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Sexual Fantasies, Sexual Trauma and the Weight of Shame: A Latent Profile Analysis

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ABSTRACT

Childhood sexual abuse (CSA) and adulthood sexual assault (ASA) have been associated with the emergence of violent and shame-filled sexual fantasies in adulthood. Shame related to sexual fantasies may be linked to psychological distress and erotophobia, yet the interplay between fantasy themes, shame, and CSA/ASA remains underexplored. This study used a three-step latent profile analysis on a sample of 1,414 Canadian adults (309 CSA and 423 ASA survivors) to examine profiles of fantasies with associated shame, to compare these according to sociodemographics, victimization experiences, psychological distress and erotophobia. Three profiles emerged: (1) *Fantasy-Lite*, characterized by few fantasies and low shame; (2) *Submission-linked Shame*, marked by numerous submissive and victimization fantasies with high shame; (3) *Perpetration-linked Shame*, defined by dominant and perpetration fantasies coupled with high shame. Gender and sexual orientation were associated with profile membership: women and non-heterosexual participants were more frequent in *Submission-linked Shame*, while men were predominant in *Perpetration-linked Shame*. CSA survivors were predominantly in the *Perpetration-linked Shame* profile, while ASA survivors were more likely to belong to the *Submission-linked Shame* profile. These two profiles presented significantly higher levels of psychological distress and erotophobia than *Fantasy-Lite*. Findings highlight distinct fantasy-shame patterns and their relevance for trauma-informed clinical interventions.

KEYWORDS
Sexual fantasy; sexual trauma; shame; psychological distress; erotophobia; latent profile analysis

Introduction

Sexual fantasies are arousing imaginary scenarios that can range from brief thoughts to in-depth stories with detailed plotlines (Critelli & Bivona, 2008; Lehmiller, 2018; Leitenberg & Henning, 1995). According to research, fantasies may be shaped by present or past sexual experiences, including traumatic experiences such as sexual victimization (Critelli & Bivona, 2008). Given the boundless nature of human imagination, research has identified a wide array of fantasy themes in the general population (Joyal et al., 2015; Lehmiller, 2018). Among these, two types of fantasies have garnered particular research interest: BDSM (i.e., Bondage, Discipline, Domination, Submission, Sadomasochism) fantasies, which involve consensual sexual activities characterized by power dynamics between partners or the use of pain for sexual gratification (e.g., "I fantasize about being spanked/whipped by a partner"; Gewirtz-Meydan et al., 2024); and violent fantasies, which depict coerced or forced sexual encounters (e.g., "I fantasize about being forced to have sex"; Briere et al., 1994; Canivet et al., 2024; Gewirtz-Meydan & Opuda, 2023; Gold, 1991). Indeed, large-scale population studies in Canada and the United States reported that BDSM fantasies are endorsed by 40% to 96% of individuals, while violent fantasies are reported by 30% to 87% (Joyal et al., 2015, n = 1,516 adults; Lehmiller, 2018, n > 4000 adults). These are quite high prevalences considering that BDSM and violent fantasies were long believed to be rare and indicative of a problematic sexuality (Canivet et al., 2022; Joyal et al., 2015; Leitenberg & Henning, 1995).

Historically, due to their depictions of psychologically and physically violent sexual acts, these two fantasy types were often grouped together in research under the umbrella "deviant fantasies" (Canivet et al., 2022; Joyal et al., 2015). However, recent research has emphasized a critical distinction: BDSM fantasies involve consensual acts between trusted partners, while violent fantasies depict nonconsensual scenarios implicating a victim and a perpetrator (Canivet et al., 2022; Lehmiller, 2018). General population studies showed both are common and not inherently problematic or deviant (Joyal et al., 2015; Lehmiller, 2018). Nevertheless, some individuals may experience distress toward these fantasies, influenced by factors such as gender and past victimization experiences (Bivona & Critelli, 2009; Critelli & Bivona, 2008).

These variations in distress toward BDSM and violent fantasies have encouraged a branch of studies focused on survivors of child sexual abuse (CSA), as theoretical models have suggested that traumatic memories of sexual abuse may be a contributing factor to the genesis of such fantasies in individuals (Covarrubias, 1996; Stoller, 1987). Indeed, multiple studies in this area indicated that survivors of CSA report higher prevalence rates of both BDSM fantasies and violent fantasies and are more likely to report erotophobic reactions toward these fantasies, which manifest primarily as distressing feelings of discomfort, anxiety and shame toward their own sexual thoughts (Canivet et al., 2022; see Gewirtz-Meydan & Opuda, 2023 for review). It should be noted that gender differences

have also been observed regarding these fantasies in both survivors of CSA and the general population: women are more likely to report submissive, masochistic fantasies or fantasies where they take on the role of a victim (i.e., victimization fantasies), whereas men tend to report dominant, sadistic fantasies or fantasies where they take on the role of a perpetrator (i.e., perpetration fantasies; Briere et al., 1994; Gold, 1991; Joyal et al., 2015).

According to two international meta-analyses regrouping publications from 1982 to 2009, CSA affects an estimated 18% of women and 8% of men globally, with rates as high as 69% for women and 47% for men in some studies (Barth et al., 2013, n = 55 studies; Stoltenborgh et al., 2011, n = 217 studies). Similarly, ASA prevalence rates range from 17% to 25% for women and 1% to 4% for men according to an international meta-analysis of 497 studies published between 1970 to 2014 (Dworkin et al., 2017). Both forms of victimization have been linked to profound psychosexual consequences, including heightened erotophobia, which is the tendency to respond negatively to sexual cues (e.g., with discomfort, anxiety and/or disgust; Bigras et al., 2015; Kilimnik & Meston, 2021; Lafortune et al., 2021; Williams et al., 2025), psychological distress (e.g., depression and anxiety; Drapeau et al., 2012), and feelings of guilt and shame (Gewirtz-Meydan & Opuda, 2023). Considering that a negative experience of BDSM or violent sexual fantasies may also be associated with negative repercussions on the psychosexual well-being of survivors (see Gewirtz-Meydan & Opuda, 2023 for a review), work on sexual fantasies in therapeutic contexts may be beneficial in assisting survivors in the integration of their traumatic histories and the repossession of power in their sexuality (Gewirtz-Meydan & Opuda, 2023; Gewirtz-Meydan et al., 2024). However, considering the diversity and sometimes lack of results regarding associations between CSA, ASA and sexual fantasy experiences, a necessary first step lies in the exploration of the seemingly heterogenous sexual fantasy experiences of both survivors of sexual abuse and non-victims. This type of exploration would enable research to capture the possible profiles of fantasy experiences and identify which ones seem most prevalent in survivors.

Factors Influencing Emotional Experiences Associated with BDSM and Violent Fantasies

Gender and Childhood Sexual Abuse (CSA) have been widely recognized as key factors shaping sexual fantasies, especially among female survivors, who often report distressing fantasies (Bivona & Critelli, 2009; Camuso & Rellini, 2010; Critelli & Bivona, 2008; Gewirtz-Meydan & Opuda, 2023). Adult Sexual Assault (ASA), however, remains less explored (Renaud & Byers, 2006). Both BDSM and violent fantasies have been associated with complex emotional responses among CSA survivors of all genders (Bivona & Critelli, 2009; Gewirtz-Meydan & Opuda, 2023).

Research on BDSM fantasies in relation to CSA is currently divided. Some experts have suggested that BDSM fantasies and practices, due to the power dynamics implicated, may inadvertently retrigger traumatic memories (Gewirtz-Meydan et al., 2024). Others have argued that BDSM may serve as

part of the healing process by providing survivors with a means of processing trauma. Meanwhile, studies are sparser regarding ASA and BDSM fantasies; a study by Renaud and Byers (2006) found that ASA survivors of both genders but not CSA survivors reported more unwanted, negative cognitions of sexual submission (e.g., fantasies, thoughts, daydreams), compared to non-victims. Furthermore, another study by the same authors found no unique association between either CSA or ASA experiences and the likelihood of reporting negative sexual dominance cognitions in both men and women (Renaud & Byers, 2005), suggesting that the emotional experiences associated with BDSM fantasies are complex and nuanced (Gewirtz-Meydan et al., 2024).

Comparatively, previous research on violent fantasies has tended to report stronger negative emotional experiences, particularly among CSA survivors, though findings have been mixed (Gewirtz-Meydan & Opuda, 2023). Additionally, data on ASA survivors remains scarce. Studies on women from the general population have identified diverse emotional experiences linked to violent fantasies (Bivona & Critelli, 2009). In sum, for both women and survivors of sexual abuse, these fantasies can be experienced as exclusively erotophilic, exclusively erotophobic, or both simultaneously (Critelli & Bivona, 2008; Gewirtz-Meydan & Opuda, 2023; Kanin, 1982). Critically, past literature has made the distinction between desirable and unwanted violent fantasies (Bivona & Critelli, 2009; Gold, 1991; Kanin, 1982). In desirable violent fantasies, the fantasizer feels in control and often portrays themselves as so irresistible the aggressor cannot "help themselves;" the aggressor is also often portrayed as sexually appealing (Renaud & Byers, 2006). These are often associated with more erotophilic female experiences of sexuality with low levels of guilt and anxiety toward their sexual cognitions (Bivona & Critelli, 2009; Strassberg & Lockerd, 1998). Desirable fantasies may also reduce negative feelings (e.g., shame) associated with internalized stigma by shifting agency to the imagined coercion, aligning with social norms that discourage women from desiring sex (Bivona & Critelli, 2009; Critelli & Bivona, 2008; Strassberg & Lockerd, 1998).

In contrast, unwanted violent fantasies, though less common, are typically akin to intrusive trauma-related flashbacks, often reflecting fear and psychological distress (Renaud & Byers, 2006; Strassberg & Lockerd, 1998). These fantasies are more common in female survivors of CSA and are associated with more erotophobic experiences of sexual cognitions, characterized by discomfort, shame, and distress (Critelli & Bivona, 2008; Gold, 1991; Kanin, 1982; Maltz, 1995; Renaud & Byers, 2006; Strassberg & Lockerd, 1998).

In sum, BDSM and violent fantasies are associated with emotionally ambivalent and often contradictory experiences for survivors of CSA and ASA, sometimes retraumatizing, sometimes empowering (Gewirtz-Meydan et al., 2024). While literature on CSA survivors has been more developed, empirical data on ASA survivors remains strikingly limited, especially in relation to fantasy experience (Renaud & Byers, 2006). This gap in research not only restricts our understanding of the full spectrum of survivors' fantasy experiences but also hinders the development of nuanced, trauma-informed clinical approaches. Further research is needed to explore how CSA

and ASA survivors of both genders engage with BDSM and violent fantasies.

Theoretical Perspectives on BDSM and Violent Fantasies

While the associations between CSA, ASA and BDSM or violent fantasies remain unclear as studies have presented divided results (Gewirtz-Meydan & Opuda, 2023; Gewirtz-Meydan et al., 2024), the proposed theoretical frameworks suggest that CSA experiences play a critical role in determining whether an adult will experience desirable, arousing fantasies or unwanted, distressing fantasies (Covarrubias, 1996; Stoller, 1987). According to the U.S.-based psychiatrist Stoller (1987), BDSM and violent fantasies are "perversions" resulting from CSA experiences and represent a defensive mechanism, through which survivors attempt to regain control over traumatic memories by transforming them into more ego-friendly, exciting sexual fantasies. For instance, feelings of powerlessness and anger during CSA may be expressed in the form of domineering or humiliating behaviors committed toward a partner as part of fantasies, creating a sense of "triumph" over the trauma through sexual excitement (Stoller, 1987). However, this triumph brings only temporary relief from distress and anger, leading to the need to repeat these fantasies, which can become intrusive and uncontrollable and rekindle distress. This cycle is known as compulsive repetition, a term originally coined by Freud (Stoller, 1987). Stoller's (1987) theory is also coherent with the four traumagenic dynamics, a model developed by two U.S.-based sociologists, Finkelhor and Browne (1985), which postulates that CSA experiences represent a traumatic introduction to sexuality that alters a survivors' psychosexual development and interpretation of self. According to Finkelhor and Browne (1985) this alteration happens through four dynamics: (1) traumatic sexualization, whereby the child's sexuality is shaped in inappropriate or dysfunctional ways; (2) betrayal, involving the violation of trust by a trusted figure; (3) powerlessness, reflecting the child's inability to control or prevent the abuse; (4) stigmatization, referring to the internalization of shame, guilt, or a sense of being fundamentally damaged. These dynamics interact to produce lasting emotional, cognitive, and relational difficulties, shaping survivors' sexual self-concept and their vulnerability to feel distress in sexual contexts.

In a theoretical review of fantasies in female survivors of sexual abuse, Covarrubias (1996) employed Stoller's (1987) model in combination with Finkelhor and Browne's four traumagenic dynamics (1985) to argue that violent fantasies, while arousing to survivors, may simultaneously provoke guilt, shame, and distress. Indeed, while BDSM and violent fantasies may help survivors face feelings such as powerlessness, survivors may interpret these fantasies as deriving pleasure from past abuse, creating a dissonance between the arousal elicited by such fantasies and the traumatic memories of victimization. This dissonance would, in turn, make such fantasies particularly distressing and anxiety-provoking for survivors of CSA (Covarrubias, 1996).

Based on Covarrubias's 1996 framework, while BDSM and violent fantasies are not exclusive to survivors of CSA, they may be more likely to be marked by shame, anxiety, and distress in this population. As shown by Renaud and Byers (2006), this greater propensity toward negative fantasy experiences may also be found among survivors of ASA; however, no theories are available regarding ASA and the genesis of BDSM and violent fantasies.

Current Study

The primary objective of this study was to identify distinct latent profiles of individuals (survivors and non-victims) based on the presence of BDSM and violent themes in sexual fantasies and the levels of shame associated with these themes.

In order to address the gaps in research regarding victimization history and sexual fantasies, this study pursued three sub-objectives: (1) examine how differences in victimization history (i.e., CSA, ASA, revictimization) influences profile membership (covariates); (2) account for the role of gender and sexual orientation, known to influence the content of fantasies and the emotions associated with them in the general population (Joyal et al., 2015; Lehmiller & Gormezano, 2023; Nimbi et al., 2020) by examining how they influence profile membership (covariates); (3) assess whether different fantasy-shame profiles are associated with variations in psychological distress and erotophobia (outcomes).

Person-centered approaches, such as Latent Profile Analysis (LPA), provide a powerful tool for identifying distinct subgroups of individuals (Nylund et al., 2007) based on their fantasy experiences, including themes (e.g., BDSM, violent fantasies) and emotional responses (e.g., shame, distress). This approach is particularly valuable for exploring heterogeneity in survivors' fantasy experiences and emotional responses, distinguishing between those who experience fantasies as erotophilic and empowering versus those who find them distressing and shame-inducing. Furthermore, examining the influence of CSA and ASA on the likelihood of belonging to specific fantasy profiles can deepen our understanding of how trauma shapes psychosexual well-being in adulthood and thus enable the deployment of targeted interventions.

Method

Participants

A non-probabilistic convenience sample of adults living in Quebec (Canada) was recruited via ads promoting a study on sexual well-being on social media platforms (i.e., *Facebook* and *Instagram*) between June and September 2021. To be eligible for the study, participants had to be at least 18 years old, currently residing in Quebec, and proficient in either English or French. Prospective participants were directed to a survey hosted on the secure platform *Qualtrics*, where they could review the study's objectives and provide electronic consent before accessing the questionnaire (available in English and French). The survey took approximately 30 to 40 minutes to complete. Those who completed at least 70% of the questionnaire were eligible to enter a draw to win one of 30 gift cards (values ranging from CAD$25 to CAD$200). A list of local resources (e.g., helplines) and a contact list of research team

members was provided to each participant in the event of any discomfort or difficulty while completing the questionnaire. A total of 2,154 individuals participated; 65.6% of respondents provided usable data by completing at least one of the eight indicators examined in the study (i.e., prevalence of BDSM and violent fantasies and levels of shame toward these fantasies). The final sample in the anonymized database included 1,414 participants aged 18 to 77 years old ($M = 40.2$; SD = 12.5), with 22% ($n = 309$) of participants reporting at least one experience of CSA, 30% ($n = 423$) reporting at least one experience of ASA, and 11% ($n = 155$) reporting revictimization (having experienced both CSA and ASA). Table 1 presents detailed sample sociodemographic characteristics. This study was approved by the institutional ethical review board at the University of Quebec in Montreal.

Measures

Latent Profile Indicators: Sexual Fantasies

A 14-item questionnaire was created using selected items from fantasy indexes employed by Joyal et al. (2015) and recommendations from Gewirtz-Meydan and Opuda's review (2023) for assessing levels of shame toward fantasies (see Supplementary material #1 for full questionnaire). This questionnaire assessed the presence of specific sexual fantasies, focusing on key themes like BDSM and violent fantasies commonly identified in CSA survivors. The final index explores four themes of sexual fantasies, including four items on submission/masochism fantasies (e.g., "I have fantasized about being tied up by someone"), four items on domination/sadism fantasies (e.g., "I have fantasized about spanking or whipping someone"), three items on endured violence fantasies (e.g., "I have fantasized about being forced to have sex"), and three items on perpetrated violence fantasies ("I have fantasized about taking advantage of a person who is drunk, asleep or unconscious"). Participants indicated whether they had experienced each fantasy by answering yes (1) or no (0). When participants indicated "yes" to any given fantasy, a follow-up question asked them to evaluate if they felt any shame regarding this specific fantasy on a four-point Likert scale ranging from no shame (0) to intense shame (3). For the prevalence of fantasy themes, scores (0–4) were calculated by summing fantasy items (+1 for each fantasy participant answered yes to). Shame scores (0 No shame to 3 Intense shame) were computed by using the mean of the shame items related to each separate fantasy theme (e.g., mean of the 4 shame items related to submission fantasies). Internal consistency for all subscales was acceptable in our sample ($\alpha = .60 - .74$).

Covariates

Sociodemographics. A sociodemographic survey collected data on participants' age, gender, sexual orientation, relationship status, level of education, employment status, and annual family income to document sample characteristics. Gender and sexual orientation were used as covariates in the final LPA model since it has been documented that these variables can be associated with sexual fantasies (Joyal et al., 2015; Lehmiller & Gormezano, 2023; Nimbi et al., 2020).

Table 1. Sociodemographic of the current sample ($n = 1,414$).

Sociodemographic variables	(n) %
Gender	
Women	(779) 55.1
Men	(574) 40.6
Other (e.g., non-binary)	(61) 4.3
Sexual Orientation	
Heterosexual	(1,053) 74.5
Homosexual	(74) 5.2
Bisexual	(208) 14.7
Other (e.g., queer)	(63) 4.5
Ethnicity	
Caucasian	(1,336) 95.5
Other (e.g., Asian)	(78) 4.5
Relationship Status	
Single	(368) 26.1
In a relationship	(217) 15.4
Cohabitating	(496) 35.1
Married	(203) 14.3
Other (e.g., divorced)	(130) 9.1
Highest educational degree	
Elementary school	(17) 1.2
High school	(225) 15.9
College/professional programs	(546) 38.6
University, bachelor	(462) 32.7
University, graduate	(163) 11.5
Employment status	
Full-time worker	(994) 70.5
Student	(154) 10.9
Unemployment/Seeking	(59) 4.2
Retired	(78) 5.5
Other (e.g., medical leave, volunteering)	(125) 8.8
Annual family income	
CAD$49,999 or less	(355) 25.1
CAD$50,000 or more	(1,059) 74.9

Sexual victimization. Childhood sexual abuse (CSA) and adult sexual assault (ASA) were assessed using a three-item measure aligned with the Canadian Criminal Code (two items for CSA and one for ASA). This measure, validated by Bigras and colleagues (Bigras et al., 2017; α = 0.90) among the Quebec population, assesses the experience of non-consensual or illegal sexual acts. This study opted for an evaluation of CSA and ASA based on legal definitions instead of self-perceived identification as a victim of CSA/ASA as studies have reported that this allows for a more accurate portrait of CSA/ASA prevalences (Godbout et al., 2025; Vaillancourt-Morel et al., 2016). Indeed, measures based on self-perceived victimization (e.g., are you a victim of CSA/ASA?), tend to underestimate the prevalence of sexual abuse as survivors frequently have difficulty perceiving and reporting past sexual trauma. Furthermore, men tend to underreport sexual abuse experiences when using self-perception as being a victim of sexual abuse is in direct conflict with traditional masculinity (Godbout et al., 2025). Participants were presented with a definition of sexual behavior ("A sexual act consists of any act, with or without contact, that seems sexual to you, such as caressing, kissing, sexual touching, oral, vaginal or anal sex, verbal sexual advances, or exposure to sexual content"), and asked using a Yes/No format, whether they had experienced any unwanted sexual behaviors or behaviors they could not consent to legally (e.g., with an adult in a position of authority) before the age of 18 (17 or less) to determine CSA. Participants were then asked, using a Yes/No format, if they had experienced any unwanted sexual behaviors after the age of 18 to determine ASA. Based on responses a dichotomous variable was created for individuals who responded "yes" to both CSA and ASA, to account for revictimization experiences.

Outcomes

Erotophobia. The 16-item Sexual Anxiety Scale (Lafortune et al., 2021) was used to assess participants' level of erotophobia in response to four sexual contexts or cues: (1) information about sexual health (e.g., "being exposed to information about STIs"), (2) sexual communication (e.g., "talking with my partner about our respective sexual fantasies"), (3) other's sexuality (e.g., "seeing two people kissing or fondling together) and (4) sexual exploration (e.g., "masturbating"). Participants were asked to evaluate their degree of anxiety and discomfort toward these different sexual contexts, using 4-item subscales per context. Each item was evaluated on a scale ranging from 0 (No anxiety) to 100 (Extreme anxiety). In this study, an overall score was calculated, using the total sum of all 16 items (0–1600). Higher scores indicate higher levels of erotophobia. Internal consistency within this sample was strong (α = .88).

Psychological distress. The 6-item K-6 Distress Scale (Kessler et al., 2003; α = .89), was used to assess participants' psychological distress. This scale assesses the frequency of anxious and depressive symptoms experienced over the past month (e.g., feeling nervous or hopeless). Participants reported how often they had these feelings on a five-point Likert scale ranging from 0 (None of the time) to 4 (All the time). Higher scores reflected greater psychological distress. Internal consistency within this sample was strong (α = .87).

Data Analysis

A three-step Latent Profile Analysis was conducted on Latent Gold 6.0 (Vermunt, 2010; Weller et al., 2020) to identify distinct profiles of participants. Indicator variables were sexual fantasy themes and associated levels of shame; covariates were CSA and ASA experiences and sociodemographic characteristics (i.e., gender and sexual orientation); distal outcome variables were erotophobia and psychological distress scores. First, LPA was performed on the eight continuous fantasy indicators (i.e., number of fantasies and levels of shame for each theme). LPA models with varying numbers of profiles (one to five) were estimated and compared to determine the best-fitting model. The selection of the optimal model was based on model fit statistics, profile size, parsimony, and theoretical interpretability (Nylund et al., 2007; Weller et al., 2020). Model fit statistics included the Bayesian Information Criterion (BIC), Akaike's Information Criterion (AIC), the Log-likelihood (LL), the Vuong – Lo – Mendell – Rubin test (VLMR), the Bootstrapped Likelihood Ratio Test (BLRT; Nylund et al., 2007), the entropy, and the examination of bivariate residuals. Lower values of BIC, AIC, and LL indicated a better model fit. The VLMR and BLRT statistics were used to assess whether a (K − 1)-profile model was significantly better than a K-profile model (Nylund et al., 2007). After model selection, the profiles were described using profile membership probabilities and item-response means. The latent profiles' posterior membership probabilities were then regressed on sexual victimization and sociodemographic factors (e.g., CSA or ASA experiences, gender, sexual orientation) using a robust maximum likelihood estimator. Finally, the distal outcomes (erotophobia and psychological distress) were regressed on the latent profiles' posterior membership probabilities using the Bolck-Croon-Hagenaars (BCH) method, with robust variance estimation to prevent underestimation of standard errors (Bakk et al., 2013; Bolck et al., 2004). Wald tests were used to examine differences between profiles regarding demographic correlates and psychosexual outcomes, with bivariate *post hoc* comparisons reported if significant. Full information maximum likelihood estimation was employed to account for missing values.

Results

Latent Profiles

One- to five-profile models were estimated and compared (see Table 2). Both the AIC and BIC values were lower for the three-profile solution, indicating an optimal fit for the data. The degree of improvement was significant for each additional profile – up to four (see VLMR and BLRT *p*-values), suggesting that the addition of a fifth profile did not substantially improve model fit. An examination of bivariate residuals in the three-profile model revealed a few local independence issues (one residual at 5.04 and one at 3.89). To address this, we allowed the bivariate residuals between shame toward violent perpetration fantasies and shame toward submission and domination fantasies to correlate, improving the model fit without the need for a four-profile model. As a result, all bivariate residuals in the three-profile model were below two, indicating that the

Table 2. Model fit statistics and selection criteria for LPA model.

# of classes	LL	N of parameters	AIC	AIC3	BIC	Max. BVR	VLMR p-value	BLRT p- value	Entropy R²
1	−8833.79	34	17735.58	17769.58	17914.22	135.65	>.001	>.001	1.00
2	−2498.59	69	5135.18	5204.18	5497.72	28.09	>.001	>.001	0.87
3	**201.84**	**104**	**−195.67**	**−91.67**	**350.76**	**5.039**	**>.001**	**>.001**	**0.87**
4	1022.05	139	−1766.09	−1627.09	−1035.76	5.74	>.001	>.001	0.87
5	1497.86	174	−2647.71	−2473.71	−1733.49	5.59	.317	>.001	0.86

Note. **Bolded values** refer to the selected model. LL: Log Likelihood; BIC: Bayesian Information Criterion; AIC: Akaike Information Criterion; BVR: Bivariate Residuals; VLMR: Vuong-Lo-Mendell – Rubin Test; BLRT: Boostrapped Likelihood Ratio Test. For reasons of conciseness only fit indices for the final 3-step models (1–5 profiles) are presented.

relationship between variables was well explained by the number of profiles and the assumption of independence between indicators was satisfied (Oberski & Vermunt, 2013). Theoretical interpretability was also considered by examining meaningful patterns of sexual fantasies in the two- to four-profile models. In the three-profile model, item-response means clearly distinguished one profile from another in terms of sexual fantasy experiences. While in the four-profile model, the fourth profile seemed to be a slightly less submissive version of profile two (as seen below in the final model) and presented few significant differences regarding fantasy and victimization variables. As adding a fourth profile did not provide additional theoretical nuance compared to the three-profile model, the latter was selected as the final model.

Patterns of Sexual Fantasies and Shame Towards Fantasies in the Three Profiles Solution

The first and most prevalent profile comprised 58% of the sample. It was characterized by a high probability of reporting few or no sexual fantasies and a low likelihood of experiencing shame across all fantasy themes. This profile was later labeled *Fantasy-Lite*. The second profile included 31.6% of participants and was marked by the highest likelihood of reporting submission and victimization fantasies, along with elevated levels of shame associated with these fantasies. It also showed

a moderate probability of domination fantasies and the highest levels of shame toward them. This profile was labeled *Submission-linked Shame*. The third profile, encompassing 10.6% of the sample, was defined by the highest probabilities of reporting domination and violent perpetration fantasies, combined with the highest levels of shame directed at perpetration fantasies. This profile was labeled *Perpetration-linked Shame*. See Figures 1 and 2 for a detailed breakdown of the final LPA model.

Differences in Victimization, Gender, and Sexual Orientation Between Profiles

Analysis revealed significant differences in victimization status across the profiles. ASA survivors demonstrated significantly higher odds of belonging to the *Submission-linked Shame* profile compared to the other two profiles ($p = .03$). CSA survivors exhibited significantly greater odds of membership in the *Perpetration-linked Shame* profile compared to the other profiles ($p = .009$). No significant differences were found between profiles regarding revictimization ($p > .05$). Concerning gender, men had significantly higher odds of belonging to the *Perpetration-linked Shame* profile compared to the other two profiles, whereas women showed significantly lower odds of membership in this profile ($p < .001$). Sexual orientation also
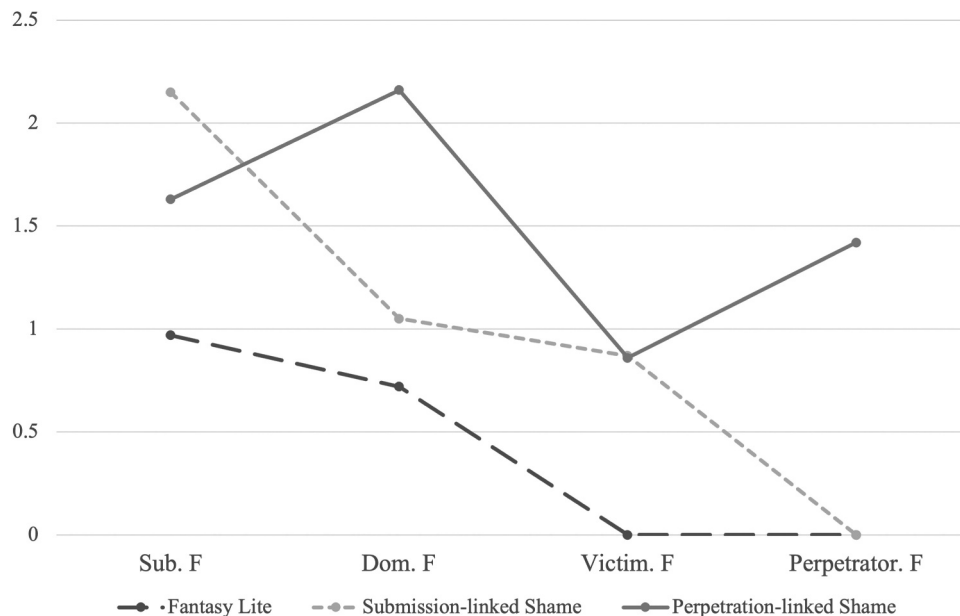

Figure 1. Latent profile membership probabilities and profile averages of fantasy frequencies for the three-profile model ($n = 1,414$). *Note.* In order left to right, shame toward submission fantasies, domination fantasies, violent victim fantasies and violent perpetration fantasies.

Figure 2. Latent profile membership probabilities and profile averages of shame toward fantasies for the three-profile model (*n* = 1,414). *Note.* In order left to right, shame toward submission fantasies, domination fantasies, violent victim fantasies and violent perpetration fantasies.
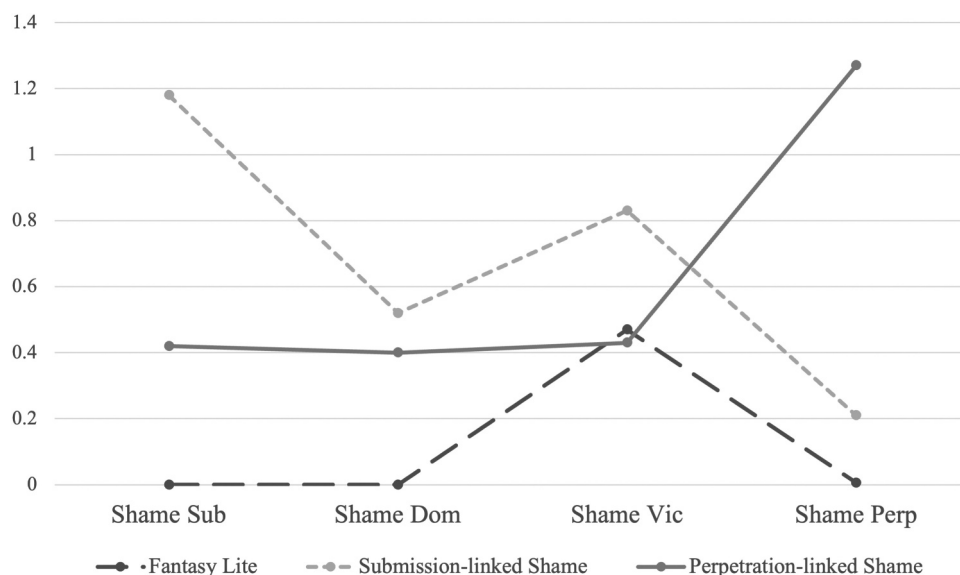
influenced profile affiliation. Heterosexual individuals had significantly higher odds of being classified in the *Fantasy-Lite* profile compared to the other two profiles (*p* = .007). In contrast, bi/pansexual individuals demonstrated significantly higher odds of belonging to either the *Submission-linked Shame* or *Perpetration-linked Shame* profiles compared to *Fantasy-Lite* (*p* = .007). Finally, individuals who identified as homosexual or "other" (e.g., queer) had significantly higher odds of membership in the *Perpetration-linked Shame* profile relative to the other profiles (*p* = .007). See Table 3 for detailed results on covariates.

Links Between Profiles and Psychological Distress and Erotophobia Outcomes

Profiles were also associated with distinct outcomes for psychological distress and erotophobia. Participants in the *Submission-linked Shame* and *Perpetration-linked Shame* profiles were more likely to report significantly higher levels of psychological distress compared to those in the *Fantasy-Lite* profile (*p* < .001). Furthermore, members of the *Submission-linked Shame* profile demonstrated the highest likelihood of reporting elevated erotophobia (*p* = .02). Participants in the *Fantasy-Lite* and *Perpetration-linked Shame* profiles did not differ significantly in

Table 3. Covariate proportions and outcome mean scores across latent profiles.

Covariates (%)	Fantasy-Lite[a]	Submission-linked Shame[b]	Perpetration-linked Shame[c]	Wald test	Paired Comparisons
Gender (%)	59.85	58.54	17.41	62.89***	c < a, b
Cis women	36.45	36.32	76.95		c > a, b
Cis men	3.71	5.13	5.65		–
Trans and non-binary					
Sexual orientation (%)	79.13	66.52	68.84	24.35**	a > b, c
Heterosexual	4.29	5.95	8.84		c > a, b
Homosexual	11.72	20.63	16.06		b, c > a
Bi/pansexual	1.01	1.50	0.16		–
Asexual	3.85	5.40	6.10		c > a
Other (e.g., queer)					
Childhood sexual abuse (%)	18.34	26.60	29.54	9.31**	c > a, b
Yes	81.43	72.91	70.42		
No					
Adulthood sexual assault (%)	27.32	38.27	22.22	6.72*	b > a, c
Yes	72.24	61.03	77.56		
No					
Revictimization (%)	7.69	15.31	8.06	1.78	–
Yes	91.87	83.99	91.71		
No					
Outcomes M (SD)					
Psychological distress	7.05 (4.62)	8.56 (4.72)	8.14 (4.74)	25.71***	b, c > a
Erotophobia	172.16 (204.97)	207.42 (196.78)	174.46 (171.74)	7.38*	b > a, c

Note. ***p < .001, **p < .01*p < .05.

their levels of erotophobia ($p > .05$). See Table 4 for detailed results on outcomes.

Discussion

This study revealed three distinct profiles of sexual fantasy experiences based on reported themes of fantasies and feelings of shame toward each theme: *Fantasy-Lite, Submission-linked Shame*, and *Perpetration-linked Shame*. A greater proportion of CSA and ASA survivors were grouped in the *Submission-linked Shame* and *Perpetration-linked Shame* profiles compared to the *Fantasy-Lite* profile. The two former profiles were associated with higher rates of BDSM and violent fantasies, as well as greater levels of shame toward these fantasies. Both profiles were also associated with higher levels of erotophobia and psychological distress.

Fantasy Profiles, Sexual Victimization, and Psychosexual Outcomes

Regarding fantasy themes, the higher probabilities of CSA and ASA survivors in the two profiles that are more likely to report BDSM and violent fantasies align with the majority of previous research. Indeed, while CSA survivors, like non-victims, may have diverse fantasy portfolios, they tend to exhibit higher prevalences of BDSM and violent fantasies compared to non-victims (Briere et al., 1994; Canivet et al., 2024; Gewirtz-Meydan & Opuda, 2023; Gold, 1991). According to the present results, this also seems to be true for ASA survivors who were most likely to be found in the *Submission-linked Shame* profile and to show the highest prevalence of both BDSM and violent fantasies. Secondly, concerning shame felt toward fantasies, again the present findings support conclusions that survivors of sexual victimization may present more erotophobic fantasy profiles, primarily marked by shame (Gewirtz-Meydan & Opuda, 2023; Renaud & Byers, 2006; Strassberg & Lockerd, 1998). Furthermore, the higher probability of ASA survivors belonging to the profile marked by the highest levels of shame, erotophobia and distress (i.e., *Submission-linked Shame*) is consistent with findings from a study by Renaud and Byers (2006), which revealed that both male and female survivors of ASA were more likely to report negative cognitions (e.g., thoughts, fantasies) of sexual submissions than CSA survivors and non-victims (Renaud & Byers, 2006). As suggested by the authors, it seems possible that for ASA survivors especially, submissive sexual fantasies may be more akin to flashbacks or unpleasant memories of their sexual victimization and may accidentally retrigger trauma and therefore be associated with increased negative feelings, such as shame, anxiety, and distress (Gewirtz-Meydan et al., 2024; Renaud & Byers, 2006).

However, considering CSA, ASA survivors, and BDSM fantasies were also present in the *Fantasy-Lite* profile (albeit in lower frequency/levels), our study also offers further evidence for the duality of the BDSM fantasies in survivors of sexual abuse as discussed by Gewirtz-Meydan and colleagues (2024) in their theoretical review. Indeed, since not all survivors experience BDSM fantasies as particularly shameful, it seems highly possible that, depending on the survivors' use of such fantasies, they may represent either a problematic repetition of traumatic memories or a means for exploring and regaining control over one's sexuality following experiences of sexual abuse (Gewirtz-Meydan et al., 2024). This second trajectory may explain why survivors in the *Fantasy-Lite* profile presented BDSM fantasies but low levels of shame.

Fantasy, Sexual Victimization, and Links with Sociodemographic Covariates and Psychosexual Outcomes

While not the primary aim of this study, significant differences regarding the distribution of different genders and sexual orientations between profiles should be considered when discussing fantasy experiences (Joyal et al., 2015; Lehmiller & Gormezano, 2023). Firstly, the *Submission-linked Shame* profile was predominantly female (58%), which is in accordance with previous research indicating women (both survivors and non-victims) were more likely to report submissive and victim fantasies compared to men (Bivona & Critelli, 2009; Joyal et al., 2015; Lehmiller, 2018). Secondly, the *Perpetration-linked Shame* profile presented the highest proportion of men (76%), which echoes findings that men (both survivors and non-victims) are generally more inclined toward dominant and perpetrator roles in their fantasies (Abrams et al., 2019; Briere et al., 1994; Joyal et al., 2015). Thirdly, regarding sexual orientation, these two profiles presented higher proportions of non-heterosexual individuals when compared to the *Fantasy-Lite* profile. This is in line with recent studies on the fantasies of LGBTQ+ individuals, which reported that while these individuals have similar fantasy themes to heterosexual individuals, they also appear more likely to fantasize about social taboos (e.g., illegal, violent, or marginalized sexual acts) and BDSM (Lehmiller & Gormezano, 2023; Nese et al., 2021; Nimbi et al., 2020). Furthermore, it has been suggested that LGBTQ+ individuals may experience more shame than heterosexual individuals toward their fantasies due to the stigmas propagated by a cis and heteronormative society, which surrounds their sexual desires (Nimbi et al., 2020). For some individuals, internalized homophobia and transphobia may then fuel feelings of guilt and shame toward socially marginalized fantasies (e.g., fantasies with same-sex partners or a transitioned self-image; Nimbi et al., 2020). This interpretation may explain the higher proportions of LGBTQ+ individuals in the two profiles that presented the highest levels of shame toward fantasies and suggests LGBTQ+ survivors of sexual victimization may be particularly vulnerable to distressing fantasy experiences (Lehmiller & Gormezano, 2023). In sum, our results offer support for the current trend of literature which finds that both gender and sexual orientation affect sexual fantasy experiences and further emphasize the heterogeneity of these experiences and the need for more personalized therapeutic approaches when working with sexual fantasies (Lehmiller & Gormezano, 2023; Nese et al., 2021; Nimbi et al., 2020).

Theoretical and Clinical Considerations

The higher proportion of CSA survivors in the *Perpetration-linked Shame* and the higher proportion of ASA survivors in the *Submission-linked Shame* profiles support the theoretical framework proposed by Covarrubias (1996). While violent fantasies may be arousing to survivors, their similarities to past experiences of victimization may provoke shame and distress toward these fantasies and lead to a dissonance between the arousal and resurgence of traumatic memories (Covarrubias, 1996). Thereby, survivors' fantasy experiences can be accompanied by psychosexual discomfort and distress. Furthermore, as proposed by Covarrubias (1996) the present results seem to align with notions brought forth by both Stoller's theory of triumph over trauma (Stoller, 1987) and Finkelhor and Browne's (1985) four traumagenic dynamics model (i.e., traumatic sexualization, betrayal, powerlessness, and stigmatization) of CSA repercussions.

Indeed, in their model, Finkelhor and Browne (1985) proposed four traumagenic dynamics, which represent distinct trajectories of repercussions associated with CSA. Regarding the present results, the dynamic of powerlessness is particularly relevant. Powerlessness refers to the immediate feelings of loss of power and control CSA survivors experience as their bodies are invaded and transgressed without their consent, which can then turn into long-term impressions of being powerless in one's sexuality in general (Finkelhor & Browne, 1985). Powerlessness specifically allows us to better understand the *Perpetration-linked Shame* profile, as survivors may compensate for the feeling of powerlessness by developing a need to control and dominate others, which may in this case be reflected in their sexual fantasies by the incarnation of a dominant and perpetrator role. This then falls in line with the second trajectory described in Stoller's theory (Stoller, 1987), which postulates that some CSA survivors may take on the role of the "perpetrator" in their fantasies, to gain a sense of control and power, temporarily giving them the feeling of triumph over their own trauma. Indeed, as during the experience of CSA the survivor was powerless and the perpetrator had complete power over them, Stoller (1987) suggested that this leads survivors to form a subconscious association between the role of perpetrator and the impression of having power and agency in their sexuality. In the case of the *Perpetration-linked Shame*, we see this reflected in the high prevalence of fantasies where individuals identified with a dominant and/or perpetrator role. However, the impression of power and control these fantasies may provoke are temporary feelings, as most survivors know abuse is wrong and do not wish to victimize others as they have been, and their perpetrator fantasies quickly become tinged with guilt, shame, and distress (Canivet et al., 2022; Covarrubias, 1996; Stoller, 1987). Coming back to the *Perpetration-linked Shame* profile, this dissonance between temporary feelings of power associated

with taking on a perpetrator role and the memories of past abuse may explain the high levels of shame toward perpetration fantasies found in this profile.

While Stoller's theory (Stoller, 1987) was developed with CSA survivors in mind, considering the current results and previous studies, this mechanism may also apply to the ASA survivors found in the *Submission-linked Shame* profile (Renaud & Byers, 2005, 2006). Indeed, in his first trajectory, Stoller explained that submissive fantasies can also serve as a defense mechanism for CSA survivors, allowing them to attempt to transform their traumatic victimization memories into arousing fantasies (Canivet et al., 2022, 2024; Stoller, 1987). In this trajectory, identifying with the victim or submissive role becomes empowering as it gives the survivor a sense of power, finding the submission sexually arousing instead of distressing and debilitating (Stoller, 1987). This mechanism may explain the prevalence of CSA and especially ASA survivors in the *Submission-linked Shame* profile; for these survivors, the submissive, victim role may become erotized in an attempt to replace the traumatic memories or to conceal fear of revictimization by creating arousing sexual fantasies of violence. However, while this temporarily deflects the traumatic memory to allow sexual arousal, this mechanism may lead to an involuntary re-immersion into trauma or an escalation of the fear of being revictimized, which in turn emphasizes feelings of shame, anxiety, and distress toward fantasies (Maltz, 1995; Renaud & Byers, 2005, 2006; Stoller, 1987). This in turn is reflected in the high levels of shame reported by this profile toward their fantasies of submission and victimization.

Regarding this theory, it is also interesting to note that Stoller (1987) rooted his work in a psychodynamic tradition where these associations between trauma and fantasy are revealed in the specific context of therapeutic work. However, our results suggest that these mechanisms can be observed outside of a clinical context through empirical data and operate beyond the therapeutic setting. This suggests a reconsideration of the role of the therapist when addressing sexual fantasies in the context of victimization, as survivors may be more or less aware of these associations.

These theoretical considerations underscore the importance of addressing the emotional dimensions of sexual fantasies, particularly shame, in therapeutic settings. Trauma-informed approaches that recognize the profound impact of trauma on psychosexual health and aim at fostering healing and resilience through empowerment and understanding could particularly benefit from working on sexual fantasies (Milot et al., 2018). Indeed, interventions focused on reducing shame and legitimizing fantasies, even violent ones, as a normal part of sexual expression may alleviate distress, enabling survivors to navigate their fantasies without fear of judgment or internalized stigma (D. Gee et al., 2006; D. G. Gee et al., 2004; Gewirtz-Meydan & Opuda, 2023; Gewirtz-Meydan et al., 2024). Furthermore, helping survivors free themselves from distressing fantasy experiences may contribute to their empowerment in the face of trauma, as theoretical models

suggest that survivors seek to regain a sense of control over their sexuality by using fantasies (Covarrubias, 1996; Stoller, 1987). As desirable fantasy experiences devoid of guilt or shame are associated with more erotophilic sexual profiles, fostering these fantasy experiences may not only help survivors regain a sense of power and control in their imaginations but also in their sexuality in general (Renaud & Byers, 2006; Strassberg & Lockerd, 1998).

Limitations and Future Research

The current study presents some limitations. Firstly, the sample composition (i.e., predominantly women, Caucasian, and highly educated) is not representative of the entire Quebec adult population. Additionally, this study does not account for characteristics related to the severity of abuse (e.g., identity of perpetrator, nature of sexual acts), which could further explain the presence of survivors in each of our three profiles. This study also did not report whether the survivors of sexual abuse were also offenders and did not examine aspects such as pedophilic fantasies, which may also account for variations amongst survivors' fantasy experiences. Further replication studies are needed in other sociocultural contexts and with diverse sub-samples of sexual victimization survivors (e.g., survivors of non-penetrative vs. penetrative acts, known vs. unknown perpetrators, survivors who've also offended vs. non-offenders) to validate whether the current profiles are representative of the realities of survivors. Gender and sexual orientation should also be examined more closely in future studies, as they have implications for fantasies and non-cisgender, non-heterosexual survivors of victimization may present distinct profiles. Secondly, the cross-sectional design of the study prevents us from drawing any causal or directional conclusions regarding the relationships between the profiles, covariates, and outcomes. It is also not possible to account for any evolution in the fantasy experiences (i.e., new fantasies emerging over time) of participants. Future research using longitudinal designs would be necessary to further understand how sexual victimization affects the evolution of the sexual fantasy experience and how this interaction impacts psychosexual well-being in adulthood. Thirdly, the fantasy index used in the present study is not a validated instrument and showed only acceptable internal consistency ($\alpha = .60–.74$), likely due to the combination of different constructs in the same scale (i.e., content and emotions related to fantasies). Future studies using exploratory factorial analyses are necessary to develop reliable instruments that measure both the content of sexual fantasies and their external characteristics (e.g., related emotions). Lastly, all measures in this study were self-reported, rendering them vulnerable to social desirability, recall bias, and potential oversimplification of the fantasy experience. While the study was presented as anonymous and confidential, and survey items were phrased in neutral language (e.g., avoiding explicit labels such as "BDSM" or "violence"), self-report limitations remain. To address these, future research could incorporate complementary methods proposed in the literature to minimize bias (Canivet et al., 2022; Hasson & Ginzburg, 2024; Kahr, 2009; Lehmiller, 2018). For instance, studies may use qualitative approaches like interviews or fantasy journals that allow for deeper exploration of emotional, symbolic, and narrative dimensions of fantasies, while also supporting the detection of bias through discourse and language patterns.

Conclusion

This study contributes to the growing body of research on sexual fantasies by examining profiles among survivors of sexual victimization and non-victims (Canivet et al., 2022, 2024; Gewirtz-Meydan & Opuda, 2023; Lehmiller & Gormezano, 2023). The findings support the claim that profiles characterized by BDSM and violent fantasies, combined with heightened shame, are associated with increased erotophobia and psychological distress. Notably, these results emphasize shame toward fantasies as a pivotal factor in the psychosexual distress experienced by survivors. Insofar as survivors are more likely to experience fantasies that generate distress, possibly due to the dissonance between their history of victimization and the sexual roles in their fantasies, future research should consider the complex relationships between these past and present experiences (Covarrubias, 1996; Stoller, 1987). Furthermore, clinical work, specifically trauma-informed approaches, should support survivors in navigating these dissonant fantasy experiences and their impact on their sexuality (Gewirtz-Meydan & Opuda, 2023). As sexual fantasies gain recognition as a vital aspect of psychosexual health, continued research is essential to illuminate their role in trauma recovery and therapeutic interventions.

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