

## Comprehensive Review on Paraphilic Tendencies Among Indian Females Adults

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### ABSTRACT

Paraphilias are the sexual attractions, cravings, fantasies, or highly intense behaviors with things, activities, or even scenarios that defy expectations. When the behaviors are linked to non-consenting individuals, harm one-self or others, or transgress legal and social norms, they become offensive. They can also be characterized by a persistent and distressing nature, a high risk of recidivism, the severity of paraphilic interests, and co-occurring mental health issues. The primary objective of this review paper was to investigate the ways that adult Indian women exhibit paraphilic tendencies. Secondly, to identify and investigate the various ways that paraphilic interests and tendencies are observed in females, as well as to comprehend the causative elements of the formation of paraphilic tendencies. It has previously been identified that the libido/sex drive and psycho-analytic perspective (Sigmund Freud) intricate the complex interactions between sexual desire, arousal patterns, and unusual or abnormal sexual preferences. These tendencies can take many different forms, including fetishes, nonconsensual fantasies (such exhibitionism or voyeurism), or engaging in non-human object sex. Factors related to anticipation and social desirability may distort these results. To develop an intervention strategy for paraphilia in the early stages and to recognize the significance of upsetting situations in public or unhealthy conduct. The impact these deviant acts have on children who witness them or on those around them who feel apprehensive.

**Keywords:** *Paraphilia, Sexual Interest, Non-Consensual Fantasies, Deviant Behaviour*

Paraphilias are persistent and recurrent sexual interests, urges, fantasies, or behaviors of marked intensity involving objects, activities, or even situations that are atypical in nature. While paraphilia is not inherently pathological, a paraphilic condition may develop if it causes suffering, distress, or functional impairment to the affected person or others.

Generally speaking, a paraphilic interest is a sexual interest in an unusual target (clothes, children, etc.) or activity (injuring a partner, staring at an unsuspecting person, etc.); when this interest persists over time and is required for the satisfaction of one's sexual urges, it is referred to as a paraphilia (fetishism, pedophilia, sadism, voyeurism, etc.). The high level of

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## Comprehensive Review on Paraphilic Tendencies Among Indian Females Adults

comorbidity between paraphilias and psychopathologies (such as anxiety and mood disorders) suggests that there may be a single, universal causative mechanism, such as neurodevelopment or environmental stresses (Kafka & Hennen, 2002; Kafka & Prentky, 1988).

“Any intense and persistent sexual interest other than sexual interest in genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners” (APA, 2013).

Sexual interests can be categorized as normophilic (normal), or paraphilic (anomalous; Joyal, 2018). The DSM-5 has defined the difference between paraphilia (atypical sexual interest or activity) and paraphilic disorder in order to account for the possibility that some people may participate in atypical sexual behaviors without being classified as having a mental illness. The latter is characterized as a mental illness resulting from abnormal behaviour that is causing personal distress or “involves another person’s psychological distress, injury or death, or a desire for sexual behaviours involving unwilling persons or persons unable to give legal consent” and lasts longer than six months.

*Categories of paraphilic disorder proposed by the DSM-5 include:*

1. Voyeurism: This refers to the act of achieving sexual arousal through the observation of an unsuspecting and non-consenting person who is naked or engaging in sexual activity;
2. Exhibitionism: This is the act of exposing one's genitalia to unsuspecting strangers and becoming sexually aroused by it;
3. Frotteurism: This is the act of touching or rubbing one's genitalia on the body of a non-consenting stranger for sexual pleasure;
4. Masochism: This is the act of purposefully engaging in an activity that involves humiliation, beating, or other forms of abuse in order to achieve sexual excitement and climax;
5. Sadism: This is the act of inflicting psychological or physical suffering on another person to stimulate sexual excitement and climax;
6. Pedophilia: This is the act of sexual attraction, fantasies and behaviors toward prepubescent children,
7. Fetishism: This is the sexually charged behavior of touching or dressing like an inanimate item) and
8. Transvestism: This is the sexually charged behavior of dressing like a different person).

Less prevalent forms of paraphilic disorder that are not on this list are categorized as paraphilia not otherwise specified, which is a problematic category having problems with validity and reliability. (Longpré, et. al, 2020). Few researches focus on atypical sexual interest or behavior without being labeled with a mental disorder (i.e., Paraphilias; Joyal, 2018).

Paraphilias become offending when the behaviors associated with them involve non-consenting individuals, cause harm to oneself or others, or violate societal norms and legal boundaries, and also have persistent and distressing nature, risk of recidivism, severity of paraphilic interests and co-occurring mental health issues.

Thus, the paraphilic offending underscore the importance of addressing underlying factors, providing support to victims, and implementing comprehensive strategies to prevent and respond to sexual violence and abuse within communities.

### ETIOLOGY

Some recent studies have challenged the validity of the work of its predecessors, dismantling the previous relationship between paraphilia and environmental and genetic factors. It can be pointed out that it is a learned behavior associated with variation in the hormonal stimulation and the androgenic psychology. Three most popular theories regarding the etiology are:

- (1) **Neurobiological model**, where the possibility of linking paraphilia with defective cognitive development abilities suggested that they play a direct role in the pathogenesis of such a disorder/trait (Garcia & Thibaut, 2011).
- (2) **Psychodynamic model**, holds that paraphilia forms as a protective screen to keep the offenders from experiencing the despair and anxiety that comes with any traumatic experience. It made it easier for them to deal with aggressive ideas, a lack of control, and the possibility of losing their bodily integrity. For example, diaper fetish is thought of as a wish to return to an infantile state to be cared for, which may be an attempt to make up for the lack of parental care required in early childhood (Garcia & Thibaut, 2011).
- (3) **Cognitive-Behavioral model**, which hypothesized that the development of arousal to nonsexual object/behaviors occurs through repetitive and recurrent associations between the thought and pleasurable activity. For example, a child found sudden sexual arousal while accidentally visualizing his/her parents or any two consenting adults being intimate, and later on recollects the memory for masturbation and then the repetitive intrusion of this thought leads to his Paraphilic behavior (Garcia & Thibaut, 2011).

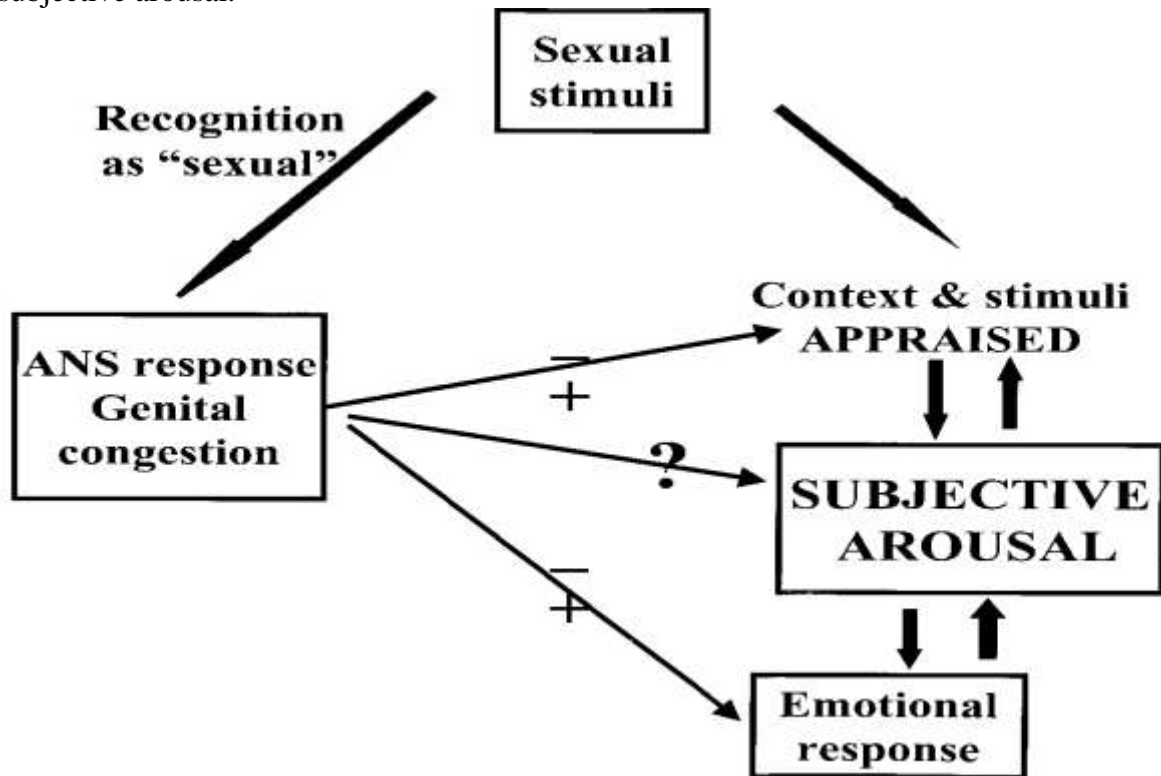
### BIOPSYCHOSOCIAL MODEL

An etiological model of paraphilia attempts to explain the origins or causes of paraphilic behaviors—which include intense sexual fantasies, urges, or behaviors involving non-human objects, as well as suffering or humiliation of oneself, one's partner, children, or other non-consenting persons.

- **Biological Factors:** Some researchers believe that biological factors, such as genetics, hormonal imbalances, or abnormalities in brain structure or function, may predispose individuals to develop paraphilic interests. For example, there may be genetic predispositions that influence sexual arousal patterns or neurochemical imbalances that affect sexual behavior.
- **Psychological Factors:** According to psychodynamic theories, trauma, early life experiences, or abnormalities in psychosexual development could all play a role in the emergence of paraphilic tendencies. For instance, sexual fantasies and maladaptive coping methods may result from experiences with abuse, neglect, or inconsistent parenting.
- **Social and Environmental variables:** The emergence of paraphilias can also be influenced by sociocultural influences, societal norms, and environmental variables. An individual's sexual thoughts and preferences may be shaped by their exposure to particular stimuli or cultural messages around sex and sexuality. Furthermore, rejection experiences, unhealthy relationships, and social isolation can all play a role in the emergence of paraphilic tendencies.

**MODEL OF WOMEN’S SEXUAL AROUSAL**

The following model depicts the results of processing two aspects of sexual stimuli. The limbic system registers and processes the subconscious stimulus's sexual component, which in turn produces objective genital congestion in a matter of seconds. Contextual signals that surround sexual stimuli at the same time are processed intellectually and have the capacity to elicit subjective arousal. The woman's knowledge of her genital arousal enhances this conscious experience to a widely variable extent. This subjective arousal level is also evaluated cognitively (Should I have sex right now? Is it safe and appropriate?). Genital and subjective arousal can also be effectively responded to in two ways: either as something nice and liked, or as something negative and causing feelings of guilt, shame, embarrassment, or fear. It's interesting to note that males tend to emphasize their sexual excitement when describing their level of arousal. Along with their sexual arousal, women often fixate on other pleasant and negative emotions at the same time. The woman's decision to remain focused on the sexual stimuli will be influenced by the moment-to-moment feedback from her emotions and cognition, which will affect her limbic processing and, in turn, her composite experience of subjective arousal.



Basson, R. (2000).

**Model of Women’s Sexual Arousal**

**Males Related Factors for Affecting the Sexual Arousal in Females**

Females having paraphilic interest can be sexually aroused and also influenced by a variety of factors, including those related to males.

- **Experiences of Trauma or Abuse:** According to research, some people may develop paraphilic tendencies as a result of experiencing trauma or abuse, whether as adults or as children. Abuse of any kind, whether physical, sexual, or emotional, can result in inappropriate coping strategies and sexual behaviors.
- **Relationship Dynamics:** Female paraphilic inclinations may arise or persist as a result of abusive or dysfunctional relationships. Relationship dynamics involving

## Comprehensive Review on Paraphilic Tendencies Among Indian Females Adults

power disparities, coercive control, and manipulation can affect people's sexual preferences and behaviors.

- **Early Life Experiences:** A person's early life experiences, such as their attachment styles, familial relationships, and exposure to sexual stimuli, might have an impact on how paraphilic inclinations develop later in life. Sexual development and expression can be impacted by traumatic experiences or early attachment connection disturbances.

Additionally, the dynamics of sexual arousal are complex and multifaceted, influenced by a combination of biological, psychological, and social factors.

### REFLECTION OF PARAPHILIC TENDENCIES

- **Sexual Arousal**

In the presence of positive affective and cognitive feedback, conscious evaluation of sexual stimuli and their context produces the composite feeling of subjective sexual arousal, as demonstrated by a model of female sexual arousal. The notion of sexual arousal necessitates a sexually awake mind that has registered, processed, and interpreted sexual stimuli in order to permit the subjective arousal emotion. The attention remains focused on both the stimuli and the sensation of arousal while this subjective excitement is accepted and even welcomed.

- **Sexual Fantasy**

Scientific investigation into sexual fantasy has been ongoing for almost a century. It is challenging to assess estimates of the frequency and substance of sexual fantasy among women because of volunteer and social desirability biases. It is difficult to evaluate the part fantasy plays in a person's or a partner's sexual function and happiness for the same reasons. According to the most trustworthy and current research, sexual imagination often has neutral to positive effects on function and satisfaction.

- **Sexual offenders**

A complex and diverse collection of people, high-risk sexual offenders most likely have a mix of biological, environmental, and psychological motivations. Sadly, not much study has been done on the motivations behind and characteristics of sexual offenders; this is especially the case for samples that are considered to be at high risk.

- **Hypersexuality**

Hypersexuality has been defined as the inability to regulate one's sexuality despite negative repercussions, excessive sexual actions, and recurrent and intrusive sexual thoughts and fantasies. However, there is nothing new about this symptomatic cluster; over the years, excessive sexual conduct that has detrimental effects on one's social or personal life has been documented (Carvalho, et. al, 2015).

When "too much sex" is pathologies, it can lead to unpleasant emotions such as shame and guilt, which can cause some people who have above-average sexual interest to blame their sexuality for any bad things that happen in their lives. Observing a high correlation between dysregulated or troublesome sexual behavior and mental diseases, some medical professionals have gone so far as to propose that hypersexuality could not actually be a sexual disorder but rather a symptom of another psychological disorder.

### • Sexual Consent

The concept of sexual consent is multifaceted and closely related to both sexual assault and sexual health (Beres, 2014; Giarni, 2015; Simard, 2015). Regretfully, there is a lot of ambiguity when it comes to defining and navigating permission during sexual relationships (Muehlenhard et al., 2016). According to Warren et al. (2015), there is a contention that an individual's comprehension of sexual consent plays a significant role in the commission of sexually aggressive behaviors. Sexual consent is an important concept to take into consideration because it can be confusing when dealing with taboo sexual activities like paraphilias, especially those that involve a lack of consent, like pedophilia and exhibitionism (i.e., exposing one's genitalia to an unsuspecting person) (Långström, 2010 & Muehlenhard et al., 2016).

Jozkowski (2013) discovered a connection between consent and higher overall levels of sexual satisfaction. Consent has been explicitly highlighted in regard to sadism and masochism due to the growing popularity and visibility of BDSM activities; practitioners have emphasized the significance of gaining complete consent before to engaging in such acts (Barker, 2013; Tsaros, 2013).

### • Libido

A common complaint from women seeking medical attention is hypoactive sexual desire. A recurrent or chronic lack of sexual ideas, desires, or fantasies, as well as a lack of receptivity for sexual engagement that results in personal suffering, can be used to characterize this. A woman's definition of normal or even excessive desire may differ from another's; therefore there is no set criterion for what constitutes a lack of desire. The main causes of sexual arousal issues are inadequate vaginal lubrication and vaginal smooth muscle relaxation. Local trauma or insufficient blood supply to the pelvis are typically linked to this disorder. It can also be described as a lack of subjective enthusiasm that is sometimes brought on by physiological issues.

Paraphilic tendencies in relation to libido often delve into the intricate interplay between sexual desire, arousal patterns, and unconventional or atypical sexual preferences. These inclinations can be diverse, encompassing fetishes, non-consensual fantasies (such as voyeurism or exhibitionism), or sexual activities involving non-human objects. By fostering understanding, empathy, and acceptance, individuals can navigate their sexual desires in ways that promote personal fulfillment, mutual respect, and ethical engagement.

## HIGHLIGHTS OF THE PREVIOUS RESEARCHES BASED ON PARAPHILIA

1. **'Emotion and Morality in Psychopathy and Paraphilias'**, Research and discussion on the subject of emotion's influence on moral judgment have been ongoing. *They explored the interplay between emotion and moral judgment in particular psychopathological groups that are marked by abnormalities in emotion processing, such as psychopaths and sexual offenders with paraphilic illnesses (Harenski & Kiehl, 2011).*
2. **'Paraphilic Interests: The Role of Psychosocial Factors in a Sample of Young Adults in Hong Kong'**, *The findings showed that the best ways to distinguish between people who reported highly stigmatized paraphilic interests and engaging in the paraphilic behaviors associated with these interests and people who did not report such paraphilic interests or behaviors were higher moral disengagement and impulsivity, lower sexual control, and maladaptive understandings of consent. These findings provide new avenues for investigating the mechanisms that underlie*

paraphilic behavior and could be the focus of interventions meant to stop people from engaging in potentially dangerous paraphilias (Chan, 2021).

3. **‘Paraphilic Interests: An Examination of Sex Differences in a Nonclinical Sample’**, It implies that men are more likely than women to have abnormal sexual preferences, yet the causes of this discrepancy are unclear. *An online survey measuring sexual experiences, sexual interests, markers of neuro-developmental stress, sex drive, mating effort, impulsivity, masculinity/femininity, and socially desirable responding was completed by 305 men and 710 women in total. Sex drive was the only variable that fully and significantly mediated the sex difference in paraphilic interests, according to mediation analysis (Dawson, et. al, 2014).*
4. **‘Between DSM and ICD: Paraphilias and the Transformation of Sexual Norms’**, The classifications of sexual illnesses, which characterize pathological elements of "sexually arousing fantasies, sexual urges, or behaviors," are said to be representations of modern gender relations, sexual standards, and gender identities. *It attempts to show how, over the course of the 20th century, the medical community's approach to treating sexual perversions and paraphilias changed. Rather than pathologizing or even criminalizing non-reproductive sexual behaviors, it now reflects and values sexual responsibility and well-being and pathologies the lack of or restriction of consent in sexual relationships (Giami, 2015).*
5. **‘Emotion dysregulation and hypersexuality: review and clinical implications’**, an etiological model common to both emotion dysregulation and hypersexuality is developed from an attachment-theory approach. In conclusion, they tackle *the problem of hypersexual conduct within the framework of romantic partnerships, adopting an interpersonal viewpoint on feeling and controlling emotions. Since emotion control abilities are expected to vary throughout the course of a person's lifetime, we use a range of age categories, from puberty to the elderly (Garofalo, et. al, 2015).*
6. **‘The Prevalence of Paraphilic Interests and Behaviors in the General Population: A Provincial Survey’**, Comparing the outcomes of two survey modes—traditional landline telephone versus online—was a secondary objective. *Roughly one-third of the sample had at least some experience with paraphilic practices, and nearly half indicated interest in at least one paraphilic category. As anticipated, compared to the telephone method, the online approach produced more acknowledgment of paraphilic interest. The present distinction between abnormal (paraphilic) and normal (normophilic) sexual habits is called into doubt by these findings (Joyal and Carpentier, 2016).*
7. **‘What Exactly Is an Unusual Sexual Fantasy?’**, This study's primary objective was to ascertain, from a statistical perspective, which SF are uncommon, common, rare, or typical among a sizable sample of people chosen from the general population. Additionally, this study attempts to show through quantitative and qualitative analysis that some fancies that are frequently seen as uncommon are in fact common. *Qualitative analyses validated these findings. Furthermore, for all SF in both genders, the existence of a single subservient fantasy was a strong predictor of overall scores. It made the argument that the impact of a sexual desire should be examined more so than its details (Joyal, et. al, 2015).*
8. **‘Exhibitionistic and Voyeuristic Behavior in a Swedish National Population Survey’**, They investigated, the frequency and correlates of self-reported sexual excitement from showing one's genitalia to a stranger (exhibitionistic conduct) and spying on others during sexual activity (voyeuristic behavior). The paraphilia-like behaviors were positively correlated with male characteristics such as higher

psychological problems, lower life satisfaction, increased use of alcohol and drugs, and increased sexual interest and activity in general. *This included having more sexual partners, being more sexually aroused, masturbating more frequently, using pornography more frequently, and being more likely to have had a same-sex sexual partner. There was proof of both general and particular relationships between sexual imaginations and the paraphilia-like actions that go along with them (Långström & Seto, 2006).*

### TREATMENT AND APPROACHES BASED ON PARAPHILIA

Persons with sexual paraphilias have been known to be fairly resistant to psychological treatment.

- 1. Psychoanalysis and psychoanalytic psychotherapy:** If the patient is psychologically inclined and has a strong enough ego to benefit from therapy, this is very beneficial. Psychotherapy for fetishism aim to help individuals understand and manage their fetishistic interests, reduce distress or impairment, and explore alternative sources of pleasure and intimacy within consensual relationships. Psychotherapy for sadism and masochism focuses on promoting consensual and safe practices, enhancing communication and trust within BDSM relationships, and addressing any underlying psychological issues or trauma that may influence BDSM interests.
- 2. Behavior Therapy:** When a patient gives their agreement, aversion therapy is the recommended course of treatment for severe, upsetting paraphilia. The therapies aim to reduce voyeuristic behaviors, decrease arousal in response to observing others without consent, and promote healthy sexual expression and boundaries. Therapy for exhibitionism focus on reducing the urge to expose oneself to others without consent, managing triggers and arousal patterns, and developing prosocial behaviors and coping strategies.
- 3. Cognitive-Behavioral Therapy - CBT** has been and still is the major method used to treat people who have paraphilias or are sex offenders. The primary treatment strategy for it entails reducing inappropriate sexual arousal using a range of methods, such as gradual desensitization, fading, satiation, and covert sensitization. Using techniques like fading or orgasmic reconditioning, this strategy also aims to maximize the level of sexual arousal experienced by adult partners. Additional components of Cognitive-Behavioral Therapy include: cognitive restructuring; training in assertiveness; social skills; intimacy deficits; treatment for sexual dysfunction; enhancing empathy; personal victimization; relapse prevention; and a variety of adjunctive therapies that have been developed over time.  
Cognitive restructuring aimed at disputing mistaken beliefs; behavioral therapies for controlling cravings and averting relapses; and Social Skills and Empathy Training. The therapies focus on addressing distorted thoughts and behaviors associated with pedophilic interests, managing arousal patterns, developing healthy coping strategies, and preventing harm to children.
- 4. Drug Therapy:** When paraphilias are linked to extreme or dangerous aggression, antipsychotics have occasionally been utilized. Benperidol was once thought to be especially helpful, but this hasn't been proven, and the medication isn't sold anymore. For paraphilias exhibiting excessive sexual activity, antiandrogens such as medroxy-progesterone acetate or cyproterone acetate may be prescribed.

### Implications

Research and literature have predominantly focused on paraphilias among males, but there is increasing recognition of paraphilic interests among females as well.



## Comprehensive Review on Paraphilic Tendencies Among Indian Females Adults

- 1. Social Stigma:** Because of their paraphilic interests, women may experience discrimination, shame, and social stigma similar to that experienced by men with paraphilias. Regardless of gender, people with paraphilias may experience social exclusion and isolation due to society's interpretation of what constitutes "normal" or "acceptable" sexual conduct.
- 2. Mental Health Concerns:** Just like other sexual behaviors, paraphilias can have an adverse effect on mental health. When it comes to their sexual preferences, people who suffer from paraphilias may go through periods of distress, worry, despair, or other psychological problems, particularly if they feel unable to explore or talk about them honestly.
- 3. Relationship Challenges:** Intimate relationships may face difficulties due to paraphilic interests. Paraphilic tendencies can be difficult for partners to comprehend or tolerate, which can cause disagreements, communication problems, and even tension in the relationship.
- 4. Legal and Ethical Considerations:** Paraphilic actions could be against the law or unethical in some situations. For example, a paraphilic interest may result in damaging or non-consensual actions that put the person and anyone involved in legal hot water and provides moral challenges.
- 5. Access to Support and Treatment:** It can be difficult to locate compassionate medical professionals and support groups, which can make feelings of misery and loneliness worse.
- 6. Gender Perspectives:** Compared to research on paraphilias in men, little is known about paraphilias in women. In order to create gender-sensitive therapies and support services, more research is needed to understand the prevalence, traits, and effects of treatment for paraphilias in females.
- 7. Cultural and Societal Influences:** These variables have an impact on how gender and sexuality are perceived, which in turn affects how female paraphilic interests are perceived and dealt with. Cultural views on female sexuality may influence how paraphilic view themselves and seek support.

Regardless of gender, it's critical to approach conversations regarding paraphilias with compassion, respect, and a dedication to comprehending unique experiences and needs. Having access to mental health treatments, education, and nonjudgmental support may be extremely helpful in assisting people in understanding and managing their paraphilic interests in a positive and healthy manner.

### CONCLUSION

According to the findings, experiences connected to paraphilia cannot be viewed as abnormal from a normative standpoint. Compulsive masturbation, prolonged promiscuity, dependence on pornography, cybersex, telephone sex, extreme sexual desire incompatibility, and paraphilia related disorder not otherwise characterized are among the prevalent disorders associated with paraphilia. The findings showed that sexual aberrations of all kinds and a high frequency of deviant behaviors are common in individuals with paraphilia.

There are researches which are more emphasize on males rather than females, but the females are too prone to paraphilic tendencies which are not highlighted much in the papers. Higher the paraphilic tendency, higher is the impulsivity. Sex desire completely explained the male-biased sex differences after adjusting for socially desirable responses.

## Comprehensive Review on Paraphilic Tendencies Among Indian Females Adults

There is a need of insight provided to both the genders which are gained through psycho-education or psychotherapy. To recognize the importance of distressing events in public or dangerous conduct, and to create an early intervention plan for paraphilia. The Mental Health Professionals are open to help the individuals or provide supportive environment to onself. There should be awareness programs based on such sensitive topic like sexuality or paraphilia which are still taboo to some places and unaware of the future consequences. These deviant behaviours are uncomfortable for the other people or the impact on the children watching them. Thus, Psycho-education or awareness program provision should be there in school and college at broader level and should consider as an important part of their knowledge.

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## Comprehensive Review on Paraphilic Tendencies Among Indian Females Adults

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