://doi.org/10.1207/S15327752JPA7603_02
- Katehakis, A. (2016). *Sex addiction as affect dysregulation: A neurobiologically informed holistic treatment*. W. W. Norton & Company.
- Kink Clinical Practice Guidelines Project. (2019). *Clinical Practice Guidelines for Working with People with Kink Interests*. Retrieved from <https://www.kinkguidelines.com>
- Klein, V., Schmidt, A. F., Turner, D., & Briken, P. (2015). Are sex drive and hypersexuality associated with pedophilic interest and child sexual abuse in a male community sample? *PloS One*, *10*(7), e0129730–e0129730. <https://doi.org/10.1371/journal.pone.0129730>
- Knack, W. A. (1982). *Sexual fantasy and behavior among college students* (Publication No. 8310242) [Doctoral dissertation, Hofstra University]. ProQuest Dissertations Publishing. <https://www.proquest.com/dissertations-theses/sexual-fantasy-behavior-among-college-students/docview/303225473/se-2?accountid=14725>

- Knight, R. A., Prentky, R. A., & Cerce, D. D. (1994). The Development, Reliability, and Validity of an Inventory for the Multidimensional Assessment of Sex and Aggression. *Criminal Justice and Behavior*, 21(1), 72–94. <https://doi.org/10.1177/0093854894021001006>
- Knight, R. A., & Sims-Knight, J. E. (2003). The developmental antecedents of sexual coercion against women: Testing alternative hypotheses with structural equation modeling. *Annals of the New York Academy of Sciences*, 989(1), 72–85. <https://doi.org/10.1111/j.1749-6632.2003.tb07294.x>
- Knox, J., Shiau, S., Kutner, B., Reddy, V., Dolezal, C., & Sandfort, T. G. M. (2022). Information, motivation and behavioral skills as mediators between sexual minority stigma and condomless anal sex among black South African men who have sex with men. *AIDS and Behavior*, 27(5), 1587–1599. <https://doi.org/10.1007/s10461-022-03892-2>
- Kolmes, K., Stock, W., & Moser, C. (2006). Investigating bias in psychotherapy with BDSM clients. *Journal of Homosexuality*, 50(2–3), 301–324. https://doi.org/10.1300/J082v50n02_15
- Koob, G. F. (2006). Dynamics of neuronal circuits in addiction: Reward, anti-reward, and emotional memory. *Pharmacopsychiatry*, 42, S32–S41. <http://doi.org/10.1055/s-0029-1216356>
- Lafrenaye-Dugas, A., Hébert, M., & Godbout, N. (2023). Sexual satisfaction improvement in patients seeking sex therapy: Evaluative study of the influence of traumas, attachment and therapeutic alliance. *Sexual and Relationship Therapy*, 38(3), 302–319. <https://doi.org/10.1080/14681994.2020.1726314>
- Långström, N., & Seto, M. C. (2006). Exhibitionistic and voyeuristic behavior in a Swedish national population survey. *Archives of Sexual Behavior*, 35(4), 427–435. <https://doi.org/10.1007/s10508-006-9042-6>
- Långström, N., & Zucker, K. J. (2005). Transvestic fetishism in the general population: Prevalence and correlates. *Journal of Sex & Marital Therapy*, 31(2), 87–95. <https://doi.org/10.1080/00926230590477934>
- Lasher, M. P., & Stinson, J. D. (2016). Adults with pedophilic interests in the United States:

- Current practices and suggestions for future policy and research. *Archives of Sexual Behavior*, 46, 1–12. <https://doi.org/10.1007/s10508-016-0822-3>
- Lawrence, A. A. (2009). Erotic target location errors: An underappreciated paraphilic dimension. *The Journal of Sex Research*, 46(2-3), 194–215. <https://doi.org/10.1080/00224490902747727>
- Lehmann, R. J. B., Jahnke, S., Bartels, R., Butzek, J., Molitor, A., & Schmidt, A. F. (2023). Public stigmatizing reactions toward nonoffending pedophilic individuals seeking to relieve sexual arousal. *The Journal of Sex Research, ahead-of-print(ahead-of-print)*, 1–11. <https://doi.org/10.1080/00224499.2023.2198512>
- Lehmann, R. J. B., Schmidt, A. F., & Jahnke, S. (2021). Stigmatization of paraphilias and psychological conditions linked to sexual offending. *The Journal of Sex Research*, 58(4), 438–447. <https://doi.org/10.1080/00224499.2020.1754748>
- Lemke, R. (2022). Linking public opinion perception, minority, and stigma - An integrated model of hiding male same-sex affection in public. *Journal of Homosexuality*, 70(11), 1–29. <https://doi.org/10.1080/00918369.2022.2059970>
- Lemke, R., & Weber, M. (2017). That man behind the curtain: Investigating the sexual online dating behavior of men who have sex with men but hide their same-sex sexual attraction in offline surroundings. *Journal of Homosexuality*, 64(11), 1561–1582. <https://doi.org/10.1080/00918369.2016.1249735>
- Levenson, J. S., & Grady, M. D. (2019). Preventing sexual abuse: Perspectives of minor-attracted persons about seeking help. *Sexual Abuse*, 31(8), 991–1013. <https://doi.org/10.1177/1079063218797713>
- Lievesley, R., Harper, C. A., & Elliott, H. (2020). The internalization of social stigma among minor-attracted persons: Implications for treatment. *Archives of Sexual Behavior*, 49(4), 1291–1304. <https://doi.org/10.1007/s10508-019-01569-x>
- Lindo, C. A. (2022). *How does society view minor-attracted people and what effect does this have on their wellbeing and help-seeking behaviour?* [Master's Thesis, University of Canterbury]. UC Research Repository. <http://dx.doi.org/10.26021/12610>
- Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, 27(1), 363–385. <https://doi.org/10.1146/annurev.soc.27.1.363>

- Logie, C. H., & Earnshaw, V. (2015). Adapting and validating a scale to measure sexual stigma among lesbian, bisexual and queer women. *PloS One*, *10*(2), e0116198–e0116198. <https://doi.org/10.1371/journal.pone.0116198>
- Maniaci, M. R., & Rogge, R. D. (2014). Caring about carelessness: Participant inattention and its effects on research. *Journal of Research in Personality*, *48*, 61–83. <https://doi.org/10.1016/j.jrp.2013.09.008>
- Marshall, P., Booth, M., Coole, M., Fothergill, L., Glossop, Z., Haines, J., Harding, A., Johnston, R., Jones, S., Lodge, C., Machin, K., Meacock, R., Nielson, K., Puddephatt, J., Rakic, T., Rayson, P., Robinson, H., Rycroft-Malone, J., Shryane, N., . . . Lobban, F. (2024). Understanding the impacts of online mental health peer support forums: Realist synthesis. *JMIR Mental Health*, *11*, e55750–e55750. <https://doi.org/10.2196/55750>
- McDonald, R. P. (1999). *Test theory: A unified treatment*. Lawrence Erlbaum.
- McPhail, I. V., Schmidt, A. F., Frenkel, M. (2024). Latent structure of sexual maturity interests: Pedophilic, pedohebephilic, and teleiophilic preferences in community adult males. <https://doi.org/10.31234/osf.io/6q7en>
- McPhail, I. V. & Stephens, S. (2024). Development and initial validation of measures of internalized sexual stigma and experiences of discrimination for minor attracted people. *Archives of Sexual Behaviour*, <https://doi.org/10.1007/s10508-024-02842-4>
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, *129*(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>
- Meyer I. H., Frost D. M., Narvaez R., & Dietrich J. H. (2006). Project STRIDE methodology and technical notes. *Unpublished manuscript*. <http://www.columbia.edu/~im15/files/StrideMethod.pdf>
- Miguel, I., von Humboldt, S. & Leal, I. (2024). Sexual well-being across the lifespan: Is sexual satisfaction related to adjustment to aging? *Sexuality Research and Social Policy*. <https://doi.org/10.1007/s13178-024-00939-y>
- Miletski, H. (2002). *Understanding bestiality and zoophilia*. East-West.
- Milhausen, R. R., Graham, C. A., Sanders, S. A., Yarber, W. L., & Maitland, S. B. (2010).

- Validation of the sexual excitation/sexual inhibition inventory for women and men. *Archives of Sexual Behavior*, 39(5), 109–1104. <https://doi.org/10.1007/s10508-009-9554-y>
- Mitchell, K. R., Lewis, R., O'Sullivan, L. F., & Fortenberry, J. D. (2021). What is sexual wellbeing and why does it matter for public health? *The Lancet. Public Health*, 6(8), e608–e613. [https://doi.org/10.1016/S2468-2667\(21\)00099-2](https://doi.org/10.1016/S2468-2667(21)00099-2)
- Molen, L. V., Ronis, S. T., & Benoit, A. A. (2022). Paraphilic interests versus behaviors: Factors that distinguish individuals who act on paraphilic interests from individuals who refrain. *Sexual Abuse*, 10790632221108949. <https://doi.org/10.1177/10790632221108949>
- Molen, L. V., Ronis, S. T., Benoit, A. A., & Walmark, S. (2021). Differential associations between paraphilic interests and sexual satisfaction. *Sexual Addiction & Compulsivity*, 27(3–4), 274–292. <https://doi.org/10.1080/10720162.2020.1867939>
- Moser, C., & Kleinplatz, P. J. (2020). Conceptualization, history, and future of the paraphilias. *Annual Review of Clinical Psychology*, 16, 379. <https://doi.org/10.1146/annurev-clinpsy-050718-095548>
- Moss, S., Stephens, S., & McPhail, I. V. (2021). The association between maladaptive coping and treatment motivation in individuals who are sexually attracted to children living in the community. *Journal of Sex & Marital Therapy*, 47(6), 558–570. <https://doi.org/10.1080/0092623X.2021.1922564>
- Mundy, C. L., & Cioe, J. D. (2019). Exploring the relationship between paraphilic interests, sex, and sexual and life satisfaction in non-clinical samples. *The Canadian Journal of Human Sexuality*, 28(3), 304–316. <https://doi.org/10.3138/cjhs.2018-0041>
- Noorishad, P., Levaque, E., Byers, E. S., & Shaughnessy, K. (2019). More than one flavour: University students' specific sexual fantasies, interests, and experiences. *The Canadian Journal of Human Sexuality*, 28(2), 143–158. <https://doi.org/10.3138/cjhs.2019-0024>
- Owen, J., Tao, K. W., Drinane, J. M., Hook, J., Davis, D. E., & Kune, N. F. (2016). Client perceptions of therapists' multicultural orientation: Cultural (missed) opportunities and cultural humility. *Professional Psychology, Research and Practice*, 47(1), 30–37. <https://doi.org/10.1037/pro0000046>
- Park, J. W., Kim, D. J., & Shin, M. H. (2021). The effect of stress on compulsive sexual behavior

- disorder: Active coping strategy and self-control as mediators. *Psychiatry Investigation*, 18(10), 997–1005. <https://doi.org/10.30773/pi.2021.0010>
- Paulhus, D. L., Buckels, E. E., Trapnell, P. D., & Jones, D. N. (2021). Screening for dark personalities: The short dark tetrad (SD4). *European Journal of Psychological Assessment: Official Organ of the European Association of Psychological Assessment*, 37(3), 208–222. <https://doi.org/10.1027/1015-5759/a000602>
- Paulhus, D. L., Hemphill, J. F., & Hare, R. D. (2006). *Manual for the Self-Report Psychopathy Scale (SRP-III)*. Toronto, Canada: Multi-Health Systems.
- Pescosolido, B. A., & Martin, J. K. (2015). The stigma complex. *Annual Review of Sociology*, 41(1), 87–116. <https://doi.org/10.1146/annurev-soc-071312-145702>
- Pistella, J., Salvati, M., Ioverno, S., Laghi, F., & Baiocco, R. (2016). Coming-out to family members and internalized sexual stigma in bisexual, lesbian and gay people. *Journal of Child and Family Studies*, 25(12), 3694–3701. <https://doi.org/10.1007/s10826-016-0528-0>
- Pornhub. (2023, December 9). *2023 Year in Review*. Pornhub Insights. <https://www.pornhub.com/insights/2023-year-in-review>
- Price, M., Kafka, M., Commons, M. L., Gutheil, T. G., & Simpson, W. (2002). Telephone scatologia: Comorbidity with other paraphilias and paraphilia-related disorders. *International Journal of Law and Psychiatry*, 25(1), 37–49. [http://doi.org/10.1016/s0160-2527\(01\)00095-4](http://doi.org/10.1016/s0160-2527(01)00095-4)
- Pryor, J. B., & Reeder, G. D. (2011). HIV-related stigma. In J. C. Hall, B. J. Hall & C. J. Cokerrell (Eds.), *HIV/AIDS in the post-HAART era: Manifestations, treatment, and epidemiology* (pp. 790–806). PMPH-USA, Ltd.
- Raskin, R. N., & Hall, C. S. (1979). A narcissistic personality inventory. *Psychological Reports*, 45(2), 590-590. <https://doi.org/10.2466/pr0.1979.45.2.590>
- Richters, J., de Visser, R. O., Rissel, C. E., Grulich, A. E., & Smith, A. M. A. (2008). Demographic and psychosocial features of participants in bondage and discipline, sadomasochism or dominance and submission (BDSM): Data from a national survey. *The Journal of Sexual Medicine*, 5, 1660-1668. <http://doi.org/10.1111/j.1743-6109.2008.00795.x>

- Rinehart, N. J., & McCabe, M. P. (1998). An empirical investigation of hypersexuality. *Sexual and Marital Therapy, 13*(4), 369–384. <https://doi.org/10.1080/02674659808404255>
- Ross, M. W., & Rosser, B. R. S. (1996). Measurement and correlates of internalized homophobia: A factor analytic study. *Journal of Clinical Psychology, 52*, 15–21. [https://doi.org/10.1002/\(SICI\)1097-4679\(199601\)52:1<15::AID-JCLP2>3.0.CO;2-V](https://doi.org/10.1002/(SICI)1097-4679(199601)52:1<15::AID-JCLP2>3.0.CO;2-V)
- Salgado, J. F. (2018). Transforming the area under the normal curve (AUC) into Cohen's d, Pearson's r_{pb} , odds-ratio, and natural log odds-ratio: Two conversion tables. *The European Journal of Psychology Applied to Legal Context, 10*, 35–47. <https://doi.org/10.5093/ejpalc2018a5>
- Sandfort, T. G., de Graaf, R., Bijl, R. V., & Schnabel, P. (2001). Same-sex sexual behavior and psychiatric disorders: Findings from the Netherlands mental health survey and incidence study (NEMESIS). *Archives of General Psychiatry, 58*(1), 85. <https://doi.org/10.1001/archpsyc.58.1.85>
- Sandnabba, N. K., Santtila, P., & Nordling, N. (1999). Sexual behavior and social adaptation among sadomasochistically-oriented males. *The Journal of Sex Research, 36*(3), 273–282. <https://doi.org/10.1080/00224499909551997>
- Schippers, E. E., Smid, W. J., Huckelba, A. L., Hoogsteder, L. M., Beekman, A. T., & Smit, J. H. (2021). Exploratory factor analysis of unusual sexual interests. *The Journal of Sexual Medicine, 18*(9), 1615–1631. <http://doi.org/10.1016/j.jsxm.2021.07.002>
- Schrimshaw, E. W., Downing, M. J., & Siegel, K. (2013). Sexual venue selection and strategies for concealment of same-sex behavior among non-disclosing men who have sex with men and women. *Journal of Homosexuality, 60*(1), 120–145. <https://doi.org/10.1080/00918369.2013.735945>
- Sedda, A., & Bottini, G. (2014). Apotemnophilia, body integrity identity disorder or xenomelia? Psychiatric and neurologic etiologies face each other. *Neuropsychiatric Disease and Treatment, 10*, 1255–1265. <https://doi.org/10.2147/NDT.S53385>
- Seto, M. C. (2017). The puzzle of male chronophilias. *Archives of Sexual Behavior, 46*(1), 3–22. <https://doi.org/10.1007/s10508-016-0799-y>
- Seto, M. C. (2019). The motivation-facilitation model of sexual offending. *Sexual Abuse, 31*(1), 3–24. <https://doi.org/10.1177/1079063217720919>

- Seto, M. C., Curry, S., Dawson, S. J., Bradford, J. M. W., & Chivers, M. L. (2021). Concordance of paraphilic interests and behaviors. *The Journal of Sex Research*, 58(4), 424–437. <https://doi.org/10.1080/00224499.2020.1830018>
- Seto, M. C., Lalumière, M. L., Harris, G. T., & Chivers, M. L. (2012). The sexual responses of sexual sadists. *Journal of Abnormal Psychology (1965)*, 121(3), 739–753. <https://doi.org/10.1037/a0028714>
- Siegel, K., Schrimshaw, E. W., Lekas, H., & Parsons, J. T. (2008). Sexual behaviors of non-gay identified non-disclosing men who have sex with men and women. *Archives of Sexual Behavior*, 37(5), 720–735. <https://doi.org/10.1007/s10508-008-9357-6>
- Simmons, J. P., Nelson, L. D., & Simonsohn, U. (2011). False-positive psychology: Undisclosed flexibility in data collection and analysis allows presenting anything as significant. *Psychological Science*, 22(11), 1359–1366. <https://doi.org/10.1177/0956797611417632>
- Sinclair, C., & Pettifor, J. (2017). *Companion manual to the Canadian code of ethics for psychologists* (4th ed.). Canadian Psychological Association.
- Sischka, P. E., Décieux, J. P., Mergener, A., Neufang, K. M., & Schmidt, A. F. (2022). The impact of forced answering and reactance on answering behavior in online surveys. *Social Science Computer Review*, 40(2), 405–425. <http://doi.org/10.1177/0894439320907067>
- Skovran, L. C., Huss, M. T., & Scalora, M. J. (2010). Sexual fantasies and sensation seeking among psychopathic sexual offenders. *Psychology, Crime & Law*, 16(7), 617–629. <https://doi.org/10.1080/10683160902998025>
- Soleimani, A. A., Najafi, M., Ahmadi, K., Javidi, N., Hoseini Kamkar, E., & Mahboubi, M. (2015). The effectiveness of emotionally focused couples therapy on sexual satisfaction and marital adjustment of infertile couples with marital conflicts. *International Journal of Fertility & Sterility*, 9(3), 393–402. <https://doi.org/10.22074/ijfs.2015.4556>
- Stephens, S., McPhail, I. V., Heasman, A., & Moss, S. (2021). Mandatory reporting and clinician decision-making when a client discloses sexual interest in children. *Canadian Journal of Behavioural Science / Revue canadienne des sciences du comportement*, 53(3), 263–273. <https://doi.org/10.1037/cbs0000247>
- Stevenson, R. J., Case, T. I., & Oaten, M. J. (2011). Effect of self-reported sexual arousal on

- responses to sex-related and non-sex-related disgust cues. *Archives of Sexual Behavior*, 40(1), 79–85. <https://doi.org/10.1007/s10508-009-9529-z>
- Streiner, D. L. (2002). Breaking up is hard to do: The heartbreak of dichotomizing continuous data. *The Canadian Journal of Psychiatry*, 47(3), 262–266. <https://doi.org/10.1177/070674370204700307>
- Taravati, M., Shayan, A., Babakhani, N., Garousian, M., Faradmal, J., & Masoumi, Z. (2018). The effect of group sexual counseling based on cognitive behavioural approach, on sexual satisfaction of women. *Journal of Clinical and Diagnostic Research*, 12(12), LC15–LC18. <https://doi.org/10.7860/JCDR/2018/34102.12416>
- Tervalon, M., & Murray-García, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9(2), 117–125. <https://doi.org/10.1353/hpu.2010.0233>
- Tong, P., Bu, P., Yang, Y., Dong, L., Sun, T., & Shi, Y. (2020). Group cognitive behavioural therapy can reduce stigma and improve treatment compliance in major depressive disorder patients. *Early Intervention in Psychiatry*, 14(2), 172–178. <https://doi.org/10.1111/eip.12841>
- Tsang, H. W. H., Ching, S. C., Tang, K. H., Lam, H. T., Law, P. Y. Y., & Wan, C. N. (2016). Therapeutic intervention for internalized stigma of severe mental illness: A systematic review and meta-analysis. *Schizophrenia Research*, 173(1-2), 45–53. <https://doi.org/10.1016/j.schres.2016.02.013>
- Wagner, G. J., Aunon, F. M., Kaplan, R. L., Karam, R., Khouri, D., Tohme, J., & Mokhbat, J. (2013). Sexual stigma, psychological well-being and social engagement among men who have sex with men in Beirut, Lebanon. *Culture, Health & Sexuality*, 15(5), 570–582. <https://doi.org/10.1080/13691058.2013.775345>
- Wagner, G., Serafini, J., Rabkin, J., Remien, R., & Williams, J. (1994). Integration of one's religion and homosexuality: A weapon against internalized homophobia? *Journal of Homosexuality*, 26(4), 91. https://doi.org/10.1300/J082v26n04_06
- Walton, M. T., Cantor, J. M., Bhullar, N., & Lykins, A. D. (2017). Hypersexuality: A critical review and introduction to the “sexbehavior cycle”. *Archives of Sexual Behavior*, 46(8), 2231–2251. <https://doi.org/10.1007/s10508-017-0991-8>

- Weiss, M. D. (2006). Mainstreaming kink: The politics of BDSM representation in U.S. popular media. *Journal of Homosexuality*, *50*(2-3), 103–132. https://doi.org/10.1300/J082v50n02_06
- Wiebe, S. A., Elliott, C., Johnson, S. M., Burgess Moser, M., Dalglish, T. L., Lafontaine, M., & Tasca, G. A. (2019). Attachment change in emotionally focused couple therapy and sexual satisfaction outcomes in a two-year follow-up study. *Journal of Couple & Relationship Therapy*, *18*(1), 1–21. <https://doi.org/10.1080/15332691.2018.1481799>
- Wiederman, M. W. (2003). Paraphilia and fetishism. *The Family Journal (Alexandria, Va.)*, *11*(3), 315–321. <https://doi.org/10.1177/1066480703252663>
- Williams, K. M., Cooper, B. S., Howell, T. M., Yuille, J. C., & Paulhus, D. L. (2009). Inferring sexually deviant behavior from corresponding fantasies: The role of personality and pornography consumption. *Criminal Justice and Behavior*, *36*(2), 198–222. <https://doi.org/10.1177/0093854808327277>
- Willis, C., & Bartels, R. M. (2022). Investigating the phenomenology and plausibility of sexual fantasies and their relationship with behavioural enactment and motivation. *The Journal of Sexual Aggression*, *30*, 92–109. <https://doi.org/10.1080/13552600.2022.2091172>
- Woodworth, M., Freimuth, T., Hutton, E. L., Carpenter, T., Agar, A. D., & Logan, M. (2013). High-risk sexual offenders: An examination of sexual fantasy, sexual paraphilia, psychopathy, and offence characteristics. *International Journal of Law and Psychiatry*, *36*(2), 144–156. <https://doi.org/10.1016/j.ijlp.2013.01.007>
- Yadavaia, J. E., & Hayes, S. C. (2012). Acceptance and commitment therapy for self-stigma around sexual orientation: A multiple baseline evaluation. *Cognitive and Behavioral Practice*, *19*(4), 545–559. <https://doi.org/10.1016/j.cbpra.2011.09.002>
- Zhai, M., Duan, Z., Tian, J., Jiang, Q., Zhu, B., Xiao, C., Yu, B., & Yan, H. (2023). Psychosocial characteristics pattern correlated with HIV-related risky sexual behavior among HIV-negative men who have sex with men: A latent profile analysis. *Environmental Health and Preventive Medicine*, *28*. <https://doi.org/10.1265/ehpm.22-00157>

Appendix A: Demographic Questions

1. Were you born...?
 - 1) Female
 - 2) Male
 - 3) Other: _____
 - 4) Don't Know
2. What gender do you identify with?
 - 1) Woman
 - 2) Man
 - 3) Non-binary
 - 4) Two-spirit
 - 5) Other: _____
 - 6) Prefer not to say
3. What is your sexual orientation?
 - 1) Heterosexual
 - 2) Asexual
 - 3) Bisexual
 - 4) Lesbian
 - 5) Gay
 - 6) Queer
 - 7) Pansexual
 - 8) Two-Spirited
 - 9) Other
 - 10) Prefer not to say
4. Please check the ONE option below that most accurately reflects your current understanding of yourself.
 - 1) Exclusively sexually attracted to females.
 - 2) Mostly sexually attracted to females, occasionally have sexual attractions to males.
 - 3) Primarily sexually attracted to females and have some definite sexual attractions to males.
 - 4) More or less equally sexually attracted to females and males.
 - 5) Primarily sexually attracted to males and have some definite sexual attractions to females.
 - 6) Mostly sexually attracted to males, occasionally have sexual attractions to females.
 - 7) Exclusively sexually attracted to males.
 - 8) Not sexually attracted to males or females
5. What is your relationship status?
 - 1) Single
 - 2) Committed Relationship
 - 3) Married
 - 4) Common-law
 - 5) Divorced
 - 6) Widowed
6. How religious do you consider yourself?
 - 1) Not at all religious
 - 2) A little religious

- 3) Somewhat religious
 - 4) Fairly religious
 - 5) Very religious
7. How often do you engage in religious/spiritual practice?
- 1) Never
 - 2) A few times a month
 - 3) Once a week
 - 4) A few times a week
 - 5) Every day
8. What is the highest level of schooling you have completed?
- 1) Never attended school
 - 2) Incomplete primary education
 - 3) Incomplete secondary education
 - 4) Complete secondary education
 - 5) Incomplete vocational/technical school
 - 6) Complete vocational/technical school
 - 7) Incomplete higher education
 - 8) Complete higher education
 - 9) Masters-level degree
 - 10) Doctoral-level degree
9. What is your current employment/education status?
- 1) Full-time employed
 - 2) Part-time employed
 - 3) Not employed
 - 4) Homemaker or unable to work (e.g., taking care of a sick parent/relative, living with a disability)
 - 5) Military
 - 6) Full-time student
 - 7) Part-time student
 - 8) Retired
10. What is your ethnicity?
- 1) Arab
 - 2) Black
 - 3) Caribbean
 - 4) Chinese
 - 5) Filipino
 - 6) Indigenous
 - 7) Japanese
 - 8) Korean
 - 9) Latin American
 - 10) South Asian (e.g., Pakistani, East Indian, etc.)
 - 11) Southeast Asian (e.g., Thai, Vietnamese, etc.)
 - 12) White
 - 13) West Asian (e.g., Iranian, Afghan, etc.)
 - 14) Biracial
 - 15) Other: _____

11. What country were you born in?

Dropdown of all country names

12. Where do you currently reside?

1) A medium to large city (population of 50,000 or more)

2) A suburb near a medium to large city

3) A small city (population of 5,000 to 49,999)

4) A town or village (population of 500 to 4,999)

5) A rural area

13. What is your age group?

Dropdown of ages 18 to 99

Appendix B: Paraphilia Scale

(Seto et al., 2012)

Paraphilia Scale: Sexual Interests

Please rate how sexually arousing or sexually repulsive you currently find each of the following activities, whether you have tried it or not, using the scale shown below.

-3	-2	-1	0	1	2	3
Very repulsive	Somewhat repulsive	Mildly repulsive	Indifferent	Mildly arousing	Somewhat arousing	Very arousing

1. You are having sex with an adult woman _____.
2. You are touching a material like rubber, PVC, or leather _____.
3. You are having sex with a boy (age 12 to 14) _____.
4. You are kissing, fondling, and touching someone's feet _____.
5. You are having sex with an animal _____.
6. You are being spanked, beaten, or whipped by someone _____.
7. You are being urinated on by someone ("golden showers") _____.
8. You are having your feet kissed, fondled and touched _____.
9. You are treating someone as an animal _____.
10. You are touching an object like shoes, gloves, or plush toys _____.
11. You are having sex with an adult man _____.
12. You are imagining yourself as someone of the opposite sex _____.
13. You are tying or handcuffing someone _____.
14. You are being tied or handcuffed _____.
15. You are controlling or dominating someone _____.
16. You are dressing up as someone of the opposite sex _____.
17. You are having sex with a boy below the age of 12 _____.
18. You are spanking, beating, or whipping someone _____.
19. You are verbally humiliating someone _____.
20. You are being forced by someone into sexual activity _____.
21. You are having your breathing restricted during sexual activity _____.
22. You are seeing someone unconscious or unable to move _____.
23. You are having sex with a girl (age 12 to 14) _____.
24. You are urinating on someone ("golden showers") _____.
25. You are being defecated on by someone ("scat") _____.
26. You are cutting someone's skin _____.
27. You are touching or rubbing against a stranger who is not expecting it _____.
28. You are having sex with a girl below the age of 12 _____.
29. You are restricting someone's breathing during sexual activity _____.
30. You are pretending to rape someone _____.
31. You are having someone verbally humiliate you _____.
32. You are being treated as an animal _____.
33. You are watching an unsuspecting stranger while they undress _____.
34. You are exposing your genitals to a stranger who is not expecting it _____.
35. You are having your skin cut _____.

36. You are forcing someone into sexual activity _____.
37. You are being controlled or dominated by someone _____.
38. You are defecating on someone (“scat”) _____.
39. You are making obscene phone calls to someone who is not expecting it _____.
40. You are having someone pretend to rape you _____.

Paraphilia Scale: Frequency of Partnered Sexual Behaviour

1	2	3	4	5
Never	Once or twice ever	Once a year or more on average	Once a month or more on average	Once a week or more on average

2. During your lifetime, how frequently have you or a partner touched or worn rubber, PVC, or leather during sexual activity.
4. During your lifetime, how frequently have you kissed, fondled, or touched feet during sexual activity with a partner.
6. During your lifetime, how frequently has a partner spanked, beaten, or whipped you, with your consent, during sexual activity.
7. During your lifetime, how frequently have you been urinated on by a partner during sexual activity.
8. During your lifetime, how frequently have you had your feet kissed, fondled, or touched during sexual activity with a partner.
9. During your lifetime, how frequently have you treated a partner as an animal during sexual activity.
10. During your lifetime, how frequently have you touched or used objects like shoes, gloves, or plush toys during sexual activity with a partner.
12. During your lifetime, how frequently have you imagined yourself as someone of the opposite sex during sexual activity with a partner.
13. During your lifetime, how frequently have you tied up or handcuffed a partner, with their consent, during sexual activity.
14. During your lifetime, how frequently has a partner tied up or handcuffed you, with your consent, during sexual activity.
15. During your lifetime, how frequently have you controlled or dominated a partner, with their consent, during sexual activity.
16. During your lifetime, how frequently have you dressed up as someone of the opposite sex during sexual activity with a partner.
18. During your lifetime, how frequently have you spanked, beaten, or whipped a partner, with their consent, during sexual activity.
19. During your lifetime, how frequently have you verbally humiliated a partner, with their consent, during sexual activity.
20. During your lifetime, how frequently have you role-played being forced into sexual activity during sexual activity with a partner.
21. During your lifetime, how frequently have you consensually had your breathing restricted during sexual activity with a partner.
22. During your lifetime, how frequently has a partner role-played being unconscious or unable to move during sexual activity.

24. During your lifetime, how frequently have you urinated on a partner during sexual activity.
25. During your lifetime, how frequently have you been defecated on by a partner during sexual activity.
26. During your lifetime, how frequently have you consensually cut a partner's skin during sexual activity with a partner.
27. During your lifetime, how frequently have you role-played touching or rubbing on someone who was not expecting it.
29. During your lifetime, how frequently have you consensually restricted a partner's breathing during sexual activity.
30. During your lifetime, how frequently have you role-played raping a partner during sexual activity.
31. During your lifetime, how frequently has a partner verbally humiliated you, with your consent, during sexual activity.
32. During your lifetime, how frequently have you been treated as an animal by a partner during sexual activity.
33. During your lifetime, how frequently have you role-played watching someone, in person, while they were nude, undressing, or engaging in sexual activity without them being aware of your presence.
34. During your lifetime, have you ever role played purposefully exposed your genitals, in a public place, to an unsuspecting person.
35. During your lifetime, how frequently have you consensually had your skin cut by a partner during sexual activity.
36. During your lifetime, how frequently have you role-played forcing a partner into sexual activity.
37. During your lifetime, how frequently have you been controlled or dominated by a partner, with your consent, during sexual activity.
38. During your lifetime, how frequently have you defecated on a partner during sexual activity.
39. During your lifetime, how frequently have you made obscene phone calls to someone not expecting it.
40. During your lifetime, how frequently have you role-played having a partner rape you during sexual activity.

Paraphilia Scale: Frequency of Pornography Usage

By pornography, we mean videos or images of human actors engaging in sexual activity, computer- or -AI generated videos or images depicting characters engaging in sexual activity, and/or written or audio stories depicting characters engaging in sexual activity.

1	2	3	4	5
Never	Once or twice ever	Once a year or more on average	Once a month or more on average	Once a week or more on average

2. During your lifetime, how frequently have you used pornographic material depicting someone wearing or touching material like rubber, PVC, or leather.
4. During your lifetime, how frequently have you used pornographic material depicting someone kissing, fondling, and touching feet.
6. During your lifetime, how frequently have you used pornographic material depicting someone being spanked, beaten, or whipped.
7. During your lifetime, how frequently have you used pornographic material depicting someone being urinated on by another person.
8. During your lifetime, how frequently have you used pornographic material depicting someone's feet being kissed, fondled, or touched.
9. During your lifetime, how frequently have you used pornographic material depicting someone being treated as an animal.
10. During your lifetime, how frequently have you used pornographic material depicting someone touching objects like shoes, gloves, or plush toys.
12. During your lifetime, how frequently have you used pornographic material depicting someone presenting themselves as the opposite sex.
13. During your lifetime, how frequently have you used pornographic material depicting someone tying or handcuffing another person.
14. During your lifetime, how frequently have you used pornographic material depicting someone being tied or handcuffed.
15. During your lifetime, how frequently have you used pornographic material depicting someone controlling or dominating another person.
16. During your lifetime, how frequently have you used pornographic material depicting someone dressing up as the opposite sex.
18. During your lifetime, how frequently have you used pornographic material depicting someone spanking, beating, or whipping another person.
19. During your lifetime, how frequently have you used pornographic material depicting someone verbally humiliating another person.
20. During your lifetime, how frequently have you used pornographic material depicting someone forcing another person into sexual activity.
21. During your lifetime, how frequently have you used pornographic material depicting someone having their breathing restricted.
22. During your lifetime, how frequently have you used pornographic material depicting someone engaging in sexual behaviour someone unconscious or unable to move.
24. During your lifetime, how frequently have you used pornographic material depicting someone urinated on another person.
25. During your lifetime, how frequently have you used pornographic material depicting someone being defecated on by another person.
26. During your lifetime, how frequently have you used pornographic material depicting someone cutting another person's skin.
27. During your lifetime, how frequently have you used pornographic material depicting someone touching or rubbing on a person who is not expecting it.
29. During your lifetime, how frequently have you used pornographic material depicting someone restricting another person's breathing.

30. During your lifetime, how frequently have you used pornographic material depicting someone raping another person.
31. During your lifetime, how frequently have you used pornographic material depicting someone being verbally humiliated.
32. During your lifetime, how frequently have you used pornographic material depicting someone being treated as an animal.
33. During your lifetime, how frequently have you used pornographic material depicting someone watching an unsuspecting person while they are nude, undressing, or engaging in sexual activity.
34. During your lifetime, how frequently have you used pornographic material depicting someone exposing their genitals to another person who was not expecting this to happen.
35. During your lifetime, how frequently have you used pornographic material depicting someone having their skin cut.
36. During your lifetime, how frequently have you used pornographic material depicting someone forcing another person into sexual activity.
37. During your lifetime, how frequently have you used pornographic material depicting someone being controlled or dominated.
38. During your lifetime, how frequently have you used pornographic material depicting someone defecating on another person.
39. During your lifetime, how frequently have you used pornographic material depicting someone making obscene phone calls to another person who was not expecting this to happen.
40. During your lifetime, how frequently have you used pornographic material depicting someone being raped.

Paraphilia Scale: Frequency of Masturbation to Fantasy

1	2	3	4	5
Never	Once or twice ever	Once a year or more on average	Once a month or more on average	Once a week or more on average

2. During your lifetime, how frequently have you masturbated to fantasies involving touching or wearing rubber, PVC, or leather.
3. During your lifetime, how frequently have you masturbated to fantasies involving having sex with a boy aged 12 to 14.
4. During your lifetime, how frequently have you masturbated to fantasies involving kissing, fondling, and touching another person's feet.
5. During your lifetime, how frequently have you masturbated to fantasies involving having sex with an animal.
6. During your lifetime, how frequently have you masturbated to fantasies involving you being spanked, beaten, or whipped.
7. During your lifetime, how frequently have you masturbated to fantasies involving you being urinated on by another person.
8. During your lifetime, how frequently have you masturbated to fantasies involving having your feet being kissed, fondled, or touched.
9. During your lifetime, how frequently have you masturbated to fantasies about you treating another person as an animal.

10. During your lifetime, how frequently have you masturbated to fantasies involving touching objects like shoes, gloves, or plush toys.
12. During your lifetime, how frequently have you masturbating to fantasies involving you being a member of the opposite sex.
13. During your lifetime, how frequently have you masturbated to fantasies involving you tying or handcuffing another person.
14. During your lifetime, how frequently have you masturbated to fantasies involving you being tied or handcuffed.
15. During your lifetime, how frequently have you masturbated to fantasies involving you controlling or dominating another person.
16. During your lifetime, how frequently have you masturbated to fantasies involving dressing up as someone of the opposite sex.
17. During your lifetime, how frequently have you masturbated to fantasies involving having sex with a boy below the age of 12.
18. During your lifetime, how frequently have you masturbated to fantasies involving you spanking, beating, or whipping another person.
19. During your lifetime, how frequently have you masturbated to fantasies involving you verbally humiliating another person.
20. During your lifetime, how frequently have you masturbated to fantasies involving you being forced into sexual activity.
21. During your lifetime, how frequently have you masturbated to fantasies involving having your breathing restricted.
22. During your lifetime, how frequently have you masturbated to fantasies involving you having sex with someone unconscious or unable to move.
23. During your lifetime, how frequently have you masturbated to fantasies involving having sex with a girl aged 12 to 14.
24. During your lifetime, how frequently have you masturbated to fantasies involving you urinating on another person.
25. During your lifetime, how frequently have you masturbated to fantasies involving you being defecated on by another person.
26. During your lifetime, how frequently have you masturbated to fantasies involving you cutting another person's skin.
27. During your lifetime, how frequently have you masturbated to fantasies involving touching or rubbing against a person who is not expecting it.
28. During your lifetime, how frequently have you masturbated to fantasies involving having sex with a girl below the age of 12.
29. During your lifetime, how frequently have you masturbated to fantasies involving you restricting another person's breathing.
30. During your lifetime, how frequently have you masturbated to fantasies involving you raping another person.
31. During your lifetime, how frequently have you masturbated to fantasies involving you being verbally humiliated.

32. During your lifetime, how frequently have you masturbated to fantasies involving you being treated as an animal.
33. During your lifetime, how frequently have you masturbated to fantasies involving watching an unsuspecting person while they are nude, undressing, or engaging in sexual activity.
34. During your lifetime, how frequently have you masturbated to fantasies involving exposing your genitals to another person who was not expecting this to happen.
35. During your lifetime, how frequently have you masturbated to fantasies involving having your skin cut.
36. During your lifetime, how frequently have you masturbated to fantasies involving you forcing another person into sexual activity.
37. During your lifetime, how frequently have you masturbated to fantasies involving you being controlled or dominated.
38. During your lifetime, how frequently have you masturbated to fantasies involving you defecating on another person.
39. During your lifetime, how frequently have you masturbated to fantasies involving making obscene phone calls to another person who was not expecting this to happen.
40. During your lifetime, how frequently have you masturbated to fantasies involving you being raped.

Table 1. Question Break Down by Paraphilia

Paraphilia	Question
Voyeurism	#33
Exhibitionism	#34
Scatologia	#39
Fetishism	#2, 4, 8, 10
Transvestic Fetishism	#12, 16
Frotterurism	#27
Sadism	#13, 15, 18, 19, 26, 29
Maschoism	#6, 14, 21, 31, 35, 37
Biastopphilia	#20, 22, 30, 36, 40
Urophilia	#7, 24
Scatophilia	#25, 38
Hebephilia	#3, 23
Pedophilia	#17, 28

Paraphilia	Question
Voyeurism	#33
Zoophilia	#5, 9, 32
Other	#1, 11

Appendix C: Paraphilic Interest and Behaviour – Open Questions

If your favorite sexual interest was not included in the questionnaire, please write it down here.

How sexually arousing or sexually repulsive do you currently find your written response, whether you have tried it or not?

-3	-2	-1	0	1	2	3
Very repulsive	Somewhat repulsive	Mildly repulsive	Indifferent	Mildly arousing	Somewhat arousing	Very arousing

Keeping in mind the sexual interest you wrote in on the previous page, in your lifetime, how frequently have you...

Engaged in sexual activity with a partner that was consistent with this sexual interest?

1	2	3	4	5
Never	Once or twice ever	Once a year or more on average	Once a month or more on average	Once a week or more on average

Accessed pornography depicting sexual activity consistent with this sexual interest?

By pornography, we mean videos or images of human actors engaging in sexual activity, computer- or -AI generated videos or images depicting characters engaging in sexual activity, and/or written or audio stories depicting characters engaging in sexual activity.

1	2	3	4	5
Never	Once or twice ever	Once a year or more on average	Once a month or more on average	Once a week or more on average

Masturbated to fantasies consistent with this sexual interest?

1	2	3	4	5
Never	Once or twice ever	Once a year or more on average	Once a month or more on average	Once a week or more on average

Appendix D: Sexual Interest Internalized Stigma Scale

For the following series of questions please think about each question in the context of your sexual interests. By sexual interests, we mean the paraphilia(s), kink(s), and/or fetish(es) you experience.

Sexual Interest Internalised Stigma Scale

Please rate how much you agree with each statement below.

1	2	3	4	5	6	7
Strongly Disagree	Mostly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Mostly Agree	Strongly Agree

1. I feel comfortable discussing my sexual interests in a public situation. (reverse coded)
2. Even if I could change my sexual interests, I wouldn't. (reverse coded)
3. I feel comfortable with my sexual interests. (reverse coded)
4. I avoid thinking about my sexual interests.
5. My sexual interests are morally acceptable. (reverse coded)
6. My sexual interests are as natural as "vanilla" sexual interests (i.e., sex that does not involve bondage, discipline, dominance, submission, sadomasochism, fetishes, kinks, or other paraphilias). (reverse coded)
7. If it were possible, I would do anything to change my sexual interests.
8. The thought of my sexual interests makes me feel depressed.
9. Sometimes I think that if I had more "vanilla" sexual interests, I could be happier.
10. My sexual interests are a natural expression of sexuality in humans. (reverse coded)
11. I wish I were only attracted to more accepted sexual interests.
12. Whenever I think a lot about my sexual interests, I feel critical about myself.
13. I am confident that my sexual interests do not make me inferior. (reverse coded)
14. My sexual interests are deviant.
15. My sexual interests are a satisfactory and acceptable way of life for me. (reverse coded)
16. Most people with my sexual interests end up lonely and isolated.
17. I have tried to stop my sexual interests in general.
18. I would like to get professional help in order to change my sexual interests to a more accepted sexual interest.

Appendix E: Sexual Interest Perceived Stigma Scale

(Jahnke, Schmidt et al., 2015)

For the following series of questions please think about each question in the context of your sexual interests. By sexual interests, we mean the paraphilia(s), kink(s), and/or fetish(es) you experience.

Perceived Social Distance Scale

The following questions are not about your personal beliefs on the subject. Instead, please indicate how, in your belief, most people would respond to these statements concerning people with your sexual interests. I believe that most people think that...

1	2	3	4	5	6	7
Completely Disagree	Mostly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Mostly Agree	Completely Agree

1. Would have these persons as friends. (reverse coded)
2. Would accept these persons in my neighborhood. (reverse coded)
3. Would accept these persons as colleagues at work. (reverse coded)
4. Would talk to them. (reverse coded)
5. These persons should be incarcerated.
6. These persons would be better dead.

(Meyer, 2006)

Perceived Stigma Scale

These next statements refer to a person like you; by this I mean persons who has the same sexual interests as you. Please respond based on how you feel people regard you in terms of such interests.

1	2	3	4	5	6	7
Completely Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Completely Agree

7. Most employers will not hire a person like you.
8. Most people believe that a person like you cannot be trusted.
9. Most people think that a person like you is dangerous and unpredictable.
10. Most people think less of a person like you.
11. Most people look down on people like you.

12. Most people think people like you are not as intelligent as the average person.

(Ross & Rosser, 1996)

Reactions to Homosexuality Scale

Please rate how much you agree with each statement below.

1	2	3	4	5	6	7
Strongly Disagree	Mostly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Mostly Agree	Strongly Agree

13. Society still punishes people with my sexual interests.

14. Most people have negative reactions to people with my sexual interests.

15. Discrimination against people with my sexual interests is still common.

16. Only a few people with my sexual interests are discriminated against. (reverse coded)

Appendix F: Sexual Interest Fear of Discovery Scale

(Jahnke, Schmidt et al., 2015)

For the following series of questions please think about each question in the context of your sexual interests. By sexual interests, we mean the paraphilia(s), kink(s), and/or fetish(es) you experience.

Fear of Discovery Scale

These next statements refer to ‘your secret’ as in your fetish, kink, or paraphilia. Please rate how much you agree with each statement below.

1	2	3	4	5	6	7
Completely Disagree	Mostly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Mostly Agree	Completely Agree

1. I’m afraid that others may discover my secret.
2. It scares me that others might know about my secret.
3. When thinking about others discovering my secret, I become nervous and feel my heartbeat rise.
4. The thought of others finding out about my secret causes physical discomfort.
5. I worry a lot about what will happen if others find out about my secret.
6. I cannot shake off thoughts about the possibility of my secret being discovered.
7. I avoid talking about subjects that are related to my secret.
8. I try to act in a way that no one can find out that I carry a secret.
9. It is stressful for me to keep my secret.
10. Having this secret is distressing to me.

Additional Fear of Discovery Items

Please rate how much you agree with each statement below.

0	1	2	3	4	5	6
Completely Disagree	Mostly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Mostly Agree	Completely Agree

Reactions to Homosexuality Scale (Ross & Rosser, 1996)

1. I am comfortable about anyone finding out about my sexual interests. (reverse coded)

Internalized Pedonegativity Scale (Elchuk et al., 2022)

2. For the most part, I do not care who knows about my sexual interests. (reverse coded)

Extent of Concealment Measure – Short Version (Brennen, 2021)

3. I worried that I would say or do something that would expose my sexual interests.
4. I was afraid that I would reveal something about my sexual interests I didn’t want to.

5. When I talked to someone, I worried about what they may be thinking about me, particularly in regard to my concealed sexual interests.
6. I worried that everyone already knew about my sexual interests.
7. I worried that others would find out about my sexual interests.

Appendix G: Sexual Interests Concealment Scale

(Brennan, 2021)

For the following series of questions please think about each question in the context of your sexual interests. By sexual interests, we mean the paraphilia(s), kink(s), and/or fetish(es) you experience.

Extent of Concealment Measure

Think back to when you hid your sexual interests. Rate how often you had the following experiences. If you are unsure about how to answer a question, please give the best answer you can.

1	2	3	4	5	6	7
Never	Very Rarely	Rarely	Neutral	Occasionally	Frequently	Very Frequently

1. I paid close attention in social interactions, monitoring the actions of others and trying to detect whether they knew about my sexual interests.
2. When I went to social events, I was careful not to let my guard down so I didn't give away my sexual interests.
3. In conversations, I was sensitive to even the slightest change in the facial expression of the person I was conversing with, particularly if I sensed they were suspicious about my sexual interests.
4. It was hard to stop thinking about my sexual interests and the need to keep it hidden.
5. I felt so lonely when I was hiding my sexual interests and was afraid I would always be lonely.
6. I felt isolated because of my concealed sexual interests.
7. I felt hopeless for the future because I never thought I would be able to be open about my sexual interests.
8. I isolated myself in order to conceal my sexual interests.
9. I felt drained by the end of the day after having to conceal my sexual interests all day.
10. I felt insecure during social interactions when I was hiding my sexual interest.
11. While I was concealing my sexual interests, I tried to look happy enough on the outside, but inwardly I felt angry and rebellious.
12. I felt like I was "living a lie" or "having to maintain two identities."
13. Keeping my sexual interest secret really tormented me.
14. I avoided going to work, school, or places that made it too hard to conceal my sexual interests.
15. I said I was feeling sick to get out of social obligations where my sexual interest might come up.
16. I lied (or would say "No," or "why do you think so?") when somebody asked about my sexual interests.

17. I denied my sexual interests when asked.

Additional Items

The following two items ask about how you feel and behave in intimate relationships. Rate how often you had the following experiences. If you are unsure about how to answer a question, please give the best answer you can.

1	2	3	4	5	6	7
Never	Very Rarely	Rarely	Neutral	Occasionally	Frequently	Very Frequently

18. When I'm in a relationship, I do not talk with my partner about my concealed sexual interests.

19. The thought of talking to a sexual partner about my sexual interests causes me discomfort.

Appendix H: Message Recruitment Sample

Message Recruitment letters. Intended to be sent out by the researcher to the moderators of online forums.

Ethics Message Recruitment

Subject Line: University of Lethbridge Study – Sexual interests, Sexual behaviours, and Stigma Experiences

Hello _____,

My name is Emily Ouellette. I am a graduate student in the Faculty of Education at the University of Lethbridge (Canada) studying Counselling Psychology. I am interested in posting a survey on _____. I am looking for those with fetishes, kinks, or paraphilias to participate in a brief survey that would take approximately 20-30 minutes to complete.

In this study, we are looking at sexual interests, sexual behaviours, and experiences with stigma. Through this research, we are hoping to better understand people with fetishes, kinks, paraphilias, or atypical sexual interests and their experiences. This research is being conducted under the supervision of Drs. Jean-Baptiste Leca and Ian McPhail.

Participation in the survey is anonymous and confidential. Any members on your forum who participate in the survey will not be asked to provide any personal identifying information and computer IP addresses are not retained. We do not anticipate adverse effects for people taking part in this survey.

Please let me know if you have further questions about this study and if there are any additional materials you require prior to my posting links to your forum. If you would like to contact the supervisors of my research project, you can email them at jeanbaptiste.leca@uleth.ca and imcphai1@jhmi.edu.

Thank you in advance!
Emily Ouellette
Graduate Student
University of Lethbridge
e.ouellette@uleth.ca

Appendix I: Social Media Advertisement

Hello!

You are invited to participate in an online survey investigating the sexual interests, sexual behaviours, and experiences of people with diverse sexualities. Anyone over the age of 18 is welcome to participate. The survey will take approximately 20-30 minutes. Participation is anonymous and confidential. You will not be asked to provide any personal identifying information.

As with all human research, the University of Alberta's Research Ethics Board has reviewed this research (Protocol #00133373).

For detailed information about the purpose of the study, what is expected of you, how the survey data will be used, and your rights as a participant, please click the link below.

If you are interested in participating, please click on the link below to be taken directly to the survey https://uleth.qualtrics.com/jfe/form/SV_esb6zahim3Z8iua

Thank you for your interest!

Emily Ouellette
M.Ed. (Counseling Psychology) Thesis Student
Faculty of Education, University of Lethbridge
e.ouellette@uleth.ca

Appendix J: Consent Form
Understanding Sexual Interests, Sexual Behaviours, and Experiences with Stigma in Diverse Sexualities.

Who is involved in the study?

Emily Ouellette

M.Ed (Counselling Psychology), Thesis Student Faculty of Education, University of Lethbridge
e.ouellette@uleth.ca

Dr. Jean-Baptiste Leca, Ph.D

Associate Professor, Department of Psychology, University of Lethbridge
jeanbaptiste.leca@uleth.ca

(403) 329-2436

Dr. Ian McPhail, Ph.D

Postdoctoral Fellow, Bloomberg School of Public Health, John Hopkins University
imcphai1@jhmi.edu

What is the purpose of this study?

We invite you to take part in this online study aiming to understand sexual interests, sexual behaviours, and experiences with stigma. The purpose of this study is to examine how diverse sexualities relate to stigma.

Am I eligible to participate?

Anyone who is above the age of 18 with paraphilic, kinky, or fetishistic interests can participate.

What does my participation involve?

You will be asked to fill out a survey, which should take between 20–30 minutes to complete. No identifying information that can be used to identify you will be collected or retained (e.g., IP address) in the survey. There will be no way for the investigators to link you to your specific survey. You will remain anonymous throughout your participation unless you choose to identify yourself to the investigators (e.g., contacting the researchers or Ethics Board, providing them with your name, and indicating you completed the survey).

What will I be asked?

You will be asked questions about your sexual interests, sexual behaviour, and experiences with stigma relating to your sexual interests.

What are the benefits of participating?

There is no direct benefit to you by taking part in this study, but you will be adding to the collective understanding of human sexual diversity.

What are the risks of participating?

You will be asked to volunteer personal information about aspects of your sexuality, sexual behaviour, and mental health history that may cause you to feel uncomfortable. Some questions

may be embarrassing because of their sexual nature or the topics covered. Participating in this study might lead to psychological distress.

Efforts to safeguard and anonymize information have been taken, however, you may want to take additional precautions to protect your anonymity. For example, please consider refraining from completing the survey in a public space, instead consider completing the survey using an incognito tab or deleting your browser history upon completion of the survey. Additionally, you are free to skip any question that you are uncomfortable answering by leaving it blank. If you experience psychological distress as a result of completing this survey, please reach out to someone you trust or one of the services in your area that can provide support.

You can contact Emily Ouellette, Jean-Baptiste Leca, Ian McPhail, or the Research Ethics Boards at University of Alberta if you have any concerns. Please remember that by contacting the researchers or the Research Ethics Boards, we will be aware of your participation in the study, but we will not be able to connect you to your individual survey responses.

What will be done with your information?

The information you share will be anonymous, kept confidential, and will only be used for research purposes. No specific identifying information associated with your responses will be retained (including IP addresses).

This survey will be hosted on Qualtrics, and their privacy policy can be accessed at <https://www.qualtrics.com/privacy-statement/>

If you decide to take part, you are free to withdraw from the study at any time and without giving a reason. Submission of a completed questionnaire implies consent to participate. Please note that due to anonymization it is not possible to delete your data after having completed the survey. The data will be stored securely on password protected computers of the researchers. The data will be stored indefinitely. The only individuals who will be allowed access to the information will be members of the research team. Once the data is collected and analyzed for this study, the results will be shared through student thesis, presentations, journal articles, or seminars.

How can a participant withdraw?

Participation of voluntary and your anonymity and confidentiality will be protected.

You may withdraw from the survey at any time without penalty by clicking on a withdraw button embedded in the survey.

Will there be compensation?

There will be no compensation for participation in this survey.

How do I get more information?

If you would like to see a summary of the survey results, please contact one of the researchers conducting this project. Results for this study are anticipated to be completed by Summer or Fall of 2024 and will be available from the researchers.

Questions regarding your rights as a participant in this research may be addressed to the thesis co-supervisors Drs. Jean-Baptiste Leca (jeanbaptiste.leca@uleth.ca) or Ian McPhail

(imcphai1@jhmi.edu), or the Office of Research Ethics, University of Alberta (email at reoffice@ualberta.ca).

Please understand that if you contact the investigators directly, you will be identifying yourself and it will be known that you have completed the survey.

Certification

The University of Alberta's Research Ethics Board has reviewed this research (Protocol #00133373). If you have any questions or concerns about ethical matters or would like to discuss your rights as a research participant, you may contact the University of Alberta's Research Ethics Board at reoffice@ualberta.ca.

Consent and Participation Confirmation

By continuing with this survey, you confirm that you understand and agree to the above conditions. If you do not agree, please exit the survey now.

I understand what this study is about, the risks and benefits, and that by consenting I agree to take part in this research study and do not waive any rights to legal recourse in the event of research-related harm.

I understand that my participation is voluntary and that I can end my participation at any time without penalty.

I have had adequate time to think about the research study and to make an informed decision about my participation.

Yes, I agree to participate

No, I do not wish to participate

Appendix K: Identifying Non-Identifier Items

1. What is the initial of your mother's maiden name?
Dropdown of all letters of the alphabet
2. What is the initial of your father's given name?
Dropdown of all letters of the alphabet
3. What is the initial of the month you were born?
Dropdown of all possible letters
4. How tall are you in inches?
Dropdown of all height options
5. What day of the month were you born?
Dropdown of all number options
6. Are you 18 years old or older?
 - a. Yes
 - b. No

Appendix L: Attention Check and Truthfulness Questions

(Maniaci et al., 2014)

Attention Checks

Please rate how true this statement is to you.

1	2	3	4	5
Not as all True	A little True	Somewhat True	Mostly True	Very True

1. I enjoy relaxing in my free time.
2. In my free time I like to relax.

(Sischka et al., 2022)

Honest Check

Within this survey we asked some questions that many people would consider very private and highly personal. A common reaction to this is that people do not answer honestly. Therefore, we would like to know: In how many instances during the questionnaire did you answer dishonestly?

1	2	3	4	5	6
Not any answer at all	One answer	2 answers	3 to 5 answers	6 to 10 answers	More than 10 answers

Appendix M: Survey Closing

Dear participant,

Thank you for your participation!

As a reminder, the purpose of this study is to understand sexual interests, sexual behaviours, and experiences with stigma. The data collected will contribute to a better understanding of people with diverse sexual interests.

Please remember that any data pertaining to you as an individual is anonymous. Once all the data is collected and analyzed for this project, we plan on sharing the results through student thesis, presentation, academic articles, and seminars.

Some of the questions asked were about sensitive topics. If you experienced emotional upset as a result of completing this survey, please reach out to someone you trust or one of the services in your area. If you are in crisis, please contact your local emergency services. Below are some links to distress lines/services in different countries:

- <https://www.helpguide.org/articles/therapy-medication/directory-of-international-mental-health-helplines.htm>
- <https://togetherweare-strong.tumblr.com/helpline>
- [Visit your family physician who can make referrals to local mental health services.](#)

If you would like more information regarding the study or have any questions, please contact Emily Ouellette (e.ouellette@uleth.ca), Dr. Jean-Baptiste Leca (jeanbaptiste.leca@uleth.ca), or Dr. Ian McPhail (imcphai1@jhmi.edu). The study is expected to be completed by August 31st, 2024. If you would like a summary of the results, please consult the investigators around this time.

As with all human research, the University of Alberta's Research Ethics Board has reviewed this research. Should you have any questions or concerns about ethical matters or would like to discuss your rights as a research participant, you may contact the University of Alberta's Research Ethics Board at reoffice@ualberta.ca or at 780-429-2615.

Emily Ouellette

M.Ed. (Counseling Psychology) Thesis Student
Faculty of Education, University of Lethbridge
e.ouellette@uleth.ca

Dr. Jean-Baptiste Leca, Ph.D

Associate Professor, Department of Psychology, University of Lethbridge
jeanbaptiste.leca@uleth.ca

Dr. Ian McPhail, Ph.D

Postdoctoral Fellow, Bloomberg School of Public Health, John Hopkins University
imcphai1@jhmi.edu

Appendix N: Open-Ended Questions Coding Manual

Step 1: Determine if paraphilic:

Normophilic: for sexual gratification, involving genital contact, and taking place between two (presumably) consenting, phenotypically normal, physically mature adults, where paraphilic intent/content/fantasy/arousal is not obviously presently present

Paraphilic: intense and persistent sexual interests that are considered atypical (i.e., orientated towards non-human objects, non-copulatory activities, non-genital anatomy, or targets that do not have the capacity to consent)

Step 2: Categorize Paraphilic Interest:

Voyeurism: sexual pleasure from watching others when they are naked or engaged in sexual activity.

Exhibitionism: sexual pleasure from being naked or engaging in sexual activity in front of others.

Frotteurism: sexual pleasure from rubbing oneself on another person.

Scatologia: sexual pleasure from making obscene phone calls to others.

Material/Object Fetishism: sexual pleasure from non-living objects or specific body parts.

Sadism/Dominance: sexual pleasure from harming or humiliating others (e.g., verbally, physically, psychologically), sexual pleasure from placing will or authority over another person.

Masochism/Submision: sexual pleasure from being harmed or humiliated (e.g., verbally, physically, psychologically), sexual pleasure from accepting/yielding to the will or authority of another person.

Bistophilia: sexual pleasure from having sexual contact (e.g., intercourse or touching) with a non-consenting person.

Urophilia: sexual pleasure from urinating on someone, being urinated on, consuming urine, and/or smelling urine.

Scatophilia: sexual pleasure from defecating on someone, being defecated on, consuming feces, and/or smelling feces.

Zoophilia: sexual pleasure from non-human animals.

Anthrozoophilia: sexual pleasure from anthropomorphic animals, e.g. furies.

Pedoebephilia: sexual pleasure from prepubertal children, aged 3 to 10 (i.e., stage 1 of the Tanner scale of development - pedo), sexual pleasure from pubescent children, approximately ages 11 to 14 (i.e., stages 2 or 3 of the Tanner scale of development - hebe), and sexual pleasure from adolescent minors, approximately ages 15 to 17 (i.e., stage 4 of the Tanner scale of development - ephebe).

Diaper (Paraphilic Infantilism, Diaperism): sexual pleasure from wearing, touching, smelling diapers.

Autochronophilia: sexual pleasure from role-playing/pretending to be a child. Can also be called age play.

Incest: sexual pleasure from activities with a closely related family member (e.g., children, parents).

Chastity/Orgasm Denial: sexual pleasure from having one's genitals caged/locked and not allowed to orgasm.

Cuckholding/Cuckqueaning: sexual pleasure from being humiliated when one's romantic partner has sex with other people.

Necrophilia: sexual pleasure from dead bodies.

Teratophilia: sexual attraction to monsters or fantasy creatures.

Medical Fetish: sexual pleasure from medical scenarios including objects, practices, environments, and situations of a medical or clinical nature.

Swinging, Partner Trading, Open Relationships, Group Sex: sexual arousal from having romantic partner have sex with others, and oneself having sex with others, sex with 2+ people, and/or swinging, partner swapping.

BDSM, directionless: sexual pleasure from BDSM activities, but not knowing the direction of sadism/dominance and masochism/submission.

Unclear, not using cases in which multiple interests were written down or source of arousal is unclear. These are cases in which we cannot determine if paraphilic or the category of paraphilia, or interest/behaviour ratings are unclear.

Step 3: Organizing Unclear Entries:

Unclear: not enough information is provided to understand direction of sexual act (i.e., upon myself or someone else), source of sexual interest in act not known, and/or multiple sexual interests are recorded.

Multiple Interests: these cases were not used for data analysis, as it was unclear which interests participants were scoring on interest and behaviour scales.

Direction of Act and Source of Interest: these were included in separate group of directionless BDSM, as long as they are paraphilic