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Sex Offending and Sexual Appetite: Hypersexuality and Hypersexual Disorder

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Learning Objectives

- **1. To review the history of the concept of hypersexuality as a dimensional aspect of sexual desire.**
- **2. To review epidemiological and clinical definitions for hypersexuality that can be meaningfully applied to sexual offenders.**
- **3. To review current concepts of Hypersexual Disorder and its possible associations with dimensional hypersexuality and sexual offending.**
- **4. To review results from independent field trial testing of the criteria for Hypersexual Disorder**



Human Sexual Desire

- The presence of sexual fantasies, urges or behaviors accompanied by the subjective conscious motivation to engage in sexual behavior in response to relevant internal or external social cues.

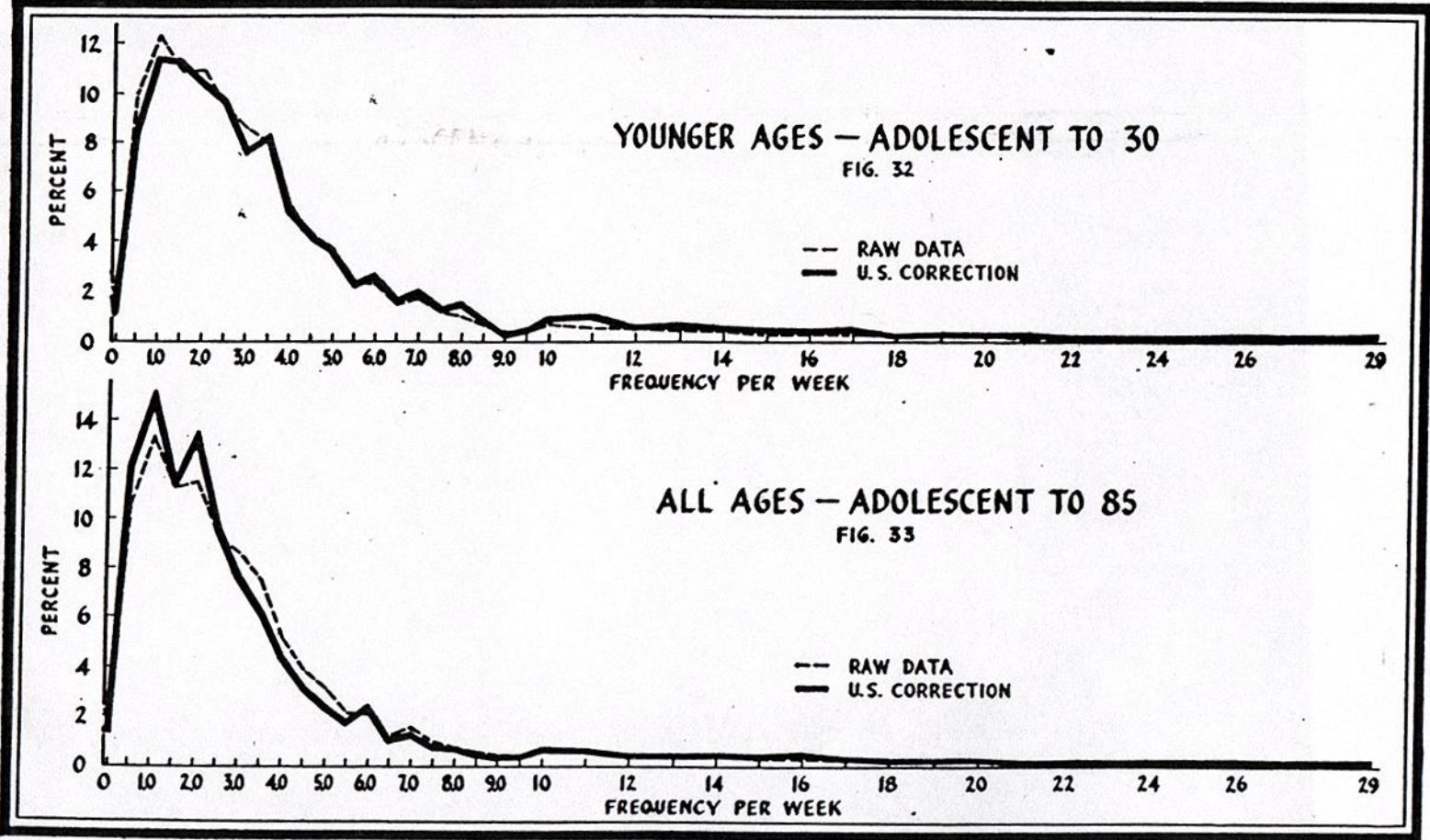
Lieblum, 1988; American Psychiatric Association, 1994; Everaerd, 2001; Levine 2002



What is “normal” male sexual desire/appetite?

- Total sexual outlet in males
 - continuous distribution curve, shift left
 - less dependent on intimacy
 - peaks age 15-25, slow decline
 - testosterone dependent
 - Masturbation, then sexual intercourse
 - 0.5-3/week most common range
masturbation + intercourse

Kinsey, 1948; Laumann, 1994



Figures 32-33. Individual variation in frequency of total sexual outlet



What about “high sex drive”?

- **Krafft-Ebing and other European sexologists noted hypersexuality as a clinical condition**
- **Kinsey (1953: n = 5300)**
 - **7.6% males TSO/week ≥ 7 x5 years**
 - **Masturbation primary outlet**
 - **49% “underclass”**
- **Atwood and Gagnon (1987: n=1077)**
 - **5% high school males and 3% college males report daily masturbation**
- **Laumann et.al (1994: n=3159)**
 - **3.1% of males masturbate at least once/day**
 - **7.6% have sexual intercourse at least 4x/week**



Epidemiological evidence of high sex drive and its behavioral correlates

Långström and Hanson (Arch Sex Behav. 2006) landmark epidemiological study of “excessive sexual behavior”

Swedish Sexuality and Health Project sample (n=2450:1244 men and 1171 women; ages 18-60)

Sought to define the most sexually active group.

“impersonal sex”

frequency of masturbation/month

frequency of pornography use/past year

of sex partners/past year

of sex partners/active year

having extra-partnered sex while in a stable relationship

ever participating in group sex

preferring a casual sexual lifestyle



Epidemiological evidence of high sex drive and its behavioral correlates

- **Långström and Hanson (2006) High hypersexuality group:**
 - **3 or more indicators during current year**
- **Men (151 of 1244; 12.1 %)**
- **Urban dwellers, more likely to have experienced parental separation**
- **Started sexual behavior at a younger age, greater diversity of sexual experiences, paying for sex, at least single incident of, or interest in exhibitionism, voyeurism, masochism/sadism and transvestism**
- **Mean TSO/week in past month @4x**
- **Less satisfied with sex life, more relationship instability, more STDs, more likely sought help for sexuality-related problems**
- **Other risk-taking behaviors: cigarettes, heavy drinking, use of illegal drugs, gambling, general life dissatisfaction**



Hypersexuality in sexual offender assessment

- **Ray Knight's Assessments of the proclivity for sexual aggression**
- **Multidimensional Assessment of Sex and Aggression (MASA; 1994, 1999)**
 - **Administered to over 3000 individuals**
 - **can discriminate sexually deviant sample from controls (Zakireh, Ronis and Knight 2008)**
 - **Demonstrated dimensional hypersexuality is associated with**
 - **rape (Knight 2003, 2004) and child molestation (Daversa and Knight, 2007)**
 - **Developed an empirically derived scale for hypersexuality**



Hypersexuality and sexual offender assessment

- **Multidimensional Inventory of Development, Sex and Aggression (MIDSA; Knight, 2008)**
- **Hypersexuality Rational Scale (derived from MASA)**
- **Applied in 2 large samples (Walters, Knight and Langstrom, 2011)**
- **Langstrom's epidemiological sample (5250 men and women) and**
- **Administered to 716 male sex offenders to demonstrate the latent dimensional structure of proposed hypersexual disorder**
- **Cautioned about need for more research to delineate a categorical diagnosis from a dimensional continuous variable**
- **Many DSM diagnoses are dimensional, including paraphilias, attention deficit hyperactivity disorder and personality disorders**



Hypersexuality measures and sexual offender recidivism

- Stable 2007 and Acute 2007 scales for assessing recidivism risk factors
- Stable 2007
 - 5 domains: 12 factors assessed in 5 “dynamic risk” domains
 - Significant Social Influences
 - Intimacy Deficits
 - **General Self-Regulation**
 - **Sexual Self-Regulation**
 - Cooperation with Supervision



Assessment of of hypersexuality in sexual offenders

- **Stable 2007**

- **Domain #5: Sexual self-regulation**
 - Factor #10 sexual preoccupation and sexual drive
 - Factor #11 using sex as a coping tool
 - Factor #12 deviant sexual interests



Acute: 2007

- Seven factors or domains assess acute or current risk factors
 - – Victim access
 - – **Sexual preoccupation**
 - – Hostility
 - – Rejection of supervision
 - – Emotional collapse
 - – Collapse of social supports
 - – Substance abuse
- First 4 factors are used to assess sexual and violence recidivism
- 3 factors are added to address general recidivism



What about non-paraphilic hypersexuality and sexual offending?

- Sexual Addiction model

 - Sexual Addiction Screening Test (Carnes)

- Sexual Compulsivity model

 - Sexual Compulsivity Scale (Kalichman)

- Sexual Desire model

 - Paraphilia-related disorders (Kafka)

 - “out of control sexual behaviors” (Kinsey Institute scales Bancroft and Janssen)



Hypersexual Disorder as proposed for DSM-5 (revised 10.14.10)

- **A. Over a period of at least six months, recurrent and intense sexual fantasies, sexual urges, and sexual behavior in association with four or more of the following five criteria:**
 - (1) Excessive time is consumed by sexual fantasies and urges, and by planning for and engaging in sexual behavior.
 - (2) Repetitively engaging in these sexual fantasies, urges, and behavior in response to dysphoric mood states (e.g., anxiety, depression, boredom, irritability).
 - (3) Repetitively engaging in sexual fantasies, urges, and behavior in response to stressful life events.
 - (4) Repetitive but unsuccessful efforts to control or significantly reduce these sexual fantasies, urges, and behavior.
 - (5) Repetitively engaging in sexual behavior while disregarding the risk for physical or emotional harm to self or others.



Hypersexual Disorder as proposed for DSM-5

- **B. There is clinically significant personal distress or impairment in social, occupational or other important areas of functioning associated with the frequency and intensity of these sexual fantasies, urges, and behavior.**
- **C. These sexual fantasies, urges, and behavior are not due to direct physiological effects of exogenous substances (e.g., drugs of abuse or medications) or to Manic Episodes.**
- **D. The person is at least 18 years of age.**

<http://www.dsm5.org/ProposedRevisions/Pages/proposedrevision.aspx?rid=415>



Hypersexual Disorder as proposed for DSM-5

- *Specify* if:
 - Masturbation
 - Pornography
 - Sexual Behavior With Consenting Adults
 - Cybersex
 - Telephone Sex
 - Strip Clubs
 - Other:

- *Specify* if:
 - In Remission (During the past six months, no signs or symptoms of the disorder were present).
 - State duration of remission in months: _____
 - In a controlled environment



Paraphilias and Hypersexual Disorder

- PA without Hypersexual Disorder
- PA with dimensional hypersexuality
- Hypersexual Disorder w/o PAs
- Hypersexual Disorder independently associated with PAs
 - Exhibitionism and HD: strip clubs
- PAs expressed comorbidly with HD
 - Pedohebephilia with HD: pornography
 - Sexual Masochism Disorder with HD: sexual behavior with consenting adults (eg. dominatrix prostitutes)

Paraphilia-related disorders in sexual offenders

(n=220:Kafka, 1997, 2003, 2003)

- 111 (50.4%) were paraphilic sexual offenders.
- Exhibitionism (n=57) 51.8%
- Voyeurism (n=34) 30.9%
- Pedophilia (n=32) 29.0%

- The lifetime prevalence of PRDs in the offender group was:
 - Compulsive masturbation (n=75) 67.5%
 - Pornography dependence (n=47) 42.3%
 - Protracted promiscuity (n=36) 32.4%
 - Phone sex dependence (n= 7) 6.3%

- Lifetime PRDs are prevalent in male sexual offenders



Field testing of Hypersexual Disorder

- Over-diagnosis and false-positives?

- Clinical field trials of HD with sex offenders demonstrate:

■ Sample	n	age	assessment	prevalence %
■ California op tx	103	40	current 6 months	
■ Thornton, D'Orazio et al			trained clinician assess	11.7
■ Florida civil comm	307	47	current 6 months, 1.6%	
■ Wilson, Pake et al			clinician administered HDSI	1.6
■ Wisconsin civ.comm	64	48	lifetime prevalence	46.9
■ Thornton, Barfknecht et al			forensic chart review	



Field testing of hypersexual disorder specifiers

- **68 nonparaphilic males from specialty clinics for sexual addiction/hypersexual behavior- current HD multiple sites (Reid, Hook, Garos et al)**
 - **Diagnosed with dimensional scales similar to HDSI**
- **Masturbation 90.6%**
- **Pornography 88.5%**
- **Sex with adults 65.6%**
- **Cybersex 23.9%**
- **Strip Clubs 22.9%**
- **Phone sex 9.4%**



Persons seeking treatment for possible hypersexual disorder

- Treatment seeking in a normal population

community sample N.Z. 940 past year

Skeeg, Nada-Raja, 2010

“out of control behavior + impairment

0.8 % men

0.6% women

Convenience sample Internet

14396

past year

Winters, Christoff et al. 2010

“dysregulated sex behavior “+treatment

1.6 % men

0.8% women



Summary

- **Dimensional Hypersexuality or increased sexual appetitive behaviors can be assessed in community samples, in sexual offenders and in nonparaphilic “sex addicts”.**
- **Dimensional Hypersexuality is a validated risk factor associated with sexual offender recidivism and has been incorporated in assessment, dynamic, and acute behavioral rating scales.**



Summary

- **Hypersexual Disorder is a proposed categorical disorder currently housed in the DSM-5 Appendix.**
- **Results from independent field testing of Hypersexual Disorder are limited by varying methodologies to assess the proposed disorder in sexual offenders.**
- **The behavioral specifiers for HD are found in roughly the same prevalence in offenders and non-offenders, especially HD: masturbation, pornography, and sex with consenting adults.**
- **The Criterion A factors associated with Hypersexual Disorder can be clinically assessed and when accompanied by Criterion B distress/impairment, can lead to treatment seeking in a small minority of men and women.**