











**Table 3:** Representative extracts of each class for Item 1: Do you think being sexually abused in childhood would impact a person’s sexual life? and why?

Class 1 Lifelong impact of abuse	“yes because all the people I know who have been sexually abused in childhood have also reported effects on their adult sex life I feel like it would impact their ability to feel safe during sexual acts and reduce their ability to relax” “could cause the abused person to not want to engage in sexual relations activity impacting upon relationships or can leave them with long term trauma that causes them issues in life”
Class 2 Trust and intimacy effects	“maybe it could influence trust in another in vulnerable situations it could create an abnormal view of what normal is it could become a negative experience and one not wanted to be repeated even in a loving environment” “yes because it will change how they view others and their experiences and will lead to less trust in others and maybe thinking they are an outcast or are different”
Class 3 Resulting trauma	“absolutely I know so many people who were assaulted as children and it has led to a lot of trauma PTSD [post-traumatic stress disorder] and issues with trusting people it’s one of the most horrendous things you could ever do to someone” “I think it could impact and may frequently impact a person’s sexual life sexual abuse is a traumatic experience and traumatic experiences often have lasting consequences especially in areas related to the type of trauma experienced”

**Table 4:** Representative extracts of each class for Item 2: How do you feel people who commit sexual offences should be treated by the public?

Class 1 Commitment to the offence	“they should be treated poorly because there is no excuse for committing sexual offences.” “once you commit a sexual offence you should be considered irredeemable until there is very strong evidence to prove otherwise if you never got help before deciding to go to that length you should face strong precautions and consequences” “honestly it depends on the circumstance i don’t feel as though the public should shun them as sometimes they have committed sexual offenses without prior knowledge for example if a teenager looks older and lies about their age however if the offense was pre mediated for example rape”
Class 2 Criminal Justice	“these people should be jailed and rehabilitated with the aim that they never repeat the offence” “in accordance with the current justice system they should be shunned and generally embarrassed by the public for a proportionate length of time serious devious offenders may need to be mistreated unless they are able to change.” “they should not be treated the same they have chosen to violate someone’s body so they should not be given the same opportunities as others and treated as criminals”
Class 3 Punishment	“should be put in prison and serve a long sentence my faith does not allow this and aligns with my personal beliefs as individuals that commit this type of crime should be dealt and receive a cruel punishment.” “i don’t care if most people believe the punishment is severe but recurrent sexual offenders and pedophiles should be chemically castrated, one time offenders should be given opportunity to rehabilitate while prevented from being near schools etc” “it may sound a very drastic opinion but sex offenders should be chemically castrated”
Class 4 Ostracism of offender	“they should be shamed and imprisoned for a long time put on sex offender lists which should disallow them from gaining certain jobs etc” “they shouldn’t be in public if they get released they should not be allowed into the general population” “the sex offenders should be banned forever by society they shouldn’t be allowed to join our society”
Class 5 Nature of the crime	“sexual crimes vary vastly and each crime is different my thoughts on child sexual offences and how the public should treat them is greatly different to someone who has fondled another adult inappropriately i would expect negative views from the public generally” “honestly it depends on the circumstance i don’t feel as though the public should shun them as sometimes they have committed sexual offenses without prior knowledge for example if a teenager looks older and lies about their age however if the offense was pre mediated for example rape”

item. Words associated to whom sexual offences are committed against were frequently mentioned alongside references to the labelling of the action and the response required to manage the type of offence including the words public, person, commit, sexual, offence, offender, prison, punishment, rehabilitate, treat and society. These words were typically mentioned in the sense of the specific nature of the offence warranting a more punitive approach from the general society and the criminal justice system.

**Item 3 – What do you think should happen to people who have sexually deviant thoughts and feelings?**

The corpus analyzed contained 220 answers. The DHC analyzed 239 segments of text, of which, 58.58% were utilized to form the classes. Class 1 grouped 47.14% of the text segments and was labelled “Cautious empathetic understanding”; class 2 grouped 52.86% of the text segments and was labelled “Professional support and rehabilitation”. An example of extract of each class is presented in Table



not accounted for in the present study; thus, it is unclear if these factors influenced disclosure of paraphilic thoughts and attitudes in our study. Finally, we also note the disparity in the number of males (36.4%) in our study, which might also have contributed to the lack of direct significant effects between social support, childhood ostracism, and paraphilic thoughts and attitudes.

The present study used childhood experiences of ostracism as a predictor variable due to the limited research on this variable as a predictor for paraphilia. Considering the ambiguity of the outcome it is suggested that future research could investigate ostracism as a variable specifically in connection with adverse childhood experiences of sexual abuse. Mapping on to the cyclical nature of sexual abuse experiences and paraphilic thoughts and attitudes [35, 2, 17], investigation into whether adverse childhood experiences cause affective ostracism experiences and whether social support moderates this could build upon this present work.

We also drew upon open-ended questions to explore the general population's feelings and thoughts on the acts of sexual offences, victims of sexual offences and paraphilic thoughts and attitudes of non-offending individuals. The content analysis presented meaningful findings regarding empathic views towards treatment for people with paraphilic thoughts and attitudes compared to more punitive views and attitudes for individuals who had committed contact offences. Responses to item 1 highlighted that victims of sexual offences suffer a wide array of lifelong issues, including trauma and difficulties maintaining healthy social and sexual relationships. Respondents also expressed that such childhood experiences could potentially lead a person to act out their abusive childhood experiences in future scenarios in adulthood, supporting findings in [35] The views expressed by respondents, some of whom unanticipatedly shared their own victim experiences, also support [18,2] who suggest victims of childhood sexual abuse can struggle with developing healthy emotional, cognitive, and social relationships.

Across item 2, participants were asked how they felt people who commit sexual offences more broadly should be treated by the public, and respondents significantly suggested the need for harsh punishments and described how individuals who commit sexual offences should be kept away from the general population. Terms such as 'shamed', 'banned forever' and 'shunned and generally embarrassed by the public' support the punitive language discussed in [31] showing that such beliefs are shared across cultures in the UK and internationally. Furthermore, such terminology mirrors similar socially abstract rhetoric and language used by the media to demonize and ostracize people with paraphilic attitudes and behaviors [11]. Further investigation through qualitative interviews with practitioners, academics, and media members [36] found different competing definitions and terminology surrounding paraphilic attitudes and behaviors

that are not reflective of the issue's complexity and are far removed from the realities of individuals who experience paraphilic thoughts and attitudes. In the responses for item 2 in this study, generally, attitudes towards those individuals who have already committed crimes of a sexual nature did not appear to consider the personalized reasons for individuals taking part in paraphilic behaviors. Responses seemed to lack a clear understanding of the complexity of this subject, focusing only on the criminal aspect. Thus, participants used socially abstract terms to describe how they would punish and limit the rights of those who have committed these acts, also seen in [36]

The third item focused on individuals with thoughts and attitudes of a sexually deviant nature who had not committed a crime. Findings suggested empathetic attitudes and compassion, including comments indicating individuals with sexually deviant thoughts and attitudes should have access to 'support', 'therapy' or 'treatment' to avoid committing a criminal offence or causing harm to children or other adults. The data showed a dominant view that it was acceptable for a person to have thoughts of a sexually deviant nature so long as no harm was caused to any other individual because of such thoughts and attitudes. The participants' focus on therapy or treatment as a response to sexually deviant thoughts supports findings from O'Neil and Morgan (2010), wherein surface-level biological understanding of ones' sexual interests can be articulated by the general public. Such explanations also extended to an individual's sexual interest in children and alluded to their brains being treated or altered to avoid criminal acts being carried out (O'Neil & Morgan, 2010). An alternative explanation could be that the general population view sexual orientation towards minors as a mental illness requiring mental health treatment and support [31, 28] report that people believe individuals with paraphilic thoughts and attitudes can change their behaviors with the proper support and treatment. Responses including 'they should have an accessible support network where they can discuss these without fear of shame' suggest that respondents consider the shame and stigma surrounding such sexual etiological issues and how hostile environmental and social distinctions act as societal barriers to support [24]. Respondent's views on item 3 further suggest that the general population can accept that individuals experiencing sexually deviant thoughts and attitudes should have a space where they are free of stigma and shame, thus treating them as individuals with separate psychic identities [37] that are to be understood and perceived as experiencing a sexual attraction [38] despite acknowledged lower levels of public support.

## Limitations

Results of this study should be discussed within the context of study-specific limitations. First, all responses were self-reported and thus vulnerable to social desirability [39]. Generally, shame and stigma negatively impact the reporting



of paraphilia and associated help-seeking behavior [9; 10; 8], and despite participants of this research being assured anonymity, the un-measured role of perceived stigma may have impacted our data. Second, our general population sample largely reported being heterosexual and so, in line with [40], might have elicited lower paraphilia scores at baseline related to a reduced willingness to accurately answer sexuality-related questions and being less sexually liberal. Third, the self-report ostracism scale used was developed exclusively for use with adolescents in high school settings [41]. With no alternative options, we adapted this scale to index retrospective experiences of childhood ostracism; reliant on memories and interpretation through the lens of adulthood. Such memories could be inaccurate or false [42, 43]. Though supported through internal reliability testing in this study, not only do our ostracism centered quantitative findings require replication, but they would also benefit from qualitative expansion amongst adults who experience paraphilic attitudes to better understand the nuances of ostracism experiences during childhood. Fourth, the OSSS-3 used to measure current social support yielded low internal reliability within our sample, which may have impacted the interpretation of our data. Specifically, one such item asks, 'How easy is it to get practical help from neighbors if you should need it?', which may not reflect contemporary sources of social support applicable or important to our participants. The development of a robust social support scale that has more reach into social support features directly referencing paraphilic thoughts and attitudes may help avoid such a scenario in future research.

## Conclusion

Despite little support being available for individuals with paraphilic thoughts and attitudes, social stigma remains a significant barrier for accessing support. Our findings suggested that in men, but not women, greater levels of social support might strengthen baseline relationships between childhood ostracism and experiencing paraphilic thoughts and attitudes. Moreover, we suggest a shift in attitudes towards people with sexually deviant thoughts and attitudes, with the general population indicating empathetic views, using supportive language, and suggesting therapeutic benefit for this group. Together, this study raises questions about the development of public health policy on an international scale for people with deviant sexual thoughts and attitudes to help prevent contact offences being committed in adulthood.

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