



Article

Stigmatisation of People with Deviant Sexual Interest: A Comparative Study

Kirra Combridge 1,* and Michele Lastella 1,2

- School of Health, Medical and Applied Sciences, Central Queensland University, Gladstone, QLD 4680, Australia
- ² Appleton Institute for Behavioural Science, Central Queensland University, Adelaide, SA 5000, Australia
- * Correspondence: kirra.combridge@cqumail.com

Abstract: Background: Pedophilia is a deviant sexual interest subject to more public stigma and punitive attitudes than others. Pedophilia has received a disproportionate amount of scholarly attention in comparison to other deviant sexual interests. To address this, the present study offers a comparison of the public stigma and punitive attitudes associated with pedophilia, fetishism, and hypersexuality. Methods: Recruited in Australia, one-hundred and twelve individuals participated in an anonymous online survey. Stigmatising and punitive attitudes toward pedophilia, fetishism, and hypersexuality were assessed via sub-scales of perceived dangerousness, deviance, intentionality, and punitive attitudes. Results: Participants held harsher punitive attitudes toward people with pedophilia and thought them to be more deviant and dangerous than people with fetishism and hypersexuality. Participants perceived hypersexuality to be more dangerous and deviant than fetishism. No consistent combination of perceived dangerousness, deviance, and intentionality predicted punitive attitudes toward all conditions. Rather, combinations of punitive attitude predictors were unique across conditions. Conclusions: This research articulates the unparalleled public stigma and punitive attitudes faced by people with pedophilia, compared to people with fetishism and hypersexuality. Findings which suggest that public stigma is stronger for hypersexuality than it is for fetishism are relatively novel, as are the observed predictors of punitive attitudes toward each condition. Knowledge produced by this study contributes to an improved conceptualisation of how the public views individuals who experience deviant sexual interests.

Keywords: deviant sexual interest; stigmatisation; stigma; attitudes; pedophilia; fetishism; hypersexuality



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1. Introduction

Stigma is the mark worn by individuals who carry unfavourable attributes [1]. Stigmatised individuals are regarded as lesser human beings who are dangerous or divergent in some way [1]. Social acceptance is not afforded to those who face stigma in the same way that it is to those who do not [1]. Public stigma is the phenomenon in which society reacts negatively toward a devalued individual or group [2]. Public stigma is comprised of cognitive, emotional, and behavioural elements, those being stereotypes, prejudices, and discrimination, respectively [2,3].

Public stigma affects individuals experiencing obesity [4,5], human immunodeficiency virus [6,7], homosexuality [8], and mental illness [9,10]. However, few conditions are as stigmatised as paraphilic or deviant sexual interest (DSI) [11,12]. Paraphilias are defined in the Diagnostic and Statistical Manual of Mental Disorders 5th ed. (DSM-V) as any intense and enduring sexual interest in things other than genital stimulation with a typical, mature, and consenting adult human [13]. Definitions of DSI are mostly synonymous with this, without the same diagnostic implications. For example, Hanson and Morton-Bourgon [14] defined DSI as a persistent desire to engage in sexual activities that are either unlawful or abnormal. In this way, all paraphilias are sexual interests that are deviant in nature. Because of this overlap, this paper will adopt the term DSI as inclusive of paraphilic sexual interests.

The adverse consequences of stigma faced by those with DSI have long been observed and documented [15]. Those affected face barriers to opportunities in housing, education, employment, health care, and interpersonal relationships [16,17]. Quality of life for stigmatised individuals with DSI is often poor due to self-isolation [17], shame, negative self-evaluation, loss of status [10], and impeded pursuits of life goals [18]. Where the risk for criminal offending exists, individuals with DSI often also face punitive attitudes from stigma holders [12,19]. Punitive attitudes have been defined by Kemme et al. [20] as a tendency to favour extreme punishments over milder ones. Punitive attitudes exist at three levels [21]. The social and political discourse on punishment are macro level punitive attitudes. Meso level punitive attitudes are judicial, existing within the justice system. Micro level punitive attitudes belong to individuals and are based on their values and beliefs about punishment [21]. Henceforth, the term punitive attitudes will refer to those at a micro level.

Certain DSIs receive more public stigma and are regarded more punitively than others [11], for example, people with pedophilia (PWP). Pedophilia is listed among the paraphilias within the DSM-V and involves extreme and enduring sexual fantasies about prepubescent children, and a dominant desire to engage in sexual activity with prepubescent children [13]. Notably, the term pedophilia is not interchangeable with pedophilic disorder, in which symptoms become pathological and potentiate psychological distress and corresponding sexual behaviours [13]. Exploration of pedophilic disorder lies beyond the scope of this study. Some authors consider pedophilia to be a sexual interest that meets sexual orientation criteria [22,23]. Seto [22] purports that because pedophilia typically emerges in early adolescence, is stable over time, and potentiates corresponding romantic interests, it is an age-based sexual orientation. Wurtele et al. [24] reports differences in the experience of pedophilia for men and women, specifically that men report greater interest in prepubescent children than do women. Unlike other DSIs, PWP are unable to fulfill their sexual fantasies consensually [25]. Children cannot provide meaningful consent, meaning that any child sex offending that arises from PWP is inherently coercive in nature [26]. In a study of 40 different mental disorders, albeit only involving undergraduate psychology students, 85% of which were white, Feldman and Crandall [11] found pedophilia to be most stigmatised, with the exception of antisocial personality disorder.

There is an established empirical link between pedophilia and sexual offending and reoffending among previously convicted child sex offenders [27]. However, less than half of all child sex offenders are actually PWP [28]. Seto [29] and Walker and Panfil [30] found that up to 80% of individuals incarcerated for child sex offences are not PWP and do not suffer with a pedophilic disorder, rather they have no primary sexual preference for prepubescent children at all. These findings may be surprising for the general public within Western cultures where the terms "pedophile" and "child sex offender" are often conflated and used synonymously [31]. Widespread misunderstanding sees non-offending PWP experience similar amounts of social exclusion and hatred as individuals who do not have pedophilia but have committed child sex offences [32].

The repercussions of stigma-related stress for non-offending PWP are detrimental [33]. Publicly stigmatised non-offending PWP experience difficulties achieving emotional regulation, unstable interpersonal and social connections [34] and a restricted livelihood [15]. These outcomes are thought to be risk factors for the initiation of child sex offending among previously non-offending PWP [35,36]. The severity of this consequence is further exacerbated by the limited likelihood that PWP will seek treatment [37]. B4U-ACT [37], an organisation that aims to educate professional service providers and support PWP in treatment-seeking, found that 88% of respondents believed that mental health professionals would not understand their experience with pedophilia and 59% would not seek support from a mental health professional in relation to their DSI. Indeed, B4U-ACT [37] reported that an escalation in symptomology followed by the inability or unwillingness to engage in treatment-seeking behaviour led to the perpetration of child sex offences in 3–4% of a group of PWP. It is because of these dramatic social and personal consequences that it is

necessary to further understand the widespread stigmatising and punitive attitudes faced by individuals with DSI, inclusive of PWP.

1.1. Dangerousness

The general population typically reacts to individuals with DSI with fear, revulsion, hostility, and reduced empathy [38]. For PWP, this may be so because they are thought to be a dangerous threat to society [12,19,39]. In a mostly female English speaking, and a satisfactorily sex diverse German speaking sample, Imhoff [19] found high levels of perceived dangerousness to be the greatest predictor of punitive attitudes toward PWP. Jahnke [32] found this effect to be present even when participants were explicitly informed that the PWP in question had never and will never commit a sexual offence against a child. It makes sense that PWP are typically seen as more of a danger for children and adolescents than for adults [12,39], given that the object of their sexual desire is prepubescent children. Indeed, this effect was so pronounced in Jahnke et al. [12] and Lehmann et al. [39] that participants suggested that people who abuse alcohol are more dangerous for adults than PWP. These findings exemplify the assumption of the general public that pedophilia is closely associated with and even interchangeable with child sex offending [40].

1.2. Intentionality

A sizeable proportion of the general public believe that individuals can choose their sexual interests [41]. This attitude is largely inconsistent with clinical practice and empirical findings [42]. Indeed, Seto [43] reported that the control PWP have over their sexual desires is comparable to that of homosexual and heterosexual people. High levels of perceived intentionality or controllability (thoughts that an individual can choose whether they have a DSI in prepubescent children or not) are associated with more extreme stigmatising and punitive attitudes [19,44]. For example, Imhoff [19] and Imhoff and Jahnke [44] reported that high levels of perceived intentionality are closely associated with the endorsement of particularly retributive punishments like a death sentence or forced castration. In both English and German speaking samples, Jahnke et al. [12] reported more agreeance with than uncertainty about statements indicative of high intentionality among PWP. However, conditions such as alcoholism, sexual sadism, and antisocial behaviour were thought to be even more intentional than pedophilia [12]. Pedophilia as a clinical label is thought to impact ascriptions of intentionality [19]. In Imhoff [19], participants deemed individuals described as pedophiles or having pedophilia to be less in control of their sexual interest than individuals described as simply having a sexual interest in children.

1.3. Deviance

The extent of the public stigma associated with pedophilia compared with other mental disorders and DSIs may be further explained by the degree of deviance associated with PWP [39]. Deviance refers to how common or uncommon a stigmatised trait is, where traits that are less common are considered more deviant and subject to more stigma [11,19]. Deviance includes the degree to which a condition is perceived to be a psychological disorder [11,19]. Both Jahnke et al. [12] and Lehmann et al. [39] found pedophilia to be more stigmatised than antisocial tendencies and sexual sadism, conditions that are considerably less unusual than pedophilia. For example, Ahlers et al. [45] reported a preference for sadistic sexual arousal in 10% of a community sample of men, while for Joyal and Carpentier [46], this was 22%. These prevalence rates are dissimilar to that of pedophilia [46]. For example, Dombert et al. [47] found that only 4.10% of men from a substantial community-based sample reported a DSI in prepubescent children, and for only 0.10% of these men was this interest stronger than their interest in adult partners. Notably, these prevalence rates are limited to German populations and are informed by online, self-report survey data, rather than expert diagnosis of pedophilia symptomology [47].

1.4. Punitive Attitudes

Jahnke et al. [12] reported that participants reacted with a greater desire for social distance towards PWP than they did to people who abuse alcohol, who are sexual sadists (achieve sexual arousal and pleasure in response to the pain and suffering or humiliation of others) or who have antisocial tendencies (a disregard for the rights of others). Punitive attitudes toward PWP present world-wide as Jahnke et al. [12] found that between 14–39% of respondents across studies in Germany and United States of America recommended that PWP be either imprisoned or put to death. Similar findings have also been reported in Russia [48] and the United Kingdom [11]. Imhoff [19] reported that individuals typically harbour extreme punitive attitudes toward PWP, even if they have not committed child sex offences. This effect was exacerbated when PWP were labelled as pedophiles, rather than as individuals with a sexual interest in prepubescent children [19]. Similarly nuanced punitive attitudes were presented by Jahnke [32] in which participant desire for harsher punishment was more pronounced toward PWP who were sexually attracted to younger girls and whose lack of sexual offending was motivated by punishment avoidance, rather than a moral conviction that said behaviour is inappropriate.

In comparison with other DSIs, pedophilia has received a disproportionate amount of scholarly attention. With the exception of Jahnke et al. [12] and Lehmann et al. [39], public stigma toward pedophilia has scarcely been compared with that of other DSIs. Lehmann et al. [39] compared the stigmatisation of pedophilia with zoophilia (a sexual interest in animals) and necrophilia (a sexual interest in corpses) [13]. PWP were thought to have less control over their condition and be more dangerous for children and adolescents than people with zoophilia or necrophilia. Respondents consistently expressed a greater degree of fear and desire for social distance from PWP compared with both other DSIs [39]. Lehmann et al. [39] did recognise that socially desirable responding may have had some impact on the direction of findings. Lehmann et al. [39] specifically identified zoophilia and necrophilia as topics of interest as they hold a similar level of rarity, sexual deviance, and potential criminality to pedophilia. Comparisons of pedophilia with DSIs that are dissimilar in these properties are uncommon. Indeed, very little is known about the stigmatising and punitive attitudes associated with other DSIs. This is inclusive of fetishism and hypersexuality, both of which are of interest in this study.

Like pedophilia, fetishism is a paraphilia listed within the DSM-V [13]. Fetishism is characterised by intense sexual fantasies, urges, and behaviours related to non-living or inanimate objects or non-genital body parts [13]. Fetishism is not synonymous with fetishistic disorder, in which symptoms become pathological and potentiate psychological distress and disturbed sex [13]. An exploration of fetishistic disorder lies beyond the scope of this study. Materials like leather or rubber and body parts like toes or feet are examples of common fetish objects [49]. Like pedophilia, men are reportedly more inclined toward fetishism than women [50]. Bezreh et al. [51] reported that individuals with fetishes are reluctant to disclose them for fear of being stigmatised, while individuals that do not engage in fetishism commonly harbour negative views of those that do [52]. Beyond this, the stigmatising and punitive attitudes associated with fetishism are not well understood [53].

Hypersexuality (also called sex addiction) refers to obsessional thoughts, urges, and behaviours related to sex [54]. This may include the excessive consumption of pornography, paid sex and cybersex, extreme masturbation, and a desire for multiple sexual partners [54]. Sex differences in hypersexuality have yet to receive extensive scholarly attention, however it appears that like other DSIs (pedophilia and fetishism), men experience more hypersexuality than women [55]. The stigma of hypersexuality remains mostly unexplored, perhaps because it is not listed as a diagnoseable paraphilia within the DSM-V [56]. Recently, Lang and Rosenberg [57] found that women were less willing to associate with men who compulsively view pornography, than with men who engage in other compulsive behaviours. Klein et al. [58] explored gender and sexuality differences in hypersexual individuals and their experience with health care professionals. Findings suggested that

heterosexual and male participants were more heavily pathologized and stigmatised for hypersexual tendencies [58]. Conversely, Lindsay et al. [56] found hypersexuality stigma to be mild and comparable to depression stigma within a convenience-sampled participant pool comprised mostly of female undergraduate students. Thus, further research is necessary to clarify the exact nature of the stigmatising and punitive attitudes facing hypersexuality.

Compared with pedophilia, fetishism and hypersexuality are more common [46,59,60]. Prevalence rates of hypersexuality lie between 2–6% in the general population [59,60], while fetishism is neither rare nor unusual in the general population [46]. The opposite is true for pedophilia [46,47]. Dissimilarities in prevalence are also indicative of dissimilarities in perceived sexual deviance [39]. Another difference between pedophilia and both fetishism and hypersexuality is its demonstrated association with criminal offending [61,62]. Although pedophilia itself is not a criminal offence, its potential corresponding behaviours are. However, this cannot be said for fetishism and hypersexuality, both of which can be fulfilled legally and are rarely associated with criminal offending [63,64]. It seems logical to propose a comparative study of the stigmatising and punitive attitudes of pedophilia with fetishism, and hypersexuality, both of which have higher prevalence rates, are associated with less deviance and illegality, and have been subject to insufficient research to date.

Stigmatising and punitive attitudes associated with DSIs is an emerging research area. It is anticipated that findings from this study will contribute to an improved conceptualisation of how the public views individuals who experience these conditions. For fetishism and hypersexuality, these findings will be novel. The collection of this type of data is an important step toward understanding the impact that stigma and punitive attitudes has on affected individuals [65]. This is a key consideration in contemporary stigma research, as stigma-related stress potentiates many negative outcomes for those affected [10,66]. It is anticipated that the exploration of attitudes toward individuals with pedophilia, fetishism, and hypersexuality will be informative in the development of anti-stigma interventions aimed at improving said attitudes. Improving public attitudes toward these individuals will presumably minimise stigma-related stressors which, for PWP may potentiate increased treatment-seeking behaviour and decreased child sex offending [53,67].

The aim of the present study is to build upon existing knowledge of the public stigma and punitive attitudes associated with DSI. This study will determine if there are differences in stigmatising and punitive attitudes toward pedophilia, fetishism, and hypersexuality. It is expected that pedophilia and fetishism will be rated higher on dangerousness and deviance than hypersexuality, with pedophilia being rated the highest. Following findings from Imhoff [19] and Jahnke et al. [12], it is hypothesised that hypersexuality will be rated higher on intentionality than both fetishism and pedophilia, with pedophilia rated the lowest. It is hypothesised that because pedophilia is highly deviant, rare, and associated with criminality [46,61,62], punitive attitudes will be stronger for pedophilia and fetishism than for hypersexuality, with pedophilia being the strongest. It is also expected that dangerousness, deviance, and intentionality will predict punitive attitudes toward pedophilia, fetishism, and hypersexuality.

2. Materials and Methods

2.1. Participants

General population adults who were aged 18 years or older were targeted for participation in this study. Because of the sensitive nature of DSIs [68], individuals under the age of 18 were excluded from participation. No further exclusion criteria were necessary. A non-probability snowball sample was recruited via emails to professional contacts of the research supervisor and a post to a forum for current undergraduate psychology students at Central Queensland University. Both the research supervisor and the student researcher shared the survey link on their personal social media pages, specifically Facebook, Instagram, and Twitter. All participants were encouraged to share the survey link with others who may be interested. Participation incentives were not offered. Ethical approval was provided by the Central Queensland University Human Research Ethics Committee

(2022-006). Although this study occurred in an Australian context, given the use of an online survey, it cannot be stated with conviction that all participants resided in Australia or had an Australian nationality.

A power analysis for a repeated measures, within factors analysis of variance (ANOVA) was conducted using G*Power 3.1 [69]. A minimum sample of 75 participants (f = 0.15, α = 0.05, β = 0.80, r = 0.58, ε = 0.75) was required. A small to medium effect size was applied in the power analysis. This is consistent with those smaller effects detected by Lehmann et al. [39] in comparisons of stigmatising attitudes toward pedophilia and necrophilia. It is noted that effect sizes within the present study were expected to be larger.

One hundred and twelve participants aged 18 years and over (89 or 79.46% female, 21 or 18.75% male, 2 or 1.79% non-binary: mean age 35.54 ± 12.23 years) volunteered to complete the entire survey at their convenience. Eighty-five participants were removed from the original sample of 197 participants due to survey incompletion (see Supplementary Materials for demographic descriptive statistics for excluded participants). Fifty-nine participants (52.68%) had dependent children, 105 (82.68%) of which were aged 14 years or younger. Most participants had at least a high school education (n = 106, 94.64%), and n = 74 or 66.07% resided in a city with more than 100.000 residents.

2.2. Procedure and Materials

A cross-sectional, within-subjects design was employed. Participants accessed the online survey via a link to the Qualtrics XM platform. An information sheet was presented, and electronic informed consent requested before participants could progress with the survey. Participants were then asked to respond to a set of items regarding their demographics, these included age, gender, level of education, age of any dependents, (if applicable) and if they reside in a city with more or less than 100,000 people. Such demographic information was of interest as it has been collected in previous studies of a similar design and has been linked to differences in stigma [39,70,71].

Brief descriptions of pedophilia, fetishism, and hypersexuality were used. Taken from Jahnke et al. [12], pedophilia was described as a "dominant sexual interest in children". Adapted from Stockwell et al. [52], fetishism was described as a "dominant sexual interest in non-living objects or non-genital body parts". As in Carvalho et al. [72], hypersexuality was described as a "dominant sexual interest in high frequency sexual behaviours". These descriptions purposely omitted any mention of clinically diagnosable symptomology and criminal activity.

Participants were asked about their attitudes toward pedophilia, fetishism, and hypersexuality. Stigma and punitive attitudes scales were employed. Stigma was assessed on three dimensions, those being perceived dangerousness, intentionality, and deviance, all of which were deemed by Feldman and Crandall [11] to be crucial when assessing stigmatising attitudes toward mental illness (including paraphilias). Item wording was altered to accommodate each of the DSIs. The estimated duration of the survey was approximately 15 min. The scales were presented as follows: dangerousness, intentionality, deviance, and punitive attitudes.

Due to limited scholarship, the elected stigma and punitive attitudes scale was yet to be validated for fetishism and hypersexuality. However, the elected sub-scales are all subject to some degree of validity for pedophilia. Sub-scales for intentionality, deviance, and punitive attitudes have been shown to have satisfactory convergent validity with the Attitudes to Sexual Offenders Scale and Moral Disengagement Towards Sexual Offenders Scale [73]. The punitive attitudes sub-scale has satisfactory concurrent validity with the short-from Right-Wing Authoritarianism Scale [32], also used to assess desire to conform to social norms and punish deviant individuals. Additionally, according to S. Jahnke (personal communication, December 2022) [74], the dangerousness sub-scale and a truncated version of the intentionality sub-scale show satisfactory construct validity, as assessed via confirmatory factor analysis (robust root mean square error of approximation < 0.07, robust standardised root mean square < 0.08 [75], robust Comparative Fit Index and robust

Tucker–Lewis Index > 0.90 [76]. Standardised factor loadings for each item within these sub-scales were satisfactory given all were >0.50 [77]).

2.2.1. Dangerousness

Dangerousness is a measure of the perceived threat posed by an individual with a DSI [11]. In this case, the definition of dangerousness would pertain to the perceived relationship between having a dominant sexual interest in children [19], in non-living objects or non-genital body parts, or in high frequency sexual behaviours and committing criminal offences. The dangerousness sub-scale used was developed by Jahnke et al. [12]. Three items comprised this sub-scale, each pertaining to the level of threat that PWP, people with fetishism, and people with hypersexuality pose for children, adolescents, and adults. For example, item one for the PWP condition read "people with pedophilia are dangerous for children". Jahnke et al. [12] found this sub-scale to be sufficiently reliable (α = 0.69). In the present research, internal consistency reliability across conditions were α = 0.66 for pedophilia, α = 0.96 for fetishism, and α = 0.91 for hypersexuality, all of which were deemed acceptable [78]. McDonald's Omega was ω = 0.67 for pedophilia, ω = 0.96 for fetishism, and ω = 0.92 for hypersexuality. Items for dangerousness were rated on a seven-point Likert scale (1–7), which ranged from do not agree at all to fully agree. Higher scores indicated greater perceived dangerousness of individuals with the conditions of interest.

It is noted that the dangerousness sub-scale was adapted from a different source than that of the sub-scales for intentionality and deviance, and the scale for punitive attitudes. Items for dangerousness from Imhoff [19] pertained only to pedophilia and did not suitably apply to fetishism and hypersexuality. For example, an item for dangerousness from Imhoff [19] read "pedophilia sooner or later always leads to child sex abuse". It was deemed inappropriate to present this item with regard to fetishism or hypersexuality, as these DSIs do not involve a dominant sexual interest in children.

2.2.2. Intentionality

The intentionality sub-scale was adapted from Imhoff [19]. Intentionality refers to the degree to which an individual is thought to be in control of, or responsible for their DSI [19]. This sub-scale included six items. For example, in the hypersexuality condition, item one read "hypersexuality is something that you choose for yourself". Imhoff [19] found internal consistency to fall between $\alpha=0.71$ and $\alpha=0.85$. In the current dataset, reliability across conditions ranged from good to excellent ($\alpha=0.78$, $\omega=0.78$ for pedophilia, $\alpha=0.81$, $\omega=0.80$ for fetishism, and $\alpha=0.80$, $\omega=0.77$ for hypersexuality). Items for intentionality were rated on a seven-point Likert scale (1–7), which ranged from do not agree at all to fully agree. Higher scores indicated greater perceived intentionality in individuals with the conditions of interest, except for reverse-coded items in which the opposite was true.

2.2.3. Deviance

The deviance sub-scale was adapted from Imhoff [19]. Deviance refers to whether a DSI is considered to be uncommon and a psychological disorder or disease [19]. The deviance sub-scale contained six items. For example, in the fetishism condition, item one read "fetishism does not require treatment". In Imhoff [19], item six read "someone who is pedophilic but never sexually abuses a child is not mentally ill". As is the case for the dangerousness sub-scale, this item was not appropriately applicable to the fetishism and hypersexuality condition and was thus removed in the present study. The final deviance sub-scale was comprised of five items. Imhoff [19] established suitable sub-scale reliability, where $\alpha = 0.74$ in study one and $\alpha = 0.64$ in study two. Internal consistency reliability for the current data was acceptable for fetishism ($\alpha = 0.71$, ($\omega = 0.69$) and hypersexuality ($\alpha = 0.65$, $\omega = 0.62$). However, this was not so for PWP where $\alpha = 0.36$. DeVellis [79] reported that low internal consistency among short scales (<10 items) is not uncommon. Because average interitem correlation did approach acceptability at r = 0.12 [78], and similalry dubious reliability has been reported for this sub-scale in earlier publications [65,73], pointing to an issue with

the original construction of the sub-scale, all items were retained and considered compositely. Authors acknowledge that subpar reliability impacts interpretability of findings and offer a further discussion of this in Limitations. Items for deviance were rated on a seven-point Likert scale (1–7), which ranged from do not agree at all to fully agree. Higher scores indicated greater perceived deviance in individuals with the conditions of interest, except for reversed-coded items in which the opposite was true.

2.2.4. Punitive Attitudes

The scale for punitive attitudes was adapted from Imhoff [19]. This scale measured the degree to which participants believed individuals with the conditions of interest should be harshly punished [19]. The scale comprised 13 items, some of which were psychometrically simple or difficult and reverse-coded. For example, item one for the pedophilia condition read "people with pedophilia should be pre-emptively taken into custody". According to Imhoff [19], this scale had excellent internal consistency reliability (α = 0.90). Suitable reliability was also established in the current data where α = 0.88 and ω = 0.86 for pedophilia, α = 0.79 and ω = 0.87 for fetishism, and α = 0.74 and ω = 0.86 for hypersexuality. Items for intentionality were rated on a seven-point Likert scale (1–7), which ranged from do not agree at all to fully agree. Higher scores indicated that a participant preferred harsh over mild punishment for individuals with the conditions of interest, except for reverse-coded items in which the opposite was true.

2.3. Statistical Analysis

Data were analysed with IBM SPSS Statistics for Macintosh (Version 27.0, IBM, Armonk, NY, USA) predictive analytics software. Four separate three (pedophilia, fetishism, and hypersexuality) by one (dangerousness, deviance, intentionality, and punitive attitudes, separately) one-way repeated-measures ANOVAs were conducted to determine if mean differences existed between pedophilia, fetishism, and hypersexuality on measures of dangerousness, deviance, intentionality, and punitive attitudes. Planned pairwise comparisons of main effects were conducted. To control for the increased risk of Type I error posed by multiple planned comparisons, a Bonferroni corrected alpha level ($\alpha = 0.017$) was applied. One-way repeated-measures ANOVAs were used to assess differences in the perceived dangerousness of each condition toward children, adolescents, and adults. Bonferroni corrections ($\alpha = 0.017$) were applied when interpreting subsequent pairwise comparisons. Three simultaneous multiple regression analyses with semi-partial correlation were conducted to assess the degree to which dangerousness, deviance, and intentionality uniquely predicted punitive attitudes toward pedophilia, fetishism, and hypersexuality. Discussion of assumption testing is provided in Supplementary Materials. Intercorrelations for stigma elements can be seen in Table 1.

Table 1. Summary of Intercorrelations for Scores on Stigma and Punitiveness Measures for Pedophilia, Fetishism, and Hypersexuality.

Measures	Pearson Correlations				
	1.	2.	3.		
Pedophilia					
 Dangerousness 					
2. Intentionality	0.26 **				
3. Deviance	0.25 **	-0.02			
4. Punitive Attitudes	0.44 **	0.55 **	0.14		
Fetishism					
 Dangerousness 					
2. Intentionality	0.18				
3. Deviance	0.67 **	0.15			
4. Punitive Attitudes	0.68 **	0.23 *	0.69 **		
Hypersexuality					
1. Dangerousness					
2. Intentionality	0.32 **				
3. Deviance	0.35 **	-0.03			
4. Punitive Attitudes	0.48 **	-0.31 **	0.40 **		

^{**} Correlation is significant at the 0.01 level (2-tailed). * Correlation is significant at the 0.05 level (2-tailed).

3. Results

Descriptive statistics for each outcome measure by each predictor are reported in Table 2. A one-way repeated measures ANOVA was conducted to compare scores for the perceived dangerousness of pedophilia, fetishism, and hypersexuality. Mauchly's Test of Sphericity revealed that sphericity had not been violated, X^2 (2) = 0.17, p = 0.917. A significant effect for DSI type was observed, F (2, 218) = 196.26, p < 0.001, η_p^2 = 0.64, with a large effect size, indicating that levels of perceived dangerousness differed for pedophilia, fetishism, and hypersexuality. Pairwise comparisons with a Bonferroni correction (α = 0.017) revealed that participants perceived PWP to pose a greater threat to society, and to be more likely to engage in criminal offending than people with fetishism (p < 0.001) and people with hypersexuality (p < 0.001), while people with hypersexuality were thought to be more threatening and likely criminal than people with fetishism (p = 0.007).

Table 2. Means and Standard Deviations for Stigma and Punitive Attitudes Measures for Pedophilia, Fetishism, and Hypersexuality.

Outcomes	Pedophilia		Fetis	Fetishism		Hypersexuality	
	M	SD	M	SD	M	SD	
Dangerousness	17.92	3.15	8.75	4.92	10.31	5.10	
Deviance	27.75	4.19	17.35	5.82	18.98	5.44	
Intentionality	25.02	7.95	25.45	7.75	22.59	7.15	
Punitive attitudes	61.94	15.90	34.12	9.98	33.34	8.52	

Because each item for dangerousness pertained to a different age group (child, adolescent, and adult), it was appropriate to consider descriptive statistics for each item as they pertained to pedophilia, fetishism, and hypersexuality (see Figure 1). One-way repeated-measures ANOVA's were run to determine if mean differences reached a level of significance. Notably, all ANOVA's were subject to violations of sphericity which were addressed with a Greenhouse-Geisser correction [77]. For pedophilia, the ANOVA was significant, F (1.46, 159.41) = 79.16, p < 0.001, η_p^2 = 0.42, indicating that levels of perceived PWP dangerousness differed for children, adolescents and adults. Specifically, participants found PWP to be more dangerous for children than for adults (p < 0.001), and more dangerous for adolescents than for adults (p < 0.001). No significant difference in perceived dangerousness was observed between adolescents and children (p = 1.00). As for fetishism and hypersexuality, neither ANOVA emerged as significant, F (1.81, 197.14) = 0.60, p = 0.93, $\eta\eta_p^2$ = 0.001 and F (1.74, 189.27) = 2.75, p = 0.74, (η_p^2 = 0.025, respectively. Participants did not deem people with fetishism or hypersexuality to be significantly more or less dangerous for children, adolescents or adults.

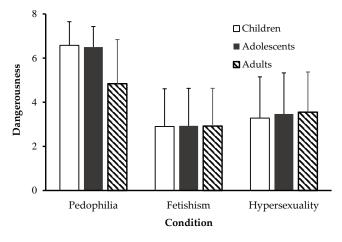


Figure 1. Scores for Pedophilia, Fetishism, and Hypersexuality on Items for Perceived Dangerousness for Children, Adolescents, and Adults.

A second repeated measures ANOVA was used to compare how deviant participants perceived PWP, people with fetishism, and people with hypersexuality to be. Mauchly's Test of Sphericity was not subject to violation, X^2 (2) = 3.39, p = 0.184. The ANOVA revealed a significant effect of DSI type, with perceived deviance differing significantly across conditions, F (2, 218) = 163.10, p < 0.001, η_p^2 = 0.60, which is a large effect. Pairwise comparisons with a Bonferroni correction (α = 0.017) revealed significantly higher perceived deviance associated with pedophilia than with fetishism (p < 0.001) and hypersexuality (p < 0.001). Participants thought pedophilia to be rarer and more likely a psychological illness than fetishism and hypersexuality. Hypersexuality was thought to be rarer than, and more of a psychological illness than fetishism (p = 0.017).

A repeated measures ANOVA was performed to compare participant ascriptions of intentionality associated with pedophilia, fetishism, and hypersexuality. Assumptions of sphericity were not violated, X^2 (2) = 0.44, p = 0.803. Perceived intentionality differed significantly across pedophilia, fetishism, and hypersexuality, F (2, 218) = 11.62, p < 0.001, η_p^2 = 0.10, with a moderate effect size. Pairwise comparisons with a Bonferroni correction (α = 0.017) revealed that participants thought pedophilia to be a more controllable and intentional sexual orientation than hypersexuality (p = 0.001), but not fetishism (p = 1.00). Fetishism was however considered a more controllable and intentional DSI than hypersexuality (p < 0.001).

A final repeated measures ANOVA was conducted to compare participant punitive attitudes associated with pedophilia, fetishism, and hypersexuality. Mauchly's Test of Sphericity was violated, X^2 (2) = 83.45, p < 0.001, therefore degrees of freedom were corrected with a Greenhouse-Geisser estimate of sphericity. A significant effect for DSI type was observed, whereby punitive attitudes differed significantly across conditions, F (1.30, 141.72) = 293.57, p < 0.001, η_p^2 = 0.73, with a large effect size. Pairwise comparisons with a Bonferroni correction (α = 0.017) revealed that pedophilia was associated with stronger punitive attitudes than both fetishism (p < 0.001), and hypersexuality (p < 0.001), such that participants believed that PWP should receive harsher punishment than people with fetishism and hypersexuality. No statistically significant difference in punitive attitudes was observed between fetishism and hypersexuality (p = 0.803) as participants did not believe fetishism or hypersexuality to be deserving of harsher punishment than the other. Significant ANOVA and pairwise comparison findings are displayed graphically in Figure 2.

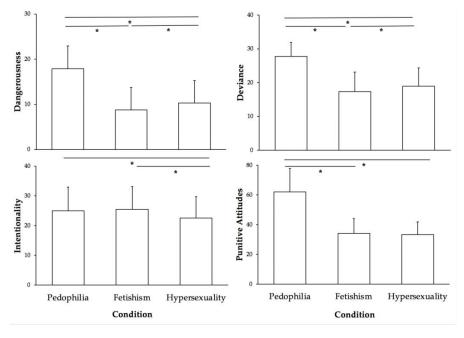


Figure 2. Dangerousness, Deviance, Intentionality, and Punitive Attitudes Scores for Pedophilia, Fetishism, and hypersexuality with Significance Indicators (*).

A simultaneous regression model was calculated to predict punitive attitudes toward pedophilia based on its perceived dangerousness, intentionality, and deviance. The model was found to predict 40.80% of variance in punitive attitudes, which was significant, F(3, 106) = 24.38, p < 0.001, $R^2 = 0.408$. Perceived dangerousness ($\beta = 0.302$, p < 0.001) and intentionality ($\beta = 0.477$, p < 0.001) contributed significantly and uniquely to the model, with semi-partial correlation coefficients of 0.282 (7.95%,) and 0.459 (21.07%), respectively. Perceived deviance did not emerge as a significant predictor of punitive attitudes toward PWP, $\beta = 0.078$, p = 314.

A further simultaneous multiple regression model was conducted to determine the degree to which perceived dangerousness, intentionality, and deviance predicted punitive attitudes toward people with fetishism. The model was significant, F (3, 106) = 47.40, p < 0.001, predicting 57.30% ($R^2 = 0.573$) of variance in punitive attitudes. Dangerousness ($\beta = 0.388$, p < 0.001) and deviance ($\beta = 0.416$, p < 0.001) were found to be significant predictors of punitive attitudes, while intentionality was not ($\beta = 0.097$, p = 0.137). Dangerousness uniquely predicted 8.24% (sr = 0.287) of variance in punitive attitudes, while this was 9.61% (sr = 0.310) for deviance.

A final simultaneous multiple regression model was used to determine if perceived dangerousness, intentionality, and deviance were predictive of punitive attitudes toward individuals who experience hypersexuality. The model was found to predict 33.40% ($R^2 = 0.334$) of variance in punitive attitudes toward hypersexuality, which was significant, F(3, 106) = 17.70, p < 0.001. All predictors were found to contribute significantly to the model ($\beta = 0.304$, p = 0.001 for dangerousness, $\beta = 0.219$, p = 0.011 for intentionality, and $\beta = 0.302$, p < 0.001 for deviance). Semi-partial correlations of 0.267 ($sr^2 = 7.13\%$), 0.205 ($sr^2 = 4.20\%$), and 0.279 ($sr^2 = 7.78\%$) were observed for dangerousness, intentionality, and deviance, respectively. See Table 3.

Predictors	SM	SMR ¹ Pedophilia		SMR Fetishism		SMR Hypersexuality			
	B ²	β 3	SE ⁴	В	β	SE	В	β	SE
Dangerousness	1.52 **	0.30	0.40	0.79 **	0.39	0.17	0.51 **	0.30	0.15
Deviance	0.30	0.08	0.29	0.71 **	0.42	0.15	0.47 **	0.30	0.13
Intentionality	0.95 **	0.48	0.16	0.13	1.00	0.08	0.26 *	0.22	0.10

Table 3. Predictors of Punitive Attitudes toward People with Pedophilia, Fetishism, and Hypersexuality.

4. Discussion

The aim of this study was to examine the stigmatising and punitive attitudes of the general adult population toward individuals who experience pedophilia, fetishism, and hypersexuality. The main findings of this study were that the general adult population regarded pedophilia with harsher punitive attitudes and believed it to be more dangerous and deviant than fetishism and hypersexuality. Participants regarded fetishism and hypersexuality with a similar degree of punitive attitudes while considering hypersexuality to be more dangerous and deviant than fetishism.

4.1. Punitive Attitudes

Across studies, general population adults consistently agree that incarceration and death penalties are suitable punishments for PWP [12,19,39]. Endorsement of such punitive sanctions for other conditions like alcoholism were strikingly less common [12]. For example, Lehmann et al. [39] found pedophilia to be subject to stronger participant desire for social distance (which included agreeance to items stating that PWP should be incarcerated or executed) than people with antisocial tendencies, and other deviant sexual interests like sexual sadism, necrophilia, and zoophilia. Findings from the present study demonstrated that participant desire for retributive sanctions for individuals who experience fetishism

¹ Simultaneous multiple regression (SMR). * p < 0.05. ** p < 0.01. ² Unstandardised beta coefficient (B). ³ Standardised beta coefficient (β) ⁴ Standard error value (SE).

and hypersexuality were significantly weaker than for PWP. This finding has contributed to the pool of mental disorders (inclusive of paraphilias) and DSIs that have been empirically demonstrated as less punitively regarded than pedophilia.

Based on findings produced by Lindsay et al. [56], whereby hypersexuality was associated with limited public stigma in comparison to other behavioural addictions, it was hypothesised that fetishism would be subject to harsher punitive attitudes than hypersexuality. However, no evidence of differences in punitive attitudes toward fetishism and hypersexuality were observed. It is not expected that participants were aware of the empirical evidence for low criminality and sexual offending among individuals with fetishism and hypersexuality [63,64], however, it is plausible that participants assumed this fact based on their general knowledge of these conditions and their associated stereotypes.

4.2. Dangerousness and Deviance

It was predicted that pedophilia and fetishism would be rated as more dangerous than hypersexuality, and that pedophilia would be rated most dangerous across conditions. Pedophilia did emerge as the condition thought to be most dangerous, significantly more so than both fetishism and hypersexuality. Imhoff [19] reports, similarly, finding a strong endorsement of the dangerousness sub-scale for descriptions of pedophilia. Dangerousness refers to the perceived threat posed by an individual with pedophilia, and the perceived likelihood that this condition will potentiate congruent criminal behaviour (i.e., child sex offending). Where participants associated a high degree of dangerousness with pedophilia, they also anticipated that PWP would commit child sex crimes. It is unlikely that participants know of the empirical links that exist between pedophilia and sexual re(offending) [61,62], however it is likely high ascriptions of dangerousness emerge from stereotypical cognitions and prejudicial affect propelled by exaggerated and sensationalist film, television, and media portrayals of PWP [24,40]. This stereotypical style of thinking is overwhelmingly evident in pedophilia-stigma literature. For example, Lehmann et al. [39] found participants to perceive people with necrophilia, zoophilia, antisocial tendencies, and sexual sadism as more dangerous for adults than people with pedophilia, while the opposite was true for children. Current findings are akin to this, where PWP were thought to be more dangerous for children and adolescents than for adults, while the dangerousness of people with fetishism and hypersexuality was thought to be far less and rather consistent across age groups.

Unexpectedly, hypersexuality was deemed significantly more dangerous than fetishism. Considering findings from Lindsay et al. [56], in which the public stigmatisation of hypersexuality was minimal (inclusive of measures for dangerousness), it was anticipated that hypersexuality would receive the least ascriptions of dangerousness compared with pedophilia and fetishism. This very same rationale informed the hypothesis that hypersexuality would be regarded as the least deviant DSI, compared with pedophilia and fetishism. Current data yielded results that failed to support this hypothesis because participants consistently endorsed significantly higher levels of deviance for hypersexuality than they did for fetishism. To best explain the curiosity of these findings, it may be beneficial to appraise current societal perceptions of fetish.

Firstly, it is acknowledged that the fetishism description employed in the present study (dominant sexual interest in non-living objects or non-genital body parts), may diverge from participant understandings of what fetish is. For example, Harrison and Murphy [53] described fetishes to encompass body parts, objects, and behaviours that are not typically erogenous. In this way, the fetishism definition is inclusive of DSIs like bondage and discipline, dominance and submission, sadism and masochism (BDSM). Descriptions of fetishism in this study were not so far reaching, so as to not inadvertently tap into other DSIs (i.e., sexual sadism, sexual masochism). If participants understood fetishism in the current study to be inclusive of BDSM, a plausible explanation for the lesser ascriptions of dangerousness and deviance may emerge. Films and literature featuring the portrayal of BDSM, like 50 Shades of Grey and 365 Days have risen to considerable popularity in

recent years, resulting in BDSM practices becoming more passable and desirable [80]. For example, Holvoet et al. [81] found that approximately 50% of a general population sample indicated having engaged in at least one instance of BDSM-related practice, while a further 22% reported having fantasised about BDSM-related activities.

Perhaps as a consequence of increased attention from media and popular culture, the practice of or interest in fetishism is not rare or strange in the general population [46]. For example, in a study where the definition of fetishism very closely corresponded with that of the current study, 26.3% of a large general population sample reported having engaged in fetishism, and a further 44.5% of respondents indicated a desire to do so [46]. It seems plausible that differing participant understandings of fetishism and inflated prevalence rates may explain the unexpected finding in which participants deemed fetishism to be less dangerous and deviant than hypersexuality.

Jahnke et al. [12] and Lehmann et al. [39] found participants to ascribe more deviance to pedophilia than to antisocial tendencies and sexual sadism. Likewise, the present study found pedophilia to be associated with more deviance than fetishism and hypersexuality. Said pattern of outcomes is both explained by and exemplifies the concept of deviance as purported by Feldman and Crandall [11], in which it is the degree of rarity associated with a trait, where rarer traits are considered more deviant. Provided that prevalence rates for both fetishism and hypersexuality exceed those of pedophilia [46,59,60], it is logical and makes theoretical sense that pedophilia was considered more deviant in the present study.

4.3. Intentionality

Jahnke et al. [12] found that participants endorsed more agreeance with than uncertainty about statements indicative of high intentionality among PWP. However, this effect was observed to be stronger for other conditions like sexual sadism, alcoholism, and antisocial behaviour. Thus, the present study predicted that hypersexuality would be rated as more intentional than fetishism and pedophilia and that pedophilia would be subject to the least perceived intentionality. Current data failed to support this hypothesis as PWP were subject to more perceived intentionality than people with hypersexuality, but not more than people with fetishism. The unanticipated similarity in perceived intentionality of pedophilia and fetishism is somewhat consistent with the findings of Lehmann et al. [39] in which participants more often agreed than were uncertain that people with pedophilia, sexual sadism, necrophilia, and zoophilia were in control of or had choice over their DSI. It seems past and current findings support evidence produced byBailey et al. [41], which indicated that a considerable proportion of the general public believe that people can choose their sexual interest and orientation.

If pedophilia and fetishism, and those DSIs examined by Lehmann et al. [39] are subject to high perceived intentionality, it is perhaps an interesting finding that hypersexuality (also a DSI) diverged from the remaining two conditions. It is possible this finding occurred because of participant understandings of the inherent differences between hypersexuality, pedophilia, and fetishism. For example, both pedophilia and fetishism are related to specific non-normative objects of sexual desire, those being prepubescent children in PWP and non-living objects or non-genital body parts in people who engage in fetish [13]. The same cannot be said for hypersexuality, where the criteria are simply an increased desire for sexual behaviours [54]. Further explanation might be found in possible participant knowledge that hypersexuality is not a paraphilia like pedophilia and fetishism. Although it is not expected that participants are well-informed of the absence of hypersexuality from diagnostic manuals, they may simply be less familiar with hypersexuality than the remaining two conditions.

4.4. Predictors of Punitive Attitudes

It was anticipated that perceived dangerousness, deviance, and intentionality would each predict punitive attitudes toward pedophilia, fetishism, and hypersexuality. This hypothesis was not fully confirmed, rather punitive attitudes toward each condition were not

consistently predicted by all three predictors. This finding deviates from past research in which stigma predictors (dangerousness, deviance, and intentionality) were each uniquely predictive of desired participant social distance from people with mental illnesses, inclusive of pedophilia [11]. For example, Imhoff [19] found these stigma elements each to predict unique variance in punitive attitudes toward PWP when a pedophile label was used. In the present study, punitive attitudes toward PWP were predicted by perceived levels of dangerousness and intentionality, but not deviance. Where participants perceived pedophilia to be a dangerous and controllable condition, they also endorsed harsh punishments against it. A possible explanation for this discrepancy may lie in those changes made to the deviance stigma sub-scale to accommodate application to DSIs beyond pedophilia. Namely, the sixth item of this sub-scale, which read "someone who is pedophilic but never sexually abuses a child is not mentally ill" was subject to removal. Given the rather direct nature of this item, it is conceivable that its removal impacted the predictive power of the entire sub-scale for the pedophilia condition.

For fetishism, dangerousness and deviance emerged as significant predictors of punitive attitudes, while intentionality did not. Current findings suggest that where general population adults perceive people who engage in fetish to be dangerous and deviant, they also believe them to be deserving of harsh punishment. The precedent research on stigmatising and punitive attitudes associated with fetishism is limited. Only distantly similar are outcomes produced by Feldman and Crandall [11] in which dangerousness, deviance, and intentionality were found to be important predictors of social distance toward individuals with transvestic fetishism. This present finding neither replicates nor counters previous findings. Rather, its novelty indicates the need for replication and further exploration.

In the case of hypersexuality, dangerousness, intentionality, and deviance were all found to significantly predict participant punitive attitudes toward individuals who experience hypersexuality. This outcome is consistent with those aforementioned predictive models developed by Feldman and Crandall [11] and Imhoff [19]. Like fetishism, previous research regarding punitive attitudes toward people with hypersexuality is limited. Present findings suggest that where general population adults believe people with hypersexuality pose a social and criminal threat, are rare in the community, are mentally ill, and in control of their DSI, they will endorse harsh punishments. This newfound knowledge expands upon the understanding of hypersexuality stigma established by Lindsay et al. [56], given that this did not include consideration for punitive attitudes.

4.5. Strengths of This Study

This study provided a novel comparison of the stigmatising and punitive attitudes associated with pedophilia, fetishism, and hypersexuality. This research expanded upon existing knowledge in the case of pedophilia and addressed a dearth in knowledge in the case of fetishism and hypersexuality. These findings are anticipated to inform attempts to alter and lessen DSI stigma (especially pedophilia), which might increase treatment seeking behaviour among those affected, reducing the propensity for criminal offending [65,67]. A further strength is the use of stigma outcome measures shown to be important in the assessment of mental illness stigma (including paraphilias) [11]. Given the consistently moderate to large effect sizes observed in ANOVA's comparing stigma outcomes across pedophilia, fetishism, and hypersexuality ($\eta_p^2 \geq 0.10$), established differences are thought to be substantial enough to hold some meaningful real-world practical significance [82].

4.6. Limitations

The current study is subject to mentionable limitations. The snowball sample recruited was comprised predominately of female participants (n = 89, 79.5%). Lack of gender diversity means that current results may not be directly generalizable to those attitudes held by males and other genders [73]. These findings will benefit from validation with a sufficiently gender diverse sample. Because this study occurred in Australia, a Westernized-culture, results cannot be directly extrapolated to non-Western cultures. Cultural differences

may constitute differences in attitudes toward individuals with pedophilia, fetishism, and hypersexuality. It must be noted that current findings emerged solely from self-report measures, which are understood to be susceptible to social desirability biases and may not necessarily be an accurate reflection of actual participant attitude or behaviour [83].

Because outcome measures used for stigma and punitive attitudes had not previously been applied to fetishism and hypersexuality, their reliability and validity is unestablished beyond this study. Although Cronbach's alpha was mostly acceptable in reliability analyses for the current study, the sub-scale for pedophilia deviance was an exception (α = 0.36). Because of this, those results pertaining to differences in the perceived deviance of pedophilia, fetishism, and hypersexuality may not be as valid or reliable as those findings related to differences in dangerousness, intentionality, and punitive attitudes. It may be encouraged that results pertaining to this scale be interpreted with caution. However, given that this area of research is rather niche and needs exploratory endeavors like this study, the authors believe these findings to be of merit. Regardless, formal scale validation for fetishism and hypersexuality is needed to substantiate the findings presented here.

4.7. Future Directions

Present findings build upon existing knowledge of the rather unrivalled public stigma facing PWP. With the empirical idea that people largely react to PWP with negative affect, social distance, punitivity and ascriptions of intent, dangerousness, and deviance growing stronger, it is hoped this research will contribute to the generation of continued scholarly interest in this topic. These findings are informative for, and an important step toward exploring stigma-reducing interventions. At present, this type of research is meagre [65,73,84], but essential in debunking the socially prevalent idea that PWP are always child sex offenders, and in altering the in-direct link between PWP experiencing public stigma and being at risk of committing child sex offences [73,84]. To achieve this, qualitative and quantitative methodologies must be implemented among samples of PWP to better understand their personal stigma experience and to gain an idea of what they think might be important regarding stigma prevention and intervention. Truthful responding among this population may be difficult to achieve, due to a fear of exposure and negative legal or social consequences [85]. It is recommended that future research either occur in the context of incarceration (where fear of exposure and prosecution is not applicable) or in collaboration with authorities, whereby respondents are assured protection from prosecution should they share any incriminating material [85].

Public stigma toward fetishism and hypersexuality is yet to receive the scholarly attention necessary to produce a sufficiently in-depth understanding of its strength and prevalence. The current study employed some common and important stigma measures, such as perceived dangerousness, deviance, and intentionality. However, research has shown that antisocial behaviours and DSIs may also be subject to behavioural discrimination (desire for social distance) and affectual reactions like anger, disgust, and fear [12]. Thus, it is recommended that, in addition to replicating current methodology, future studies also consider these stigma measures. The scale used to assess common stigma elements in this study was somewhat a cause for concern, producing a Cronbach's alpha that was not ideal in the case of pedophilia deviance. Low internal consistency for this sub-scale is also evidenced in earlier publications [65,73]. Thus, it is recommended that further dedicated exploration of the scale's psychometric properties be conducted.

Previous research found differences in public stigma toward PWP when they were labelled pedophiles versus when they were described as an individual with a sexual interest in prepubescent children [19]. Future research of a similar nature for both fetishism and hypersexuality would clarify if label effects are only present for highly stigmatised DSIs or are more wide-reaching. Although hypersexuality and fetishism emerged as almost consistently less stigmatised than pedophilia across measures, this difference is a reflection of explicit attitudes only. Disparities have been shown to occur between implicit and explicit attitudes regarding people with mental illness [86]. Although pedophilia, fetishism

and hypersexuality are not mental illnesses, subsequent research regarding differences in respondent explicit and implicit attitudes toward these DSIs might produce findings of interest. Indeed, any observed nuance between internalised and externalised attitudes would be of particular importance in informing and directing stigma intervention and prevention efforts [56].

5. Conclusions

A DSI in children, or pedophilia, is subject to harsher stigma and punitive attitudes than DSIs in other things or beings [11,12]. Likely because of this, pedophilia has been the focus of a large proportion of existing stigma research. To further understand public perceptions of pedophilia, and provide a meaningful comparison of this with other, less researched and characteristically dissimilar DSIs, this study compared the stigma and punitive attitudes faced by individuals with pedophilia, fetishism, and hypersexuality. An anonymous online survey was used to assess participant attitudes toward these DSIs with regard to perceived dangerousness, deviance, intentionality, and punitive attitudes. Results suggested that participants thought PWP to be more dangerous, deviant and deserving of punitive attitudes than people with fetishism and hypersexuality. However, hypersexuality was thought be more dangerous and deviant than fetishism. Across conditions, dangerousness, deviance, and intentionality combined uniquely as predictors of punitive attitudes. Present findings demonstrate that the stigma and punitive attitudes facing pedophilia are far more fervent than they are for fetishism and hypersexuality. This study produced novel knowledge of the differences in stigma toward fetishism and hypersexuality, and of the predictors of punitive attitudes toward these DSIs. It is hoped that these findings will enhance existing understandings of how the public perceives individuals with DSIs. It is thought this is a foundational step toward the introduction of stigma intervention and reduction efforts.

Supplementary Materials: The following supporting information can be downloaded at: https://www.mdpi.com/article/10.3390/sexes4010002/s1, Table S1: Demographic information for participants included and excluded from statistical analysis, Table S2: Assumption testing for ANOVAs and regression analyses.

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