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Developmental Factors And Maladjustment Indicators Of Specific Sexual Interests

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DEVELOPMENTAL FACTORS AND MALADJUSTMENT INDICATORS OF SPECIFIC SEXUAL INTERESTS

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This thesis, submitted by Victoria Pocknell in partial fulfillment of the requirements for the Degree of Master of Arts from the University of North Dakota, has been read by the Faculty Advisory Committee under whom the work has been done and is hereby approved.

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Victoria Pocknell
May 11, 2017

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I wish to express my sincere appreciation to the members of my advisory committee for their guidance and support maneuvering the no man's land of completing a research project such as this.

To my mom Janice and my dad Kieron,
My biggest supporters.
And to women everywhere,
You are worth an education.

ABSTRACT

Human sexual expression appears to be freer to vary past the need to procreate. This study explores the variability in the cues that elicit sexual arousal in the general population. It aims to better understand the developmental factors and negative outcomes of having a specific sexual interest. A sample (N = 1069) was gathered using Amazon's Mechanical Turk in which participants indicated sexual interests based on themes: Age, Physical Appearance, Clothing, Power, Risk, and Extrapersonal. The results suggest significant effects of sex, age, and hypersexuality on sexual interests. Therefore, analyses were run separately for men and women and age and hypersexuality were often controlled for. Through the use of correlation coefficients, common characteristics indicative of specific sexual interests were being sexually active, younger, frequent pornography users, and endorsement of mood symptoms. In predicting what developmental factors may contribute uniquely to classifying men and women as having a certain sexual interest, logistic regressions showed a variety of important factors including number of sexual partners, seeking a committed relationship, using sex as stress management, and knowing someone who they believe has a similar interest. Across the board, identifying a specific sexual interest was also significantly related to numerous negative outcomes related to internet usage, recent and prior relationship concerns, and affect disturbance to name a few. Most negative outcomes were found to be greater amongst males. The results suggest some normativity of many sexual interests and a need to explore further a delineation between an interest and pathology.

CHAPTER I

INTRODUCTION

The complex biological and developmental factors that form and maintain human sexual desire and behavior remain poorly understood. While sexual behavior in animals seems to arise from procreative drives, human sexuality often seems more hedonistic and removed from more basic primal roots. Eliciting stimuli for human arousal appear to extend beyond a narrow range of cues indicating health and fitness that maximizes probability of perpetuating the species. Human sexual expression seems freer to vary in contemporary times as evidenced by the presence and acceptability of ever-expanding role models (Pfaus, Kippin, and Centeno, 2001). The present study explores this variability in the cues that elicit sexual arousal in members of the general population. Sexual arousal is the term used in this study to refer to that constellation of physiological, emotional, and behavioral changes that are activated by preferred ranges of erotic stimuli (Frijda, 1986). Sexual interest is defined by the greater likelihood of sexual thoughts, feelings, and behavior towards preferred and specific persons, objects, or activities. Experiencing sexual arousal tends to be linked and dependent on the characteristics of category specific stimuli that make up one's sexual interests (Chivers, 2005).

Specific versus Generalized Eliciting Stimuli

Prior studies have not systematically examined the wide individual differences seen in the specificity of erotic stimuli that elicit maximal sexual arousal. Gender-specific aspects of eliciting stimuli are central to the conceptualization of sexual orientation, but otherwise the impact of variability in arousal cues has been given little attention. The reality is, however, that

some people are aroused easily by a wide range of erotic cues, and others respond only to very specific sorts of cues. More specific sexual interests are referred to as paraphilic when they are associated with harsh social sanctions and/or punitive consequences. Conversely, highly specific, but nonconsequential, sexual interests are considered natural aspects of human sexuality in society. For example, men and women often describe cues such as breasts or buttocks, or even inanimate objects such as clothing apparel, that are sexually exciting, even necessary for sexual arousal during intimacy. In both cases highly specific sexual arousal mechanisms do seem to pose elevated risks for adverse consequences since sexual satisfaction becomes more arduous to achieve.

Hypersexuality

The concept of "hypersexuality" also warrants consideration although a consensus definition has not been established in the literature. Hypersexuality can be distinguished from normative sex drive by the higher frequency of acts it motivates. It also has been applied often to the layperson's concept of "sexual addiction" since the behavior compelled by these erotic fantasies is often impersonal and associated with negative consequences. Hypersexuality has not been defined or examined in regard to the specificity of the cues that elicit the behavior. It seems reasonable to assume that some hypersexual individuals pursue narrow erotic interests and others are easily aroused by most any erotic content. Kafka (2010) once conceptualized hypersexuality as a nonparaphilic disorder that has an impulsivity component. This was coupled with the propensity for a greater likelihood for positive and negative consequences though evidence has not been consistent.

Paraphilic Interests

The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) has been careful in distinguishing between paraphilic "interests" and "disorders" based largely on the negative consequences associated with the latter. Definitions of normalcy once pivoted inordinately around statistical prevalence rates for particular sexual interests. The problems associated with defining "illness" by features falling outside of typical statistical ranges are self-evident (e.g., are gay, or introverted, or unusually creative people "disordered"?). Thus, the concept of paraphilic *interests* has been difficulty to define. Investigators have described a paraphilia as a sexual interest that concerns deviant activity for which the interest is "greater than or equal to normophilic interests…[and] any intense and persistent sexual interest other than sexual interest in genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners" (APA). This definition of a paraphilia takes into consideration that not all non-normophilic interests are associated with a mental disorder that requires psychological intervention. Regardless, these interests tend to be much less likely than "normal" fantasies or interests.

The present study explores the range of eliciting stimuli as a more objective, observable, and precise defining criterion for paraphilic interests. While not emphasized in the literature, an operative premise in this study is that paraphilic interests should be defined largely by their high specificity. At the same time, it seems evident that not all highly specific sexual interests compel erotic behavior that would be sufficiently consequential to warrant a diagnosis of "paraphilic disorder". Attraction to breasts or prepubescent cues both represent highly specific arousal mechanisms, but characterizations of the latter as a "paraphilic" occurs almost entirely on the basis of social revulsion toward arousal triggered by that particular class of stimuli.

Aggrawal (2009) estimated that there are probably at least 547 categories of paraphilia. However, the persistence and prevalence of these paraphilia may be more widespread than previously thought, which calls into question what constitutes a "deviant" sexual interest. Joyal (2015) found that a "normophilic" sexual fantasy, such as oral sex, tended to produce more intense reactions than more paraphilic interests. Such paraphilic interests that seem "normal" include but are not limited to anililagnia (attraction by young men to older women), chronophilia (partners of differing chronological age), or morphophilia (particular body shapes or sizes). Despite the clinical terms for such interests, many of these interests are classified as "normal" sexual interests just like society's acceptance of a man being interested in a woman's breasts or in her buttocks. Culture plays an integral role in determining what is anomalous or normal, its tolerance within society, and more specifically what is legal or illegal (Bhugra, Popelyuk, and McMullen, 2010). In fact, there are some individuals and couples that may purposefully engage in certain paraphilic situations, such as being robbed or pretending to be kidnapped, that elicit sexual arousal.

Joyal (2015) found that 57% of the study sample endorsed having met the criteria for a paraphilic interest at one time or another. Therefore, a significant proportion of non-clinical groups can have a paraphilia. However, the question remains of how is what is considered to be "normal" and "deviant" operationalized? There are some identified paraphilia that would seem inappropriate to call as paraphilia such as being sexual aroused only by older women when you are a young man or being sexually aroused by a certain body type. One obvious manner to observe the deviancy is to compile the sexual interests of the general population to understand the prevalence of each sexual interest. A second method is to investigate the number of Internet searches for particular interests. For example, Ogas and Gaddam (2011) documented twenty

main Internet searched themes that may be considered "deviant," including teen, incest, domination, submission, bestiality, transsexuality, and grannies, between July 2009 and July 2010. Finally, the last posited approach involves the use of a bell curve in which a sexual interest is considered to be atypical if only 2.3% of the curve expresses interest in it.

Research has shown that a majority of the general population have certain paraphilic interests that arouse them sexually making the previous methods difficult to entertain as ways to weed out what is deviant and not. In order to investigate the prevalence of sexual fantasies in men and women and further illustrate the difficulties, Joyal (2015) reported 49 sexual fantasies were not statistically abnormal for men and 46 among women. Therefore, atypical sexual interests may not be so unique or uncommon at all and some diversity in sexual fantasies may lead to greater sex-life satisfaction (Khar, 2008; Leitenberg & Henning, 1995). In addition, many women stated in a survey study that they had experienced sexual fantasies of sadomasochistic sex but expressed no interest in acting out the fantasies (Joyal, 2015). Labeling something as paraphilic may be misleading considering it is often associated with having a clinical disorder. There may be some people who utilize these interests to experience sexual excitation, but they never see a therapist for having these interests. One of the possible reasons for such a disparity is that only a small percentage of that group will experience distress or impairment from having that paraphilic interest.

A paraphilic *disorder,* on the other hand, is what is represented within the DSM-5 and causes someone to seek psychological intervention. Due to the nature of the paraphilic interest, some individuals may believe that something is "wrong" with them because their interest does not fall within the parameters of what is "socially appropriate." The distress and impairment that is associated with a clinical problem as witnessed by another or experienced by that individual is

typically what drives a person to seek outside help. Therefore, no matter what the interest may encompass the psychological suffering and functional difficulties the individual experiences will overrule what the interest is itself. At times, the legality of the act and whether it is considered a sexual disorder, such as sexual behavior involving a non-consenting partner (pedophilia, voyeurism, frotteurism, necrophilia, etc.), will overlap. Paraphilia involving a nonconsenting partner have the potential to lead to legal consequences such as jail time or fines. The presence of other paraphilic interests have the potential to lead to problems in home life, relationships, or occupational settings if these interests were to become known to others. For this reason, the individual may experience distress about others finding out about their interests and disapprove of them.

Paraphilic Etiologic Contributors

Medical Model

Theorists suggest that there are certain abnormalities that occur in the prenatal stage of development that increases the likelihood of having a deviant sexual preference. Some posit that excessive exposure to androgens (male hormone specifiers) may lead to hyper-masculization and the abnormality of certain brain areas (Rahman and Symeonides, 2008). They describe a situation in which excessive androgens in the womb and the mother's immune system's inability to wash away these hormones may alter the neurodevelopment of the fetus to produce pathologic effects on the brain. Evidence has shown that paraphilic individuals have a significantly greater number of older brothers. The more male fetuses present before one is born the greater the build-up of male androgens in the mother's womb affecting the future fetuses (Langevin, Langevin, and Curnoe, 2007). In contrast, lower deviant sexual interests were associated with the number of younger brothers an individual had, because of a decreased amount of prenatal exposure to

androgenization. There have also been some suggestion that abnormal prenatal development occurs as a function of maternal age (Rahman and Symeonides, 2008). This may once again relate to the number of previous pregnancies, but there may be other external reasons for an increase in deviant sexual interests. Animal research has added supportive evidence of the effects that androgens can have on the sexual behavior of the fetuses. When these animals were given antiandrogens, there found a significant reduction of sexual appetite and the mitigation of paraphilic arousal when there was a prevalence of paraphilic interest (Kafka, 1997).

Along with studies that have investigated the androgen levels in the mother's womb during the onset and duration of pregnancy, studies have shown that non righthandedness was correlated with increased risk of having paraphilic sexual interests in heterosexual and non-offending men. Rahman and Symeonides (2008) documented a higher incidence of non-right-handedness for men who scored higher on paraphilic measures than those who scored low. In addition, Cantor et al. (2004; 2005) found that the chances of a pedophile being non-right-handed was 3.5 times greater than men who were attracted to adults. The precise reason for this or an explanation of why this may be so has been elusive at best. Many researchers put this down to the underlying brain structure and neurotransmissions in the brain as it may illustrate brain organization and early perturbations in development.

Due to the possible overexposure of androgens at birth, some suggest looking at the differences between hormone levels of paraphilics. Some researchers who have measured hormone levels in the blood have found that many paraphilic individuals seem to be within normal limits of what would be expected. However, the hormone and body interaction that would be of the most importance would be where hormones cross the blood-brain barrier. According to Langevin (1992), the hormones levels within the brain would be of primary interest

in affecting the development of the brain structures because of the direct impact they would have. However, conducting a test of these levels would be unheard of and extremely difficult considering the location. For these reasons, the impact of hormones is a relative mystery.

More current research investigating the presence of deviant sexual interests have looked into the occurrence of abnormalities of neurotransmitter admissions in the brain to explain the interests. There are two primary areas that researchers have found some deficits in individuals with identified paraphilic interests: the limbic system and the temporal lobes of the brain. The limbic system is the part of the brain linked with more primal aspects of human behavior as it is a part of the original brain structure before the development of the neocortex. It primarily plays a role in emotion and drives such as sex and hunger. Some studies have found that there are certain disturbances in the limbic system found with the presence of paraphilic behavior (Langevin, 1992). However, more concrete evidence has been found in the temporal lobe and the deficiencies found in the admissions of monoamines. When known paraphilic men and normal men were hooked up to an electroencephalogram (EEG), researchers found that the activity within damaged areas of the temporal lobe was indicative of unusual sexual behaviors in some men. Blumer and Walker (1975) even found that there may have been some loss of moral and ethical restraints in those with temporal lobe damage. This may stem as one factor that makes it more likely that individuals will take part in sexual behaviors that seem socially inappropriate or against an ethical standard. This was primarily found between those who reported completing sadistic behaviors for pleasure and nonsadists. There seems to be less right density in the frontal temporal areas of the brain for pedophilias (Langevin, 1992). For many investigations of the brain distinctions of sexual deviants and those who are "paraphilia free," pedophilias appear to show the most distinct brain dysfunction. With this being said, there are no consistent findings of

brain abnormalities that would successfully differentiate those with a paraphilia and those do not. Some researchers posit that distinguishing between those who are sexually deviant and not can only occur correctly about 16% of the time (Langevin, 1992). However, there does seem to be some albeit small differences that have begun to be noticed as more brain research mapping is being conducted on the subtle nuances between sexual preferences. There is some preliminary evidence to suggest that each paraphilia may have different brain damage and dysfunction related to the particular sexual behavior.

One of the strongest hypotheses for increased sexual preferences involves the role of monoamines. This hypothesis is suggestive of pathophysiology of paraphilia connected to the levels of norepinephrine, dopamine, and serotonin (Kafka, 1997). These neurotransmitters are typically associated with the various dimensions of sexual behavior including performance and appetite as well as the modulation of impulsivity, compulsivity, and prosocial and antisocial behavior. The support for the influence of serotonin in the production of paraphilic interests comes from 200 cases of success of using selective serotonin reuptake inhibitors (SSRIs) in reducing deviant arousal (Kafka, 2003). Animal research has suggested that decreased levels of serotonin may increase appetitive sexual behavior, decreased dopaminergic transmitters can augment sexual behavior, and increased noradrenergic activity can enhance sexual drives (Kafka, 1997). On the other hand, human data have investigated the role of monoamines in the performance of sexual behaviors by exploring the secondary effects of drugs on already known sexual drives rather than inducing them by altering monoamine levels. Kafka (1997) and found that blocking D2 receptors (dopamine receptors) led to diminished sexual appetite and reduced paraphilic arousal. On the other hand, when participants were given L-DOPA, the precursor to dopamine, to increase dopaminergic levels it led to greater sexual behaviors.

There is also some discussion that deviant sexual interests can be transmitted genetically. The foundation for such an argument is based on the correlations between elevated rates of other psychiatric comorbidities along with a paraphilic diagnosis such as affective disorders, anxiety, substance use, and impulse control (Labelle, Bourget, Bradford, Alda, and Tessier, 2012). Some studies have suggested that 18% of all of the families of someone with a diagnosed paraphilia also had a first degree relative with a sexual deviancy—these studies were primarily aimed at the occurrence of pedophilia (Gaffney et al. 47). Some have found that people can be a "carrier" of a paraphilic gene, primarily involving an extra Y chromosome. Some studies have found that more aberrant sexual activity and fantasies were found in men with XYY than XXY (Schiavi et al. 45). This goes along similar lines to the idea that hyper-masculinization can lead to an increased likelihood of deviant sexual activity. Some researchers such as Langstrom et al. (2002) have found that problematic masturbatory behavior may have a genetic link. This may lead to the potential of conditioning certain sexual preferences through reinforcement of stimuli through self-stimulating behaviors. These sexual interests may persist into adulthood due to the propensity to fulfill sexual gratification successfully.

Many researchers have posited that the increased presence of androgens of those with paraphilic interests makes sense because the known majority of paraphilic individuals are males (Wiederman, 2003). However, such a leap is without solid ground. We are aware that demographic searches involving paraphilia are primarily targeted at men and that the presence of paraphilia of women have not been actively explored. Therefore, we cannot definitively state what is occurring biologically for females who have aberrant sexual interests and we cannot rule it out because paraphilia is not a male only clinical diagnosis. The inconsistent findings of many studies and the minimal successful predictive rate in identifying those who have a paraphilia do

not condone a hands-off approach in understanding the etiologic factors of paraphilia. Overall, it may be prudent to state that some people may be carriers of a genetic predisposition and that abnormalities or other neurotransmitter deficits may not be known until the environmental factors modify the phenotypic expression (Labelle, Bourget, Bradford, Alda, and Tessier, 2011).

Analytic Theory

The psychodynamic approach to paraphilia assumes difficulties in repressing or too much repression of sexual urges, drives, and desires at an unconscious level. A conflict exists between the sexual wants of the individual and the manner in which they can express these desires very early in life. Freud posited that deviant sexual interests stem from poor resolution of the Oedipal or Electra conflict (Friedman and Downey, 2000). Essentially, the sexual urges that should be reined in and managed during this stage are still a source conflict. In men, this typically manifests itself of castration anxiety—the boy is afraid that the father will castrate his penis in order to subdue the sexual desires he has towards his mother (Friedman and Downey, 2000). Freud believed that the occurrence of a paraphilia as well as other sexual disorders is due to the desire to know that one's penis really does exist and has not be castrated. Therefore, they engage in certain sexual activities to soothe the anxiety of uncertainty.

The psychoanalytic theory also discusses paraphilia as being a consequence of excessive repression of sexual urges. The first instance where these individuals begin to hold down their sexual urges is towards their mothers. They realize that the urges are inappropriate and keep them at bay without appropriate discharge (Blair and Lanyon, 1981). In addition, they may have mental structures that are so rigid and concrete that they have a reduced capacity to reduce sexual urges or the tension from being unable to do so. While others may express their sexual tension through the use of mechanisms such as fantasy or sublimation, these individuals seem unable to

utilize this approach leading to aberrant sexual experiences when they are allowed to do so (Friedman and Downey, 2000). Finally, some suggest that possible incestual relationships result in a dysfunction in the roles of the superego in monitoring experiences. As a result of the superego dysfunction, the individual may develop the feeling that they have an exemption from normal superego standards (Friedman and Downey, 2000). Abel, Coffey, and Osborn (2008) go on to illustrate that deviant sexuality stems from "persistence beyond childhood of earlier forms of sexuality as preferred expressions." As the individual becomes more comfortable with this method, they may be hesitant to use other alternative means that would run the risk of not being beneficial to them to the point where sexuality becomes the accepted method of behavior.

Kurt Freund approached the development of a paraphilic interest from the perspective of the occurrence of an abnormality in the process of an emerging intimate relationship. He deemed this theory as the "courtship disorder." The proposed model focuses on the human erotic or sexual interaction of individuals in a relationship. He divided the process of sexual intimacy into four steps: (1) the location of a suitable partner; (2) pretactile interaction (talking, for example); (3) tactile interaction (kissing, for example); and (4) genital union (Freund and Watson, 1990). Freund stated that a paraphilic interest would be developed if one or more of these intimacy stages was intensified or distorted in some way. The distortion in one link of the chain would then cause a domino effect and lead to either omitted stages or stages that are kept but only in the smallest way. Overall, the intimacy steps become distorted but also rigid and stylized. In order to illustrate the possible distortions that could led to paraphilic interests, Fruend outlined the development of voyeuristic interests as a distorted in the first stage (viewing an unconsenting partner undressed), exhibitionistic interests in the second (exposure of genitals to unconsenting persons), and frotteuristic interests in the third (inappropriate rubbing against an unconsenting

person) (Freund and Watson, 1990). However, this proposed model of paraphilic development does not take into consideration the distress and/or impairment that is essential for an individual to render a clinical diagnosis. In addition, it posits that all paraphilia occur due to one distortion or another in the first three phases, but some paraphilia lack a person-directed target that would be required for Freund's model. Finally, it fails to illustrate how certain paraphilia may co-occur with other sexual preferences. The model is set up to allow only one distortion with the rest of the model so slanted that other distortions would not be plausible based on the intensification of one stage. Therefore, there are a lot of inconsistencies and gaps in this model of proposed paraphilic interests.

Learning Theory

Sexual interests have often been described as developing as a response to a learning mechanism. "Sexual experience allows animals to form instrumental associations between internal and external stimuli and behaviors that lead to different sexual rewards" (Pfaus, Kippin, and Centeno, 2001). Researchers have found that there seems to be a lot of flexibility in the generation of sexually relevant conditioned stimuli in addition to the ability to learn what stimuli are going to be predictors of successful or failing sexual behavior. It can be divided into two processes: acquisition and maintenance. The behavior can be acquired in very few trials, they are highly selective and specific to the stimulus, highly resistant to extinction, and are noncognitive (primitive) and thus not readily modifiable to extinction (Laws and Marshall, 1990). This last point helps to emphasize a possible explanation to why deviant sexual behavior is resistant to modification. The occurrence of acquiring a sexual interest is often delineated by Pavlovian conditioning and operant conditioning. "With sexual experience, initially ineffective stimuli become associated with behaviorally significant ones and thereby come to elicit sexually relevant

responses. Second, initially neutral stimuli that are arbitrary and separated physically from the UCS can, through contiguous pairings, come to elicit sexually relevant responses" (Pfaus, Kippin, and Centeno, 2001). However, these two forms of learning work together to produce and maintain a sexual interest. The fundamental requirement to any form of conditioning is attention has been placed on that stimuli as being sexually arousal. The attentional mechanism allows certain internal and external cues to be identified for future sexual stimulation and/or recreation of the arousing event or stimuli (Abel, Coffey, and Osborn, 2008).

From the perspective of Pavlovian conditioning, some stimuli have an innate or intrinsic capability to induce a physiological response without any need of prior learning. This innately arousing stimuli can then be temporally paired with an environment/context or another stimulus that can be learned to elicit a similar physiological response (human sexual arousal). By pairing these stimuli together, it is possible that they will become what can be termed as "well-entrenched elicitors of sexual arousal" (Laws and Marshall, 1990). In order to stave off boredom or habituation, a sexual interest can be broadened or even strengthened through generalization of interests. This does not mean to suggest that sexual interests will dramatically change but rather that a person may introduce slightly different things into their realm of sexual interests in order to reduce the chances boredom during sexual stimulation.

A sexual interest can also be acquired through operant conditioning. This posits that a sexual interest is developed when it is closely timed by an already sexually reinforced stimulus. Money and Ehrhardt (1996) went on to explain that even though looking at paraphilic images may be condemned socially or even by the individual themselves at the same time they are being "rewarded by them as the harbingers of the ecstatic feeling of orgasm." When future instances of sexual gratification with the stimulus occurs, the more the association will grow and reinforce

the pairing. When sexual acts or thoughts accompanied by sexual arousal occur, stimuli sexual responsiveness has been conditioned operantly.

Learning can occur through social and cultural mechanisms. We may observe what others are doing and what the results are of those actions. The social learning processes for sexuality can be delineated to participant modeling and vicarious learning. Participant modeling is illustrated by being an active participant in the learning. For example, childhood sexual victimization may lead to the victim's later sexual interest in children because of their active involvement in the sexual experience that sexual arousal occurs when children are involved. This will be explored in later sections. On the other hand, vicarious learning through such means as pornography or cognitive imaging and fantasy can also lead to sexual interests due to the accompanying sexual arousal through the typical means of masturbation. It has been explained that "basic sexual skills may be elaborated and refined through vicarious learning provided by print and visual media, and entire scenarios for deviant sexual behavior may be cognitively modeled" (Laws and Marshall, 1990). Once the connection has been made between a stimuli and successful sexual gratification, the individual may seek out further material that will reinforce the presence of that stimuli to produce future sexual arousal. It may extend to the creation of fantasies centered on possible real-life sexual experiences around that stimuli that may be attempted to be acted out in real life. Some cultures will value certain characteristics which will influence the sexual reward for the interest in certain features and stimuli. Stimuli can be added depending on the consideration of what is attractive "within a single human social system or culture" (Pfaus, Kippin, and Centeno, 2001).

Learning processes, especially those involving conditioning, have been described as being the most resistant to extinction when the rewards (human sexual arousal) occur in

intermittent or variable times. For every possible sexual experience sexual gratification will not occur every time. Therefore, sexual gratification may lead to desired sexual outcomes only on occasion. However, if the sexual preference of interest is deviant or unapproved by society, the specific acts are even more unlikely due to the chance of performing those acts and then those acts producing successful sexual gratification (Laws and Marshall, 1990). However, if these acts are reinforced even if intermittently then the behaviors will occur in the future. Past conditioning studies have shown that an intermittent schedule is the most resistant to extinction, is more persistent, and is more likely to occur at a higher frequency (Laws and Marshall, 1990). Therefore, sexuality has become an intermittent, variable ratio enforcement. This may be a possible explanation as to why sexually deviant preferences are difficult to circumnavigate during therapy sessions even with the use of aversion techniques.

Studies investigating the capability of conditioning stimuli to produce sexual arousal in the form of penile reaction has indicated that even a brief exposure to a pairing of stimuli can produce sexual arousal. One researcher found that a subliminally presented conditioned stimulus paired with an unconditioned sexually relevant stimulus (abdomen) produced more genital arousal than a sexually irrelevant stimulus (gun) (Hoffmann, Janssen, and Turner, 2004). The researchers found that classical conditioning in humans can occur without awareness of the conditioned stimulus to unconditioned stimulus contingency pairing, especially if it involves learning about a biologically prepared unconditioned stimulus. We may even be more predisposed to certain sexual behaviors depending on the time during which the exposure occurred during our sexual development. Bateson believed that we are “sexually imprinted” during our early lives depending on the experiences we have that may have an effect on later sexual behaviors (Bateson, 1978). Similarly, we experience contingency rules like those of

classical conditioning during our early lives that help to dictate the receptors that are more predictive of sexual rewards. This tends to be established through the sensory feedback that is elicited by the exposure to stimuli.

Human manipulation studies investigating how the theory of classical and operant conditioning manifests itself in humans show that in a brief period of time, we are able to tie sexual arousal to a once neutral stimulus. Male participants were exposed to erotic slides and audiotapes, colored circles or squares, or the presentation of women's boots paired with a stimulus that already produced a physiological response (genital arousal) (Lalumiere and Quinsey, 1998; Hoffmann, Janssen, and Turner, 2004; Rachman, 1966; McConaghy 1970, 1974). In all of these cases, when the items were presented alone after conditioning they continued to produce a sexual arousal. In some cases, after a three month delay from the time of pairing some of the male participants continued to experience genital arousal to the previously neutral stimuli (Kantorowitz, 1978). These studies help to illustrate the ability for humans to widen that which makes them sexually aroused. As stated previously, these pairing contingencies can be completed consciously or without the person awareness. However, the end result seems to be the same: sexual arousal.

Developmental Factors

Pornography

Sexually explicit materials (SEM) encompass a large range of arousing material online and in print. Typically, pornography is illustrated as exposed genitals and/or depictions of sexual behaviors that promote sexual arousal. There has been a sharp increase in the number of individuals who accidentally and intentionally view such material due to the introduction of the ease at which this material can be accessed. It can be traced to the introduction of the Internet.

Before the introduction of the Internet in 1997, there were roughly 900 pornography websites, but just a year later there were 20,000-30,000 sites (Stack, Wasserman, and Kern, 2004). With the Internet, the boom in the consumption of pornography stemmed for three primary reasons: the three A's—accessibility, affordability, and anonymity (Putnam 2000). The online industry allowed a large group of people with relatively little money access sexually explicit material without being linked to their use through names, credit card information, etc. For example, a study found that of children between the ages of ten and seventeen 42 percent reported having exposure to pornographic images despite not seeking such materials and most accidently clicked on the website (Wolak, Mitchell, & Finkelhor, 2007). "What is exceedingly clear, however, is that the Internet affords unlimited access to any type of sexually explicit material to which individuals' pro-social, neutral, or anti-social inclinations may incline, without age, cost, or other barriers impeding access" (Fisher, Kohut, Di Gioacchino, & Fedoroff, 2013). Despite the boom in the pornography consumption, most individuals find that such consumption is acceptable (67% males, 49% females) (Twohig, Crosby, & Cox, 2009). To this day, the Internet is both the most popular and diverse medium of viewing SEMs (Buzzell, 2005; Fisher & Barak, 2001; Peter & Valkenburg, 2006).

Men continue to show increased use and frequency of use of pornographic material more so than women. They are more likely to seek it out and to experience sexual arousal as a result of viewing pornography. They tend to use pornography as masturbatory aids more than women (Boies, 2002; Paul, 2009; Wasserman & Richmond-Abbott, 2005). Studies found that between the ages of 12-22 years in the United States, about 85% of males and 50% of females reported either intentionally or accidentally visiting online sites that contain sexually explicit material (Braun-Courville & Rojas, 2009). Other investigations put the percentage range at a 25-52%

difference between males and females (Goodson, McCormick, & Evans, 2001; Carroll et al., 2008). Regardless, there stands to be a significant sex difference in the frequency of use of pornographic materials.

Researchers posit that the use of sexually explicit materials such as pornography may influence the kinds of sexual practices that one finds oneself engaging in and finds sexually arousing. They believe that SEM "may influence one's scripting of what constitutes 'good' sex and expectations for one's own, and one's partner's, sexual roles and appearances" (Morgan, 2011). A study found that a higher frequency of SEM use was uniquely associated with having higher sexual preferences for the types of sexual practices typically presented in the SEM most used. In addition, higher frequency of SEM use and the number of SEM types viewed was associated with more sexual experience, in regards to both a higher number of sexual intercourse partners and a lower age at which they first had intercourse (Morgan, 2011). Putnam (2000) went so far as to suggest that perhaps sex-driveness or hypersexuality is related to the use of cyberporn specifically. When an individual has learned through continual use of sexually explicit material what is arousing to them, they will most likely work towards real-life experiences that mimic the sexual situations that they have seen played out for them. A positive feedback loop will in a way begin to take form as both real-world and fantasy sexual experiences begin to reinforce certain sexual preferences.

Child Sexual Abuse (CSA)

Cases of child sexual abuse continue to occur at alarming rates when considering the short term and long term consequences. Some of the more apparent behavioral observations are bizarre interactions with caregivers, apprehension, and freezing or stilling. These children end up having difficulties with peer and social relationships. Research is beginning to turn to how early

sexual exposure influences an individual's future sexual activity. Friedrich (1997) found that sexual abuse was significantly related to sexual behavior when it was measured by a sex inventory. Lee, Jackson, Pattison, and Ward (2002) documented childhood sexual abuse as developmental risk factor for paraphilia including pedophilia, exhibitionism, rape, and multiple paraphilia. The link between sexual abuse and such sexualized behaviors is well documented regardless of gender and age (e.g., Drach, Wientzen, & Ricci, 2001; Friedrich, 1993; Friedrich et al., 2001; Friedrich et al., 1992; KendallTackett et al., 1993; Lindblad et al., 1995; Sandnabba et al., 2003; Wherry, Jolly, Feldman, Adam, & Manjanatha, 1995). Some researchers found that sexual abuse may be linked with more sexual behavior because of earlier biological activation that promotes sexual behaviors. For example, Trickett and Putnam (1993) reported data suggesting that sexual abuse is related to early puberty in girls and Jensen, Pease, ten Bensel, and Garfinkel (1991) found increased levels of growth hormones in sexually abused boys. This may lead children to seek out more sexual activities early on.

Determining what sexual interests are abnormal for children or young adults has often been controversial. There are some sexual acts completed by children that seem to be more appropriate as they are described as being exploratory. Some of these behaviors to include curiosity in nudity and showing one's private parts. These sort of behaviors tend to decline with age as the social and cultural norms begin to dictate what is appropriate. Kendall-Tackett, Williams, and Finkelhor (1993) identified a set of problematic sexual behaviors that children under the age of 12 may exhibit: inserting objects into the anus or vagina, excessive and/or public masturbation, requesting sexual stimulation from adults or other children, drawing of genitals, and age-inappropriate sexual knowledge (Merrick, Litrownik, Everson, and Cox, 2008). Typically, for nonabused children and young adolescents overt sexual behavior decreases with

age. Friedrich et al. (1998) found that 25-63% of children between 2-9 years of age reported trying to look at others when they were nude, stood too close to others, or attempted to touch female breasts. Some studies have additionally found that children may take part in self-stimulating behaviors such as masturbation as a frequently observed behavior. However, the percentage of children who took part in these overt behaviors decreased to 6-19% for 10-12 year olds. It seems as though these behaviors that appear similar to exhibitionism, voyeurism, and personal boundary issues decrease as the sexual acts become more "taboo" to reflect the norms of one's society and culture (Bancroft et al., 2003;Elkovitch, Latzman, Hansen, & Flood, 2009). Other sexual behaviors on the other hand begin to become more frequent with age as an individual becomes more interested in the opposite sex and one's own sexuality, including looking at nude pictures and using sexual words (Friedrich et al., 1991,1998; Sandfort & Cohen-Kettenis, 2000; Schoentjes et al., 1999). The Association of the Treatment of Sexual Abusers (ATSA) Children with Sexual Behavior Problems Task Force found that sexually abused children developed such developmentally inappropriate sexual behaviors in greater frequency or at an earlier age and would become a preoccupation for the child (Elkovitch, Latzman, Hansen, and Flood, 2009).

While a majority of sexual offenders do not experience child sexual abuse as an antecedent to offending, this only represents the legal consequences as a result of sexual experiences rather than more common interpersonal difficulties. With that being said, Widom and Ames (1994) did find that those who had been sexually abused were still twice as liking than controls, physically abused, or neglected to be reported for sexual offenses. Clinical treatment samples collected by researchers ultimately accumulate to suggest that 50-100% of those who

engage in problematic interpersonal sexual behaviors have been sexually abused or victimized (Burton, Nesmith, & Badten, 1997; Friedrich & Luecke, 1988; Johnson, 1988, 1989).

There are several factors associated with child sexual abuse that make it more likely for an abused versus a nonabused child to become more preoccupied and likely to engage in sexual contact. One of the most discussed aspects of child abuse is affect dysregulation that interrupts relational development (Howes and Cicchetti, 1993). This may leave them isolated and withdrawn from social and other peer relationships. Acting out can be internalized through anxiety and posttraumatic stress, but it has a tendency to also exhibit itself externally through aggression and sexual contact. Researchers suggest that the use of sexualized behaviors may be a coping method--albeit an inappropriate one--to manage affect dysregulation and poor psychological well-being (Doornward, van den Eijnden, Baams, Vanwesenbeeck, and ter Bogt, 2016). Birchard (2011) posited that this is a prime example of the Opponent Process Theory applied to sexuality in which adverse events are changed in pleasurable and positive ones. This affect dysregulation has been reported in criminal behaviors that can have a sexual tone to them according to Widom (1992). Friedrich and Luecke (1988) investigated the prevalence of being sexually abused in adolescence and the resulting sexually aggressive behavior. They found that of 22 boys and girls between 4 and 11 sixteen were found to be sexually aggressive, including having sexually relations with a child who was at least two years younger after being sexually abused.

The manifestation of such sexual activities in adults who had been sexually abused as children has been a key point in understanding the sexual interests of offenders. As stated previously, many researchers believe the deviant sexual interests may be an ineffective coping method to offset the sexual victimization and psychological disturbance experienced. Maniglio

(2011) stated that these individuals may engage in deviant sexual fantasies in an attempt to avoid or to alleviate their negative emotional states. Furthermore, case studies compiling similar interests has begun to show such connections between affect regulation and sexualized behaviors stemming from abuse. The genesis of sexually homicidal fantasies was investigated and was shown to be linked to early sexual abuse that resulted in feelings of helplessness and lack of social skills that led the individual to turn to deviant sexual fantasies to overcome the "pain of reality" (Maniglio, 2011). In other studies, sexual offenders against children and adults were more likely to report deviant sexual fantasies and masturbatory activities during those fantasies after experiencing feelings of stress, interpersonal conflict, depression, humiliation, rejection, loneliness, fear, guilt, etc. (DiGiorgio-Miller, 2007; Gee, Ward, & Eccleston, 2003; Looman, 1995, 1999; McKibben, Proulx, & Lusignan, 1994; Proulx, McKibben, & Lusignan, 1996). These deviant sexual fantasies however are only a short term "cure" for or escape from such negative emotional states, because there is no situational change to alter these states permanently. Therefore, as the fantasies begin to decrease the chances of successful sexual and emotional gratification, the individual may begin to engage in such fantasies in the real world. This may increase over time and prolong the use of these fantasies to counteract the negative emotions. In addition, the more that these fantasies are rehearsed and elaborated to include other elements in conjunction with self-stimulating behaviors (such as masturbation) the greater the power the fantasies will have in inciting the association between sexual arousal and fantasy content (MacCulloch et al., 2000; Marshall & Barbaree, 1990). Inhibitory mechanisms to not restrain oneself from taking part in such fantasies are often overshadowed by intense emotions, stressful events, alcohol, and drugs as well as the disposition to be socially detached from the

rules of conduct (Laws & Marshall, 1990; Marshall & Marshall, 2000; Prentky & Burgess, 1991).

In order to better demonstrate a "critical period" where the likelihood of sexual contact would be heightened later depending on when the sexual abuse occurred, researchers found an inverse relationship, whereby those who were abused early in life (6 and younger) were more likely to engage in sexual acts than those between 11 and 12 (Gray, Busconi, Houchens, and Pithers, 1997). Kendall-Tackett and Simon (1991) found similar results for their 6-9-year-old children. Sexual abuse that occurs at a young age will most likely accelerate and put at increased risk the likelihood of sexual interest in children because their first sexual experience will most likely be with prepubescent children (Van Wijk et al. 2006). This may lead to an association between sexual arousal and children. In fact, Money and Lamacz (1989) along with Friedman and Downey (2002) identified a prime or "critical" period in which the majority of male sexual imprinting occurs. They posited that the period begins at the age of 3-4 and peaks at about 8-9 years of age. The templates are created during this time period, activated at puberty, and continued to be developed throughout adult life (Birchard, 2011).

Role Modeling

"Child sexual behavior problems, broadly defined, have been consistently associated with early, age-inappropriate exposure to sexual behavior or knowledge (Bonner et al. 1999; Friedrich et al. 1991, 1992, 2003)" (Latzman and Latzman, 2015). The modeling of sexual acts whether it was through watching or by being an active participant is one way in which role modeling sexual preferences "imprints" upon individuals. Studies have shown that those who had been physically abused during childhood were more likely to commit dating violence or to inflict the violence (Rosenbaum and O'Leary, 1981; Bernard and Bernard, 1983; Laner and

Thompson, 1982; Riggs et al., 1990). It is possible that an association was made between violence and relationship satisfaction. Similarly, child-to-child sexual activity and the role they play in the activity is associated with future interpersonal sexual behavior problems. This line of thinking can be further expanded on in terms of sexual preferences both in a relationship and within casual, "non-intimate" sexual encounters. Hall, Mathews, and Pearce (1998) found that when an individual played an active role a sadistic sexual relationship they were more likely to continue to engage in that problematic behavior later on in life. It is posited that a "trauma bond" or association is developed between the perpetrator and the victim in which the perpetrator controls both the creation of and the relief from the terror that may transition into sadistic enjoyment (Allen, Rawlings, Graham, & Peters, 1997; Graham & Rawlings, 1994; Herman, 1992; Hindman, 1988).

The role modeling of such sexualized behaviors does not have to be through personal means. In some cases, imitating or recreating scenes being presented to them through secondary sources can be enough for an individual to act out the various situations. This is perhaps where pornographic material plays a role. The social learning effect places a great deal of emphasis on the role participants in pornographic media have on becoming the role models for sexual interactions (Gager & Schurr, 1976; Kingston, Fedoroff, Firestone, Curry, & Bradford, 2008; Russell, 1993; Silbert & Pines, 1984). Role models through pornographic material that exhibit certain sexual behaviors according to Fisher, Kohut, Di Gioacchino, and Fedoroff (2013) allow three things to occur: (1) imitation, (2) permission giving, and (3) reinforcement of existing feelings. Imitation allows the individual the opportunity to replay or try out the sexually arousing presented stimuli. Permission is given because seeing someone else act out certain sexualized behaviors gives people courage to act them out themselves and may offer new ideas to the

individual. Finally, seeing a role model gain sexual gratification to certain stimuli may reinforce any sexual feelings that were already present.

A growing body of research is exploring the effect that role modeling has in specialized areas. Two of the areas that have been investigated are child sexual interactions and the role modeling that is witnessed on college campuses. Santtila et al. (2010) found a significant relationship between the experience of sexual interactions with children with a lower minimum age of preferred and actual sexual partners in adulthood as a result of past sexual interaction with children as a child. When there was a past of childhood experiences of sexual interactions with other children or the witnessing of such interactions, male sexual interest in children in adulthood was linked to sexual interest in children under the age of 16. Therefore, according to Seto (2007) these individuals may associate prepubescent features of children such as lack of pubic hear and absence of secondary sexual characteristics with sexual pleasure. This association will most likely become reinforced through orgasms and self-stimulating behavior. Reinforcement will also occur through social interaction in groups who provide the primary source of reinforcement and where exposure to the deviant sexual interests occur the most. Boeringer, Shehan, and Akers (1991) explored such a relationship using the relationship amongst fraternity members on a college campus. They found that a greater number of men were willing to engage in aggressive sexual activities in part due to the reinforcement they were receiving from their friends who were already engaging in similar activities. The study illustrated that learning contexts can promote the initiation and/or continuation of sexually aggressive behavior based on social learning groups.

Siblings have been found to play a strong role in modeling sexual and other risky behavior for younger children. Siblings are a large part of one's childhood and adolescence and

often serve as a powerful model for those around them, especially if they are close in age and of the same gender to their siblings (Whiteman, Zeiders, Killoren, Rodriquez, and Updegraff, 2014). In fact, researchers have posited that older brothers and sisters may increase the problematic sexual attitudes and behaviors of their younger siblings including engaging in sexual intercourse at an earlier age than non-sexually active older siblings (Rodgers and Rowe, 1988).

Psychopathy

As interest into the motivation of sexual interests begins to flourish, it is necessary to look at how individual personality traits, specifically psychopathy and antisocial dispositioning influences the potential for negative consequences to occur. Mosher (1980) posited in the Sexual Involvement Theory that some individuals will be more attracted to or prefer certain sexual content that highlights characteristics more consistent with their own attitudes and beliefs about sex. "Some scholars have argued that certain antisocial personality characteristics are likely to result in some people seeking out sexually explicit content featuring depictions of behaviors of a more extreme and less socially acceptable nature" (Bogaert, 2001; Eysenck & Nias, 1978; Fisher& Barak, 2001). Further research seems to indicate that psychopathy is positively associated with activities that are antisocial in nature, such as violent video games, Internet consumption of pornography, and watching aggressive films (Williams et al., 2001). In addition, psychopathy was found to be negatively associated with such things as watching romantic films or playing non-violent sports. These associations seem to be linked with a necessity for higher levels of arousal and sensation-seeking.

Zuckerman (1994) defined sensation-seeking as seeking out experiences that are intense, novel, and varied as well as having the willingness to take on any risks for taking on such an experience whether it be physical, social, legal, etc. These individuals are predisposed to pursue

high levels of stimulation and arousal in a world that otherwise leaves them susceptible to boredom. There is empirical support coming from Lanstrom and Seto (2006) and Marshall (2007) that there is a strong association between risk-tasking and engaging in paraphilic behaviors especially in men from population and forensic studies. With these kinds of needs, these individuals have few disinhibiting roles to stop them from seeking out sexual experiences that are novel and perhaps socially inappropriate. As stated by Paul (2009) "They are apparently only more likely to be aroused than others, however, if that content is perceived as particularly intense, out of the mainstream, or as potentially more socially inappropriate. This makes sense in that those higher in psychopathy are expected to need more intense stimuli to experience arousal and to care less about the consequences of behaving counter to societal norms." Therefore, sexual preferences that are paraphilic in nature seem to specifically attract individuals with higher levels of antisocial personality characteristics. Additional research investigating the role of past socially deviant or "acting out" behavior showed that past antisocial behavior "played a significant role in predicting use of both standard fare and specialized content. Apparently, previous bad acts are a good predictor of use of less common, more specialized types of pornography" (Paul, 2009).

Hypermorality (Righteous Conduct*)*

Investigations into the development of problematic sexualized behaviors often comes around the sphere of how religiosity and shame and guilt factor into the manifestation of these behaviors publically. A growing body of research is beginning to illustrate a correlational relationship between religiosity and sexually explicit materials and behaviors as a function of the beliefs, attitudes, and social environment that religious environment fosters. For example, studies have shown that greater active involvement in the religious community delays the onset of sexual

activity and predicts more cases of safer sexual intercourse at the onset (Hardy, Steelman, Coyne, and Ridge, 2012). When an individual is internally motivated to adhere the religious principles, the more powerful this motivation is to dictate action. The reason is that the principles seem to be a vital part of self rather than a determinant of external punishments or rewards (Hardy, Steelman, Coyne, and Ridge, 2012). For example, when religion was a part of an individual's life as a form of social gathering (e.g. going to church to spend time with friends or family) there was no difference between those who would utilize deviant forms of sexual stimulation such as pornographic materials (Short, Kasper, and Wetterneck, 2015).

Crockeet, Raffaelli, and Shen (2006) and McCullough and Willoughby (2009) attributed the effect of religion to self-regulation, Meier (2003) and Murray, Ciarrocchi, and Murray-Swank (2007) attributed it to sexual attitudes, and Crockett, Bingham, Chopak, and Vicary (1996) and Rostosky et al. (2004) attributed it to social control. In all reality, all of three of these factors most likely play an intricate role in the smaller likelihood of engaging in sexual behaviors in the beginning and any deviant behaviors later on. The belief in supernatural agents that have the ability to judge one's actions may lead to more self-monitoring behaviors and there are often opportunities in many religious cultures to practice self-restraints such as fasting (Hardy, Steelman, Coyne, and Ridge, 2012). Therefore, self-regulation will allow a person to more easily balance their inner wants and desires and the external standards set out by their community. As in the case of the condemnation of sexually explicit materials by church groups, attitudes typically have the ability to predict behavior. Continuing evidence seems to support a positive relationship between the strength of one's religiosity and condemnation of pornography and other sexualized materials (Hayes, 1995; Sherkat and Ellison, 1997; Warr and Stafford, 1991). Most religions practice and dictate certain doctrines and practices that dispel or regulate sexual

behavior. Therefore, it is more likely they will hold conservative attitudes about sexual behavior that will help to predict their future sexual behavior (Regnerus, 2007). Finally, living in a more religious community will come with more social control and pressure of what is commendable. Behavioral standards will exert more pressure to strive away from violating societal norms even if the community is unaware of such a violation leading to a reduction in deviant behaviors (Hardy, Steelman, Coyne, and Ridge, 2012; Durkheim, 1966). Religion also helps to serve as an inner control that has the potential to elicit feelings of shame and guilt that ultimately end up internalizing negative definitions of sexual material (Akers, 2000). Religion and religious involvement appears to be a learning process that inhibits the incitement of sexual activity and serves as deterrent. Therefore, high levels of religiosity will be associated with more problems if they engage in high levels of sexual activity (Short, Kasper, and Wetterneck, 2014).

The emotions that are experienced during and after sexual intercourse will affect the likelihood of continuing to engage in that behavior. Nobre et al. (2003) found that low positive affect during sexual activity was significantly associated with lower sexual arousal as measured by erectile levels. Further research found that emotional reactions such as fear, guilt, shame, and worry during sexual activity were found with men and women with sexual dysfunction more so than those without sexual difficulties (Nobre, 2003; Nobre & Pinto-Gouveia, 2003, 2004). Studies exploring the role of shame and guilt involving sexual activity have delineated these two emotions due to what seems to be two differing outcomes according to each of its presence during and after sexual behavior. Shame and guilt are understood as "self-conscious emotions involved in negative self-evaluation" (Gilliland, South, Carpenter, and Hardy, 2011). However, there is distinction that must be made between where these emotions stem from that impact the likelihood of an individual feeling shame and/or guilt.

It appears that shame comes as a result of the entire self being negatively evaluated most likely brought on by being concerned about how others view them, while guilt is experienced by a more specific behavior that is concerning because of how that behavior with affect others (Mingyi and Jianli, 2002). Early research results seem to indicate that shame may drive someone to commit sexual acts as a method of coping as they would with other affect dysregulation. If sexual acts, even for a moment, dispel those negative emotions for a moment of pleasure the motivation not to commit those acts diminishes. The theory stands that becoming more sexually active may be a "maladaptive substitute or deflection of existing shame rather than seeing shame only as the result of such behavior" (Gilliland, South, Carpenter, and Hardy, 2011). Furthermore, Birchard (2011) added that if shame is the primary driver, then that shame may become a part of a sexual addiction, whereby the shame of sexually acting out will aid in the continuing cycle of sexually acting out. On the other hand, guilt most likely plays an integral role in the development of sexual dysfunction and pathological difficulties. Amodio, Devine, and Harmon-Jones (2007) posits that feeling guilt will cause the sexual behavior to become internalized and the effects it has on others will be isolated to that behavior which will in turn motivate them to change the guilt-inducing behavior.

Wilson, Abel, Coyne, and Rouleau (1991) explored the relationship between sex guilt and paraphilic behavior. They identified the number of sexually deviant acts committed and the experience of sexual guilt. The researchers found that there is a relation in which sex guilt can serve as a potentially useful treatment focus when it is experienced during sexual arousal. In addition, in a follow-up study Wilson, Abel, Coyne, and Rouleau (1992) found no significant relationship between sex guilt and the continuation of deviant sexual arousal. These results suggest that if guilt as a cognitive and affective measure of the dysfunction of deviant sexual

interests is not experienced, then there is no incentive or deterrent to alter one's deviant sexual behavior.

Maladjustment Indicators

Contextual Factors (Tolerance of the Environment)

Strong motivators for an individual to want to receive a psychological intervention for paraphilic acts are for the social, occupational, or legal consequences of such acts. Researchers found that those who took part in extensive use of sexual content as a form of eliciting successful sexual gratification experienced less relationship and sexual satisfaction (Morgan, 2011). Sampson and Laub (1990) found that the relationships that one has including marriage, work, and what was described as ties to the greater community were significant predictors of less adult deviant behavior including sexually and in other legal areas. Therefore, the acceptance of those around us of our sexual interests directly affects the satisfaction from those relationships. As a result, the socialization that the individual has experienced through the solicitation of the sexual behavior will greatly influence how much that environment will tolerate behavioral sexualization. For example, an environment that does not tolerate the use of cyberpornography or expressed interest in deviant interests will most likely decrease the likelihood of an individual having the opportunity to the strengthen the relationship between the pornography variables and sexual arousal. Similarly, those who engage in paraphilic acts that experience depression and isolation from these acts will most likely seek out professional help. If the acts interfere with one's capability to complete their occupational requirements and their employer takes issue with the interests, it can lead to distress and impairment over one's financial stability. Finally, the most evident contextual factor to take into consideration the maladaptive consequences of the paraphilic acts are the legal consequences including fines and jail time.

METHOD

Participants

Participants who were not from the United States of America and/or inappropriately answered two validity indicators were not included in the final sample. In addition, the final sample included only males and females. The number of individuals who indicated any other sexual orientation was minimal (*n = 9*). The final sample included 1069 participants.

Measures

Paraphilic Interest Groups

Participants were asked to identify essential (i.e. must be present in greater than 80% of sexual fantasies) sexual cues. Each of the following categories were presented to the participant: Age, Clothing, Physical appearance, Extrapersonal, Risk, and Power. Each category had a list of items that may sexually interest them (see Appendix C).

Indication of sexual interest with children below the age of 13 were included in the participant's Risk score due to the legal ramifications involved with sexual involvement with this age group. Risk, Power, and Extrapersonal were scored as either 0 or 1 depending on whether the respondent identified one or more of the specific components as essential to their sexual fantasies a majority of the time. The dichotomous score from each category was then added together to generate a total PARA score that ranged from 0 to 3. Physical Appearance and Clothing were scored on a dimensional scale based on the number of items they indicated. All analyses considering physical appearance and clothing included raw scores.

Developmental Predictors.

Observed sex for the first time. A customized scale was created to assess how the participant observed sex for the first time. The scale had five anchor points: 1-"direct sibling," 2 – "indirect sibling," 3-"direct peer," 4 "indirect peer," or 5-"sexually abused."

Number of sexual partners. Participants indicated the number of sexual partners they have had. Number of sexual partners was indicated using brackets of ages, for example 0-15.

Age of first sexual act. Participants indicated the age at which they had their first sexual act either done to them or by them not including sexual intercourse involving penetration of any kind (including oral), for example masturbation. Age of first sexual act was indicated using age brackets.

Age of first watching pornography. Participants indicated the age at which they remember first watching pornography regardless of intention. Age of first watching pornography was indicated using age brackets.

How often they view porn. Participants indicated the extent to which they watched pornography. This was completed using a 5-point scoring scale: 1 meaning "never," 2 meaning "once a week," 3 meaning "2-3 times a week," 4 meaning "4-6 times a week," and 5 meaning "daily."

Sexual arousal after initial pornography exposure. Initial emotional responses to viewing pornography for the first time were ascertained using a 7-point Likert scale. The anchor points were -3 meaning "negative emotional arousal," -2 meaning "moderately negative emotional arousal," -1 meaning "slightly negative emotional," 0 meaning "neutral," +1 meaning "slightly positive emotional arousal," +2 meaning "moderately positive emotional arousal," and +3 meaning "positive emotional arousal."

Age of first having sexual intercourse. Participants indicated the age at which they had first had sexual intercourse which includes any form of orifice penetration. Age of first having sexual intercourse was indicated using age brackets.

Family member treatment. Participants indicated whether a family member has received professional or clerical services for mental health.

Sexual Abuse & Assault Self-Report. This CSA measure (Everson & Knight, 2000) was provided by the Consortium of Longitudinal Studies on Child Abuse and Neglect (LONGSCAN) project coordinated at the University of North Carolina (www.unc.edu/5epts./sph/longscan/). This scale was developed for use with sexually victimized children and adolescents. Minor wording modifications were made for adult sampling purposes (i.e., "genitalia" instead of "sexual parts"; "rape" in place of "put a part of his body inside your private parts"). LONGSCAN provides extensive concurrent validation data. Items sampled CSA occurring before age 13, between 13-16, and after 16. Childhood sexual abuse was measured using a 4-point scale assessing the severity of and the age at which the abuse occurred. Severity was anchored using "Never Occurred," "Mild Abuse or Assault," "Moderate Abuse or Assault," and "Severe Abuse or Assault".

Role modeling. On a customized scale, participants identified whether they believe family members including, a biological parent, stepparent, biological sibling, stepsibling, grandparent, and/or grandparent, or friends, share their sexual interests.

Personality Inventory for DSM-5 (PID-5-BF; Krueger, Derringer, Markon, Watson, & Skodol, 2013). The Personality Inventory for DSM-5 (PID-5) developed by the American Psychiatric Association is a self-report personality trait measure assessing five personality trait domains (Negative Affect, Detachment, Antagonism, Disinhibition, and Psychoticism). As

suggested by Hopwood, Wright, Krueger, Schade, Markon, & Morey (2013), internal consistency ratings for each of the scales were greater than 0.7. In addition, these authors found the PAI and PID-5 to have overlapping characteristics especially with regard to the negative affect scale and interpersonal timidity, fear, and submission. A factor analysis comparison conducted on the association between the PID-5 Antagonism domain and the NEO Personality Inventory-Revised (NEO PI-R; Costa & McRae, 1992), the 5 Dimensional Personality Test (5DPT; van Kampen, 2012), and the Inventory of Personality Characteristics-5 (IPC-5; Tellegen & Waller, 1987) found a high factor loading on Factor 1 (0.67) and the 5DPT Insensitivity Domain (0.63) and a negative loading of the NEO PI-R Agreeableness domain (-0.93) and the IPC-5 Agreeability domain (-0.74). The PID-5 Negative Affect domain loaded Factor 2 (0.72) along with the NEO PI-R Neuroticism (0.83), the IPC-5 Negative Emotionality (0.86), and the 5DPT Neuroticism domain (0.86). The PID-5 Psychoticism domain loaded on Factor 5 (0.45) along with the NEO PI-R Openness (0.76), the 5 DPT Absorption (0.67), and a negative loading of IPC-5 Conventional (-0.45). The PID-5 Detachment domain negatively loaded Factor 3 (-0.45) along with the NEO PI-R Extraversion (0.86), IPC-5 Positive Emotionality (0.80), and the 5 DPT Extraversion (0.85). Finally, the PID-5 Disinhibition domain negatively loaded on Factor 4 (-0.74) along with the NEO PI-R Conscientiousness (0.89), the IPC-5 Dependability (0.71), and the 5DPT Order (0.82; Gore & Widiger, 2013).

The Brief Form of the PID-5 (PID-5-BF) consisted of 25 questions of the long form's 220 questions that correlate with the personality types outlined by the DSM. Higher scores indicated more personality dysfunction in the respective domain. At this time, research is being conducted to illustrate the empirical foundations of the PID-5-BF. The questions were formatted on a four-point Likert scale with zero meaning "very false or often false," one meaning

"sometimes or somewhat false," two meaning "sometimes or somewhat true," and three meaning "very true or often true." A total raw score produced a range from zero to 75 and a total domain score ranging from zero to 15. An average score was calculated by dividing the total domain score by the number of items in the domain, whereby a higher score indicated greater trait personality dysfunction.

Ethics Position Questionnaire (EPQ; Forsyth, 1980). The Ethics Position Questionnaire is a self-report measure assessing the degree of endorsement in idealism and the rejection of universal rules in favor of relativism to produce four ethical stands: Situationists, Absolutists, Subjectivists, and Exceptionists. Idealism is associated with notions of empathy and harm avoidance when making ethical choices, while those of a realistic disposition adhere to a more dogmatic belief system. Davis, Andersen, and Curtis (2001) found there to be three loading factors with the following reliabilities: idealism (0.83), relativism (0.81) and veracity (0.85) and moderately high internal consistency. In addition, they found that scores on the idealism scale were highly correlated with moral judgments as the Multidimensional Ethics Scale (MES) converged positively with the EPQ and moral judgement making. MacNab et al. (2011) found that the dimensions of idealism and relativism are also robust across cultural variations.

The EPQ consisted of twenty self-report questions scored on a 9-point Likert scale: one meant "completely disagree," the five meant "neither agree nor disagree," and the nine meant "completely agree" with one point increments between each scoring anchor point. Items 1 to 10 assessed idealism and were the only items used in this study. Summing the item responses for this domain were calculated to get a score of the relative endorsement of this ethical ideology. The higher the score on the domain the greater endorsement of that ethical ideology in making moral judgments.

The Religious Commitment Inventory-10 (RCI-10; Worthington et al., 2012). The Religious Commitment Inventory is a brief measurement to assess how much an individual is involved in their religion. The questionnaire is divided into two subscales: Intrapersonal Religious Commitment (involvement due to self-motivation or intrinsic reasons) and Interpersonal Religious Commitment (involvement due to extrinsic reasons, such as social interaction). Internal consistency ratings for the full scale (0.93), Intrapersonal Religious Commitment (0.92), and Interpersonal Religious Commitment (0.87) were high (Worthington et al., 2012). The subscales were also highly correlated with one another as well (0.72), suggesting some difficulties in identifying the motivation (intrinsic or extrinsic) for involvement, but involvement nonetheless. Six items loaded onto Factor 1 (Intrapersonal Religious Commitment) from 0.59-0.81 along with the remaining four items loading on Factor 2 ranging from 0.62-0.83. The RCI-10 was not correlated with measures of exemplary human characteristics nor the Visions of Everyday Morality Scale (VEMS), which measures tendencies for prosocial behavior in ordinary life. Correlations did show a positive relationships according to Worthington et al. (2012) between one's score on the full scale (0.70) as well as each subscale (0.60 and 0.73) and the frequency of attendance of religious activities.

The RCI-10 consisted of 10 self-report items on a 5-point Likert scale. The scale was anchored at one meaning "not at all true of me," two meaning "somewhat true of me," three meaning "moderately true of me," four meaning "mostly true of me," and five meaning "totally true of me." Six items (Items 1, 3, 4, 5, 7, and 8) composed the Intrapersonal Religious Commitment subscale and the remaining four items made up the Interpersonal Religious Commitment subscale. Summing up the responses produced a total raw score for the level of religious involvement with higher scores suggesting greater involvement. The scores ranged

from 10 to 50. According to Worthington's (1998) theory, a full scale RCI-10 score of 38 or higher is indicative of someone considered highly religious. Worthington et al. (2012) found similar scores ranging from 39 to 46 from populations representative of active involvement in religious activities, such as students in Christian private universities and professing Christians from churches.

Brief Sexual Attitudes Scale (BSAS; Hendrick & Hendrick, 1987). The Brief Sexual Attitudes Scale is a self-report questionnaire designed to measure the individual's attitudes towards sex. The measure assesses according to Hendrick, Hendrick, and Reich (2006) the propensity to portray sex as "game-playing and instrumental," "emotional and responsible," and "stable." The inventory is divided into four subscales: Communion, Instrumentality, Sexual Practices (Birth Control), and Permissiveness. Permissiveness and Instrumentality showed to be positively correlated (0.48 and 0.32, respectively) with game-playing love, while communion was positively correlated with passionate love (0.30) and altruistic love (0.25). The BSAS subscales had high internal consistency ratings: Permissiveness (0.93), Birth Control (0.84), Communion (0.71), and Instrumentality (0.77). Exploratory correlations between each subscale and other relationship variables indicated that Permissiveness and Instrumentality had a negative association with relationship satisfaction, commitment, and self-disclosure and Communion had positive associations with the same relationship variables. In addition, further exploration showed Permissiveness to be negatively related to Love is Most Important, Love Comes Before Sex, and Respect Toward Partner, Birth Control to be positive related to Sex Demonstrates Love, Communion to be positively correlated with Love is Most Important, Sex Demonstrates Love, Love Comes Before Sex, and respect, and Instrumentality negative correlated with Love is Most Important.

The BSAS consisted of 23 items scored on a 5-point Likert scale. The scoring was anchored such that one means "strongly agree," two means "moderately agree," three means "neutral-neither agree nor disagree," four means "moderately disagree," and five means "strongly disagree." Items 1-10 comprised the Permissiveness scale, Items 11-13 the Birth Control scale, Items 14-18 the Communion scale, and 19-23 the Instrumentality scale. The scale resulted in four subscales cores as represented by the mean of the particular scale, i.e. summing the responses for Permissiveness and dividing by 10. The higher the score the greater the endorsement of or attitude towards sex as reflecting the fundamentals of that scale. For the purpose of this study, the Birth Control subscale (items 11-13) was not included as it involves sexual practices of the individual which were addressed with other questions in the survey.

Coping Scale-Hypersexual Behavior Inventory-19 (HBI-19; Reid, Garos, & Carpenter (2011). The Hypersexual Behavior Inventory-19 is a self-report measure assessing one's engagement in sexual fantasies, urges, and behavior as a response to negative mood states or stressful life events as well as the individual's attempt to control such urges and the strength of which these behaviors are using as coping methods. Reid, Garos, and Carpenter (2011) conducted a confirmatory factor analysis and found that all 19 items loaded on three factors: Control, Coping, and Consequences. The overall scale as well as the subscales Control, Coping, and Consequences had high ratings of internal reliability of 0.95, 0.94, 0.90, and 0.87, respectively. Preliminary evidence targeting how the construct of hypersexual behavior on the HBI-19 reflects such diagnostic criteria for hypersexuality suggests an adequate illustration of treatment-seeking men for such behavior. This is particularly in relation to the positive relationship often found between hypersexuality and emotional dysregulation. Correlational analyses with the NEO-PI-R showed significant positive correlations with affect dysregulation

scales, such as Anxiety (0.41), Depression (0.67), and Impulsiveness (0.71). In addition, a positive association was found between boredom proneness (0.44) and a negative correlation with self-discipline (-0.48). Using the Jacobson & Truax (1991) method, Reid, Garos, and Carpenter (2011) suggest a cutoff score of greater than or equal to 53 to distinguish clinically elevated scores in men.

The HBI-19 consisted of 19 self-report questions on a five-point Likert scale. The responses were anchored at one meaning "never," two meaning "rarely," three meaning "sometimes," four meaning "often," and five meaning "very often." The questionnaire specified sex as any activity or behavior with the intention of producing an orgasm or sexual pleasure regardless of whether it involves a partner. The Coping subscale consisted of seven questions. Only the Coping subscale was used in this study as many of the items overlapped with other scales.

Maladjustment Indicators

Sexual Addiction Screening Test-Revised (SAST-R; Carnes, 2008; Used with the expressed written permission of Patrick J. Carnes, PhD (2016)). The Sexual Addiction Screening Test-Revised is a self-report inventory aimed at measuring sexually compulsive behavior with regards to preoccupation with, loss of control, and relationship and affect disturbance due to sex. The original format of the SAST-R had an internal consistency rating ranging from 0.89 to 0.95. In addition, it has positive correlations with other measures of sexual preoccupation such as the Sexual Dependency Inventory-Revised, Garos Sexual Behavior Index, and the Interest Screening Test. Initial proponents of this measure found those who suffered from sexual addiction scored higher on the SAST than did the comparison group (Hook, Hook, Davis, Worthington, and Penberthy, 2010). Nelson and Oehlert (2008) indicated in their study of the

psychometric properties of the SAST that it aided in determining the dynamic risk factor of Sexual Preoccupation (Hanson & Harris, 2000) in sexual offenders.

The SAST-R is a 45 item inventory scored on a dichotomous scale (yes/no). The core items of the scale are within the first 20 items that compose the addictive dimensions of sexually compulsive behavior. The remaining items can be divided into separate subscales. The subscales are Internet Items (22-27), Men's Items (28-33), Women's Items (34-39), and Homosexual Men (40-45) and the addictive dimensions: Preoccupation, Loss of Control, Relationship Disturbance, and Affective Disturbance with four items comprising the first three dimensions and five composing the latter dimension. The addictive dimensions were scored on the basis of the endorsement of two or more items for each scale being indicative of concern in this area of sexually compulsive behavior. Overall, higher scores suggest more dysfunctional sexual behavior.

Sexual crimes. Participants indicated if they have been arrested for a sexual crime (e.g. sexual assault) and indicated the number of arrests been made.

Mental health contact. Participants indicated whether they have received mental or clerical services for a sexual problem or concern.

Prior and/or recent relationship concerns. Questions concerning prior and recent relationship concerns were included by inquiring whether the following have ever been an expressed concern by their partner: level of desire, disclosure of fantasies, ability to perform sexually, requests for certain kinds of sex, disinterest in sexual fantasies the participant has expressed, and/or disclosure of fantasies as being deviant. Each of these concern were answered on a Likert-type scale anchored at 0-Never to 4-Always. The scores on each concern were summed together for a maximum score of 24 for both prior relationships and recent relationship.

Hypersexuality

Sexual Desire Inventory-2 (SDI-2; Spector, Carey, & Steinberg, 1996). The Sexual Desire Inventory-2 developed by Spector, Carey, and Steinberg is utilized to measure one's interest in sexual activity through the perseveration of thoughts directed on approaching or reception to sexual stimuli. The inventory is divided into two subscales: dyadic sexual desire (sexual behavior with a partner) and solitary sexual desire (sexual behavior by oneself). Internal consistency ratings were high for the Dyadic scale and the Solitary scale at 0.86 and 0.96, respectively. Items 1-8 loaded on the dyadic factor (> 0.45) and items 9-11 loaded high on the solitary factor (> 0.45). Spector (1992) found both subscales are discriminant from social desirability. Spanier (1976) found that dyadic desire is positively correlated (0.54) with relationship adjustment as illustrated by the Dyadic Adjustment Scale, sexual satisfaction (0.63) as assessed by the Index of Sexual Satisfaction (Hudson, Harrison, & Crosscup, 1981), sexual daydreams (0.53) as measured by the Sexual Daydreams Scale (Giambra, 1980), and sexual arousal (0.71) as assessed by the Sexual Arousal Inventory (Hoon, Hoon, & Wincze, 1976) in females and sexual satisfaction with males. Gender differences were also found by Spector and Fremeth (1996), whereby males had significantly higher levels of dyadic and solitary sexual desire than females. Some research has suggested that when the source of the dyadic sexual desire (i.e. attractive person versus partner sexual behavior) is clearly defined, the gender differences no longer appear.

The SDI-2 consisted of 14 questions that were scored on a Likert scale. Four of the items concerning frequency of sexual desire were scored on an 8-item response scale with the anchoring points of zero meaning "not at all" to seven meaning "more than once a day." The items referenced the past month as the standard for the frequency of sexual desire. The remaining

ten items were scaled on a 9-pont scale ranging from zero meaning "no desire" to eight "strong desire." The total raw score were added up to result in a score ranging from 0 to 112. The higher the total score the greater sexual desire or interest in sexual desire experienced in the last month. In conjunction, the higher the subscale score the greater sexual desire of solitary or dyadic sexual behavior.

Procedure

The consent form and survey (Appendix A and B) were distributed using Amazon's Mechanical Turk, an online forum that allows participants to take surveys and questionnaires in exchange for monetary compensation. The participants were offered 50 cents to participate. The questionnaire took approximately 30-45 minutes to complete.

Analytic Strategy

A series of point-biserial correlations, Pearson r correlation coefficients, and chi-squared analyses were conducted to test the strengths of the relationships between paraphilic categories, developmental factors, and maladjustment indicators. Logistic regressions including significant developmental factors were used to predict group classification for paraphilic categories for men and women. Finally, a series of Multivariate Analyses of Covariance (MANCOVA) controlling for age and hypersexuality exploring the relationship between paraphilic categories and maladjustment predictors were conducted.

Study Aims

1) Examine associations between a range of development factors and paraphilic interests;
2) Examine associations between paraphilic interests and maladjustment indicators that suggest distress and/or functional impairment;
3) Explore the impact of hypersexuality as a covariate in the above analyses.

Hypotheses

1. Childhood pornography exposure, prior to the age of 18, will predict more specific interests.
2. Exposure to sex by relatives or friends at an early age will predict specific interests such that early learning from exposure to sexual behaviors will promote more sexual interests. This includes sexual abuse and family/peer role modeling.
3. Developmental indicators, such as pathologic personality traits and moral/ethic prohibitions, will predict more specific paraphilic interests.
4. Endorsing a specific sexual interest will lead to greater maladjustment.

RESULTS

Descriptive Statistics

The sample consisted of 43.3% male, 55.7% female, and 0.9% transgender or gender non-conforming. The average age of the participant was thirty-six years old (SD = 11.76) with an age range of 18-84. See Table 1 for more demographics.

Table 1. Sample Demographics

	Males		Females	
Age	*n*	%	*n*	%
18-40	274	70.4	357	71.3
41-60	96	24.7	120	32.9
>60	19	4.9	24	4.8
Sexual Orientation				
Heterosexual	336	84.0	39	76.5
Homosexual	26	6.5	27	5.2
Bisexual	27	6.7	73	14.2
Pansexual	2	0.5	4	0.8
Other	9	2.3	17	3.3
Race				
White	300	74.8	384	74.4
African American	31	7.7	39	7.6
American Indian	4	1.0	9	1.7

Table 1 cont.

Asian	19	4.7	21	4.1
Native Hawaiian	3	0.7	30	5.8
Hispanic/Latino	16	4.0	19	3.7
Multiracial	13	3.2	5	1.0
Other	5	1.2	1	0.2
Education				
Less than H.S.	5	1.3	2	0.4
H.S. Graduate	36	9.0	71	13.9
Some College	101	25.3	160	31.3
2-Year Degree	47	11.8	72	14.1
4-Year Degree	148	37.0	153	29.9
Masters	55	13.8	48	9.4
PhD/MD/LD	8	2.0	6	1.2
Relationship Status				
Married/Living Together	200	50.5	327	63.5
Divorced	35	8.8	51	9.9
Separated	12	3.0	17	3.3
Single	149	37.6	120	23.3
Religion				
Christianity	156	39.3	241	47.0
Islam	4	1.0	5	1.0
Hinduism	1	0.3	0	0
Buddhism	5	1.3	3	0.6
Judaism	17	4.3	8	1.6
Catholicism	32	8.1	23	4.5
Agnostic/Atheism	147	37.0	163	31.8
Mormonism	1	0.3	4	0.8
Other-Not Listed	34	8.6	66	12.9

Of the sampled men, 40.1% indicated an Extrapersonal interest, 33.7 % Power interest, 22.4% Risk interest, and 25.9% one Total interest. For physical appearance, 5.1% indicated one interest and 17.9% indicated one clothing interest. Of the sampled women, 31.8 % indicated an Extrapersonal interest, 43.0 % Power interest, 23.3% Risk interest, and 26.6% one Total interest. For physical appearance, 7.8% indicated one interest and 31.9% indicated one clothing interest. See Table 2 for the means and standard deviations of men and women for each paraphilic category, developmental factors, and maladjustment indicators. See Table 3 and 4 for the distributions of specific interests for each paraphilic category for men and women, respectively.

Table 2. Means and Standard Deviations.

Paraphilic Categories	*n*	Men	Women
Physical Appearance	990	6.74 (4.30)	5.85 (3.79)
Clothing	990	3.62 (3.71)	2.04 (2.67)
Extrapersonal	990	0.55 (0.73)	0.43 (0.67)
Power	990	0.45 (0.70)	0.63 (0.80)
Risk	990	0.30 (0.63)	0.31 (0.61)
Total	990	1.32 (1.62)	1.38 (1.58)
Developmental Factors			
Number of Sexual Partners	1053	12*	12*
Age of First Sexual Act (e.g. Masturbation)	1055	15*	15*
Age of First Watching Porn	868	15*	15*
Negative Affect	945	0.89 (0.71)	1.17 (0.76)
Detachment	942	0.88 (0.72)	0.83 (0.69)
Antagonism	941	0.63 (0.61)	0.47 (0.55)
Disinhibition	933	0.68 (0.67)	0.61 (0.68)
Psychoticism	946	0.75 (0.67)	0.66 (0.69)
RCI-Intrapersonal Scale	942	11.55 (6.83)	12.56 (7.61)
RCI-Interpersonal Scale	941	7.39 (4.58)	7.33 (4.51)
EPQ-Idealism	941	63.61 (16.54)	69.19 (14.77)
BSAS-Permissiveness	937	2.51 (0.97)	3.12 (0.98)
BSAS-Communion	943	2.23 (0.77)	2.19 (0.88)
BSAS-Instrumentality	951	2.90 (0.87)	2.93 (0.83)
Dyadic Sexual Desire	947	40.99 (11.79)	36.61 (12.14)
Solitary Sexual Desire	954	13.46 (4.64)	11.25 (5.15)
HBI-19 Coping Scale	941	18.05 (6.67)	16.19 (6.90)
How Often Currently Viewing Porn	631	3.40 (1.11)	2.39 (0.82)
Sexual Arousal after Initial Pornography Exposure	841	5.61 (1.40)	4.69 (1.68)
Age of First Having Sexual Intercourse	1042	22*	22*
Maladjustment Indicators			
Core Scale	1068	4.15 (3.72)	3.19 (3.27)
Preoccupation with Sex	1068	1.26 (1.15)	0.82 (0.93)
Loss of Control	1068	0.85 (1.20)	0.43 (0.83)
Relationship Disturbance	1068	0.49 (0.91)	0.36 (0.77)
Affect Disturbance	1068	1.29 (1.27)	1.15 (1.32)
Internet Sex Usage	1068	1.50 (1.55)	0.62 (1.078)
Mental Health Contact	994	0.25 (0.91)	0.28 (1.04)
Prior Relationship Concerns	936	3.97 (4.94)	3.11 (4.51)
Recent Relationship Concerns	923	3.38 (4.67)	3.04 (4.25)

The Total score includes Extrapersonal, Power, and Risk paraphilic interests
* indicates that brackets were used; The number listed is the average of the bracket most indicated.

Table 3. Frequency and Percent of Specific Interests for Males.

# of Interests	Extrapersonal	Power	Risk	Total	Physical Appearance	Clothing
0.00	214 (57.1)	240 (64.0)	285 (76.0)	160 (42.7)	6 (1.5)	58 (15.5)
1.00	121 (32.3)	107 (28.5)	72 (19.2)	97 (25.9)	19 (5.1)	67 (17.9)
2.00	33 (8.8)	33 (6.1)	14 (3.7)	65 (17.3)	30 (8.0)	60 (16.0)
3.00	7 (1.9)	2 (0.5)	2 (0.5)	53 (14.1)	33 (8.8)	45 (12.0)
4.00		3 (0.8)	1 (0.3)		39 (10.4)	42 (11.2)
5.00			1 (0.3)		42 (11.2)	24 (6.4)
6.00					39 (10.4)	14 (3.7)
7.00					32 (8.5)	16 (4.3)
8.00					38 (10.1)	13 (3.5)
9.00					17 (4.5)	7 (1.9)
10.00					18 (4.8)	3 (0.8)
11.00					13 (3.5)	6 (1.6)
12.00					9 (2.4)	4 (1.1)
13.00					6 (1.6)	7 (1.9)
14.00					9 (2.4)	2 (0.5)
15.00					5 (1.3)	3 (0.8)
16.00					5 (1.3)	
17.00					2 (0.5)	1 (0.3)
18.00					5 (1.3)	1 (0.3)
19.00					4 (1.1)	1 (0.3)
20.00					4 (1.1)	
21.00						
22.00						
23.00						
24.00						1 (0.3)

The Total score includes only Extrapersonal, Power, and Risk paraphilic categories

Table 4. Frequency and Percent of Specific Interests for Females.

# of Interests	Extrapersonal	Power	Risk	Total	Physical Appearance	Clothing
0.00	313 (65.6)	255 (53.5)	357 (74.8)	192 (40.3)	20 (4.2)	113 (23.7)
1.00	128 (26.8)	157 (32.9)	92 (19.3)	127 (26.6)	37 (7.8)	152 (31.9)
2.00	31 (6.5)	50 (10.5)	26 (5.5)	95 (19.9)	35 (7.3)	95 (19.9)
3.00	4 (0.8)	14 (2.9)	1 (0.2)	63 (13.2)	43 (9.0)	45 (9.4)
4.00	1 (0.2)	1 (0.2)			55 (11.5)	24 (5.0)
5.00			1 (0.2)		59 (12.4)	13 (2.7)
6.00					42 (8.8)	7 (1.5)
7.00					41 (8.6)	9 (1.9)
8.00					49 (10.3)	2 (0.4)
9.00					28 (5.9)	2 (0.4)

Table 4 cont.

10.00	20 (4.2)	3 (0.6)
11.00	9 (7.9)	2 (0.4)
12.00	11 (2.3)	2 (0.4)
13.00	3 (0.6)	2 (0.4)
14.00	9 (1.9)	1 (0.2)
15.00	8 (1.7)	1 (0.2)
16.00	1 (0.2)	2 (0.4)
17.00	1 (0.2)	1 (0.2)
18.00	3 (0.6)	
19.00	2 (0.4)	
20.00	1 (0.2)	1 (0.2)

The Total score includes only Extrapersonal, Power, and Risk paraphilic categories

Bivariate Correlation Analyses

Point-biserial correlation coefficients were generated to estimate the strengths of relationship between specified paraphilic interests and dichotomous developmental predictors. Pearson r correlation coefficients were generated for dimensional developmental predictors and maladjustment indicators. Correlation strengths often differed in strength by gender (see Table 5 through 9), and subsequent analyses were conducted on the men and women separately. Analyses for physical appearance and clothing were conducted using raw scores.

Table 5. Pearson r Correlation Coefficients for Specified Paraphilic Interests and Developmental Predictors in Men.

Developmental Factor	Extrapersonal	Power	Risk	Total	Physical Appearance	Clothing
Number of Sexual Partners	**.168****	**.104***	**.128***	**.174****	.068	.079
Sexual Abuse	.085	.154	**.178***	**.178***	-.075	.003
Age of First Sexual Act (e.g. Masturbation)	-.031	.024	.042	.013	-.063	.078
Age	.011	**-.176****	**-.108***	**-.116***	.024	**.114***
Age of First Watching Porn	-.019	-.017	.016	-.010	-.041	.021
Negative Affect	**.108***	.025	.097	.099	.066	-.030
Detachment	.058	.007	**.149****	.088	.011	-.037
Antagonism	.078	.100	**.196****	**.158****	-.035	-.054
Disinhibition	**.127***	.079	**.173****	**.163****	.022	.013

Table 5 cont.

Psychoticism	**.113***	.114*	**.160****	**.166****	.045	.000
Intrapersonal Scale	-.021	.041	**.112***	.053	.004	.026
Interpersonal Scale	.003	.039	**.133***	.072	-.008	.030
Idealism	.051	.036	-.027	.029	.082	**.117***
Permissiveness	**-.160****	-.072	**-.145****	**-.164****	**-.144***	-.083
Communion	-.051	-.022	-.086	-.067	-.101	-.075
Instrumentality	-.012	**-.106***	**-.110***	-.096	.017	.000
Dyadic Sexual Desire	.044	.095	.029	.074	**.198****	.048
Solitary Sexual Desire	**.112***	.100	.073	**.124***	.087	-.049
HBI-19 Coping Scale	**.141****	**.176****	**.245****	**.240****	.039	-.008
How Often Currently Viewing Porn	**.158****	.072	**.153****	**.164****	.074	-.058
Sexual Arousal after Initial Pornography Exposure	.090	.021	.080	.082	.090	.067
Age of First Having Sexual Intercourse	-.074	-.054	.021	-.049	-.070	-.061

*indicates $p < 0.05$ and **indicates $p < 0.001$
The Total score includes only Extrapersonal, Power, and Risk paraphilic categories; physical appearance and clothing were calculated using raw scores
Shaded values indicated a significant gender difference

Table 6. Point-Biserial Correlation Coefficients for Specified Paraphilic Interests and Developmental Predictors in Men.

Developmental Factor	Extrapersonal	Power	Risk	Total		Physical Appearance	Clothing
Friend Having a Similar Interest	.034	.045	**.109***	.079		**.122***	.043
Family Member in Treatment	.060	.066	**.110***	.100		-.023	.029
Biological Parent Having a Similar Interest	.020	.040	.002	.028		.042	.065
Stepparent Having a Similar Interest	.005	**.136****	.034	.076		-.007	.072
Biological Sibling Having a Similar Interest	-.047	.002	.031	-.009		-.073	-.100
Step Sibling Having a Similar Interest	.046	.083	.080	.090		.041	.028
Aunt/Uncle Having a Similar Interest	.048	.024	.039	.048		-.050	.029
Grandparent Having a Similar Interest	.009	-.032	.050	.010		.051	.005

N = 401
*indicates $p < 0.05$
**indicates $p < 0.001$
The Total score includes only Extrapersonal, Power, and Risk paraphilic categories; physical appearance and clothing were calculated using raw scores
Shaded values indicated a significant gender difference

Table 7. Pearson r Coefficients for Paraphilic Interests & Developmental Predictors in Women.

Developmental Factor	Extrapersonal	Power	Risk	Total	Physical Appearance	Clothing
Number of Sexual Partners	.009	.067	**.104***	.078	.015	.047
Sexual Abuse	.111	**.135***	.17	**.154***	.004	**.151***
Age of First Sexual Act (e.g. Masturbation)	-.025	**-.123****	-.040	-.085	**-.097***	-.074
Age	.011	**-.142****	**-.174****	**-.133****	**-.116***	-.056
Age of First Watching Porn	-.055	**-.136****	**-.129****	**-.141****	**-.155****	**-.136****
Negative Affect	.077	**.144****	**.193****	**.181****	**.115***	.081
Detachment	.086	**.122****	**.132****	**.150****	-.006	-.043
Antagonism	**.114***	**.219****	**.200****	**.236****	.029	.034
Disinhibition	**.120****	**.229****	**.161****	**.228****	.058	.083
Psychoticism	.090	**.207****	**.149****	**.198****	.025	.011
Intrapersonal Scale	.036	.007	.007	.022	-.066	.010
Interpersonal Scale	.020	.014	.034	.030	-.042	.037
Idealism	-.002	-.013	-.051	-.059	**.108***	**.129****
Permissiveness	**-.131****	**-.198****	**-.192****	**-.230****	**-.144****	**-.093***
Communion	-.062	-.038	-.010	-.049	-.097*	-.031
Instrumentality	-.029	-.052	**-.148****	**-.097***	-.055	-.015
Dyadic Sexual Desire	**.184****	**.247****	**.191****	**.276****	**.231****	**.151****
Solitary Sexual Desire	**.238****	**.308****	**.210****	**.338****	**.122****	**.102***
HBI-19 Coping Scale	**.208****	**.265****	**.246****	**.318****	**.175****	**.139****

Table 7 cont.

How Often Currently Viewing Porn	**.226****	.059	**.128***	**.190****	-.015	.016
Sexual Arousal after Initial Pornography Exposure	.035	.061	.038	.060	.092	.039
Age of First Having Sexual Intercourse	-026	-.087	-.084	-.087	**-.107***	-.063

*indicates $p < 0.05$ and **indicates $p < 0.001$
the Total score includes only Extrapersonal, Power, and Risk paraphilic categories and physical appearance and clothing were calculated using raw scores
Shaded values indicated a significant gender difference.

Table 8. Point-Biserial Correlation Coefficients for Specified Paraphilic Interests and Developmental Predictors in Women

Developmental Predictor	Extrapersonal	Power	Risk	Total	Physical Appearance	Clothing
Friend Having a Similar Interest	**.101***	**.144***	.072	**.142****	**.148****	**.138****
Family Member in Treatment	.051	.058	.039	.066	-.050	.017
Biological Parent Having a Similar Interest	.002	-.003	.045	.018	.025	.039
Stepparent Having a Similar Interest	-.018	-.040	.000	-.027	-.003	-.010
Biological Sibling Having a Similar Interest	-.014	-.035	**-.110***	-.068	-.021	.019
Step Sibling Having a Similar Interest	.025	-.027	-.001	-.002	.074	**.113***
Aunt/Uncle Having a Similar Interest	.001	.017	.010	.012	.065	**.134****
Grandparent Having a Similar Interest	.307	.046	**.108***	.082	.084	**.110***

N = 516
*indicates $p < 0.05$ and **indicates $p < 0.001$
The Total score includes only Extrapersonal, Power, and Risk paraphilic categories and physical appearance and clothing were calculated using raw scores
Shaded values indicated a significant gender difference.

Table 9. Pearson r Correlation Coefficients for Paraphilic Category and Maladjustment Indicators

Maladjustment Indicator	Physical Appearance	Clothing
Core Scale	.025	.062
Preoccupation with Sex	.049	**.096***
Loss of Control	.045	**.072***
Relationship Disturbance	.037	.030
Affect Disturbance	-.004	.024
Internet Sex Usage	.010	**.075***
Arrested for Sexual Crimes	-.057	-.010
Mental Health Contact	**-.079***	-.057
Prior Relationship Concerns	-.034	**.112***
Recent Relationship Concerns	-.037	**.094***

*indicates $p < 0.05$ and **indicates $p < 0.001$
Controlling for age and hypersexuality
Physical appearance and clothing were calculated using raw scores.

Chi-Squared Analyses

Chi-squared analyses were conducted between two ordinal variables (religion and how the individual had observed sex for the first time) and each paraphilic category. There were no significant associations between how the participant observed sex for the first time and all paraphilic categories for men and women except for a risk interest for females. However, the association was not strong. For religion, total interest was significantly associated for men and women as well as risk for men. However, once again the association was not particularly strong. See Table 10 for more information.

Table 10. Chi-Squared Values for Paraphilic Interests

Observing Sex for First Time					
Male					
	Chi Squared Value	*df*	Sig.	Phi	Sig.
Extrapersonal	5.876	6	.437	.162	.129
Risk	10.061	6	.122	.164	.122
Power	9.889	6	.129	.162	.129
Total	26.475	18	.089	.266	.089

Table 10 cont.

Female					
	Chi Squared Value	*df*	Sig.	Phi	Sig.
Extrapersonal	10.199	6	.117	.146	.117
Risk	17.843	6	**.007**	.193	**.007**
Power	10.720	6	.097	.150	.097
Total	28.402	18	.056	.244	.056
Religion					
Male					
	Chi Squared Value	*df*	Sig.	Phi	Sig.
Extrapersonal	12.559	9	.184	.184	.184
Risk	19.022	9	**.025**	.226	**.025**
Power	14.979	9	.092	.201	.092
Total	43.054	27	**.026**	.341	**.026**
Female					
	Chi Squared Value	*df*	Sig.	Phi	Sig.
Extrapersonal	10.669	8	.221	.150	.221
Risk	13.630	8	.092	.170	.092
Power	14.576	8	.068	.175	.068
Total	40.331	24	**.020**	.292	**.020**

The Total score includes only Extrapersonal, Power, and Risk paraphilic categories

Regression Analyses

Logistic regression analyses were completed to assess the extent to which identified paraphilic interests could be predicted by those developmental factors that were correlated significantly with group membership. Predictive models were tested incorporating the factors found in the bivariate analyses (see Tables 5 through 9) to be significantly associated with the respective paraphilic group classifications. The results of the general logistic regression analyses are presented in Tables 11 to 16.

Table 11. Goodness of Fit Tests for Paraphilic Categories

Men					
Paraphilic Category	Omnibus Tests of Model Coefficients (Chi-Square)	Cox & Snell R Square	Nagelkerke R Square	Log Likelihood	Percentage Correctly Classified
Extrapersonal	**27.692****	.093	.124	362.403	61.3
Power	**34.242****	.095	.131	409.443	68.9
Risk	**27.820****	.172	.239	155.405	73.8
Women					
Paraphilic Category	Omnibus Tests of Model Coefficients (Chi-Square)	Cox & Snell R Square	Nagelkerke R Square	Log Likelihood	Percentage Correctly Classified
Extrapersonal	**20.499****	.083	.111	302.865	63.7
Power	**45.168****	.221	.295	205.481	69.6
Risk	**48.465****	.205	.286	218.258	75.8

**indicates $p < 0.001$

Table 12. Logistic Regression Model for the Prediction of Paraphilic Extrapersonal Classification for Men and Women

Men						
Predictor	β	*SE* β	*Wald's* χ^2	*df*	*p*	Exp(B)
Number of Sexual Partners	.528	.246	4.612	1	**.032**	1.695
Negative Affect	-.034	.239	.021	1	.886	.966
Disinhibition	.443	.266	2.766	1	.096	1.557
Psychoticism	-.103	.278	.138	1	.710	.902
Permissiveness	-.382	.156	6.000	1	**.014**	.682
Solitary Sexual Desire	-.002	.035	.003	1	.956	.998
HBI-19 Coping Scale	.017	.022	.584	1	.445	1.017
How Often View Porn	.203	.128	2.258	1	.112	1.225
Constant	-1.129	.831	1.845	1	.174	.323
Women						
Predictor	β	*SE* β	*Wald's* χ^2	*df*	*p*	Exp(B)
Friend Having a Similar Interest	.095	.278	.117	1	.733	1.100
Antagonism	.083	.286	.084	1	.771	1.087
Disinhibition	.097	.216	.200	1	.654	1.102
Permissiveness	-.080	.174	.212	1	.646	.923
Dyadic Sexual Desire	-.008	.016	.259	1	.611	.992
Solitary Sexual Desire	.043	.040	1.153	1	.283	1.044
HBI-19 Coping Scale	.030	.025	1.439	1	.230	1.031
How Often View Porn	.473	.204	5.379	1	**.020**	1.605
Constant	-2.127	.992	4.596	1	.032	.119

*indicates $p < 0.0$ and **indicates $p < 0.001$

"Friend Having a Similar Interest" was entered as a categorical variable

Table 13. Logistic Regression Model for the Prediction of Paraphilic Power Classification for Men and Women

Men						
Predictor	β	*SE* β	*Wald's* χ^2	*df*	*p*	Exp(B)
Number of Sexual Partners	.462	.206	5.011	1	**.025**	1.588
Age	-.581	.198	8.576	1	**.003**	.559
Stepparent Having a Similar Interest	1.946	.877	4.925	1	**.026**	7.004
Psychoticism	.048	.191	.062	1	.803	1.049
Instrumentality	-.313	.144	4.701	1	**.030**	.731
HBI-19 Coping Scale	.045	.019	5.514	1	**.019**	1.046
Constant	-.157	.693	.051	1	.821	.855
Women						
Predictor	β	*SE* β	*Wald's* χ^2	*df*	*p*	Exp(B)
Friend Having a Similar Interest	.860	.363	5.623	1	**.018**	2.363
Sexual Abuse	.053	.061	.751	1	.386	1.054
Age of First Sexual Act	-.366	.435	.709	1	.400	.693
Age	-.184	.284	.417	1	.518	.832
Age of First Watching Porn	.191	.386	.246	1	.620	1.211
Negative Affect	.461	.295	2.447	1	.118	1.585
Detachment	.177	.348	.258	1	.611	1.194
Antagonism	.338	.389	.756	1	.385	1.402
Disinhibition	.644	.334	3.712	1	.054	1.904
Psychoticism	-.437	.388	1.270	1	.260	.646
Permissiveness	.202	.215	.888	1	.346	1.224
Dyadic Sexual Desire	.011	.021	.278	1	.598	1.011
Solitary Sexual Desire	.083	.043	3.708	1	.054	1.087
HBI-19 Coping Scale	.035	.034	1.049	1	.306	1.036
Constant	-3.697	1.441	6.580	1	.010	.025

*indicates $p < 0.05$ and **indicates $p < 0.001$

"Stepparent Having a Similar Interest" and "Friend Having a Similar Interest" were entered as categorical variables

Table 14. Logistic Regression Model for the Prediction of Paraphilic Risk Classification for Men and Women

Men						
Predictor	β	*SE* β	*Wald's* χ^2	*df*	*p*	Exp(B)
Friend Having a Similar Interest	.043	.397	.012	1	.914	1.044
Sexual Abuse	.078	.066	1.422	1	.233	1.082
Family Member in Treatment	.494	.253	3.828	1	**.050**	1.639
Stepparent Having a Similar Interest	-1.185	1.390	.727	1	.394	.306
Psychoticism	-.044	.326	.018	1	.893	.957
Instrumentality	-.430	.237	3.288	1	.070	.650
HBI-19 Coping Scale	.113	.033	11.688	1	**.001**	1.120
Constant	-2.271	1.050	4.679	1	.031	.103

Table 14 cont.

Women						
Predictor	β	*SE* β	*Wald's* χ^2	*df*	*p*	Exp(B)
Number of Sexual Partners	.581	.258	5.080	1	**.024**	1.787
Age	-1.193	.348	11.723	1	**.001**	.303
Age First Watching Porn	-.347	.379	.837	1	.360	.707
Negative Affect	.385	.289	1.777	1	.187	1.469
Detachment	.087	.335	.067	1	.795	1.091
Antagonism	.440	.378	1.358	1	.244	1.553
Disinhibition	.013	.317	.002	1	.968	1.013
Psychoticism	-.342	.386	.782	1	.376	.711
Permissiveness	.056	.243	.052	1	.819	1.057
Instrumentality	-.531	.237	5.017	1	**.025**	.588
Dyadic Sexual Desire	.024	.020	1.396	1	.237	1.024
Solitary Sexual Desire	-.042	.051	.660	1	.417	.959
HBI-Coping	.019	.031	.358	1	.550	1.019
How Often Viewing Porn	.209	.243	.742	1	.389	1.233
Biological Sibling Having a Similar Interest	-1.430	.666	4.614	1	**.032**	.239
Grandparent Having a Similar Interest	2.151	1.464	2.158	1	.142	8.595
Constant	.499	1.647	.092	1	.762	1.646

*indicates $p < 0.05$ and **indicates $p < 0.001$
"Friend Having a Similar Interest," "Biological Sibling Having a Similar Interest," and "Grandparent Having a Similar Interest" were entered as categorical variables

Table 15. General Regression Model for the Prediction of Total Interest Classification for Men

Model Summary				
	R	R Square	Adjusted R Square	Std. Error of the Estimate
	0.490	.240	.162	1.02
ANOVA				
	df	Mean Square	F	Sig.
Regression	10	3.282	3.095	.002
Residual	98	1.061		
	Unstandardized Coefficients		Significance Testing	
	Beta	SE	t	*p*
Constant	.330	.782	.422	.674
Number of Sexual Partners	.123	.148	.832	.407
Age	-.233	.158	-1.471	.145
Antagonism	.595	.236	2.519	**.013**
Disinhibition	-.007	.207	-.035	.972

Table 15 cont.

Psychoticism	-.371	.231	-1.602	.112
Permissiveness	-.017	.13	-.127	.899
Solitary Sexual Desire	-.025	.028	-.881	.381
Coping Scale	.048	.019	2.540	**.013**
Viewing Porn	.171	.097	1.771	.080

The Total score includes only Extrapersonal, Power, and Risk paraphilic categories

Table 16. Logistic Regression Model for the Prediction of Total Interest Classification for Women

Model Summary				
	R	R Square	Adjusted R Square	Std. Error of the Estimate
	.503	.253	.134	1.03
ANOVA				
	df	Mean Square	F	Sig.
Regression	15	2.280	2.125	.015
Residual	94	1.073		
	Unstandardized Coefficients		Significance Testing	
	Beta	SE	t	*p*
Constant	.005	.934	.006	.996
Sexual Abuse	-.014	.035	-.405	.687
Age	-.207	.191	-1.080	.283
Age of First Watching Porn	.109	.236	.462	.645
Friend Having a Similar Interest	.377	.214	1.762	.081
Negative Affect	.075	.174	.433	.666
Detachment	.163	.191	.853	.396
Antagonism	.411	.227	1.812	.073
Disinhibition	.313	.181	1.724	.088
Psychoticism	-.222	.243	-.915	.362
Permissiveness	-.048	.151	-.318	.751
Instrumentality	.050	.146	.343	.732
Solitary Sexual Desire	.015	.029	.500	.618
Dyadic Sexual Desire	.012	.013	.957	.341
HBI-19 Coping	.004	.021	.193	.847
Viewing Porn	.073	.142	.513	.609

The Total score includes only Extrapersonal, Power, and Risk paraphilic categories

Multivariate Analyses of Covariance

Three 2 (Gender) x 2 (Paraphilic Interest) and one 2 (Gender) x 3 (Total Interest) Multivariate Analyses of Covariance (MANCOVA) controlling for hypersexuality and age were conducted to assess the impact of these factors on the maladjustment indicators (core scale-general problematic sexual life, relationship disturbance, preoccupation with sex, loss of control, affect disturbance, problematic internet sex usage, mental health contact, prior relationship concerns, recent relationship concerns, and number of arrests for sexual crimes). See Tables 17 to 21 for multivariate statistics and ANOVA post hoc tests and Figures 1 to 7 for significant interactions.

Table 17. MANCOVA for Each Paraphilic Category and Gender

Extrapersonal and Gender					
	Wilk's Lambda	F	df	*Sig.*	Partial Eta Squared
Intercept	.915	7.259	10	**.000**	.085
Age	.966	2.778	10	**.002**	.034
Hypersexuality	.819	17.219	10	**.000**	.181
Gender	.873	11.360	10	**.000**	.127
Extrapersonal	.936	5.365	10	**.000**	.064
Gender x Extrapersonal	.979	1.683	10	.080	.021
Power and Gender					
	Wilk's Lambda	F	*df*	*Sig.*	Partial Eta Squared
Intercept	.911	7.659	10	**.000**	.089
Age	.969	2.536	10	**.005**	.031
Hypersexuality	.831	15.937	10	**.000**	.169
Gender	.858	12.880	10	**.000**	.142
Power	.900	8.719	10	**.000**	.100
Gender x Power	.963	3.034	10	**.001**	.037

Table 17 cont.

Risk and Gender					
	Wilk's Lambda	F	*df*	*Sig.*	Partial Eta Squared
Intercept	.914	7.379	10	**.000**	.086
Age	.968	2.568	10	**.005**	.032
Hypersexuality	.818	17.433	10	**.000**	.182
Gender	.863	12.358	10	**.000**	.137
Risk	.896	9.088	10	**.000**	.104
Gender x Risk	.962	3.118	10	**.001**	.038
Total and Gender					
	Wilk's Lambda	F	*df*	*Sig.*	Partial Eta Squared
Intercept	.908	7.875	10	**.000**	.092
Age	.968	2.565	10	**.005**	.032
Hypersexuality	.836	15.271	10	**.000**	.164
Gender	.852	13.458	10	**.000**	.148
Total	.816	5.458	30	**.000**	.066
Gender x Total	.924	2.065	30	**.001**	.026

Controlling for age and hypersexuality
The Total score includes only Extrapersonal, Power, and Risk paraphilic categories

Table 18. Post-Hoc ANOVAs for Significant Main Effects and Interactions of Paraphilic Extrapersonal and Gender

	df	Mean Square	F	Sig.	Partial Eta Squared
Gender					
Core	1	19.896	2.063	.151	.003
Preoccupation	1	11.425	14.068	**.000**	.017
Loss of Control	1	14.150	15477	**.000**	.019
Relationship Disturbance	1	.065	.103	.748	.000
Affect Disturbance	1	.013	.008	.928	.000
Internet Usage	1	101.955	69.042	**.000**	.080
Arrested for Sexual Crime	1	.049	3.579	.059	.005
Mental Health Contact	1	1.478	1.491	.223	.002
Prior Relationship Concern	1	39.990	2.155	.142	.003
Recent Relationship Concern	1	88.529	5.353	**.021**	.007

Table 18 cont.

Extrapersonal					
Core	1	264.257	27.405	**.000**	.034
Preoccupation	1	22.985	28.302	**.000**	.035
Loss of Control	1	13.761	15.052	**.000**	.019
Relationship Disturbance	1	5.432	8.562	**.004**	.011
Affect Disturbance	1	13.878	8.72	**.003**	.011
Internet Usage	1	30.425	20.603	**.000**	.025
Arrested for Sexual Crime	1	.001	.107	.743	.000
Mental Health Contact	1	1.623	1.637	.201	.002
Prior Relationship Concern	1	413.813	22.303	**.000**	.027
Recent Relationship Concern	1	152.073	9.196	**.003**	.012

Controlling for age and hypersexuality

Table 19. Post-Hoc ANOVAs for Significant Main Effects and Interactions of Paraphilic Power and Gender

	df	Mean Square	F	Sig.	Partial Eta Squared
Gender					
Core	1	56.007	5.856	**.016**	.007
Preoccupation	1	20.599	26.022	**.000**	.032
Loss of Control	1	19.807	21.668	**.000**	.027
Relationship Disturbance	1	.457	.717	.397	.001
Affect Disturbance	1	.233	.148	.700	.000
Internet Usage	1	113.615	76.174	**.000**	.088
Arrested for Sexual Crime	1	.075	5.519	**.019**	.007
Mental Health Contact	1	.882	.893	.345	.001
Prior Relationship Concern	1	138.034	7.591	**.006**	.010
Recent Relationship Concern	1	184.966	11.381	**.001**	.014
Power					
Core	1	332.209	34.736	**.000**	.042
Preoccupation	1	39.987	50.513	**.000**	.060
Loss of Control	1	13.971	15.283	**.000**	.019
Relationship Disturbance	1	3.142	4.936	**.027**	.006
Affect Disturbance	1	18.501	11.778	**.001**	.015
Internet Usage	1	22.548	15.117	**.000**	.019
Arrested for Sexual Crime	1	.053	3.899	**.049**	.005
Mental Health Contact	1	2.920	2.957	.086	.004
Prior Relationship Concern	1	704.633	38.748	**.000**	.047
Recent Relationship Concern	1	357.655	22.006	**.000**	.027

Table 19 cont.

Gender x Power					
Core	1	5.0770	.530	.467	.001
Preoccupation	1	3.998	5.050	**.025**	.006
Loss of Control	1	3.254	3.560	.060	.004
Relationship Disturbance	1	1.145	1.799	.180	.002
Affect Disturbance	1	1.904	1.212	.271	.002
Internet Usage	1	1.438	.964	.327	.001
Arrested for Sexual Crime	1	.030	2.224	.136	.003
Mental Health Contact	1	1.066	1.079	.299	.001
Prior Relationship Concern	1	16.310	.897	.344	.001
Recent Relationship Concern	1	687.653	4.224	**.040**	.005

Controlling for age and hypersexuality

Table 20. Post-Hoc ANOVAs for Significant Main Effects and Interactions of Paraphilic Risk and Gender

	df	Mean Square	F	Sig.	Partial Eta Squared
Gender					
Core	1	56.527	5.975	**.015**	.008
Preoccupation	1	16.186	20.040	**.000**	.025
Loss of Control	1	23.525	26.913	**.000**	.033
Relationship Disturbance	1	.109	.173	.677	.000
Affect Disturbance	1	.194	.123	.726	.000
Internet Usage	1	114.980	79.985	**.000**	.092
Arrested for Sexual Crime	1	.062	4.570	**.033**	.006
Mental Health Contact	1	1.121	1.139	.286	.001
Prior Relationship Concern	1	57.507	3.149	.076	.004
Recent Relationship Concern	1	78.611	4.785	**.029**	.006
Risk					
Core	1	400.959	42.385	**.000**	.051
Preoccupation	1	26.017	32.212	**.000**	.039
Loss of Control	1	42.201	48.280	**.000**	.058
Relationship Disturbance	1	11.506	18.339	**.000**	.023
Affect Disturbance	1	15.482	9.792	**.002**	.012
Internet Usage	1	58.295	40.552	**.000**	.049
Arrested for Sexual Crime	1	.079	5.839	**.016**	.007
Mental Health Contact	1	6.935	7.045	**.008**	.009
Prior Relationship Concern	1	641.320	35.118	**.000**	.043
Recent Relationship Concern	1	236.901	14.420	**.000**	.018

Table 20 cont.

Gender x Risk					
Core	1	46.807	4.498	**.026**	.006
Preoccupation	1	4.527	5.605	**.018**	.007
Loss of Control	1	9.556	10.933	**.001**	.014
Relationship Disturbance	1	.255	.407	.524	.001
Affect Disturbance	1	.531	.336	.563	.000
Internet Usage	1	14.119	9.822	**.002**	.012
Arrested for Sexual Crime	1	.013	.929	.335	.001
Mental Health Contact	1	.120	.121	.728	.000
Prior Relationship Concern	1	3.464	.190	.663	.000
Recent Relationship Concern	1	.213	.013	.909	.000

Controlling for age and hypersexuality

Table 21. Post-Hoc ANOVAs for Significant Main Effects and Interactions of Total Interest and Gender

	df	Mean Square	F	Sig.	Partial Eta Squared
Gender					
Core	1	50.931	5.497	**.019**	.007
Preoccupation	1	18.381	23.645	**.000**	.029
Loss of Control	1	21.077	23.977	**.000**	.030
Relationship Disturbance	1	.023	.038	.846	.000
Affect Disturbance	1	.131	.084	.772	.000
Internet Usage	1	117.817	81.751	**.000**	.094
Arrested for Sexual Crime	1	.071	5.250	**.022**	.007
Mental Health Contact	1	1.589	1.614	**.204**	.002
Prior Relationship Concern	1	75.247	4.278	**.039**	.005
Recent Relationship Concern	1	125.621	7.813	**.005**	.010
Total					
Core	3	197.514	21.137	**.000**	.075
Preoccupation	3	17.487	22.496	**.000**	.079
Loss of Control	3	14.184	16.136	**.000**	.058
Relationship Disturbance	3	4.578	7.359	**.000**	.027
Affect Disturbance	3	10.677	6.816	**.000**	.025
Internet Usage	3	19.957	13.848	**.000**	.050
Arrested for Sexual Crime	3	.029	2.133	.095	.008
Mental Health Contact	3	3.081	3.130	**.025**	.012
Prior Relationship Concern	3	411.781	23.413	**.000**	.082
Recent Relationship Concern	3	189.193	11.767	**.000**	.043

Table 21 cont.

Gender x Total					
Core	3	13.835	1.493	.215	.006
Preoccupation	3	2.014	2.591	.052	.010
Loss of Control	3	2.244	2.553	.054	.010
Relationship Disturbance	3	1.527	2.454	.062	.009
Affect Disturbance	3	.666	.425	.735	.002
Internet Usage	3	3.876	2.690	**.045**	.010
Arrested for Sexual Crime	3	.012	.878	.452	.003
Mental Health Contact	3	.403	.410	.746	.002
Prior Relationship Concern	3	8.121	.462	.709	.002
Recent Relationship Concern	3	7.564	.470	.703	.002

The Total score includes only Extrapersonal, Power, and Risk paraphilic categories
Controlling for age and hypersexuality

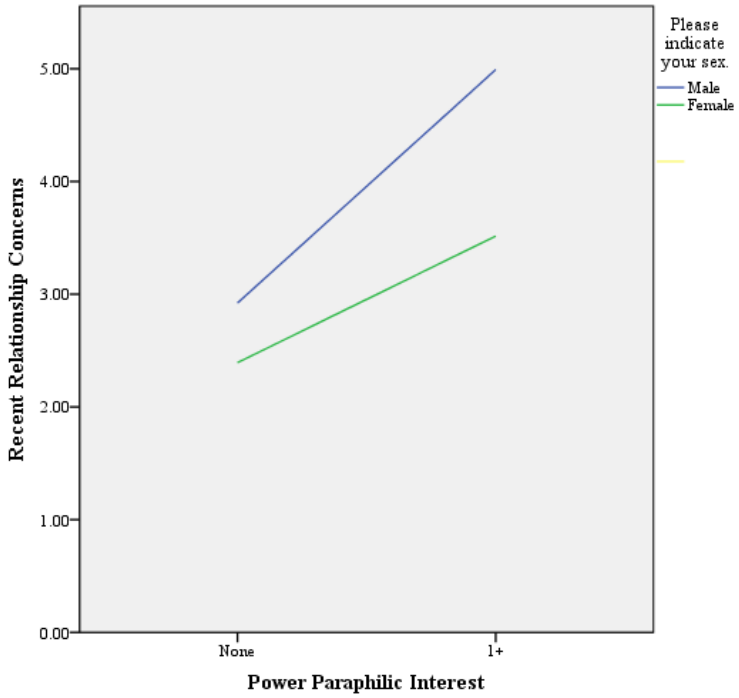

Figure 1. Gender by Power Paraphilic Interest Interaction for Recent Relationship Concerns. Interaction controlling for age and hypersexuality.

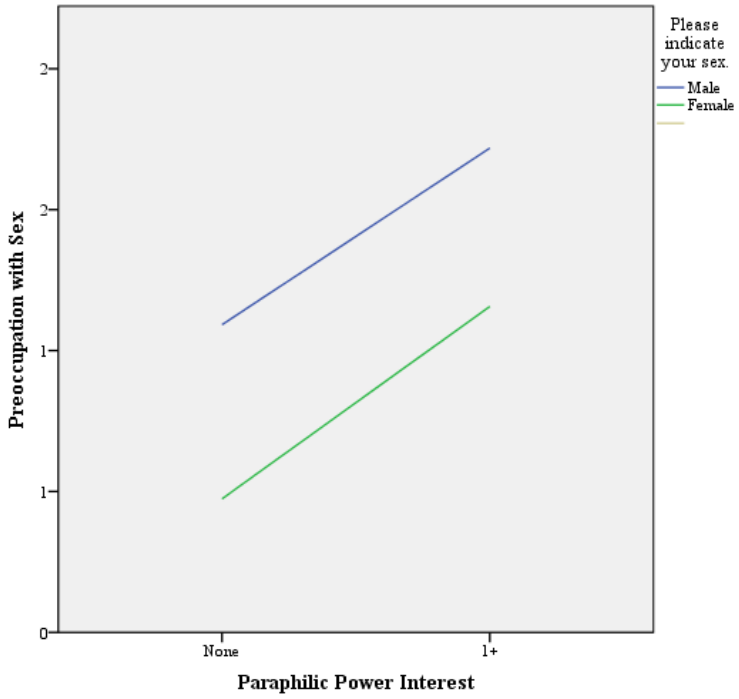

Figure 2. Gender by Power Paraphilic Interest for Preoccupation with Sex. Interaction controlling for age and hypersexuality.

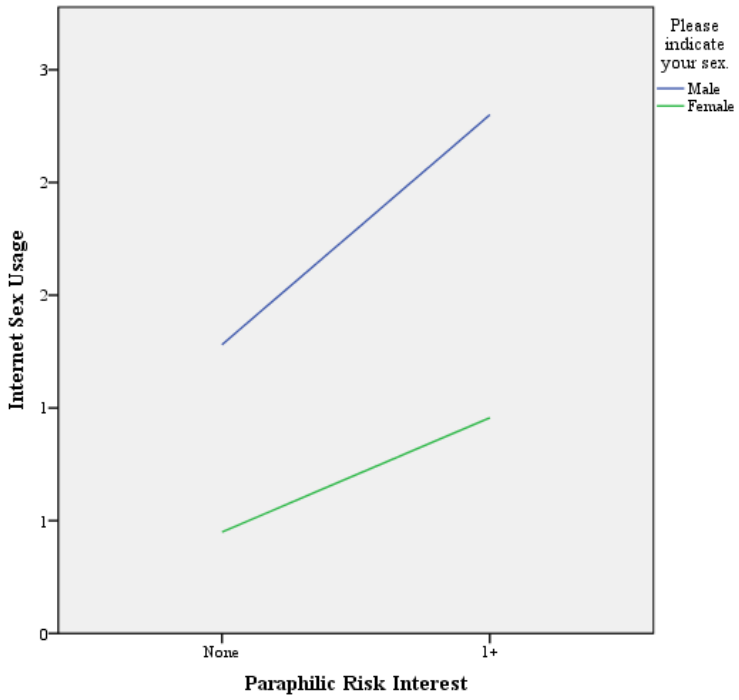

Figure 3. Gender by Paraphilic Risk Interest for Internet Sex Usage. Interaction controlling for age and hypersexuality.

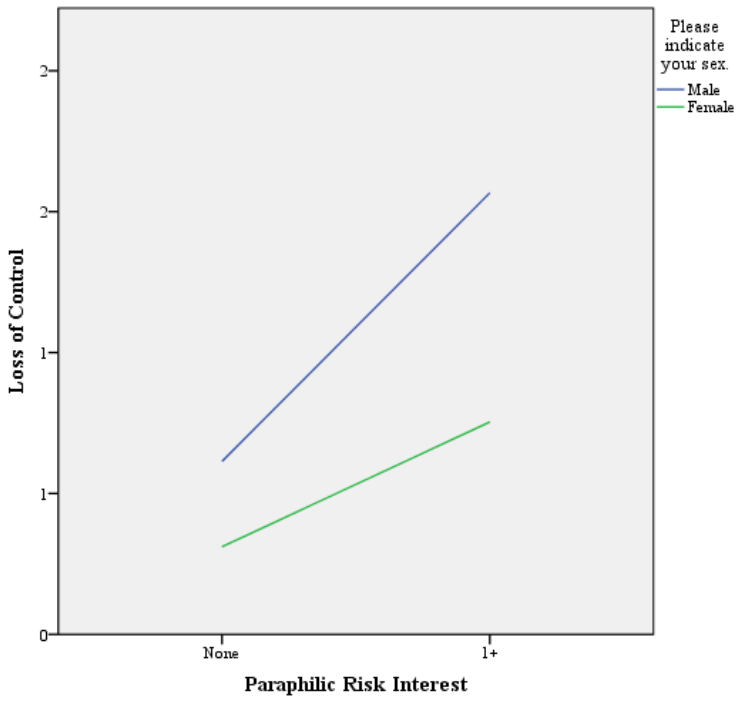

Figure 4. Gender by Paraphilic Risk Interest for Loss of Control. Interaction controlling for age and hypersexuality.

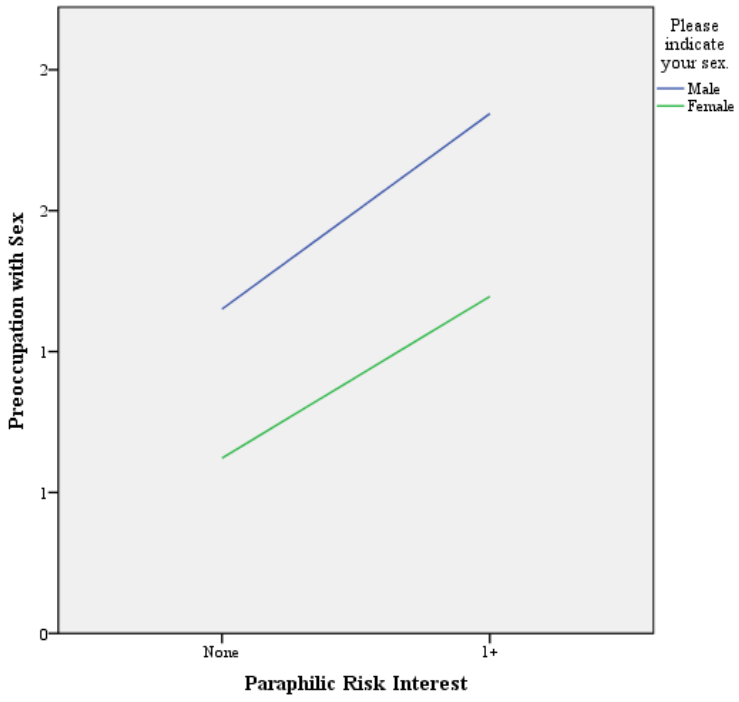

Figure 5. Gender by Paraphilic Risk Interest for Preoccupation with Sex. Interaction controlling for age and hypersexuality.

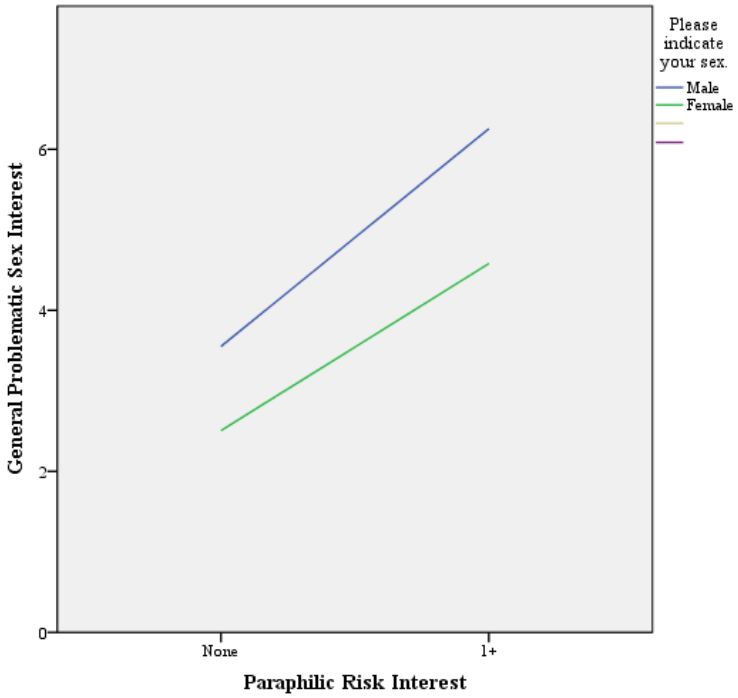

Figure 6. Gender by Paraphilic Risk Interest for General Problematic Sex Interest. Interaction controlling for age and hypersexuality.

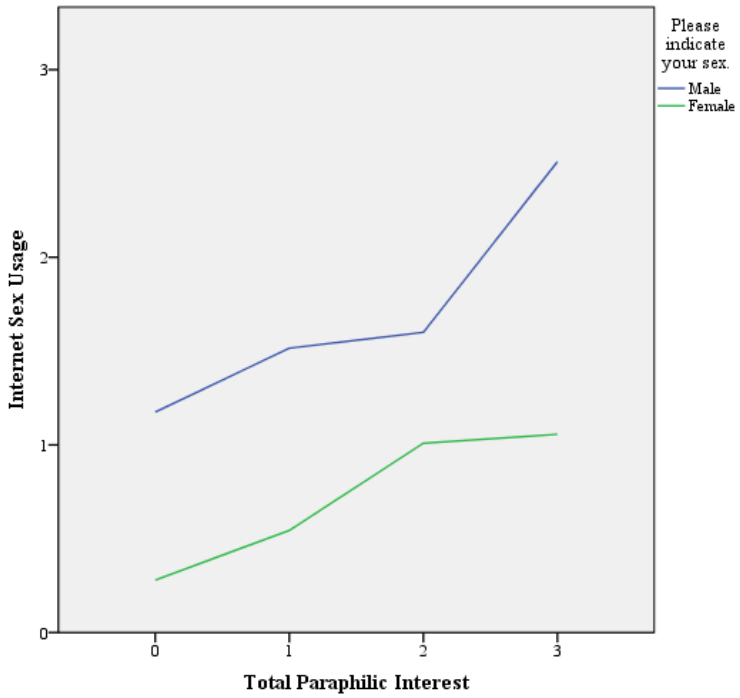

Figure 7. Gender by Total Paraphilic Interest for Internet Sex Usage. Controlling for age and hypersexuality.

DISCUSSION

A two study design was utilized in which males and females were analyzed separately to explore paraphilic interests. Initial bivariate correlations between developmental factors and paraphilic interests suggested a significant gender relationship. In addition, MANCOVAs found that gender was a significant independent variable in connection to paraphilic interest and maladjustment indicators. Past research has shown that men and women often have different sexual interests and learning opportunities based on experiences as well as how they will be affected by their sexual interests.

As suggested by Appendix C, the total sample indicated a variety of normophilic (i.e. breasts and feet) and "abnormal" specific interests (i.e. dolls and physical disabilities). The only two category interests that were not endorsed at least once where children below the age of five and cannibalism. Men tended to indicate more Physical Appearance, Clothing, and Extrapersonal items. Women, on the other hand, indicated more Power and Total number of items. However, there was not a real difference between men and women concerning Risk items.

Male Paraphilic Interests

As evidenced by Appendix D, the distribution of interests showed that the majority of individuals did not endorse an Extrapersonal, Power, or Risk interest. The most commonly indicated Extrapersonal items were feet, hands, and watching one's partner have sex with someone else. The most commonly indicated Power items were spanking and asserting dominance over someone. The most commonly indicated Risk items were watching someone who's naked without their awareness and choking someone (restricting oxygen). On the other hand, the majority of individuals had at least one Physical Appearance and/or Clothing interests. The majority of males indicated five specific aspects of physical appearance that must be

present, typically these included large breasts, blue eyes, long hair, blonde, and brunette. In terms of clothing, the majority of males indicated one item that was essential for their sexual interest. The most common clothing item was lingerie.

Female Paraphilic Interests

As evidenced by Appendix E, the distribution of interests showed that the majority of individuals did not endorse an Extrapersonal, Power, and Risk interest. The most commonly indicated Extrapersonal items were hands and watching one's partner have sex with someone else. The most commonly indicated Power items were spanking and asserting dominance over someone. The most commonly indicated Risk items were choking someone (restricting oxygen) and making dirty phone calls. On the other hand, the majority of individuals had at least one Physical Appearance and/or Clothing interests. The majority of females indicated four specific aspects of physical appearance that must be present, typically these included muscular, tall, large penis, and brown eyes. In terms of Clothing, the majority of females indicated one item that was essential for their sexual interest. The greatest clothing item of sexual interest was boxers.

Paraphilic Classification Rubric

The indication of a paraphilic interest was denoted using a dichotomous scale, i.e. an indication of an interest or not. The three primary categories of interest (Extrapersonal, Risk, and Power) had relatively low *N*s with most of the individual items not surpassing a quarter of the total sample indicating the sexual interest in a majority of their sexual fantasies. This may be expected for numerous reasons including the private nature of the questions, the stigma surrounding the indication of certain interests, and the relative rarity of having some of the more "extreme" sexual interest such as blood or cannibalism. The study's aim was to use unstructured and semi-structured techniques to better understand trends in sexual interests depending on sex,

developmental factors, and maladjustments to help outline some general patterns that emerge in this understudied field. Therefore, this study was approached qualitatively.

Developmental Predictors of Paraphilic Interest

Bivariate correlation analyses were conducted to gain a better understanding of the relationships between indicating specific sexual interests and developmental factors. On the surface, these correlations created a picture of markers that may illustrate certain individual characteristics of people who have those sexual interests.

Men who indicated Extrapersonal interests appear to be sexually active, unhappy, impulsive, and eccentric, are reclusive, and frequently watch porn. Men who indicated Power interests appear to be sexually active, younger, and eccentric and have a history of sexual abuse. Men who indicated a Risk interest tend to be sexually active, young, detached, angry, impulsive, and eccentric, but not unhappy, involved in religious activities, and frequently view porn. The Total interest score is associated with men who seek a committed relationship and use sex as stress management. Men who indicated a greater variety of Physical Appearance interests seek and prefer a committed relationship as well. Greater variety in Clothing interests was associated with being older and decision making based on empathy and avoiding harm.

For women, having an Extrapersonal interest appears to be associated with anger, impulsivity, seeking a committed relationship, and a high desire for sex, including watching porn and using it as a way to manage stress. Those with a Power interest appear to be younger and likely to have been young when they first masturbated and watched porn. They experience a range of mood symptoms including being unhappy, detached, angry, impulsive, and eccentric. Despite this they seek a committed relationship and sexual intercourse perhaps using it as stress management. Women with Risk interests present similarly to the Power interested with the

addition of more sexual partners, frequent users of porn, and a sexual abuse history. Women with a larger interest in physical appearances appear to be younger and had earlier experiences with porn, losing one's virginity, and masturbation. They seek a committed relationship and sexual intercourse, though they experience some unhappiness. A large variety in clothing that is sexually arousing is associated with a younger age of first watching porn, a high desire for sex, perhaps using it for stress management, and a sexual abuse history.

Logistic Regression Models

A subset of significant bivariate predictors were found to account for unique variance in the paraphilic classifications examined in this study. In classifying men as having an Extrapersonal interest, seeking a committed relationship and a greater number of sexual partners uniquely contributed to an increased chance of being classified as having an Extrapersonal sexual interest. The chances increased as much as 69%. Classifying women, however, only garnered one predictor that significantly contributed uniquely. The more that women viewed pornography the greater the likelihood they had an Extrapersonal interest. Once again, the likelihood increased by 60%.

In classifying Power interests, more predictors significantly contributed uniquely to men than to women. A greater number of sexual partners, younger age, believing a stepparent has a similar interest, seeking a committed relationship, and using sex as stress management aided in the prediction of having a Power interest with as much as a 58% greater likelihood in some cases. There was less of a unique contribution for the classification of women. The results suggest that females believing to have a friend with a similar interest could more than double the chances of having a Power interest.

In classifying Risk interests, two significant predictors uniquely contributed to the classification of men including having more family members in for mental health treatment and using sex as stress management. The likelihood of having a Risk interest increased 63% in some instances. For women, more variables seemed to contribute to classification. These predictors included a greater number of sexual partners, being younger, seeking a committed relationship, and believing a biological sibling has a similar interest.

Classification of having any sexual interest (Extrapersonal, Risk, and/or Power) suggested that being angry and using sex as stress management significantly contributed for men, while no predictors significantly contributed to the classification of women.

Paraphilic Maladjustment Indicators

Maladjustment indicators were defined as including such impairment as difficulty regulating emotions, reducing or stopping sexual activity directed toward that interest, relationship disturbance. The data suggests that those who indicate a specific sexual interest seem to also have a greater amount of sexually based difficulties. An interest in physical appearance appears to be linked with mental health contact, whereby more Physical Appearance interests may reduce the chances of seeking professional help. On the other hand, more Clothing interests are associated with slightly greater preoccupation with sex, loss of control of sexual urges, and internet sex usage that interferes with daily functioning as well as more recent and prior relationship problems, including concerns that sexual fantasies and interests are deviant.

In determining maladjustment indicators, gender was significantly related to maladjustment indicators, whereby men typically had higher scores. There was an interaction between gender and each paraphilic category except Extrapersonal interests. These effects occurred despite controlling for age and hypersexuality. Men had significantly more

preoccupation with sex, loss of control due to their sexual urges, affect and relationship disturbance, and internet sex usage regarding maladjustment except being arrested for a sexual crime and mental health contact. Power interests lead to maladjustment in all areas except mental health contact. Maladjustment was especially high for males in their recent relationship if they had a Power interest. An interest in risk also led to maladjustment in all areas assessed. This was especially true for males having general sexual problems like not feeling like their sexual urges are normal or that they have created problems in family or at work, preoccupation with sex, loss of control, and internet sex usage. A greater Total interest leads to maladjustment in all areas except for being arrested for sexual crimes. Being male and having a greater total lead to the greatest problem of internet sex usage.

Hypothesis Testing

The results suggested a mixture of supportive and nondirective evidence for the study's hypotheses. While frequent pornography use may be related to some specific sexual interests, it rarely uniquely contributed to overall classification. Men on average viewed pornography two to three times a week while women reported typically viewing pornography once a week. An increase in the accessibility to pornography may lead to less saliency to the effect of watching it on future sexual interests.

Learning theory has positively impacted the field of paraphilic interests and suggests that learning about a sexual interest can increase the chances of acquiring a similar interest especially when it comes from a relative or a friend. The study found that believing a friend has a similar interest was positively associated with and contributed to having a specific interest a few cases. However, having a family member with a similar interest seemed to add little to classifying

individuals. Even more so, sexual abuse history did not greatly contribute to identifying or being prone to developing specific sexual interests.

Developmental indicators originally hypothesized to significantly contribute specific paraphilic interest were found to less influential than others. Consistently age, number of sexual partners, using sex as stress management, and seeking a committed relationship seemed to be the most uniquely important predictors of developing a paraphilic interest. With a few exceptions, other factors varied inconsistently as having an impact and were uncommonly related to personality traits or moral/ethical prohibitions. This may be linked to the relatively normative nature of some sexual interests, as evidenced by the high distribution of many sexual interests.

Covariate Analyses

Age and hypersexuality were consistently used as covariates during the analyses. The younger the participant the more likely they indicated a paraphilic interest. In some cases, age was found to be a significant predictor contributing to paraphilic classification. Hypersexuality was also utilized as a covariate in many of the analyses. A greater general desire to engage in sexual intercourse was found to influence the likelihood and classification of men and women into paraphilic groups, especially when sex is used as stress management. Greater engagement in sexual intercourse can intuitively be linked to diverse sexual interests due to the amount of time denoted to sexual fantasies.

Design Limitations

Defining a specific sexual interest has historically been a difficult aspect to conceptualize due to the likelihood that individuals have more than one sexual interest that they find sexually arousing a majority of the time. Therefore, how to conceptualize and define a specific interest proves to be difficult. For example, does having only one interest denote more of a paraphilic

interest than having numerous aspects that all need to be present in order to be sexually aroused? Are more needed details more inductive to a paraphilic interest? The organization of the sexual interests were divided into groups that had some face validity. However, there was not a systematic method of dispersing the sexual interests into the Power, Risk, and Extrapersonal categories. These categories were not exhaustive either. An extensive list of hundreds of items would have to have been provided in order to capture all sexual interests arousing to the participants. It is also prudent to note that due to the nature of some of these interests and the potential for legal backlash for endorsing them (such as interest in children or voyeurism) some illegal interests may have been underreported as traditionally that is the case.

The Total interest score may be difficult to interpret considering it is a compilation of three sexual interest groups that differed in prevalence, influential developmental factors, and maladjustment indicators. Therefore, it may be more informative to focus on the individual categories to garner a better picture. In addition, Physical Appearance and Clothing interest groups proved to be difficult groups to conceptualize. A majority of the items listed in both categories are difficult to define as anything other than normophilic because of the acceptance of the majority of the items as factors of sexual attraction. Therefore, delineating when a physical appearance or clothing interest crosses the line between paraphilic and normophilic remained elusive.

Future Directions

Future research should explore alternative classification schemes of the sexual interests. Collateral analyses may be conducted to understand how individual interests (i.e. restricting oxygen versus involuntary sex/rape) rather than groupings of interests (risk interests) are influenced by developmental factors and indicators of maladjustment more so than others. In

addition, future research can further delineate interests from pathology leading to arrest or a formal clinical diagnosis, including mediating variables both in terms of development and symptom presentation, such as guilt and shame. This may extend as well into looking at sexual orientation as well as other normative factors that may make some interests more conducive and acceptable to the environment.

APPENDICES

Appendix A
Consent Form

THE UNIVERSITY OF NORTH DAKOTA
CONSENT TO PARTICIPATE IN RESEARCH

TITLE: *Associations Between Adult Sexual Interests and Developmental Experiences*

PROJECT DIRECTOR: Victoria Pocknell, B.S.

PHONE # 602-703-7194

DEPARTMENT: Psychology Department

STATEMENT OF RESEARCH

A person who is to participate in the research must give his or her informed consent to such participation. This consent must be based on an understanding of the nature and risks of the research. This document provides information that is important for this understanding. Research projects include only subjects who choose to take part. Please take your time in making your decision as to whether to participate. If you have questions at any time, please ask.

WHAT IS THE PURPOSE OF THIS STUDY?

You are invited to be in a research study requiring completion of a 25-30-minute questionnaire. The purpose of this research study is to explore associations between previous sexual exposure and sexual interests as well as your difficulties having those sexual interests.

HOW MANY PEOPLE WILL PARTICIPATE?

Approximately 2000 participants of age 18 or older on Amazon's Mechanical Turk will take part in this study at the University of North Dakota.

HOW LONG WILL I BE IN THIS STUDY?

Your participation in this study will require completion of an online questionnaire **which will require approximately 30 minutes of your time.**

WHAT WILL HAPPEN DURING THIS STUDY?

If you agree to be in this study, the following will happen:

This questionnaire will require thirty minutes for completion. It will involve answering multiple choice and rating scale questions.
You are permitted to leave any survey items blank for any reason you choose (including belief that the requested information is unduly personal). You may withdraw from the study at any time by discontinuing involvement in either the survey. You will be awarded 50 cents for you

participation in this questionnaire. You will be awarded only partial monetary compensation (25 cents) if you leave more than 10% of the items blank in the questionnaire. Your decision whether or not to participate will not affect. your current or future status with completing Amazon's Mechanical Turk surveys with the University of North Dakota.

WHAT ARE THE RISKS OF THE STUDY?

There may be some risk from being in this study. This Qualtrics survey asks personal questions about previous experiences that may be uncomfortable to answer. You may experience frustrating feelings that are sometimes experienced when completing questionnaires sampling content from such a wide range of topics. Some questions may be of a sensitive nature and can make you feel uncomfortable as a result. The questionnaire may elicit questions, answers, personal reactions, memories, and/or emotional reactions that could feel distressing. Such items are often the most meaningful in terms of analysis, but please feel free to leave items blank if you choose. Most importantly, please remember that any data you offer will be stored in an electronic file that is separated from any identifying information that may be available. The risks posed by this study are not viewed as being in excess of "moderate risk."

If, however, you become upset by questions or procedures you may stop participation at any time or choose not to answer a question. If you would like to talk to someone about your feelings about this study, you are encouraged to contact any of the following resources at your own expense:

- Psychological Services Center (701)777-3691
- University Counseling Center (701)777-2127
- UND Student Health Services (701)777-4500
- Northeast Human Service Center (701)795-3000

WHAT ARE THE BENEFITS OF THIS STUDY?

You will not benefit personally from being in this study. However, we hope that, in the future, other people might benefit from this study through increased knowledge of how various sexual interests develop and what factors may make it more likely for an individual to seek professional treatment for such interests. This information may be helpful to practicing clinical psychologists as well as researchers in the field.

ALTERNATIVES TO PARTICIPATING IN THIS STUDY

If you choose not to participate in this study, you may earn monetary compensation through other tasks on the Amazon Mechanical Turk forum.

WILL IT COST ME ANYTHING TO BE IN THIS STUDY?

You will not have any costs for being in this research study.

WILL I BE PAID FOR PARTICIPATING?

You will be paid for being in this research study. You will be awarded 50 cents for completion of the questionnaire. You will be awarded only partial monetary compensation (25 cents) if you leave more than 10% of the items blank in the questionnaire.

WHO IS FUNDING THE STUDY?

The University of North Dakota and the research team are receiving no payments from other agencies, organizations, or companies to conduct this research study.

CONFIDENTIALITY

The records of this study will be kept private to the extent permitted by law. In any report about this study that might be published, you will not be identified. Your study record may be reviewed by Government agencies, the UND Research Development and Compliance office, and the University of North Dakota Institutional Review Board.

Any information that is obtained in this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of separating any identifying information you provide from the electronic data file used for purposes of all data analysis. The principal investigator and her student advisor will be the only people with access to the electronic data file. If we write a report or article about this study, we will describe the study results in a summarized manner so that you cannot be identified.

IS THIS STUDY VOLUNTARY?

Your participation is voluntary. Participants must be 18 years of age or older. You may choose not to participate or you may discontinue your participation at any time without penalty or loss of benefits to which you are otherwise entitled. Your decision whether or not to participate will not affect your current or future relations with the University of North Dakota.

CONTACTS AND QUESTIONS?

The researchers conducting this study are Alan King, Ph.D. who is a full professor in the Psychology Department (701-777-3644 or at alan.king@email.und.edu). His graduate research assistant (Victoria Pocknell) is a Ph.D. student in clinical psychology at UND with a B.S. degree in general psychology.

If you have questions regarding your rights as a research subject, you may contact The University of North Dakota Institutional Review Board at **(701) 777-4279** or **UND.irb@research.UND.edu.**

- You may also call this number about any problems, complaints, or concerns you have about this research study.

- You may also call this number if you cannot reach research staff, or you wish to talk with someone who is independent of the research team.
- General information about being a research subject can be found by clicking "Information for Research Participants" on the web site: http://und.edu/research/resources/human-subjects/research-participants.cfm

Your signature indicates that this research study has been explained to you, that you have been given the opportunity to email us to answer any questions, and that you agree to take part in this study. You can email us to receive a copy of this form.

By checking the box below, you agree to take part in this study.

Appendix B
Survey

WARNING!!! Some questions may be of a sensitive nature and can make you feel uncomfortable as a result. You are encouraged to stop participation at any time or choose to leave selected items blank if deemed too personal. Please keep in mind however that in order for us to get accurate results it requires honest answers.

Please indicate your sex.
- ❍ Male
- ❍ Female
- ❍ Trans male/Trans man
- ❍ Trans female/trans woman
- ❍ Gender queer/gender non-conforming
- ❍ Not listed/Other. Please specify. _____

How old are you?

How do you sexually identify?
- ❍ Heterosexual or straight
- ❍ Homosexual (gay or lesbian)
- ❍ Bisexual
- ❍ Asexual
- ❍ Pansexual
- ❍ Demisexual
- ❍ Questioning
- ❍ Not listed/Other. Please specify. _____

Indicate your current relationship status.
- ❍ Married/Living Together
- ❍ Divorced
- ❍ Separated
- ❍ Single (Never married)

Indicate how you identify. Click all that apply.
- ❑ White
- ❑ Black or African American
- ❑ American Indian or Alaska Native
- ❑ Asian
- ❑ Native Hawaiian or Pacific Islander
- ❑ Hispanic/Latino(a)
- ❑ Multiracial
- ❑ Other

Indicate your highest level of education.
- ❍ Less than high school
- ❍ High school graduate
- ❍ Some college
- ❍ 2 year degree
- ❍ 4 year degree
- ❍ Professional degree/Masters or Equivalent
- ❍ Doctorate/PhD/MD/LD

What religion do you adhere to?
- ❍ Christianity
- ❍ Islam
- ❍ Hinduism
- ❍ Buddhism
- ❍ Judaism
- ❍ Catholicism
- ❍ Agnosticism
- ❍ Atheism
- ❍ Mormonism
- ❍ Other-Not Listed

Do you attend religious gatherings such as church, synagogue, etc.?
- ❍ Yes
- ❍ No

If yes, how often do you attend these religious gatherings?
- ❍ Once a week
- ❍ Every couple of weeks
- ❍ Every month
- ❍ Every couple of months
- ❍ A few times a year

We know that the following questions are very personal, but this study is attempting to understand the many complex factors that trigger sexual fantasies in people. We need honest answers to arrive at any valid conclusions and we want to assure you that your replies will be kept anonymous and detached from any identifying information. Think about the stimuli that you sexually fantasize about when responding to the questions posed below. Please don't provide inaccurate information. Which of the following has once served as a focus of attention in your sexual fantasies? If you would prefer not to say, click the "prefer not say" option at the end of this section. Please note that multiple checks in each of the categories are permitted and will often occur.

Age of Person of Interest

- ❑ Below 5 years old
- ❑ 5-8 years old
- ❑ 9-12 years old
- ❑ 13-15 years old
- ❑ 16-18 years old
- ❑ 19-24 years old
- ❑ 25-40 years old
- ❑ 40-50 years old
- ❑ 50-65 years old
- ❑ 65-75 years old
- ❑ 75-85 years old
- ❑ 85-100 years old

Physical Appearance of the Person of Interest

- ❑ Blue Eyes
- ❑ Brown Eyes
- ❑ Green Eyes
- ❑ Blonde
- ❑ Brunette
- ❑ Red-Head
- ❑ Tall
- ❑ Short
- ❑ Small Breasts
- ❑ Large Breasts
- ❑ Small Penis
- ❑ Large Penis
- ❑ Skinny
- ❑ Fat
- ❑ Muscular
- ❑ Small Butt
- ❑ Large Butt
- ❑ Pregnant
- ❑ Short Hair
- ❑ Long Hair
- ❑ Beard
- ❑ Body Hair
- ❑ Absence of Body Hair
- ❑ Piercings
- ❑ Tattoos

Clothing of the Person of Interest
- ❑ High Heels
- ❑ Women's Clothing
- ❑ Men's Clothing
- ❑ Lingerie
- ❑ Rubber
- ❑ Spandex
- ❑ Uniforms
- ❑ Diapers

Extrapersonal Factors
- ❑ Urine or Feces
- ❑ Blood
- ❑ Unconscious or sleeping people
- ❑ Corpses (Dead Bodies)
- ❑ Feet
- ❑ Hangs
- ❑ Leather
- ❑ Animals
- ❑ Cannibalism (Eating a human body)
- ❑ Dolls
- ❑ Physical Disabilities
- ❑ Stealing
- ❑ Pornography
- ❑ Watching one's partner have sex with someone else

Risk (Arrest/Injury)
- ❑ Choking someone (restricting oxygen)
- ❑ Exposing one's genitalia to a stranger
- ❑ Watching someone who is naked without their awareness
- ❑ Touching or rubbing against someone without their consent
- ❑ Making dirty phone calls

Power Factor
- ❍ Being humiliated or suffering
- ❍ Asserting your dominance over someone
- ❍ Involuntary Sex (Rape)
- ❍ Spanking (either doing it or the one being spanked)

Click below, if you would prefer not to say or indicate what your sexual fantasies are.
- ❑ Prefer not to say

Please indicate your level of honesty while indicating your sexual fantasies.
- ❑ My answers are accurate
- ❑ My answers not completely accurate in some categories

If you believe that this research would benefit from a more detailed description or explanation of your sexual fantasies, please do so now.

We know that the following questions are very personal, but this study is attempting to understand the many complex factors that trigger sexual fantasies in people. We need honest answers to arrive at any valid conclusions and we want to assure you that your replies will be kept anonymous and detached from any identifying information. Think about the stimuli that you sexually fantasize about when responding to the questions posed below. Please don't provide inaccurate information. Which of the following served as a focus of attention in the vast majority (greater than 80%) of your sexual fantasies? If you would prefer not to say, click the "prefer not to say" option at the end of this section. Please note that multiple checks in multiple categories are permitted and will often occur.

Age of Person of Interest

- ❑ Below 5 years old
- ❑ 5-8 years old
- ❑ 9-12 years old
- ❑ 13-15 years old
- ❑ 16-18 years old
- ❑ 19-24 years old
- ❑ 25-40 years old
- ❑ 40-50 years old
- ❑ 50-65 years old
- ❑ 65-75 years old
- ❑ 75-85 years old
- ❑ 85-100 years old

Physical Appearance of the Person of Interest

- ❑ Blue Eyes
- ❑ Brown Eyes
- ❑ Green Eyes
- ❑ Blonde
- ❑ Brunette
- ❑ Red-Head
- ❑ Tall
- ❑ Short
- ❑ Small Breasts
- ❑ Large Breasts
- ❑ Small Penis

- ❑ Large Penis
- ❑ Skinny
- ❑ Fat
- ❑ Muscular
- ❑ Small Butt
- ❑ Large Butt
- ❑ Pregnant
- ❑ Short Hair
- ❑ Long Hair
- ❑ Beard
- ❑ Body Hair
- ❑ Absence of Body Hair
- ❑ Piercings
- ❑ Tattoos

Clothing of the Person of Interest

- ❑ High Heels
- ❑ Women's Clothing
- ❑ Men's Clothing
- ❑ Lingerie
- ❑ Rubber
- ❑ Spandex
- ❑ Uniforms
- ❑ Diapers

Extrapersonal Factors

- ❑ Urine or Feces
- ❑ Blood
- ❑ Unconscious or sleeping people
- ❑ Corpses (Dead Bodies)
- ❑ Feet
- ❑ Hangs
- ❑ Leather
- ❑ Animals
- ❑ Cannibalism (Eating a human body)
- ❑ Dolls
- ❑ Physical Disabilities
- ❑ Stealing
- ❑ Pornography
- ❑ Watching one's partner have sex with someone else

Risk (Arrest/Injury)
- ❑ Choking someone (restricting oxygen)
- ❑ Exposing one's genitalia to a stranger
- ❑ Watching someone who is naked without their awareness
- ❑ Touching or rubbing against someone without their consent
- ❑ Making dirty phone calls

Power Factor
- ❍ Being humiliated or suffering
- ❍ Asserting your dominance over someone
- ❍ Involuntary Sex (Rape)
- ❍ Spanking (the one doing it or the one being spanked)

Click below, if you would prefer not to say or indicate what your sexual fantasies are.
- ❑ Prefer not to say

Please state your level of honesty while indicating your sexual fantasies.
- ❑ My answers are accurate
- ❑ My answers not completely accurate in some categories

If you believe that this research would benefit from a more detailed description or explanation of your sexual fantasies, please do so now.

How did you learn about sex in your childhood/adolescent years?

	Click all that apply.
Directly through sibling(s)	❑
Indirectly by observing sibling(s)	❑
Directly from a peer	❑
Indirectly watching a peer	❑
I was sexually abused	❑
Viewing pornography	❑

Have you ever viewed pornography?
- ❍ Yes
- ❍ No

The first time you viewed porn, was it:
- ❍ Accidentally
- ❍ Forced on you
- ❍ Intentional
- ❍ Other

How old were you the first time you viewed porn?
We know that the following questions are very personal, but this study is attempting to understand the many complex factors that trigger sexual fantasies in people. We need honest answers to arrive at any valid conclusions and we want to assure you that your replies will be kept anonymous and detached from any identifying information. Please don't provide inaccurate

information. Please check any of the following cues or factors that were a part of the FIRST pornographic material that you saw. Please click all that apply in each category. If you would prefer not to say, click the "prefer not say" option at the end of this section .Please note that multiple checks are permitted and will often occur.

Age of Person of Interest

- ❑ Below 5 years old
- ❑ 5-8 years old
- ❑ 9-12 years old
- ❑ 13-15 years old
- ❑ 16-18 years old
- ❑ 19-24 years old
- ❑ 25-40 years old
- ❑ 40-50 years old
- ❑ 50-65 years old
- ❑ 65-75 years old
- ❑ 75-85 years old
- ❑ 85-100 years old

Physical Appearance of the Person of Interest

- ❑ Blue Eyes
- ❑ Brown Eyes
- ❑ Green Eyes
- ❑ Blonde
- ❑ Brunette
- ❑ Red-Head
- ❑ Tall
- ❑ Short
- ❑ Small Breasts
- ❑ Large Breasts
- ❑ Small Penis
- ❑ Large Penis
- ❑ Skinny
- ❑ Fat
- ❑ Muscular
- ❑ Small Butt
- ❑ Large Butt
- ❑ Pregnant
- ❑ Short Hair
- ❑ Long Hair
- ❑ Beard
- ❑ Body Hair
- ❑ Absence of Body Hair
- ❑ Piercings
- ❑ Tattoos

Clothing of the Person of Interest
- ❑ High Heels
- ❑ Women's Clothing
- ❑ Men's Clothing
- ❑ Lingerie
- ❑ Rubber
- ❑ Spandex
- ❑ Uniforms
- ❑ Diapers

Extrapersonal Factors
- ❑ Urine or Feces
- ❑ Blood
- ❑ Unconscious or sleeping people
- ❑ Corpses (Dead Bodies)
- ❑ Feet
- ❑ Hangs
- ❑ Leather
- ❑ Animals
- ❑ Cannibalism (Eating a human body)
- ❑ Dolls
- ❑ Physical Disabilities
- ❑ Stealing
- ❑ Pornography
- ❑ Watching one's partner have sex with someone else

Risk (Arrest/Injury)
- ❑ Choking someone (restricting oxygen)
- ❑ Exposing one's genitalia to a stranger
- ❑ Watching someone who is naked without their awareness
- ❑ Touching or rubbing against someone without their consent
- ❑ Making dirty phone calls

Power Factor
- ❍ Being humiliated or suffering
- ❍ Asserting your dominance over someone
- ❍ Involuntary Sex (Rape)
- ❍ Spanking

Click below, if you would prefer not to say or indicate what you the pornographic material included.
- ❑ Prefer not to say

Please indicate your level of honesty while indicating your first pornographic exposure.
- ❑ My answers are accurate
- ❑ My answers not completely accurate in some categories

If you believe that this research would benefit from a more detailed description or explanation of the themes of your first pornographic exposure, please do so now.

What was your sexual arousal while viewing pornography for the first time?
- ❍ Negative emotional arousal
- ❍ Moderately negative emotional arousal
- ❍ Slightly negative emotional arousal
- ❍ Neutral
- ❍ Slightly positive emotional arousal
- ❍ Moderately positive emotional arousal
- ❍ Positive emotional arousal

How long after this initial exposure to pornography did you intentionally view material of a similar nature?
- ❍ Never
- ❍ One day
- ❍ Less than a week
- ❍ One week
- ❍ One month
- ❍ More than a month

Do you find the kind of pornography you found sexually stimulating previously still sexually arousing?
- ❍ Yes
- ❍ No

How long after this initial exposure to pornography did you intentionally view material of a different nature?
- ❍ Never
- ❍ One day
- ❍ Less than a week
- ❍ One week
- ❍ One month
- ❍ More than a month

We know that the following question are very personal, but this study is attempting to understand the many complex factors that trigger sexual fantasies in people. We need honest answers to arrive at any valid conclusions and we want to assure you that your replies will be kept anonymous and detached from any identifying information. Please don't provide inaccurate information. Please check any of the following cues or factors that were a part of the pornographic material that you watched AFTER your initial exposure to pornographic material. Please click all that apply in each category. If you would prefer not to say, click the

"prefer not say" option at the end of this section. Please note that multiple checks are permitted and will often occur.

Age of Person of Interest

- ❑ Below 5 years old
- ❑ 5-8 years old
- ❑ 9-12 years old
- ❑ 13-15 years old
- ❑ 16-18 years old
- ❑ 19-24 years old
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- ❑ 75-85 years old
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Physical Appearance of the Person of Interest

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- ❑ Skinny
- ❑ Fat
- ❑ Muscular
- ❑ Small Butt
- ❑ Large Butt
- ❑ Pregnant

- ❑ Short Hair
- ❑ Long Hair
- ❑ Beard
- ❑ Body Hair
- ❑ Absence of Body Hair
- ❑ Piercings
- ❑ Tattoos

Clothing of the Person of Interest

- ❑ High Heels
- ❑ Women's Clothing
- ❑ Men's Clothing
- ❑ Lingerie
- ❑ Rubber
- ❑ Spandex
- ❑ Uniforms
- ❑ Diapers

Extrapersonal Factors

- ❑ Urine or Feces
- ❑ Blood
- ❑ Unconscious or sleeping people
- ❑ Corpses (Dead Bodies)
- ❑ Feet
- ❑ Hangs
- ❑ Leather
- ❑ Animals
- ❑ Cannibalism (Eating a human body)
- ❑ Dolls
- ❑ Physical Disabilities
- ❑ Stealing
- ❑ Pornography
- ❑ Watching one's partner have sex with someone else

Risk (Arrest/Injury)

- ❑ Choking someone (restricting oxygen)
- ❑ Exposing one's genitalia to a stranger
- ❑ Watching someone who is naked without their awareness
- ❑ Touching or rubbing against someone without their consent
- ❑ Making dirty phone calls

Power Factor

- ❍ Being humiliated or suffering
- ❍ Asserting your dominance over someone
- ❍ Involuntary Sex (Rape)
- ❍ Spanking

Click below, if you would prefer not to say or indicate what your the pornographic material included.
- ❑ Prefer not to say

Please indicate your level of honesty while indicating your pornographic exposure.
- ❑ My answers are accurate
- ❑ My answers not completely accurate in some categories

If you believe that this research would benefit from a more detailed description or explanation of the themes of the pornography you watched after your first pornographic exposure, please do so now.

Do you currently view pornography?
- ❍ Yes
- ❍ No

How often do you view pornographic materials?
- ❍ Daily
- ❍ 4-6 times a week
- ❍ 2-3 times a week
- ❍ Once a week
- ❍ Never

We know that the following questions are very personal, but this study is attempting to understand the many complex factors that trigger sexual fantasies in people. We need honest answers to arrive at any valid conclusions and we want to assure you that your replies will be kept anonymous and detached from any identifying information. Please don't provide inaccurate information. Please check any of the following cues or factors that are a part of the pornographic material that you CURRENTLY watch. Please click all that apply in each category. If you would prefer not to say, click the "prefer not say" option at the end of this section. Please note that multiple checks are permitted and will often occur.

Age of Person of Interest
- ❑ Below 5 years old
- ❑ 5-8 years old
- ❑ 9-12 years old
- ❑ 13-15 years old
- ❑ 16-18 years old
- ❑ 19-24 years old
- ❑ 25-40 years old
- ❑ 40-50 years old
- ❑ 50-65 years old
- ❑ 65-75 years old
- ❑ 75-85 years old
- ❑ 85-100 years old

Physical Appearance of the Person of Interest

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- ❑ Brown Eyes
- ❑ Green Eyes
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- ❑ Brunette
- ❑ Red-Head
- ❑ Tall
- ❑ Short
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- ❑ Small Penis
- ❑ Large Penis
- ❑ Skinny
- ❑ Fat
- ❑ Muscular
- ❑ Small Butt
- ❑ Large Butt
- ❑ Pregnant
- ❑ Short Hair
- ❑ Long Hair
- ❑ Beard
- ❑ Body Hair
- ❑ Absence of Body Hair
- ❑ Piercings
- ❑ Tattoos

Clothing of the Person of Interest

- ❑ High Heels
- ❑ Women's Clothing
- ❑ Men's Clothing
- ❑ Lingerie
- ❑ Rubber
- ❑ Spandex
- ❑ Uniforms
- ❑ Diapers

Extrapersonal Factors

- ❑ Urine or Feces
- ❑ Blood
- ❑ Unconscious or sleeping people
- ❑ Corpses (Dead Bodies)
- ❑ Feet
- ❑ Hangs

- ❑ Leather
- ❑ Animals
- ❑ Cannibalism (Eating a human body)
- ❑ Dolls
- ❑ Physical Disabilities
- ❑ Stealing
- ❑ Pornography
- ❑ Watching one's partner have sex with someone else

Risk (Arrest/Injury)
- ❑ Choking someone (restricting oxygen)
- ❑ Exposing one's genitalia to a stranger
- ❑ Watching someone who is naked without their awareness
- ❑ Touching or rubbing against someone without their consent
- ❑ Making dirty phone calls

Power Factor
- ❍ Being humiliated or suffering
- ❍ Asserting your dominance over someone
- ❍ Involuntary Sex (Rape)
- ❍ Spanking

Click below, if you would prefer not to say or indicate what pornography you currently watch.
- ❑ Prefer not to say

Please indicate your level of honesty while indicating your current pornography use.
- ❑ My answers are accurate
- ❑ My answers not completely accurate in some categories

If you believe that this research would benefit from a more detailed description or explanation of the themes of the pornography you currently watch, please do so now.

How often do you mimic pornographic scenes in your own sexual relations?
- ❍ Always
- ❍ Most of the time
- ❍ About half the time
- ❍ Sometimes
- ❍ Never

Did any of the events below happen to you during your childhood or adolescence? If your answer is "Never Occurred," then leave that item blank.

					When did this occur?			
	Never Occurred	Mild Abuse or Assault	Moderate Abuse or Assault	Severe Abuse or Assault	Prior to Age 13	Between Ages 13-16	After Age 16	Never Occurred
Someone made you look at something sexual, like pictures or a movie?	❍	❍	❍	❍	❍	❍	❍	❍
Someone forced you to look at their genitalia?	❍	❍	❍	❍	❍	❍	❍	❍
Someone spied on you or tried to look at you without your clothes on when you didn't want them to?	❍	❍	❍	❍	❍	❍	❍	❍
Someone touched your genitalia in some way?	❍	❍	❍	❍	❍	❍	❍	❍
Someone got you to touch their genitalia in some way?	❍	❍	❍	❍	❍	❍	❍	❍
Someone tried to get you to touch their genitalia in some way, but they weren't able to do it?	❍	❍	❍	❍	❍	❍	❍	❍
Someone put their mouth on your genitalia or made you put your mouth on their genitalia?	❍	❍	❍	❍	❍	❍	❍	❍
Someone put their mouth on your genitalia or made you put your mouth on their genitalia, but weren't able to do it?	❍	❍	❍	❍	❍	❍	❍	❍
A family member raped you?	❍	❍	❍	❍	❍	❍	❍	❍
Someone familiar (outside of the family) raped you?	❍	❍	❍	❍	❍	❍	❍	❍
A romantic partner raped you?	❍	❍	❍	❍	❍	❍	❍	❍
A stranger raped you?	❍	❍	❍	❍	❍	❍	❍	❍

Do you believe any family members or close friends have sexual interests similar to your own?

❍ No way to know
❍ Definitely not
❍ I suspect
❍ Definitely I know

Indicate the family member(s) or close friend that you believe to have similar interests to your own. Click all that apply.

- ❑ Biological Father
- ❑ Biological Mother
- ❑ Step-Mother
- ❑ Step-Father
- ❑ Biological Brother
- ❑ Biological Sister
- ❑ Adoptive, Step, or Half Sister
- ❑ Adoptive, Step, or Half Brother
- ❑ Uncle
- ❑ Aunt
- ❑ Grandfather
- ❑ Grandmother
- ❑ Friend

Has anyone (either currently or in the past) in your immediate family or close friends received professional help for sexual problems?

- ❍ Definitely yes
- ❍ Probably yes
- ❍ Might or might not
- ❍ Probably not
- ❍ Definitely not

Indicate the family member(s) or close friend. Click all that apply.

- ❑ Adoptive, Step, or Half Sister
- ❑ Adoptive, Step, or Half Brother
- ❑ Uncle
- ❑ Aunt
- ❑ Grandfather
- ❑ Grandmother
- ❑ Friend
- ❑ Biological Mother
- ❑ Biological Father
- ❑ Step Father
- ❑ Step Mother
- ❑ Biological Sister
- ❑ Biological Brother

Has any of the following members been arrested and/or treated for a sex crime, such as sexual assault, etc.? Click all that apply

- ❑ Adoptive, Step, or Half Brother
- ❑ Uncle
- ❑ Aunt
- ❑ Grandfather
- ❑ Grandmother
- ❑ Friend
- ❑ Biological Father
- ❑ Biological Mother
- ❑ Step-Mother
- ❑ Step-Father
- ❑ Biological Brother
- ❑ Biological Sister
- ❑ Adoptive, Step, or Half Sister
- ❑ None

Indicate how much you agree or disagree with the following statements.

	Strongly Agree with Statement	Moderately Agree with Statement	Neutral	Moderately Disagree with Statement	Strongly Disagree with Statement
I do not need to be committed to a person to have sex with him/her.	❍	❍	❍	❍	❍
Casual sex is acceptable.	❍	❍	❍	❍	❍
I would like to have sex with many partners.	❍	❍	❍	❍	❍
One-night stands are sometimes very enjoyable.	❍	❍	❍	❍	❍
It is okay to have ongoing sexual relationships with more than one person at a time	❍	❍	❍	❍	❍
Sex as a simple exchange of favors is okay if both people agree to it.	❍	❍	❍	❍	❍
The best sex is with no strings attached.	❍	❍	❍	❍	❍
Life would have fewer problems if people could have sex more freely.	❍	❍	❍	❍	❍
It is possible to enjoy sex with a person and not like that person very much.	❍	❍	❍	❍	❍
It is okay for sex to be just good physical release.	❍	❍	❍	❍	❍
Sex is the closest form of communication between two people.	❍	❍	❍	❍	❍
A sexual encounter between two people deeply in love is the ultimate human interaction.	❍	❍	❍	❍	❍
At its best, sex seems to be the merging of two souls.	❍	❍	❍	❍	❍
Sex is a very important part of life.	❍	❍	❍	❍	❍
Sex is usually an intensive, almost overwhelming experience.	❍	❍	❍	❍	❍
Sex is best when you let yourself go and focus on your own pleasure.	❍	❍	❍	❍	❍
Sex is primarily the taking of pleasure from another person.	❍	❍	❍	❍	❍
The main purpose of sex is to enjoy oneself.	❍	❍	❍	❍	❍
Sex is primarily physical.	❍	❍	❍	❍	❍
Sex is primarily a bodily function, like eating.	❍	❍	❍	❍	❍

How old were you the first time you engaged in any sexual activities (masturbation, fondling, sexual abuse)?

How old were you the first time you had sexual intercourse?

Have you ever had a sexually transmitted disease (STD)?

❍ Yes

❍ No

Have you ever gotten pregnant or gotten someone else pregnant?
- ❍ Yes
- ❍ No

How many sexual intercourse partners have you had?

During the last month, how often would you have liked to engage in sexual activity with a partner (for example, touching each other's genitals, giving or receiving oral stimulation, intercourse, etc.)?
- ❍ Not at all
- ❍ Once a month
- ❍ Once every two weeks
- ❍ Once a week
- ❍ Twice a week
- ❍ 3 to 4 times a week
- ❍ Once a day
- ❍ More than once a day

During the last month, how often have you had sexual thoughts involving a partner?
- ❍ Not at all
- ❍ Once or twice a month
- ❍ Once a week
- ❍ Twice a week
- ❍ 3 to 4 times a week
- ❍ Once a day
- ❍ A couple of times a day
- ❍ Many times a day

Indicate how strong your sexual desire is according to the following scenarios.

	0 - No Desire	1	2	3	4	5	6	7	8-Strong Desire
When you have sexual thoughts, how strong is your desire to engage in sexual behavior with a partner?	❍	❍	❍	❍	❍	❍	❍	❍	❍
When you first see an attractive person, how strong is your sexual desire?	❍	❍	❍	❍	❍	❍	❍	❍	❍
When you spend time with an attractive person (for example, at work or school), how strong is your sexual desire?	❍	❍	❍	❍	❍	❍	❍	❍	❍
When you are in romantic situations (such as a candle lit dinner, a walk on the beach, etc.), how strong is your sexual desire?	❍	❍	❍	❍	❍	❍	❍	❍	❍
How strong is your desire to engage in sexual activity with a partner?	❍	❍	❍	❍	❍	❍	❍	❍	❍

Consider how important the following is to you:

	0-Not important at all	1	2	3	4	5	6	7	8-Extremely Important
How important is it for you to fulfill your sexual desire through activity with a partner?	❍	❍	❍	❍	❍	❍	❍	❍	❍

Consider the following:

	0-Much Less Desire	1	2	3	4	5	6	7	8-Much More Desire
Compared to other people of your age and sex, how would you rate your desire to behavior sexually with a partner?	❍	❍	❍	❍	❍	❍	❍	❍	❍

During the last month, how often would you have liked to behave sexually by yourself (for example, masturbating, touching your genitals, etc.)?

- ❍ Not at all
- ❍ Once a month
- ❍ Once every two weeks
- ❍ Once a week
- ❍ Twice a week
- ❍ 3 to 4 times a week
- ❍ Once a day
- ❍ More than once a day

Consider the following:

	0-No Desire	1	2	3	4	5	6	7	8-Strong Desire
How strong is your desire to engage in sexual behavior by yourself?	❍	❍	❍	❍	❍	❍	❍	❍	❍

Consider the following:

	0-Not at all important	1	2	3	4	5	6	7	8-Extremely Important
How important is it for you to fulfill your desires to behave sexually by yourself	❍	❍	❍	❍	❍	❍	❍	❍	❍

Consider the following:

	0-Much Less Desire	1	2	3	4	5	6	7	8-Much More Desire
Compared to other people of your age and sex, how would you rate your desire to behave sexually by yourself?	❍	❍	❍	❍	❍	❍	❍	❍	❍

How long could you go comfortably without having sexual activity of some kind?

- ❍ Forever
- ❍ A year or two
- ❍ Several months
- ❍ A month
- ❍ A few weeks
- ❍ A week
- ❍ A few days
- ❍ One day
- ❍ Less than one day

Answer each question by indicating either yes or no.

	Yes	No
Were you sexually abused as a child or adolescent?	❍	❍
Did your parents have trouble with sexual behavior?	❍	❍
Do you often find yourself preoccupied with sexual thoughts?	❍	❍
Do you feel that your sexual behavior is not normal?	❍	❍
Do you ever feel bad about your sexual behavior?	❍	❍
Has your sexual behavior ever created problems for you and your family?	❍	❍
Have you ever sought help for sexual behavior you did not like?	❍	❍
Has anyone been hurt emotionally because of your sexual behavior?	❍	❍
Are any of your sexual activities against the law?	❍	❍
Have you ever been arrested for your sexual activities? If yes, how many times?	❍	❍
Have you made efforts to quite a type of sexually activity and failed?	❍	❍
Do you hide some of your sexual behaviors from others?	❍	❍
Have you attempted to stop some parts of your sexual activity?	❍	❍
Have you felt degraded by your sexual behaviors?	❍	❍
When you have sex, do you feel depressed afterwords?	❍	❍
Do you feel controlled by your sexual desire?	❍	❍
Have important parts of your life (such as job, family, friends, leisure activities, been neglected because you were spending too much time on sex?	❍	❍
Do you ever think your sexual desire is stronger than you are?	❍	❍
Is sex almost all you think about?	❍	❍
Has sex (or romantic fantasies) been a way for you to escape your problems?	❍	❍
Has sex become the most important thing in your life?	❍	❍
The Internet has created sexual problems for me.	❍	❍
I spend too much time online for sexual purposes.	❍	❍
I have purchased services online for erotic purposes (sites for dating).	❍	❍
I have used the Internet to make romantic or erotic connections with people online.	❍	❍
People in my life have been upset about my sexual activities online.	❍	❍
I have attempted to stop my online sexual behaviors.	❍	❍

How many contacts/sessions have you had in your lifetime with a mental health professionals/physician/clerical counseling in which you raised concerns or discussed about the nature of your sexual fantasies?

❍ None/Never
❍ 1
❍ 2
❍ 3
❍ 4

❍ 5 or more
❍ I have received formal treatment or pastoral counseling for the sexual fantasies.

Below are a number of statements that describe various thoughts, feelings, and behaviors. As you answer each question, indicate how much the statement best describes you. For the purpose of this, sex is defined as any activity or behavior that stimulates or arouses a person with the intent to produce an orgasm or sexual pleasure. (e.g. self-masturbation or solo-sex, using pornography, intercourse with a partner, oral sex, anal sex, etc....) Sexual behaviors may or may not involve a partner.

	Never	Rarely	Sometimes	Often	Very Often
I use sex to forget about the worries of daily life.	❍	❍	❍	❍	❍
Doing something sexual helps me feel less lonely.	❍	❍	❍	❍	❍
I turn to sexual activities when I experience unpleasant feelings (e.g. frustration, sadness, anger)	❍	❍	❍	❍	❍
When I feel restless, I turn to sex in order to soothe myself.	❍	❍	❍	❍	❍
Doing something sexual helps me cope with stress.	❍	❍	❍	❍	❍
Sex provides a way for me to deal with emotional pain I feel.	❍	❍	❍	❍	❍
I use sex as a way to try and help myself deal with my problems.	❍	❍	❍	❍	❍

Has your MOST RECENT relationship partner ever expressed concerns about any of the following aspects of your sexuality:

	Always	Most of the time	About half the time	Sometimes	Never
Level of desire	❑	❑	❑	❑	❑
Sexual fantasies you have disclosed	❑	❑	❑	❑	❑
Ability to perform sexually	❑	❑	❑	❑	❑
Requests for certain kinds of sex	❑	❑	❑	❑	❑
Disinterest in fantasies that you have shared	❑	❑	❑	❑	❑
Accusations that sexual fantasies expressed are deviant	❑	❑	❑	❑	❑

Has one or more prior relationship partners ever expressed concerns about any of the following aspects of your sexuality:

	Always	Most of the time	About half the time	Sometimes	Never
Level of desire	❑	❑	❑	❑	❑
Sexual fantasies you have disclosed	❑	❑	❑	❑	❑
Ability to perform sexually	❑	❑	❑	❑	❑
Requests for certain kinds of sex	❑	❑	❑	❑	❑
Disinterest in fantasies you have shared	❑	❑	❑	❑	❑
Accusations that sexual fantasies expressed are deviant	❑	❑	❑	❑	❑

This is a list of things different people might say about themselves. We are interested in how you would describe yourself. There are no right or wrong answers. So you can describe yourself as honestly as possible, we will keep your responses confidential. We'd like to take your time and read each statement carefully, selecting the response that best describes you.

	Very False or Often False	Sometimes or Somewhat False	Sometimes or Somewhat True	Very True or Often True
People would describe me as reckless.	❍	❍	❍	❍
I feel like I act totally on impulse.	❍	❍	❍	❍
Even though I know better, I can't stop making rash decisions.	❍	❍	❍	❍
I often feel like nothing I do really matters.	❍	❍	❍	❍
Others see me as irresponsible.	❍	❍	❍	❍
I'm not good at planning ahead.	❍	❍	❍	❍
My thoughts often don't make sense to others.	❍	❍	❍	❍
I worry about almost everything.	❍	❍	❍	❍
I get emotional easily, often for very little reason.	❍	❍	❍	❍
I fear being alone in life more than anything else.	❍	❍	❍	❍
I get stuck on one way of doing things, even when it's clear it won't work.	❍	❍	❍	❍
I have seen things that weren't really there.	❍	❍	❍	❍
I steer clear of romantic relationships.	❍	❍	❍	❍
I'm not interested in making friends.	❍	❍	❍	❍
I get irritated easily by all sorts of things.	❍	❍	❍	❍
I don't like to get too close to people.	❍	❍	❍	❍
It's no big deal if I hurt other peoples' feelings.	❍	❍	❍	❍
I rarely get enthusiastic about anything.	❍	❍	❍	❍
I crave attention.	❍	❍	❍	❍
I often have to deal with people who are less important than me.	❍	❍	❍	❍
I often have thoughts that make sense to me but that other people say are strange.	❍	❍	❍	❍
I use people to get what I want.	❍	❍	❍	❍
I often "zone out" and then suddenly come to and realize that a lot of time has passed.	❍	❍	❍	❍
Things around me often feel unreal, or more real than usual.	❍	❍	❍	❍
It is easy for me to take advantage of others.	❍	❍	❍	❍

Please indicate if you agree or disagree with the following items. Each represents a commonly held opinion and there are no right or wrong answers. We are interested in your reaction to such matters of opinion.

	1 (Completely Disagree)	2 (Largely Disagree)	3 (Moderately Disagree)	4 (Slightly Disagree)	5 (Neither Agree nor Disagree)	6 (Slightly Agree)	7 (Moderately Agree)	8 (Largely Agree)	9 (Completely Agree)
People should make certain that their actions never intentionally harm another even to a small degree.	❍	❍	❍	❍	❍	❍	❍	❍	❍
Risks to another should never be tolerated, irrespective of how small the risks might be.	❍	❍	❍	❍	❍	❍	❍	❍	❍
The existence of potential harm to others is always wrong, irrespective of the benefits to be gained.	❍	❍	❍	❍	❍	❍	❍	❍	❍
One should never psychologically or physically harm another person.	❍	❍	❍	❍	❍	❍	❍	❍	❍
One should not perform an action which might in any way threaten the dignity and welfare of another individual.	❍	❍	❍	❍	❍	❍	❍	❍	❍
If an action could harm an innocent other, then it should not be done.	❍	❍	❍	❍	❍	❍	❍	❍	❍
Deciding whether or not to perform an act by balancing the positive consequences of the act again the negative consequences of the act is immoral.	❍	❍	❍	❍	❍	❍	❍	❍	❍
The dignity and welfare of the people should be the most important concern in any society.	❍	❍	❍	❍	❍	❍	❍	❍	❍
It is never necessary to sacrifice the welfare of others.	❍	❍	❍	❍	❍	❍	❍	❍	❍
Moral behaviors are actions that closely match ideals of the most "perfect" action.	❍	❍	❍	❍	❍	❍	❍	❍	❍

Read each of the following of statement and indicate the response that best describes how true each statement is for you.

	1 (Not all true of me)	2 (Somewhat true of me)	3 (Moderately true of me)	4 (Mostly true of me)	5 (Totally true of me)
I often read books and magazines about my faith.	❍	❍	❍	❍	❍
I make financial contributions to my religious organization.	❍	❍	❍	❍	❍
I spend time trying to grow in understanding of my faith.	❍	❍	❍	❍	❍
Religion is especially important to me because it answers many questions about the meaning of life.	❍	❍	❍	❍	❍
My religious beliefs lie behind my whole approach to life.	❍	❍	❍	❍	❍
I enjoy spending time with others of my religious affiliation.	❍	❍	❍	❍	❍
Religious beliefs influence all my dealings in life.	❍	❍	❍	❍	❍
It is important to me to spend periods of time in private religious thought and reflection.	❍	❍	❍	❍	❍
I enjoy working in the activities of my religious affiliation.	❍	❍	❍	❍	❍
I keep well informed about my local religious group and have some influence in its decisions.	❍	❍	❍	❍	❍

Appendix C
Frequency and Percentage of Individuals Who Indicated a Paraphilic Interest

		Age			
Below 5 years	0 (0)	**16-18 years**	72 (6.7)	**50-65 years**	60 (5.6)
5-8 years	1 (0.1)	**19-24 years**	374 (35.0)	**65-75 years**	9 (0.8)
9-12 years	4 (0.4)	**25-40 years**	660 (61.7)	**75-85 years**	2 (0.2)
13-15 years	10 (0.9)	**40-50 years**	193 (18.1)	**85-100 years**	1 (0.1)
		Physical Appearance			
Blue Eyes	427 (39.9)	**Skinny**	249 (23.3)	**Tattoos**	254 (23.8)
Brown Eyes	406 (38.0)	**Fat**	58 (5.4)		
Green Eyes	267 (25.0)	**Muscular**	369 (34.5)		
Blonde Hair	278 (26.0)	**Small Butt**	156 (14.6)		
Brunette	403 (37.7)	**Large Butt**	224 (21.0)		
Red-Head	156 (14.6)	**Pregnant**	18 (1.7)		
Tall	412 (38.5)	**Short Hair**	240 (22.5)		
Short	162 (15.2)	**Long Hair**	289 (27.0)		
Small Breasts	168 (15.7)	**Beard**	164 (15.3)		
Large Breasts	295 (27.6)	**Body Hair**	113 (10.6)		
Small Penis	23 (2.2)	**No Body Hair**	195 (18.2)		
Large Penis	309 (28.9)	**Piercings**	122 (11.4)		
		Clothing			
High Heels	170 (15.9)	**Diapers**	2 (0.2)	**Catsuits**	24 (2.2)
Man Dressed in Women's Clothing	14 (1.3)	**Boots**	144 (3.5)	**Mini Skirts**	129 (12.1)
Woman Dressed in Men's Clothing	15 (1.4)	**Corsets**	84 (7.9)	**Crotchless Underwear**	71 (6.6)
Lingerie	239 (22.4)	**Stockings**	131 (12.3)	**Garters**	64 (6.0)
Rubber/Latex	22 (2.1)	**Bikinis**	159 (14.9)	**Handcuffs**	75 (7.0)
Spandex	38 (3.6)	**Fishnets**	90 (8.4)	**Adult Onesie**	12 (1.1)
Uniforms	44 (4.1)	**Collars (with or without chains)**	46 (4.3)	**Negligee**	73 (6.8)
Nightgown/ Nightshirt	57 (5.3)	**Fur**	17 (1.6)	**Silk**	47 (4.4)
Wool	7 (0.7)	**Boxers**	218 (20.4)	**Suit and tie**	184 (17.2)
Tight Fitting Denim	196 (18.3)	**Bagging Denim/Pants**	57 (5.3)	**Leather**	47 (4.4)

		Extrapersonal			
Urine/Feces	6 (0.6)	**Blood**	8 (0.7)	**Unconscious /Sleeping People**	12 (1.1)
Corpses (Dead Bodies)	2 (0.2)	**Feet**	56 (5.2)	**Hands**	81 (7.6)
Animals	6 (0.6)	**Cannibalism (Eating a Human Body)**	0	**Dolls**	8 (0.7)
Physical Disabilities	4 (0.4)	**Watching one's partner have sex with someone else**	63 (5.9)		
		Risk			
Choking Someone (Restricting Oxygen)	105 (9.8)	**Exposing one's genitalia to a stranger**	23 (2.2)	**Watching someone who's naked w/o their awareness**	79 (7.4)
Touching/ Rubbing against someone without their consent	33 (3.1)	**Making Dirty Phone Calls**	48 (4.5)	**Theft (for example, panties or other goods)**	8 (0.7)
		Power			
Being Humiliated/Suffe-ring	81 (7.6)	**Asserting Dominance over Someone**	145 (13.6)	**Involuntary Sex (Rape)**	63 (5.9)
Spanking (Doing it or Being)	233 (21.8)				

Appendix D
Frequency and Percentage of Males Who Indicated a Paraphilic Interest

		Age			
Below 5 years	0 (0)	**16-18 years**	65 (15.5)	**50-65 years**	22 (5.5)
5-8 years	1 (0.2)	**19-24 years**	232 (57.9)	**65-75 years**	3 (0.7)
9-12 years	3 (0.7)	**25-40 years**	259 (64.6)	**75-85 years**	1 (0.2)
13-15 years	10 (2.5)	**40-50 years**	65 (16.2)	**85-100 years**	0 (0)
		Physical Appearance			
Blue Eyes	190 (47.4)	**Skinny**	148 (36.9)	**Tattoos**	67 (16.7)
Brown Eyes	152 (37.9)	**Fat**	38 (9.5)		
Green Eyes	121 (30.2)	**Muscular**	52 (13.0)		
Blonde Hair	170 (42.4)	**Small Butt**	96 (23.9)		
Brunette	163 (40.6)	**Large Butt**	157 (39.2)		
Red-Head	121 (30.2)	**Pregnant**	16 (4.0)		
Tall	101 (25.2)	**Short Hair**	71 (17.7)		
Short	121 (30.2)	**Long Hair**	176 (43.9)		
Small Breasts	136 (33.9)	**Beard**	9 (2.2)		
Large Breasts	228 (56.9)	**Body Hair**	18 (4.5)		
Small Penis	12 (3.0)	**No Body Hair**	102 (25.4)		
Large Penis	27 (6.7)	**Piercings**	50 (12.4)		
		Clothing			
High Heels	127 (31.7)	**Diapers**	2 (0.5)	**Catsuits**	16 (4.0)
Man Dressed in Women's Clothing	10 (2.5)	**Boots**	63 (15.7)	**Mini Skirts**	103 (25.7)
Woman Dressed in Men's Clothing	8 (2.0)	**Corsets**	54 (13.5)	**Crotchless Underwear**	57 (14.2)
Lingerie	190 (47.4)	**Stockings**	100 (24.9)	**Garters**	44 (11.0)
Rubber/Latex	12 (3.0)	**Bikinis**	136 (33.9)	**Handcuffs**	19 (4.7)
Spandex	32 (8.0)	**Fishnets**	65 (16.2)	**Adult Onesie**	10 (2.5)
Uniforms	8 (2.0)	**Collars (with or without chains)**	28 (7.0)	**Negligee**	60 (15.0)
Nightgown/ Nightshirt	41 (10.2)	**Fur**	12 (3.0)	**Silk**	33 (8.2)
Wool	4 (1.0)	**Boxers**	23 (5.7)	**Suit and tie**	12 (3.0)
Tight Fitting Denim	73 (18.2)	**Bagging Denim/Pants**	10 (2.5)	**Leather**	16 (4.0)

		Extrapersonal			
Urine/Feces	2 (0.5)	**Blood**	1 (0.2)	**Unconscious /Sleeping People**	5 (1.2)
Corpses (Dead Bodies)	2 (0.5)	**Feet**	39 (9.7)	**Hands**	24 (6.0)
Animals	3 (0.7)	**Cannibalism (Eating a Human Body)**	0 (0)	**Dolls**	4 (1.0)
Physical Disabilities	2 (0.5)	**Watching one's partner have sex with someone else**	24 (6.0)		
		Risk			
Choking Someone (Restricting Oxygen)	24 (6.0)	**Exposing one's genitalia to a stranger**	9 (2.2)	**Watching someone who's naked w/o their awareness**	52 (13.0)
Touching/ Rubbing against someone without their consent	14 (3.5)	**Making Dirty Phone Calls**	15 (3.7)	**Theft (for example, panties or other goods)**	3 (0.7)
		Power			
Being Humiliated/Suffe-ring	22 (5.5)	**Asserting Dominance over Someone**	65 (16.2)	**Involuntary Sex (Rape)**	16 (4.0)
Spanking (Doing it or Being)	72 (18.0)				

Appendix E

Frequency and Percentage of Females Who Indicated a Paraphilic Interest

		Age			
Below 5 years	0 (0)	**16-18 years**	7 (1.4)	**50-65 years**	33 (6.4)
5-8 years	0 (0)	**19-24 years**	121 (23.4)	**65-75 years**	6 (1.2)
9-12 years	1 (0.2)	**25-40 years**	345 (66.9)	**75-85 years**	1 (0.2)
13-15 years	0 (0)	**40-50 years**	114 (22.1)	**85-100 years**	1 (0.2)
		Physical Appearance			
Blue Eyes	202 (39.1)	**Skinny**	90 (17.4)	**Tattoos**	165 (32.0)
Brown Eyes	222 (43.0)	**Fat**	19 (3.7)		
Green Eyes	127 (24.6)	**Muscular**	273 (52.9)		
Blonde Hair	96 (18.6)	**Small Butt**	49 (9.5)		
Brunette	207 (40.1)	**Large Butt**	58 (11.2)		
Red-Head	32 (6.2)	**Pregnant**	2 (0.4)		
Tall	269 (52.1)	**Short Hair**	145 (28.1)		
Short	39 (7.6)	**Long Hair**	101 (19.6)		
Small Breasts	28 (5.4)	**Beard**	132 (25.6)		
Large Breasts	59 (11.4)	**Body Hair**	81 (15.7)		
Small Penis	10 (1.9)	**No Body Hair**	85 (16.5)		
Large Penis	241 (46.7)	**Piercings**	64 (12.4)		
		Clothing			
High Heels	40 (7.8)	**Diapers**	0 (0)	**Catsuits**	6 (1.2)
Man Dressed in Women's Clothing	3 (0.6)	**Boots**	71 (13.8)	**Mini Skirts**	23 (4.5)
Woman Dressed in Men's Clothing	7 (1.4)	**Corsets**	26 (5.0)	**Crotchless Underwear**	12 (2.3)
Lingerie	45 (8.7)	**Stockings**	27 (5.2)	**Garters**	18 (3.5)
Rubber/Latex	9 (1.7)	**Bikinis**	20 (3.9)	**Handcuffs**	51 (9.9)
Spandex	4 (0.8)	**Fishnets**	23 (4.5)	**Adult Onesie**	102 (0.4)
Uniforms	33 (6.4)	**Collars (with or without chains)**	216 (3.1)	**Negligee**	13 (2.5)
Nightgown/ Nightshirt	14 (2.7)	**Fur**	5 (1.0)	**Silk**	13 (2.5)
Wool	3 (0.6)	**Boxers**	168 (32.6)	**Suit and tie**	149 (28.9)
Tight Fitting Denim	107 (20.7)	**Bagging Denim/Pants**	45 (8.7)	**Leather**	25 (4.8)
		Extrapersonal			
Urine/Feces	3 (0.6)	**Blood**	3 (0.6)	**Unconscious /Sleeping People**	7 (1.4)

Corpses (Dead Bodies)	0 (0)	**Feet**	14 (2.7)	**Hands**	49 (9.5)
Animals	3 (0.6)	**Cannibalism (Eating a Human Body)**	0 (0)	**Dolls**	1 (0.2)
Physical Disabilities	2 (0.4)	**Watching one's partner have sex with someone else**	33 (6.4)		
		Risk			
Choking Someone (Restricting Oxygen)	70 (13.6)	**Exposing one's genitalia to a stranger**	12 (2.3)	**Watching someone who's naked w/o their awareness**	22 (4.3)
Touching/ Rubbing against someone without their consent	14 (2.7)	**Making Dirty Phone Calls**	31 (6.0)	**Theft (for example, panties or other goods)**	2 (0.4)
		Power			
Being Humiliated/Suffe-ring	49 (9.5)	**Asserting Dominance over Someone**	69 (13.4)	**Involuntary Sex (Rape)**	41 (7.9)
Spanking (Doing it or Being)	144 (27.9)				

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