

**How to Cite:**

Gaber, M. A., & Emam, A. M. (2023). Prevalence of paraphilic interests among adults in Egypt. *International Journal of Health Sciences*, 7(S1), 516–524.  
<https://doi.org/10.53730/ijhs.v7nS1.14232>

# Prevalence of paraphilic interests among adults in Egypt

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**Abstract**--Background: The Paraphilia now around the world occupy an important position in medicine. Term “paraphilia” (from the Greek “para,” meaning “beside, aside,” and “philia,” meaning “love”) is currently used in psychiatry to define “anomalous” sexual interests. Objectives: Studying prevalence of paraphilic behaviors and interests in a sample of 200 males and 200 females in the population aged from (18 – 45). Methods: Communication was done with different online groups and sites to conduct this cross sectional study. These aimed to orient them about the aim and procedures of the study and explained its benefits. Admins of these groups were helpful but refused to put the name of the groups in the work. admins collected the answered questionnaire to protect identity and privacy of respondents. This study was approved by ethical committee of the Faculty of Medicine Menoufia University. Results: The overall prevalence of paraphilic behavior experience was found 21% with prevalence significantly higher in men than women. The most common paraphilic experience was frotteurism then voyeurism followed by fetishism then pedophilia. Conclusion: It was concluded that paraphilia is not an uncommon behavior in our community. It exists in both sexes but higher among men.

**Keywords**--American psychiatric association, prevalence paraphilic, sexual fantasy.

## Introduction

The term “paraphilia” (from the Greek “para,” meaning “beside, aside,” and “philia,” meaning “love”) is currently used in psychiatry to define “anomalous” or “atypical” sexual interests. [1]. The DSM-5 gives 8 descriptions of paraphilia (criteria A): fetishism, exhibitionism, voyeurism, frotteurism, masochism, sexual

sadism, transvestism, and pedophilia. If these interests generate a “clinically significant” distress or impairment to the person or if they were acted-out with non-consenting others, they become a paraphilic disorder (ie, a mental disorder, criteria Determining what constitutes unhealthy sexual interests and behaviors is of utmost importance, not only for clinical reasons (eg, to provide adequate treatment to persons in need), but also for forensic and legal purposes (eg, child custody, criminal responsibility). However, these definitions of “anomalous” or “atypical” sexual interests are recurrently debated, as they engender more problems than solutions.[1]

Little research has been conducted to examine paraphilic sexual interests in nonclinical samples. The little that exists suggests that atypical sexual interests are more common in men than in women, but the reasons for this difference are unknown. [2] Previous research has shown that paraphilic disorders, interests, and behaviors have been associated with number of clinical factors experienced by the individual including anxiety and depression. Kafka and Hennen, [3] found that mood disorders, particularly major depression and dysthymic disorder early onset subtype, were the most commonly diagnosed comorbid disorders in a sample of men with paraphilias (such as exhibitionism, voyeurism, and pedophilia) and paraphilia-related disorders (such as compulsive masturbation, dependence on pornography, and protracted promiscuity). [3]

Sexual fantasies should not, however, be confused with sexual interests, especially among women. Qualitative analysis of self-reported sexual fantasies has demonstrated that the mere presence of a paraphilic sexual fantasy is not necessarily indicative of a paraphilic interest (or desire), at least in nonclinical samples. [4] Indeed, many respondents who reported submissive or rape fantasies specified that they would never want to have such experiences. [5] The aim of the work was: Studying prevalence of paraphilic behaviors and interests in a sample of 200 male and 200 female in the population aged from (18 – 35). Studying association between studied paraphilic behaviors and sociodemographic factors. Studying association between studied paraphilic behaviors and past history of abuse.

### **Patients and methods**

The methodology used to perform this study was described in the following designs:

- I) Administrative design
- II) Technical design
- III) Operational design

### **The administrative design**

#### **Communication with local authority**

Communication was done with different online groups and sites to conduct this study. These communications aimed to orient them about the aim and procedures of the study and explained its benefits on the community. Admins of

these groups were helpful but refused to put the name of the groups in the work and they insisted on making a written promise.

### **Ethical consideration**

This study was approved by ethical committee of the Faculty of Medicine Menoufia University. All the participants agreed to help in this work after simple and clear explanation of the research objectives. There was no direct contact, but all was through the admins to ensure the privacy of the participants

### **Technical design**

#### **This includes**

- Study type and settings
- Study subjects
- Tools of data collection

Study type and settings: The study was cross sectional (online survey) study.

Study subjects: Male and female aged from 15 to 45 who accepted to share in this study.

Tools of data collection: online submitted Questionnaire.

This questionnaire included the following criteria:

- Personal data: Age, sex, race, religious affiliation, education level, sexual orientation, education, residency (rural or urban), occupation, special habits (smoking, drug abuse, alcohol).
- History: general abuse, sexual abuse, molestation
- Paraphilic Desire and Engagement. Paraphilic desire and engagement was assessed by asking participants to respond to a number of behavioral ratings scales that have been used in past research.

### **Statistical analysis**

Data were statistically analyzed using Statistical Package for the Social Sciences (SPSS) version 23 (SPSS Inc. Released 2015. IBM SPSS statistics for windows, version 23.0, Armonk, NY: IBM Corp.).

### **Results**

The mean age of the studied group was (28.5±1.35, range: 18-35 years old), 50% the of the studied group was male and 50% were female. 58.5% were resident in urban and 41.5% in a rural area, as regard education 49.5 % had medium education and 30 % had high education , 52.5 % of the studied group was not working and 48.5% was working, 30.7% the of studied group was a smoker and 2% was drink alcohol and 3% drug addict. (Table 1) 2.5% of the studied group had a family history of abnormal sexual behaviour, 25.5% and 6.2% had a history of childhood abuse and history of sex abuse respectively. (Table 2)

The overall prevalence of Fetishism, Transvestitism, Voyeurism, Exhibitionism, Frotteurism, Sadism, Masochism and paedophilia experience were 6.2%, 1.2%, 8%, 1%, 8.7%, 2.5% , 4% and 3.7% respectively. The prevalence of paraphilic behaviours experienced was higher in males than female among the studied group. (Table 3) The overall prevalence of paraphilic behaviour desire Fetishism, Transvestitism, Voyeurism, Exhibitionism, Frotteurism, Sadism and Masochism experience were 7.5%, 5%, 8.2%, 4.5%, 8.7%,7.2%, 3% and 5% respectively. The prevalence of paraphilic behaviours desire and fantasy was higher in males than females among the studied group. (Table 4)

The prevalence of most paraphilic behaviours experience was higher in urban area r than rural areas. The prevalence paraphilic behaviours experience was lower in basic education level in compared to medium and higher educational level The prevalence paraphilic behaviors experience was not effect by the occupational and smoking statues of participant. The prevalence of some paraphilic behaviours experience (Exhibitionism and sadism were higher in alcohol drinking participants in compare to non alcohol drinking participant. (Table 5).

Tablet 1: Sociodemographic data of studied groups (no=400)

	no	%
Age		
Mean $\pm$ SD	28.5 $\pm$ 1.35	
Range	18-35	
Gender		
Male	200	50
Female	200	50
Residence		
Rural	166	41.5
Urban	234	58.5
Education		
Basic	82	20.5
Medium	198	49.5
High	120	30
Occupation		
work	194	48.5
not work	206	52.5
Smoking		
Yes	123	30.7
No	277	69.3
Alcohol drinking		
Yes	8	2
No	392	98
Drug addict		
Yes	12	3
No	388	97

Tablet 2: History data of studied groups (no=400)

	no	%
Family history of abnormal sex behavior		
Yes	10	2.5
No	355	88.7
Not known	35	8.7
History of childhood abuse		
Yes	102	25.5
No	298	84.5
History of sexual abuse		
Yes	25	6.2
No	375	93.8

Table 3: Prevalence of paraphilic behaviours experience (at last once in lifetime act) among the studied group (no=400)

	Overall prevalence (no=400)	Male (no=200)	Female (no=200)	Test of sig P value
	no(%)	no(%)	no(%)	
Fetishism	25(6.2%)	23(11.5%)	2(1%)	$\chi^2=18.8$ P=0.001
Transvestitism	5(1.2%)	4(2%)	1(0.5%)	$\chi^2=1.82$ P=0.176
	32(8%)	29(14%)	3(1.5%)	$\chi^2=7.4$ P=0.006
Exhibitionism	4(1%)	4(2%)	0(0%)	$\chi^2=4.04$ P= 0.044
Frotteurism	35(8.7%)	31(15.5%)	4(2%)	$\chi^2=9.1$ P= 0.002
Sadism	10(2.5%)	8(4%)	2(1%)	$\chi^2=3.69$ P= 0.054
Masochism	8(4%)	5(2.5%)	3(1.5%)	$\chi^2=0.51$ P=0.475
Pedophilia	15(3.7%)	15(7.5)	0(0%)	$\chi^2=15.5$ P=<0.001

Tablet 4: Prevalence of paraphilic behaviours desire (wish to experience) among the studied group (no=400)

	Overall prevalence (no=400)	Male (no=200)	Female (no=200)	Test of sig P value
	no(%)	no(%)	no(%)	
Fetishism	30(7.5%)	28(14%)	2(1%)	$\chi^2=18.8$ P=<0.001
Transvestitism	20(5%)	19(5%)	1(0.5%)	$\chi^2=17.1$ P=<0.001

Voyeurism	33(8.2%)	28(14%)	5(2.5%)	$\chi^2=17.4$ P=<0.001
Exhibitionism	18(4.5%)	15(7.5%)	3(1.5%)	$\chi^2=18.8$ P=0.001
Frotteurism	35(8.7%)	25(12.5%)	10(5%)	$\chi^2=8.3$ P=0.003
Sadism	29(7.2%)	25(12.5%)	4(2%)	$\chi^2=7.1$ P=0.007
Masochism	12(3%)	8(4%)	4(2%)	$\chi^2=1.37$ P=0.241
Paedophilia	20(5%)	20(10%)	0(0%)	

Table 5: Distribution of paraphilic behaviors experience among the studied group as regards sociodemographic data

	Fetishism No=25 no(%)	Transvestitism No=5 no (%)	Voyeurism No=32 no(%)	Exhibitionism No=4 no(%)	Frotteurism No=35 no(%)	Sadism No=10 no(%)	Masochism No=8 no(%)	Pedophilia No= 15 no(%)
Age Mean $\pm$ SD Range	22.5 $\pm$ 2.7 18-26	25.5 $\pm$ 1.8 20-27	27.5 $\pm$ 2.2 18-26	28.8 $\pm$ 3.8 21-35	24.7 $\pm$ 3.7 18-28	30.2 $\pm$ 1.9 24-35	29.6 $\pm$ 3.5 18-29	29.6 $\pm$ 3.5 18-26
Residence								
Rural	12(48%)	1(20%)	13(40.6%)	1(25%)	13(37.2%)	4(40%)	3(37.5%)	6(40%)
Urban	13(52%)	4(80%)	19(59.4%)	3(75%)	22(82.8%)	6(60%)	5(62.5%)	9(60%)
Education								
Basic	7(28%)	0(0%)	9(28.1%)	1(25%)	12(34.2%)	2(20%)	2(25%)	4(26.6%)
Medium	8(32%)	2(40%)	11(34.4%)	2(50%)	15(42.8%)	6(60%)	3(37.5%)	5(33.4%)
High	10(40%)	3(60%)	12(37.5%)	1(25%)	8(22.8%)	2(20%)	3(37.5%)	6(40%)
Occupation								
Not work	15(60%)	2(40%)	18(56.2%)	3(75%)	17(48.5%)	3(30%)	3(37.5%)	8(53.3%)
Work	10(40%)	3(60%)	14(43.8%)	1(25%)	18(51.5%)	7 (70%)	5(62.5%)	7(46.7%)
Smoking								
Yes	7(28%)	4(80%)	19(59.4%)	3(75%)	19(54.2%)	6(60%)	6(75%)	9(60%)
No	18(72%)	1(20%)	13(40.6%)	1(25%)	16(45.85)	4(40%)	2(25%)	6(40%)
Alcohol drinking								
Yes	6(24%)	2(40%)	7(21.8%)	3(75%)	20(57.1%)	4(40%)	5(62.5%)	5 (33.3%)
No	19(76%)	3(60%)	25(78.2%)	1(25%)	15(42.9%)	6(60%)	3(37.5%)	10(66.7%)
Drug addict	5(20%)	1(20%)	8(15.6%)	2(50%)	6(17.1%)	6(60%)	6(75%)	8(53.3%)

## Discussion

According to DSM-5, paraphilias were defined as any “intense and persistent sexual interest other than sexual interest in genital stimulation or preparatory fondling with phenotypically normal, physiologically mature, consenting human partners. [6] The main goal of this study was to evaluate the level of interest (desire and experience) in paraphilic behaviors among 200 adult men and 200 women in general population recruited through internet. Most of them were from urban areas, of medium education, without work, with no history of smoking, alcohol drinking or drug addiction, most of them also have no history physical or sexual abuse (tab 1,2 fig1,2.). The overall prevalence of paraphilic behaviors experience was 21% with prevalence 42% in men and 7.5%) among women. In the current study The overall prevalence of paraphilic behaviors (practice or desire) were significantly higher in men (tab 3,4). This finding was like many reported findings which stated that there is sex difference regarding the content of fantasy. They added that greater proportion of men report having fantasies involving

having sadism, exhibitionism, voyeurism, and fetishism while women report fantasies involving masochism Castellini et al. [7] They added that the reasons for this difference is unknown .

Recently, In Swedish phone survey on 1454 men and 119 women, they found that 56% described at least one paraphilic interest. Significant gender differences were found in paraphilic prevalence, socioeconomic and mental health variables, in which women showed fewer positive and stable life factors compared to men. [8] Also Men reported less repulsion than women for almost all the paraphilic interests, except for masochism (where women reported less repulsion than men) and transvestic fetishism (where there was no gender difference. [9]

In current study, the most common paraphilic experience in the studied group was frotteurism (8.7) then voyeurism 8% followed by fetishism 6.2% then pedophilia 3.7% (tab 3). These results are slightly differed than those of Swedish national survey of sexuality and health. [10] Also, they found that voyeurism was 11.5% followed by exhibitionism 4.1% followed by transvestism and sadomachoisim. [11] found that the most common paraphilic interest was voyeurism 34% followed by exhibitionism 31% then fetishism and frotteurism 26%. They were higher when compared to our results. Also, they reported that the internet survey generated significantly higher rate of acknowledgement of experience with voyeurism, fetishism exhibitionism frotteurism and masochism than telephone Joyal and Carpenter, [11] prevalence of paraphilic experience was lower than paraphilic desire with less than 10% (tab3,4). Joyal and Carpenter, [11] found in their analysis that paraphilic interests predicted corresponding behaviors. They added that paraphilic interests and corresponding behaviors were all positive and significant, ranging from 40% to 71% .concordance rates varied with gender and the criminal nature (legal vs. illegal) of paraphilia. Paraphilic interests in adults from the general population may not have the same predictive value as that observed in medico-legal contexts. [11]

This difference in prevalence may be due to non-representative samples as data was collected through internet and those agree to share are more open minded and had access to pornography and dark sites. social shift with globalization added to increase problem over years. Also female in Egypt if exposed to frotteuristic or any act she doesn't call the police fearing of stigma adding to this that community refer this to defect in her appearance and if she want to inform legal authorities her family will refuse to

Some stated the difference in prevalence between studies is expected as many of them did not use the diagnostic criteria found in DSM. Simons and Carey, [12] found that only 16% of 51 studies used the DSM diagnostic criteria. [12] also, O'Donoghue et al. [13] highlighted concerns over the reliability and validity of the diagnosis stating there is a lack of information on the individual, there is clinical subjectivity, and it is unclear how the assessor has arrived at the conclusion that it is "recurrent and intense" Also some studies use the terminology interest to denote desire only while others to study both act and desire. In current study 12.5% males had more than one paraphilic behavior experience (tab.5)

They are all drug addicts / alcoholics or both. Some research point that paraphiliacs usually participate in varieties of paraphilias and those with history of one paraphilia were rare. Abel et al. [14] reported that those have one paraphilia was 10.4% among pedophilic and rapist. However, these studies represent the prevalence of paraphilia among sex offenders recruited from court not in normal population. Other research either in clinical or general samples reported comorbidity for example sadism and masochism, voyeurism and exhibitionism, frotteurism and pedophilia. [15] In the current study the most common behaviors were frotteurism followed by voyeurism then then fetishism and pedophilia. Masochism in female was the 20% from all paraphilic behaviors among female while in men it was 4% this agreed with many studies stated that masochism is common among female than males. [16]

The rate of frotteurism was 12.5% in male, this rate should be considered as previous study results indicate a high rate of victimization among female college students. Furthermore, acts of frotteurism most often occurred in places related to public transportation (e.g., subways, trains or platforms) in this urban setting. In addition, victims reported a number of negative outcomes as a consequence of victimization, including feelings of violation, changes in behavior, and even long-term psychological distress. [17]

The rate of pedophilia was 7.5% in men and zero in women. This rate in our community should be considered alarming specially every now and then there are news about rape of a young child. Also some studies found increased risk of rabe and child sex among frotteuristic and pedophilic. [14] The prevalence pf paraphilic behaviors were slightly higher in urban than rural and this may due to urban has more access to technology and this agree with Fisico and Harkins, who stated that technology facilitated both paraphilic behavior and sexual violence. [18] Also, urban areas are more crowded than rural areas .

In the current study the history of employment, education and smoking has no relation to paraphilia. On the other site, drug addiction and alcohol are associated with paraphilia (tab.6). Also, history of being abused as a child was associated with paraphilia other studies reported that Common characteristics include being from all races and ethnic groups and their intelligence, employment, educational levels, and other demographics were on par with the general population). They added that sexual abuse in childhood, substance abuse, and sexual dysfunction are acknowledged risk factors. Motives behind the act of genital exposure remain obscure, constructed of both sexual and non-sexual impulses. [19]

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