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Transgender Individuals among an Online Adult Baby Diaper Lover Community Sample: An Exploratory Study

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Transgender Individuals among an Online Adult Baby Diaper Lover Community Sample: An
Exploratory Study

By

Elizabeth Gibson

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Transgender Individuals among an Online Adult Baby Diaper Lover Community Sample: An Exploratory Study

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Abstract

There is a lack of literature on the transgender community and individuals with atypical sexual interest which can lead to multiple aspects of stigma based on an individual's gender identity and sexual preferences. The current study used archival data that was collected by researchers at the University of Minnesota in the Program of Human sexuality in 2011. Data was collected using an online survey which sought to survey online communities of individuals who identify as Adult Baby Diaper Lovers (ABDL). In this study, 83 transgender and gender variant individuals were analyzed with five main research questions. We were interested in how the sample was identifying their gender, their frequency and duration of ABDL practices, how their ABDL behaviors functioned within romantic relationships, if negative mood states were associated with ABDL behavior, and the participant's opinions of their ABDL behaviors. Results did not indicate significance on the specific research questions. However, most importantly, this study aimed to increase the literature on under-researched populations to decrease the stigma surrounding expressions of gender identity and atypical sexual preferences. Further implications of this study are discussed.

Introduction

The *adult baby diaper lover* (ABDL) community consists of individuals who refer to themselves as adult babies (i.e., those who enjoy role-playing as infants or toddlers), and/or diaper lovers (i.e., those who wear diapers voluntarily, but might not participate in other infant-like behaviors) (Hawkinson & Zamboni, 2014). There have been a handful of case studies examining these ABDL behaviors and practices beginning in the 1960s. Malitz (1966) and Dinello (1967) were among the first to report on this phenomenon. These early studies concluded that diaper-wearing among the individuals studied was a maladaptive behavior. Malitz (1966) claimed that the 29-year-old male individual they studied wore diapers to regain the attention and love from his mother. Dinello (1967) concluded that the 17-year-old male individual's diaper wearing was related to their parental relationship. These are the first cases of reported ABDL behaviors that were studied and both cases were related back to the individual's maternal relationship.

Paraphilic infantilism was introduced by Pandita-Gunawardena (1990) when they examined a case of an 80-year-old man with such interests. They concluded that the individual's behavior was a fixation on being a baby rather than a regression back to infancy. Next, *Adult Baby Syndrome* was introduced by Sanders (1997) when they studied a 15-year-old boy with paraphilic involvement with diapers. For this individual, Sanders focused his treatment on changing the boy's thoughts regarding sex and approaching the behavior in a nonjudgmental manner to not assume that something was inherently pathological with the individual.

Researchers have related adult baby behaviors to other psychological disorders like depression, obsessive-compulsive disorder, and inconclusive diagnoses (Croarkin, Nam, & Waldrep, 2004; Evcimen & Gratz, 2006; Kise & Nguyen, 2011). Evcimen and Gratz (2006)

studied a case of a 57-year-old male who presented with lifelong and persistent symptoms associated with Adult Baby Syndrome including wanting to be, and act like, a baby. Evcimen and Gratz found this individual wished to be a baby who wore diapers, but the individual denied incorporating the diapers into any sexual behaviors.

While Evcimen and Gratz (2006) labeled the individual in their case study with Adult Baby Syndrome, no definite diagnosis or label was provided to the 32-year-old individual case examined by Croarkin, Nam, and Waldrep (2004). In this case, the person wanted to be treated and act like a baby, but, similar to the aforementioned case (Evcimen and Gratz, 2006), he did not find the diapers to be sexually stimulating.

Most recently, Kise and Nguyen (2011) examined a 38-year-old individual presenting with Adult Baby Syndrome behavior, and they suggested a diagnosis of Gender Identity Disorder. This diagnosis was concluded because the male-assigned-at-birth individual desired to be addressed as female and that her infant-like behavior could be related to not expressing her preferred gender since a young age.

These case studies are interesting because they show the different aspects of ABDL that reflect each subtype: Some associating the practice with sexual stimulation, and others preferring the role play aspects. Individuals practicing ABDL behaviors, both for sexual and nonsexual pleasure, align with results found by Hawkinson and Zamboni (2014). Their results found two subgroups to the ABDL community: *Adult Baby*, who role play as babies and use items relating to infancy, and *Diaper Lovers*, who wear diapers voluntarily and are mainly interested in sexual activity, but may not participate in other baby-like behaviors. Thus, the current literature has begun to highlight the ABDL community, but not regarding how these practices and behaviors are expressed in a transgender and gender variant sample.

Fetish/Paraphilia History

The effects of pathologizing sexual paraphilias like ABDL and other paraphilias can cause stigma within an individual and society (Giami, 2015). Up until 1975, the classification produced stigma with the use of the term *Deviation*, meaning that atypical sexual interests are somehow inherently pathological for deviating from the norm. With the *DSM-III* in 1980, the term *paraphilia* was introduced under the new category of “Psychosexual disorders” (Giami, 2015).

The *Diagnostic and Statistical Manual of Mental Disorders (DSM)* is utilized by psychological, psychiatric, and medical professionals. The DSM has been modified throughout the past decades to reflect the current diagnostic classifications related to gender identity. The current diagnostic criteria state that “Paraphilias become pathological when they become a substitute to coital sexual activity and, to some extent, exclusive and obsessive practices” (American Psychiatric Association [APA], 2013; Giami, 2015). A paraphilia is an atypical sexual arousal pattern that doesn’t cause distress or impairment so it would not be a disorder (APA, 2013). Interestingly, fetishism is the only disorder in which psychological distress is included as part of the criteria; this is only when the occurrence of the fetishistic habits starts to negatively impact a person’s social life (APA, 2013; Giami, 2015). Money (1984) classified “unusual sexual interests” similar to fetishes as atypical sexual interests are labeled as “unusual” since, “they are not exclusively focused on heterosexual coitus and do not fit the heteronormative norm; moreover, they do not fit with the standard of a loving or romantic reciprocal relationship” (Giami, 2015, p. 1132; Money, 1984).

Under the Paraphilic Disorders in *DSM-5*, it includes Fetishistic Disorder, for which an individual experiences distress and impairment due to their fetishistic interests. This diagnosis

has had modest changes throughout the DSM's history, but the main feature has maintained that it includes “an interest in non-erogenous body parts in addition to an interest in nonliving objects” (Krueger & Kaplan, 2012; APA, 2013). Fetishistic objects can include diapers and related baby items, and these items are found sexually stimulating to some individuals because of their texture or their smell (Money, 1984). Money also concluded that a diaper fetish (autonepiophilia) has an early origin in life. While this diagnosis has not had as much disapproval as the Gender Identity Disorders, some have debated over its removal because it can stigmatize those individuals who practice such behaviors (Krueger & Kaplan, 2012).

Transgender History

Transgender and gender variant individuals have been documented throughout history and across many cultures. Gender identity ranges across cultures including the *two spirit* individuals in Native American tribes (Roscoe, 1991; Williams, 1986), *acault* in Myanmar (Coleman, Colgan, & Gooren, 1992), *maa khii* in Thailand (Taywadietep, Coleman, & Domronggittigule, 1997), *travesti* in Brazil (Kulick, 1998), and *hijras* in India (Bockting, 2014; Nanda, 1999).

Transgender is used as an umbrella term to refer to individuals whose gender identity is in contrast with their sex assigned to them at birth (typically based solely on the appearance of the external genitalia (APA, 2015). Transgender individuals include transgender women and men who feminize or masculinize their bodies through their attire and through possible hormone therapy or surgery. Gender variant is another term used to embody individuals that express themselves as neither strictly male or strictly female (APA, 2015). For this thesis, we will conceptualize gender on a continuum rather than a male-female binary. With these terms in mind, it is important to remember that each individual's experience is unique to themselves and

one term does not fit all.

With the transgender experience, this may or may not include a desire for social and/or medical transition, which may include changing one's name, receiving hormones, undergoing gender-confirming surgeries, and changing legal documents, among others. Recently, some transgender individuals have disputed that they are not experiencing their gender identity as variations but actually on the complete opposite end of the gender spectrum (Bockting, 2014). This distinction presents a difference in transgender and gender variant or non-binary gender identities as gender variant individuals can present as different genders depending on how they feel from day to day.

In the nineteenth century, theories regarding transgender individuals began developing in the psychological and medical communities. Up until the mid-twentieth century, transgender individuals were still considered as “psychopathological” (Drescher, 2014). With the revision of *DSM-III* in 1980, Psychosexual Disorders became a category consisting of Transsexualism and Gender Identity Disorder of Childhood (GIDC). This category was the first occurrence of Gender Identity Disorder (GID) appearing as the disorder classification. This disorder was the first descriptive, symptom-based diagnosis for transsexualism that also included a diagnosis for children (Beek et al., 2015). The most significant change from *DSM-IV* to *DSM-5* was moving gender dysphoria into a separate category from sexual dysfunctions and paraphilias to sexual and gender identity disorders (Beek et al., 2015). GID would be moved around to different sections with changed diagnostic names in the following decades until under the current DSM, *DSM-V*, they would be placed under Gender Dysphoria with a diagnosis for children/adolescents and adults (Drescher, 2014).

There are still several controversies surrounding the diagnosis of Gender Dysphoria in

DSM-5. These controversies reflect the issue of diagnosing gender expression and labeling it as a mental disorder. Within the LGBT community, some people feel that this diagnosis should be removed altogether as they see that it is wrong to diagnosis variations of gender identity and expression as mental illness (Drescher, 2010). However, all medical treatments must have a corresponding diagnostic code which is necessary for health insurance coverage, so other individuals are apprehensive about removing gender dysphoria because of the need for insurance coverage in treatment (Drescher, 2014). When 201 organizations world-wide, who work for the well-being of transgender individuals, were surveyed by the *DSM-5* GD sub-workgroup, over half (55.8%) supported the removal of the diagnosis from the *DSM*. Nevertheless, the main argument for keeping the diagnosis in the *DSM* was due to healthcare reimbursement (Drescher, 2014). Those fighting for the removal of the diagnosis argue that, in doing so, it would reduce the stigma of mental disorders and increase acceptance in our society.

Another component in the debate for GD's removal is that across cultures individuals with psychiatric disorders are stigmatized (Drescher, 2014). Past researchers have argued that transgender individuals face double stigmatization through being transgender and also having a mental illness diagnosis. This stigma can create even more difficult circumstances for this population, and some have argued that these conditions validate justifications in favor of moving the GD category out from the mental disorders section (Drescher, 2014).

The sample for the current study consists of transgender and gender variant individuals who also happen to be interested in ABDL sexual behaviors and practices. This sample could face double stigma due to their sexual interests and gender identity, which could be a barrier to seeking treatment or receiving quality treatment and care from practitioners. With the potential of stigmatization because of their gender identity and an atypical sexual interest, our participants

could face a compounding stigma. This double stigma from their gender identity and ABDL could be an example of multiple forms of stigma our sample could encounter in their daily lives and when disclosing to others. Link and Phelan (2001) describe the concept of stigma as existing when elements of labeling, stereotyping, separation, status loss, and discrimination occur together in a power situation that allows it. It is important for psychiatric and medical professionals to examine their stigmatized views to assist and treat this underserved population best. As Quinn and Chaudoir (2009) found, stigma affects gender identity, relationships, and health outcomes. Thus, stigmatization of transgender and gender variant individuals with ABDL interests and practices could be affected even more significantly due to their gender identity and sexual preferences.

Transgender Stigma

The stigma associated with a mental health diagnosis related to gender identity is evident in the history of the DSM (Drescher, 2014). The removal of homosexuality as a diagnosis from the DSM in 1973 assisted in the beginning to remove stigma from the homosexual community. With this elimination, many psychologists and psychiatrists left the stigmatizing and pathologizing of homosexuality and sexual orientations in the past. With the backing of the scientifically supported authority of the American Psychological Association (APA), a new societal perspective began in which homosexuality was not seen as an illness. Not until the late 1990s did the transgender movement reach a more progressive perspective moving towards acceptance of this gender identity (Drescher, 2014).

While the revisions in the DSM relating to the removal of homosexuality as a disorder has shifted the heterosexual norm for sexual preferences to be more inclusive of the well-being of individuals in non-procreative sexual behaviors, the stigma faced by transgender individuals is

still alive today. In a national study of US transgender individuals conducted in 2013 found 70% of transgender individuals reported verbal abuse and harassment due to being transgender, and 38% reported discrimination at their place of employment (Bockting et al., 2013).

Bockting et al. (2014) examined transgender men and women and found that their sample had inordinately high levels of depression, anxiety, somatization, and overall psychological distress. They concluded that these mental health results were not just a display of gender dysphoria but actual distress related to enacted and felt stigma. Enacted stigma is described as having actual experiences of discrimination, and felt stigma is described as stigma that is conscious, anticipated, or perceived rejection, and both stigmas were positively related to psychological distress (Bockting et al., 2014).

Transgender and gender identity stigma has been discussed but our sample could also face stigma related to their alternative sexual interests and behaviors. Within the U.S., an estimated 2% to 10% of the population participate in non-traditional sexual practices which are commonly called *kink*, but can also encompass sexual role play or sexual paraphilia (Waldura et al., 2016). An individual who practices ABDL could fall within this category of sexual paraphilia and therefore, experience stigma from society because of their non-traditional sexual preferences. When accessing healthcare, this stigma can affect an individual when they experience stigmatizing interactions, stereotyping, or discrimination with mental and medical professionals (Waldura et al., 2016). Many mental health and medical professionals may not have the competency to work with individuals involved in alternative sexual lifestyles. The National Coalition for Sexual Freedom (NCSF) does list mental health professionals who distinguish themselves as “kink aware” (NCSF, 2012). However, the NCSF does not have a way of screening these professionals to confirm their competency (NCSF, 2012). This can make it

difficult for those who do not feel comfortable disclosing their sexual preferences in a mental health or medical setting because of the potential for stigmatization to occur.

Purpose

For the current study, we are using archival data which was originally collected by researchers at the University of Minnesota in the Program in Human Sexuality. An online survey was used to recruit participants from communities of ABDL. We will provide descriptive information and exploratory analyses on the 83 transgender, gender variant, intersex, and transsexual participants not included in the original study's analyses. We will use these data to expand upon the previous research regarding this specific paraphilia and how it affects the transgender and gender variant samples that were surveyed. We are expanding on an archival dataset by examining the transgender and gender variant sample of responders with similar inquiries as the original study conducted by Hawkinson and Zamboni in 2014 in hopes to expand on gender differences concerning negative mood states, possible perceived problems, and opinions of ABDL behaviors and practices. This research will assist in reducing stigma regarding the transgender and gender variant communities and paraphilic preferences by increasing competency in mental health practitioners working with these individuals. It will also increase research on paraphilia in relationships specifically within the transgender and gender variant communities which are under-researched. We are investigating the transgender and gender variant responders because their non-binary gender identities could yield information about what function this paraphilic behavior serves in this specific sample. Overall, this study will raise awareness regarding paraphilia specifically in those transgender and gender variant individuals with ABDL interests and behaviors.

Thesis questions

This thesis aims to answer questions relating to a sample of transgender and gender variant adults who find sexual enjoyment through role-playing and behaving like a baby. Since past literature has minimally researched this topic, our goal is to explore different areas of relationships, feelings, and opinions regarding ABDL behaviors and practices amongst a transgender and gender variant sample. Therefore, the following research questions are proposed:

- The first research question is qualitative, how is this sample identifying? We want to know how participants are describing their gender identity.
- The second question focuses on the frequency and duration participants have been involved in ABDL practices and behaviors. We will examine the age participants became interested in ABDL and when they began practicing these behaviors. Then, examining the frequency of their diaper use in days, weeks, and days in a month. Next, exploring how frequently others are involved in their ABDL practices and how frequently they practice these behaviors alone.
- The third research question looks at participants ABDL behavior and practices within their romantic relationships. We will examine gender and number of years participants were in a current or most recent relationship and the number of years the participants existing or the last partner knew about ABDL behavior. We will also examine gender and frequency of their current or most recent romantic partner being involved in ABDL behaviors and the frequency of someone other than the current romantic partner being involved in ABDL behaviors.
- The fourth research question investigates whether negative mood states are associated

with ABDL behavior. We will use specific ABDL behaviors and the Profile of Mood States (POMS) scores to analyze this question.

- The fifth research question is what the participants' opinions are on ABDL behaviors and perceived problems. We will analyze questions related to how their ABDL behaviors may have begun. The last research question, how are the participants' ABDL practices and behaviors related to aspects of their romantic relationships.

Methods

Participants

Approximately 2,849 participants completed the survey. Of these, 104 individuals submitted their surveys indicating that they identified as transgender or gender variant. Participants were included if they chose transgender or gender variant from the gender identity question and if they indicated in the comment section feelings of gender dysphoria, being transgender, or gender variant. The initial 104 participants included 16 participants that had chosen male or female but indicated through qualitative data that their gender identity directs more towards transgender or had comments regarding gender dysphoria. Of those 16 male and female responders, 6 were included in analyses and recoded as transgender due to their qualitative responses. These 6 participants included 2 female participants that indicated intersex in their qualitative data and were recoded as transgender. Participants were eliminated if they did not explicitly report transgender or gender variant gender identities and if they spoke more towards age play or sexual orientation regarding age play. Of the resulting 94 participants, 2 were eliminated because they were younger than 18 years old and 9 were eliminated because they completed 25% or less of the survey. Of these, 83 participants completed enough of the survey to be included in the final analyses.

The resulting participants ranged in age from 18 years to 71 years ($M = 32.81$, $SD = 13.34$). In Appendix A, Table 1 shows the demographics collected for this sample by gender identity. The majority of participants were transgender (61.4%). Both transgender and gender variant participants were more sexually attracted to both males and females, at 52.9% and 71.9% respectively. Regarding family of origin household structure, the majority of participants (73.5%) grew up in a two-parent household (male-female) with one brother or sister. Formal education level varied amongst participants, but the majority of participants (92.7%) had received at least a high school diploma with the exception of one transgender participant who completed less than the 9th grade in school. Income levels ranged from less than \$25,000 per year to over \$100,000 per year, but the largest group of participants reported making less than \$25,000 (49.4%). Transgender participants with a job averaged about 6 years at their current job and gender variant participants with a job averaged about 8 years at their current job.

Measures

The survey started with demographic inquiries. Participants provided their age, gender identity, sexual orientation, household structure (i.e., number and gender of parents growing up), and number of siblings. Participants then indicated their education level, current job, length of time at their current job, and their income.

Frequency of ABDL Behaviors

The frequency of ABDL behavior questions were created by the original researchers (Hawkinson & Zamboni, 2014). Participants provided the age they developed interests in ABDL, and the age they began practicing. They specified if they were currently practicing ABDL and the length of time they had been practicing. Participants indicated how much time (total hours) they were wearing diapers on a typical day, then indicating in weeks (total days), and months

(total days). The measure also asked the frequency of solo ABDL sexual activities, solo non-ABDL sexual activities, partnered ABDL sexual activities, and partnered non-ABDL sexual activities. All items for this measure are listed in Appendix B.

Relationship Questions

Participants indicated how many committed romantic relationships they have had in their lifetime and if they were presently in a romantic relationship (including duration). If participants indicated that their partner was aware of their ABDL behaviors they were asked how long their partner had been aware. Next, using a Likert scale ranging from 1 (*Never*) to 5 (*Always*), participants responded to the frequency that their partner was included in ABDL practices and the frequency of someone else (not their romantic partner) being included in their ABDL practices. All items for this measure are listed in Appendix B.

Specific ABDL Behaviors and Sexual Stimulation

Participants indicated when they practiced ABDL, and how frequently they involved nine specific ABDL behaviors: wetting, messing, using diapers, using other baby items, having a mommy without sex, having a mommy with sex, having a daddy without sex, having a daddy with sex, and playing with baby toys on a Likert scale from 1 (*Never*) to 7 (*All the time*). Then, participants were asked which sexual activities they liked the most: no sexual activity, partaking in sexual activities by themselves, or partaking in sexual activities with someone else. Next, on a Liker-type response scale, participants answered how sexually stimulating they believed the following to be: an adult man, an adult woman, diapers, baby clothing, baby toys, other baby items, and non-ABDL sex toys. Finally, on a Likert-type response scale, they reported the importance of five ABDL behavior aspects: the diaper itself, the ease of a diaper, being

dominated or under the control of another person, being a baby, and being sexually excited about ABDL. All items for this measure are listed in Appendix B.

Parental Relationship

The Brief Maternal and Paternal Relationship scales were developed for this study, in which participants indicated whom they were raised by (a mother/female caregiver or a father/male caregiver). Within each scale, six dimensions were examined. On a scale ranging from 1 to 6, participants chose the number that best corresponded with their feelings about how their mother/father/caregiver acted towards them. These six dimensions were: *Detached from me to Involved with me*, *Hostile towards me to Not hostile toward me*, *Rejecting me to Accepting me*, *Controlling me to Non-controlling*, *Unfair with me to Fair toward me*, *Not caring toward me to Caring toward me*. A more positive relationship with a parent was exhibited with higher mean scores.

Attachment Scale

The Experiences in Close Relationships Scale (ECR)- Short Form was used to assess adult attachment (Wei et al., 2007). This 12-item questionnaire evaluates adult attachment based on two dimensions: attachment anxiety and attachment avoidance. On a 7-point Likert scale, from 1 (*Strongly disagree*) to 7 (*Strongly agree*), participants answered with their degree of agreement on each statement. Examples of statements provided were: "I want to get close to my partner, but I keep pulling back" (attachment avoidance) and "I get frustrated if romantic partners are not available when I need them" (attachment anxiety). To get final scores for both attachment styles, the subscales were averaged. A higher mean score is related to higher degrees of attachment anxiety and avoidance. Previous research suggests the ECR has strong psychometric characteristics (Wei et al., 2007).

Mood States

The Profile of Mood States (POMS) shortened version, is a 37-item questionnaire used to measure six factors: Tension-Anxiety, Depression-Dejection, Anger-Hostility, Fatigue-Inertia, Vigor-Activity, and Confusion-Bewilderment (Shacham, 1983). On a 5-point Likert scale ranging from 1 (*Not at all*) to 5 (*Extremely*), participants indicated on each item within the past week how they had been feeling. Subscales were added together to create a total score (except for Vigor-Activity, which was subtracted). Higher mood disturbance was exhibited by higher total scores. For the current study, the internal consistency of the overall POMS scale was .94. All items for this measure are listed in Appendix B.

Opinions and Perceived Problems

To examine participant's views on ABDL, a Likert scale from 1 (*Strongly disagree*) to 7 (*Strongly agree*) was used and they indicated their level of agreement with three statements: "I enjoy being treated like a baby," "I enjoy sexual activity as a part of my ABDL practices," and "I am comfortable with my ABDL practices." Then they indicated their level of agreement, using the same Likert response scale, with statements that a person is born with ABDL sexual interests, a person learns ABDL sexual interests, ABDL interests are associated with something in their childhood, and ABDL interests are associated with toilet training.

To examine perceived problems, participants indicated the amount of times they have tried to stop their ABDL behaviors in their life; if their ABDL interests and behaviors have inhibited a romantic relationship; if anyone had recommended that they get help to stop, control, or manage their ABDL habits; if ABDL hindered their job, social life, or other fundamental aspects of daily functioning; and if they had sought therapy for ABDL interests. Then participants indicated if there was ever more than six months that ABDL behaviors had produced

significant distress and problems in their life (e.g., professionally, socially, legally, relationally). Next, they indicated if they thought they would be able to stop their ABDL interests or behaviors if they wanted to do so. Lastly, participants used a Likert scale from 1 (*Negatively*) to 7 (*Positively*), to answer how they viewed the ABDL features in their life. All items for this measure are listed in Appendix B.

Procedure

In 2011, the University of Minnesota Medical School collected survey responses via online ABDL specific community websites (i.e., diaperspace.com, bedwettingabdl.com, adisc.org). In the original study that was published by Hawkinson and Zamboni (2014), the transgender and gender variant responders were excluded from the analyses which only reported on the findings of cisgender responders. The survey began with an informed consent document stating their involvement in the study would be anonymous, that they would not receive compensation, and that they were able to stop the survey at any time. Participants provided consent by accessing a link to the survey, reviewing a consent form, indicating that they understood the consent form (yes or no option), and affirming that they were 18 years or older. Participants were made aware that there was minimal risk to participating in the survey, that responses would be kept confidential and anonymous, and that participation was completely voluntary and that they were free to withdraw at any time.

The survey started with a demographics section leading into questions regarding the participant's ABDL interests, desires, behaviors and fantasies and then questions concerning the effects of these practices on the participant's life and romantic relationships. Next, participants answered questions regarding their parental relationships. The survey concluded with two additional questionnaires, an adult attachment questionnaire and a short version of the Profile of

Mood States.

Results

Frequency and Duration of ABDL

A one-way MANOVA analyzed transgender and gender variant participants as the independent variable and three dependent variables: the age participants became interested in ABDL fantasies or behaviors, the age participants started to practice ABDL behaviors, and the number of years the participants had been practicing ABDL behaviors. Pearson correlations indicated that the age participants became interested in ABDL was correlated with when they began to practice ABDL ($r = .71, p < .000$) and negatively correlated with how long they have been practicing ABDL behaviors ($r = -.23, p < .05$). The age participants began practicing ABDL was negatively correlated with how long they had been practicing these behaviors ($r = -.39, p < .000$). The MANOVA was not significant, Wilks' $\lambda = 0.968, F(3, 79) = 0.86, p = 0.46, \eta^2 = 0.03$. Power to detect the effect was 0.23. See Appendix A, Table 2 that includes means and standard deviations of the variables examined.

A second one-way MANOVA examined transgender and gender variant participants as the independent variables and three dependent variables: frequency of wearing diapers in a typical day (i.e., hours), week (i.e., days), and month (i.e., days). Pearson correlations specified that typical day diaper wear was correlated with typical week diaper wear ($r = .75, p < .000$) and typical month diaper wear ($r = .69, p < .000$). Typical week diaper wear was correlated with typical month diaper wear ($r = .90, p < .000$). The MANOVA was not significant, Wilks' $\lambda = 0.933, F(3, 79) = 1.80, p = 0.15, \eta^2 = 0.07$. Power to detect the effect was 0.45. See Appendix A, Table 2 that includes means and standard deviations of the variables examined.

A third one-way MANOVA analyzed transgender and gender variant participants as the independent variable and the following two dependent variables, frequency of practicing ABDL sexual behaviors alone and then with another person in a typical month. The dependent variables were correlated ($r = 0.59, p < .000$). The MANOVA was not significant, Wilks' $\lambda = 0.948, F(2, 77) = 1.45, p = 0.24, \eta^2 = 0.05$. Power to detect the effect was 0.30. See Appendix A, Table 2 that includes means and standard deviations of the variables examined.

A fourth one-way MANOVA was considered using gender (transgender and gender variant) as the independent variable and the following two dependent variables: frequency of practicing sexual behaviors alone, and frequency of sexual behaviors with another person, without ABDL in a typical month. The dependent variables were not correlated ($r = .16, p = .21$). Thus, further analyses were not conducted.

Relationship Variables

About half of transgender and gender variant participants reported being in a current romantic relationship, 45.1% ($n = 23$) and 53.1% ($n = 17$) respectively. A one-way ANOVA examined gender as the independent variable and the number of lifetime committed romantic relationships as the dependent variable. Results from this analysis were not significant, $F(1, 81) = 0.92, p = 0.34$. See Appendix A, Table 3 that includes means and standard deviations of the variables examined.

Transgender ($n = 19, 37.3\%$) and gender variant ($n = 17, 53.1\%$) participants in current romantic relationships reported high rates of their current romantic partner knowing about their ABDL practices. A one-way MANOVA analyzed transgender and gender variant participants as the independent variable and the following two dependent variables: the number of years they have been in their current or most recent relationships and how long their current or most recent

partner knew about their ABDL behaviors. The dependent variables were correlated ($r = 0.86, p < .000$). The MANOVA was not significant, Wilks' $\lambda = 0.89, F(1, 37) = 2.22, p = 0.12, \eta^2 = 0.11$. Power to detect the effect was 0.42. See Appendix A, Table 3 that includes means and standard deviations of the variables examined.

Another MANOVA examined transgender and gender variant participants as the independent variable and the following two dependent variables: how frequently their current romantic partner was involved in their ABDL behaviors and the frequency of some other than their partner being involved. The dependent variables were correlated ($r = 0.35, p < .01$). The MANOVA was not significant, Wilks' $\lambda = 0.98, F(1, 54) = 0.62, p = 0.54, \eta^2 = 0.02$. Power to detect the effect was 0.15. See Appendix A, Table 3 that includes means and standard deviations of the variables examined.

Mood States and ABDL Behavior

To analyze how negative mood was related to ABDL behaviors, correlations were examined between total POMS scores and specific ABDL behaviors. The first set of ABDL specific behavior questions asked how often participants engage in the following: wetting, messing, using diapers, using other baby items, having a mommy with or without sex, having a daddy with or without sex, and playing with baby toys. The second set of ABDL specific behavior questions investigated how sexually stimulating participants found the following: diapers, other baby items, baby clothing, baby toys, and non-ABDL sex toys. The last set of ABDL specific behavior questions asked how important certain aspects of ABDL are to the participant and included: the diaper itself, the convenience of a diaper, being dominated, being a baby, and sexual excitement. Results from this correlational analysis did not indicate statistical significance between the POMS total score and any of the ABDL specific behaviors. See

Appendix A, Table 4 that includes correlations between mood states and specific ABDL behaviors.

Opinions on ABDL Behavior and Perceived Problems

A one-way MANOVA was conducted to examine transgender and gender variant participants as the independent variable and the participant's level of agreement with the following two dependent variables: one learns ABDL sexual interests and ABDL interests are related to toilet training. The dependent variables were correlated ($r = 0.33, p < .01$). The MANOVA was not significant, Wilks' $\lambda = 0.99, F(1, 74) = 0.06, p = 0.94, \eta^2 = 0.002$. Power to detect the effect was 0.06. See Appendix A, Table 5 that includes means and standard deviations of the variables examined.

The majority of transgender and gender variant participants reported "No" when reporting if there was ever a period of more than 6 months that their ABDL interests had caused significant problems and distress in their lives, 80.4% ($n = 41$) and 71.9 ($n = 23$) respectively. A second one-way MANOVA analyzed transgender and gender variant participants as the independent variable and the following five dependent variables: the number of times in their life they have tried to stop their ABDL behaviors, ABDL interfered with a romantic relationship, someone suggested they get help/stop/control/manage their ABDL behaviors, ABDL interfered with their job, social life, or other important areas of their life, and times they had seen a therapist for ABDL behaviors. The dependent variables were correlated. The MANOVA was not significant, Wilks' $\lambda = 0.89, F(1, 72) = 1.67, p = 0.15, \eta^2 = 0.11$. Power to detect the effect was 0.55. See Appendix A, Table 5 that includes means and standard deviations of the variables examined.

Discussion

This study investigated a transgender and gender variant sample of individuals who identify as having ABDL interests and/or behaviors. As an exploratory study, there were four main research questions: how the sample was identifying their gender, how frequent participants were engaging in ABDL behaviors and practices, how their romantic relationships were influenced by ABDL practices, whether negative mood states were associated with ABDL behavior, and what the participants' opinions were on ABDL behaviors and any perceived problems.

The first research question examining gender identity through quantitative and qualitative responses did not delineate transgender males from transgender females like was expected. Therefore, transgender participants were grouped into one category which is not ideal for analyses. The majority of our sample was sexually attracted to both men and women, grew up in a two-parent (male-female) household, had at least a high school diploma or GED, and made less than \$25,000 from their current annual income.

Relationship Variables/ Frequency and Duration of ABDL

There was no significance found amongst the relationship variables. Amongst the gender variant sample, participants reported having longer durations in their romantic relationships and that their partner knew about ABDL. Both groups did not report a high frequency that their romantic partner or a non-romantic partner were involved in ABDL practices and behaviors. This is congruent with their reports of how often someone, romantic partner or other, were involved in ABDL sexual behaviors. The majority of the sample indicated that, in a typical month, they practice their ABDL sexual behaviors alone. Using the diaper and wetting were the most common ABDL behaviors than the other behaviors surveyed. The diaper was found to be the

most sexually stimulating item related to ABDL behaviors, along with being the most important aspect to ABDL. Therefore, regardless of subgroups that Hawkinson and Zamboni (2014) found, the diaper is important for role play and sexual activity in ABDL.

Mood States and ABDL/Opinions and Perceived Problems

There were no significant correlations between mood states and ABDL behaviors. These results could suggest that these behaviors and practices serve to decrease negative mood states within this sample. In the original study, Hawkinson and Zamboni (2014) found limited significant correlations between negative mood states. Our results further support this, such that ABDL practices may not result in negative mood states and could potentially serve as a positive role so the individual is able to fully express their desire and identity. These paraphilic interests could serve as an outlet to better manage stigmatization that stems from non-binary gender identities. Transgender and gender variant individuals could have feelings of anxiety surrounding their bodies and practicing ABDL provides them an outlet to cope with these feelings.

Participants did report interference in romantic relationships and functioning due to their ABDL behaviors. This could suggest negative consequences of their behavior, as many participants had attempted to stop their ABDL behaviors.

Additionally, participants' responses to their opinions and perceived problems support this as few reported negative viewpoints of their ABDL behaviors and practices. Participants reported similar levels of agreement regarding whether they were born with their interests or they learned these interests. Overall, participants did associate their ABDL interest with something relating to childhood, more so than relating it to something during toilet training. The majority of our sample were comfortable with their ABDL practices and viewed the ABDL aspects of their lives positively. However, participants' responses had a large range of how many times they had

seen a therapist for ABDL. The gender variant sample had sought therapy far less frequently than the transgender sample, hardly ever seeking therapy for ABDL. This could be related to the anticipated stigma this community could face when disclosing their atypical interests to others. Since gender variant individuals are represented even less than transgender individuals in the literature, this could explain their lower frequency of seeking therapy. It could also suggest that transgender participants sought therapy more often for access to medical interventions (i.e., hormone interventions, surgery).

Limitations

With this study, several limitations must be taken into account. First, we were unable to discern clearly identified gender groups between transgender male and female participants. This led to one transgender group sample which resulted in general assumptions of this gender group, even though we recognize there are many differences between transgender male and female life experiences. Second, if a larger sample size was available, gender differences amongst the sample of transgender and gender variant could be investigated. For instance, in the original study by Hawkinson and Zamboni (2014), they were able to compare cisgender male and female participants on the many ABDL factors surveyed. Larger sample sizes could assist in more power for analyses. Next, there was no comparison group within this study. This would help identify if non-traditional sexual interests have impacted non-ABDL individuals in their romantic relationships, mood states, or life functioning. Having a comparison group could assist in determining how our transgender and gender variant sample differ from individuals outside of the ABDL community. Regarding recruitment of participants, since participants were gathered from online ABDL communities, these individuals could be more comfortable and willing to disclose their ABDL interests. Therefore, the results may not be generalizable to all ABDL

individuals since not all participate in the online communities. Thus, given these limitations, interpretations based on these findings should be made cautiously.

Conclusion

The purpose of this research is to explore archival data consisting of a community of online transgender and gender variant ABDL individuals. This study aimed to increase the research on other gender identities along with non-traditional sexual interests within the population. We examined the frequency and how long our sample has been practicing their ABDL behaviors, their ABDL behavior and practices within their romantic relationships, if their mood is impacted by their ABDL interests, and what their opinions are on their ABDL behaviors. Since the transgender and gender variant population are underrepresented, we aimed to add to the literature regarding a sample of the transgender/gender variant population that may experience stigma due to their sexual orientation and sexual interests. Individuals presenting with sexual orientations that are not a part of the heterosexual norm in the past have faced discrimination and stigmatization (i.e., up until the 1970's homosexuality was still considered a psychological disorder and a part of the DSM). Individuals presenting with atypical sexual interests have the potential to be stigmatized by health professionals who are not knowledgeable on the current literature which suggests not to pathologize atypical sexual paraphilia interests.

It is important to increase awareness in these areas since the majority of mental health and medical professionals are not knowledgeable in competently assisting these individuals. Our conceptualization of paraphilias and transgender identity are moving away from stigmatizing them by automatically pathologizing them. Someone who is transgender or gender variant and aroused by ABDL practices may face multiple sources of stigmatization. Stereotyping, stigmatizing, and making assumptions regarding transgender and gender variant individuals, as

well as, those who have atypical sexual interests should be avoided. Mental health and medical professionals should be thoughtful in making assumptions about ABDL, transgender, and gender variant individuals. Future research could consider a qualitative approach when surveying the ABDL community. This could garner additional information regarding the romantic relationship involvement of partners and non-partners. Further analyses on the qualitative information collected from this sample could yield additional information. Future studies could also investigate into the origins of ABDL behavior and how often it is related to childhood or something later on in life. Ideally, this study will broaden the literature and understanding of these under researched groups.

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Appendix A – Tables

Table 1. Demographic information by gender

Variable	Transgender				Gender Variant			
	<i>M</i>	<i>SD</i>	<i>n</i>	%	<i>M</i>	<i>SD</i>	<i>n</i>	%
Mean age in years	31.45	(13.18)			34.97	(13.52)		
Sexual orientation								
Sexually attracted to females only			15	(29.4)			8	(25.0)
Sexually attracted to males only			2	(3.9)			0	(0.0)
Sexually attracted to both males and females			27	(52.9)			23	(71.9)
Sexually attracted to neither males nor females			7	(13.7)			1	(3.1)
Household structure								
Single parent female-headed			12	(23.5)			8	(25.0)
Single parent male-headed			0	(0.0)			0	(0.0)
Two parent (male-female)			37	(72.5)			24	(75.0)
Two parent (male-male or female-female)			2	(3.9)			0	(0.0)
Mean number of sisters	0.63	(0.80)			0.94	(1.05)		
Mean number of brothers	1.08	(1.26)			1.06	(0.98)		
Highest level of formal education^a								
Some high school or less			1	(2.0)			0	(0.0)
High school diploma or GED			14	(27.5)			7	(21.9)
Some college			11	(21.6)			8	(25.0)
Two-year college degree			3	(5.9)			4	(12.5)
Four-year college degree			5	(9.8)			4	(12.5)
Some graduate level coursework			5	(9.8)			1	(3.1)
Graduate degree			8	(15.7)			8	(25.0)
Mean number of years at current job ^b	5.57	(6.56)			8.12	(9.89)		
Current annual income								
Less than \$25,000			27	(52.9)			14	(43.8)
\$25,000 - \$49,999			11	(21.6)			10	(31.3)
\$50,000 - \$74,999			7	(13.7)			2	(6.3)
\$75,000 - \$99,999			2	(3.9)			3	(9.4)
\$100,000 or more			4	(7.8)			3	(9.4)

Note For transgender, $n = 51$. For gender variant, $n = 32$

^a $n = 47$ for transgender

^b $n = 35$ for transgender and $n = 25$ for gender variant

Table 2. Means and SDs of ABDL variables by gender

ABDL variable	Transgender		Gender variant	
	<i>M</i> (<i>SD</i>)	<i>n</i>	<i>M</i> (<i>SD</i>)	<i>n</i>
Mean age first interested in ABDL (in years)	10.71 (8.23)	51	8.69 (5.44)	32
Mean age first practice ABDL (in years)	13.12 (7.97)	51	12.56 (6.26)	32
Mean number of years practicing ABDL	15.87 (14.86)	51	18.28 (15.32)	32
Hours per day of wearing diaper	10.80 (8.89)	49	7.97 (7.95)	30
Days per week of wearing diaper	4.00 (2.78)	49	3.87 (2.58)	30
Days per month of wearing diaper	3.82 (1.25)	49	3.90 (1.00)	30
Alone, ABDL sexual behaviors	12.76 (11.41)	45	9.23 (9.51)	28
Alone, sexual behaviors, no ABDL	11.49 (10.16)	39	11.32 (10.63)	25
With a person, ABDL sexual behaviors	7.81 (10.93)	36	4.82 (6.91)	22
With a person, sexual behaviors, no ABDL	5.75 (7.55)	40	6.11 (6.10)	27

Note The last four ABDL variables are self-reported number of times the behavior occurred in a typical month.

Table 3. Means and SDs of relationship variables by gender

Relationship variable	Transgender		Gender variant	
	<i>M</i> (<i>SD</i>)	<i>n</i>	<i>M</i> (<i>SD</i>)	<i>n</i>
Mean number of lifetime romantic relationships	2.33 (3.12)	51	2.97 (2.61)	32
Mean number of years in romantic relationship ^a	7.53 (11.28)	32	10.36 (11.43)	22
Mean number of years partner knows about ABDL ^a	6.66 (8.58)	28	10.05 (10.24)	19
Partner involved in ABDL behaviors ^a	2.27 (1.44)	51	2.06 (1.34)	32
Non-partner involved in ABDL behaviors ^b	1.85 (1.25)	33	2.17 (1.11)	23

Note The last two variables use a Likert-type response with higher numbers indicating greater frequency.

^a Refers to current or most recent partner

^b Refers to if currently in a relationship, how often a non-partner is involved

Table 4. Correlations of mood states with specific Adult Baby Diaper Lover (ABDL) Behaviors

<i>n</i>	Profile of mood states	
	Transgender	Gender variant
	51	32
When you practice ABDL, how often do you engage in the following behaviors?		
Wetting	-.06	.22
Messing	.01	.23
Using diapers	.06	.10
Using other baby items	-.11	-.06
Mommy, no sex	.10	-.03
Mommy, with sex	-.21	-.10
Daddy, no sex	-.09	-.03
Daddy, with sex	-.22	.15
Play with baby toys	.09	.14
How sexually stimulating do you find the following?		
Adult man	.11	.05
Adult woman	.05	-.29
Diapers	.01	-.04
Other baby items	-.08	.03
Baby clothing	-.20	.03
Baby toys	-.15	.23
Non-ABDL sex toys	.18	-.02
How important to you are each of the following ABDL aspects?		
The diaper itself	-.06	.02
Convenience of a diaper	-.14	.18
Being dominated	-.09	.25
Being a baby	-.20	.08
Sexual excitement	-.05	-.15

Table 5. Opinions on ABDL Behavior and Perceived Problems

Variable	Transgender			Gender variant		
	<i>M</i>	<i>(SD)</i>	<i>n</i>	<i>M</i>	<i>(SD)</i>	<i>n</i>
I was born with my sexual interests in ABDL	4.35	(2.06)	46	4.10	(1.63)	30
I learned my sexual interests in ABDL	4.11	(1.74)	46	4.23	(1.59)	30
ABDL interests are related to something in childhood	5.15	(1.58)	46	4.97	(1.69)	30
ABDL interests are related to toilet training	3.93	(1.67)	46	4.03	(1.81)	30
Times tried to stop ABDL	11.67	(28.36)	45	22.76	(39.45)	29
Times ABDL interfered with romantic relationship	3.44	(15.06)	45	2.28	(5.10)	29
Times someone suggested getting help to stop, control	10.33	(27.89)	45	1.79	(3.35)	29
Times ABDL interfered with functioning	4.71	(17.57)	45	9.28	(26.81)	29
Times seen a therapist for ABDL	4.69	(20.79)	45	0.55	(1.24)	29
I am comfortable with my ABDL practices ^a	6.11	(1.04)	46	5.63	(1.40)	30
How do you view the ABDL aspects of your life ^a	5.22	(1.17)	45	4.86	(1.33)	29

Note For the first four variables, higher means indicate greater agreement with the statement (1 = Strongly Disagree to 7 = Strongly Agree). Variables five through nine, participants reported a number for these questions. Likert response scales were indicated for the tenth variable (1 = Strongly Disagree to 7 = Strongly Agree) and the eleventh variable (1 = Extremely Negatively to 7 = Extremely Positively).

^a Higher scores reflect greater comfort with or a more positive view of ABDL

Appendix B – Measures

Frequency of ABDL Behaviors

1. At what age did you know that you were interested in AB/DL fantasies or behaviors?
2. At what age did you start to practice AB/DL behaviors? (Please exclude infancy when these behaviors were regulated by parents or caregivers.)
3. Are you currently practicing any AB/DL behaviors? (Yes/No)
4. How long have you been practicing any AB/DL behaviors? (Round to the nearest year)
5. How often do you wear diapers? (In a typical day, week, month.)
6. In a typical month, when you are ALONE, how many times do you practice AB/DL SEXUAL behaviors of any kind?
7. In a typical month, when you are ALONE, how many times do you practice any sexual behavior that DOES NOT include AB/DL behaviors of any kind?
8. In a typical month, when you are with ANOTHER PERSON, how many times do you practice AB/DL SEXUAL behaviors of any kind?
9. In a typical month, when you are with ANOTHER PERSON, how many times do you practice any sexual behavior that DOES NOT include AB/DL behaviors of any kind?

Relationship Questions

1. How many committed romantic relationships have you been involved in throughout your lifetime?
2. Are you currently in a committed romantic relationship? (Yes/No)
3. How long have you been in your current or most recent romantic relationship? (Years)
4. Does your current partner know about your AB/DL interests/behaviors? (Yes, No, or I am not currently in a romantic relationship)

5. How long has your partner known about your AB/DL interests/behaviors? (If you are not currently in a romantic relationship, please enter how long your most recent partner knew about your AB/DL interests/behaviors) (Years)
6. Thinking about your current or most recent romantic relationship, how often is or was your current romantic partner involved in your AB/DL behaviors? (*1 Never to 5 Always*)
7. If you are currently in a romantic relationship, how often is someone OTHER than your current romantic partner involved in your AB/DL behaviors? (*1 Never to 5 Always*)

Specific ABDL Behaviors and Sexual Stimulation

Response format: 1 Never to 7 All the time

1. When you practice AB/DL, how often do you engage in the following behaviors? (Please indicate the frequency of each)
 - a. Wetting
 - b. Messing
 - c. Using diapers
 - d. Using other baby items (powder, bottle, bib, pacifier, etc.)
 - e. Having a mommy (NO sexual activity with this person)
 - f. Having a mommy (WITH sexual activity with this person)
 - g. Having a daddy (NO sexual activity with this person)
 - h. Having a daddy (WITH sexual activity with this person)
 - i. Playing with baby toys
2. What type of sexual activity do you like best?
 - a. Not having sexual activity
 - b. Having sexual activity alone

- c. Having sexual activity with another partner/partners
3. How sexually stimulating do you find the following?
- a. An adult man
 - b. An adult woman
 - c. Diapers
 - d. Other baby items (powder, bib, pacifier, etc.)
 - e. Baby clothing
 - f. Baby toys
 - g. Other sex toys (non-AB/DL)
4. How important to you are each of these AB/DL aspects?
- a. The diaper itself (feeling, sound, smell, etc.)
 - b. The convenience of a diaper
 - c. Being dominated or under the control of someone else
 - d. Being a baby
 - e. Sex/Sexual excitement related to AB/DL

Parental Relationship

1. Did you grow up with a mother/female caregiver? (Yes/No)
2. As you think about the relationship you had with your mother/female primary caregiver during the time you were growing up, please circle the number for each of these items which indicates best the way she acted toward you.
 - a. Please circle the number that correspond most with how your mother/female primary caregiver acted toward you, *1 Detached from me to 6 Involved with me*

- b. Please circle the number that correspond most with how your mother/female primary caregiver acted toward you, *1 Hostile toward me to 6 Not hostile toward me*
 - c. Please circle the number that correspond most with how your mother/female primary caregiver acted toward you, *1 Rejecting me to 6 Accepting me*
 - d. Please circle the number that correspond most with how your mother/female primary caregiver acted toward you, *1 Controlling me to 6 Non-controlling*
 - e. Please circle the number that correspond most with how your mother/female primary caregiver acted toward you, *1 Non-protective of me to 6 Over-protective with me*
 - f. Please circle the number that correspond most with how your mother/female primary caregiver acted toward you, *1 Unfair with me to 6 Fair toward me*
 - g. Please circle the number that correspond most with how your mother/female primary caregiver acted toward you, *1 Wasn't caring toward me to 6 Was caring toward me*
3. Did you grow up with a father/male caregiver? (Yes/No)
4. As you think about the relationship you had with your father/male primary caregiver during the time you were growing up, please circle the number for each of these items which indicates best the way she acted toward you.
- a. Please circle the number that correspond most with how your father/male primary caregiver acted toward you, *1 Detached from me to 6 Involved with me*
 - b. Please circle the number that correspond most with how your father/male primary caregiver acted toward you, *1 Hostile toward me to 6 Not hostile toward me*

- c. Please circle the number that correspond most with how your father/male primary caregiver acted toward you, *1 Rejecting me to 6 Accepting me*
- d. Please circle the number that correspond most with how your father/male primary caregiver acted toward you, *1 Controlling me to 6 Non-controlling*
- e. Please circle the number that correspond most with how your father/male primary caregiver acted toward you, *1 Non-protective of me to 6 Over-protective with me*
- f. Please circle the number that correspond most with how your father/male primary caregiver acted toward you, *1 Unfair with me to 6 Fair toward me*
- g. Please circle the number that correspond most with how your father/male primary caregiver acted toward you, *1 Wasn't caring toward me to 6 Was caring toward me*

Attachment Scale

Response format: 1 Strongly agree to 7 Strongly disagree

1. It helps to turn to my romantic partner in times of need.
2. I need a lot of reassurance that I am loved by my partner.
3. I want to get close to my partner, but I keep pulling back.
4. I find that my partner(s) don't want to get as close as I would like.
5. I turn to my partner for many things, including comfort and reassurance.
6. I try to avoid getting too close to my partner.
7. My desire to be very close sometimes scares people away.
8. I do not often worry about being abandoned.
9. I usually discuss my problems and concerns with my partner.
10. I get frustrated if romantic partners are not available when I need them.

11. I am nervous when partners get too close to me.

12. I worry that romantic partners won't care about me as much as I care about them.

Mood States

Response format: 1 Not at all to 5 Extremely

1. How have you been feeling during the past week, including today.

- a. Tense; Blue; Confused; Lively; Furious; Uneasy; Miserable; Full of pep; Annoyed; Helpless; Bitter; Resentful; Exhausted; Forgetful; Bewildered; Energetic; Fatigued; Hopeless; Worn out; Grouchy; Bushed; Angry; Vigorous; On edge; Worthless; Restless; Cheerful; Unable to concentrate; Weary; Discouraged; Peeved; Nervous; Unhappy; Sad; Active

Appendix C – IRB Approval Letter

February 22, 2017

Dear Eric Sprankle:

Re: IRB Proposal entitled "[1012389-1] ABDL Thesis" Review Level: Level [I, archival]

Your IRB Proposal has been approved as of February 22, 2017. On behalf of the Minnesota State University, Mankato IRB, we wish you success with your study. Remember that you must seek approval for any changes in your study, its design, funding source, consent process, or any part of the study that may affect participants in the study. Should any of the participants in your study suffer a research-related injury or other harmful outcome, you are required to report them to the Associate Vice-President of Research and Dean of Graduate Studies immediately.

The approval of your study is for five calendar years from the approval date. When you complete your data collection or should you discontinue your study, you must submit a Closure request (see <http://grad.mnsu.edu/irb/continuation.html>). All documents related to this research must be stored for a minimum of three years following the date on your Closure request. Please include your IRBNet ID number with any correspondence with the IRB.

Sincerely,

A handwritten signature in black ink that reads "Mary Hadley".

Mary Hadley, Ph.D. IRB Coordinator

A handwritten signature in black ink that reads "Jennifer Veltsos".

Jennifer Veltsos, Ph.D. IRB Co-Chair

A handwritten signature in black ink that reads "Julie A. Carlson".

Julie Carlson, Ed.D. IRB Co-Chair

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Minnesota State University, Mankato IRB's records.

