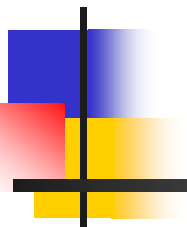


Hypersexuality and Hypersexual Disorder: Diagnostic and Clinical Implications

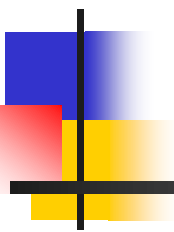


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Developmental Adversity, Diagnostic Co-Morbidity, and Long-Term Consequences Associated with Hypersexuality



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Hypersexuality

- A dimensional measure of sexual interest and behavior
- Important criterion for hypersexual disorder (Kafka, 2010)
- Impersonal vs. relational; paraphilic vs. non-paraphilic
- What constitutes Hypersexuality?
 - Recurrent and persistent
 - ≥ 7 TSO, 6-month duration (Kafka, 1997)
 - Impersonal vs. personal sex (Långström & Hanson, 2006)
 - Distress or impairment



Purpose of Study

- Study Objectives:
 - Correlates of hypersexuality
 - Adverse childhood experiences
 - Psychiatric Co-morbidity
 - Recidivism
 - Affect regulation (Cooper et al., 1998, 2000, Kingston & Firestone, 2008)



Adverse Childhood Experiences (ACEs)

- ACEs are associated with a wide variety of health behaviors and outcomes
- The ACE study (Felitti et al., 1998)
- Numerous follow-up studies with various outcomes (e.g., alcohol abuse; Dube et al., 2002)
- Significant Dose-Response Relationship



Developmental risk factors and Hypersexuality

Sexual

- Sexual abuse associated with hypersexuality (Långström & Hanson, 2006)
 - ACE study (≥ 50 “intercourse partners”)
- High rates of sexual abuse among “sexual addicts” (Black et al., 1997; Carnes & Delmonico, 1996)
- Sexual abuse associated with sexually compulsive and sexual sensation seeking behaviour (Perera et al, 2009)

Physical and Emotional

- High rates of physical and emotional abuse among “sexual addicts” (Carnes & Delmonico, 1996; Black et al., 1997)
- Early separation from parents associated with higher levels of hypersexuality (Langstrom & Hanson, 2006)



Sample

- Study 1 (n = 553)
 - Adult males convicted of a “hands-on” sexual offence
 - Adult Rapist (n = 80), extra-familial child molester (n = 197), incest offender (n = 276)
 - Average age = 38.1 years
- Study 2 (n = 180)
 - Outpatient adult males
 - PRD (n = 70), non-offender paraphilia (n = 37), hands-off (n = 36), hands-on (n = 37)
 - Average age = 39.7 years



Measures

- Psychiatric Intake

- Demographic information; DSM Diagnoses; Sexual Behaviors; ACEs

- Hypersexuality

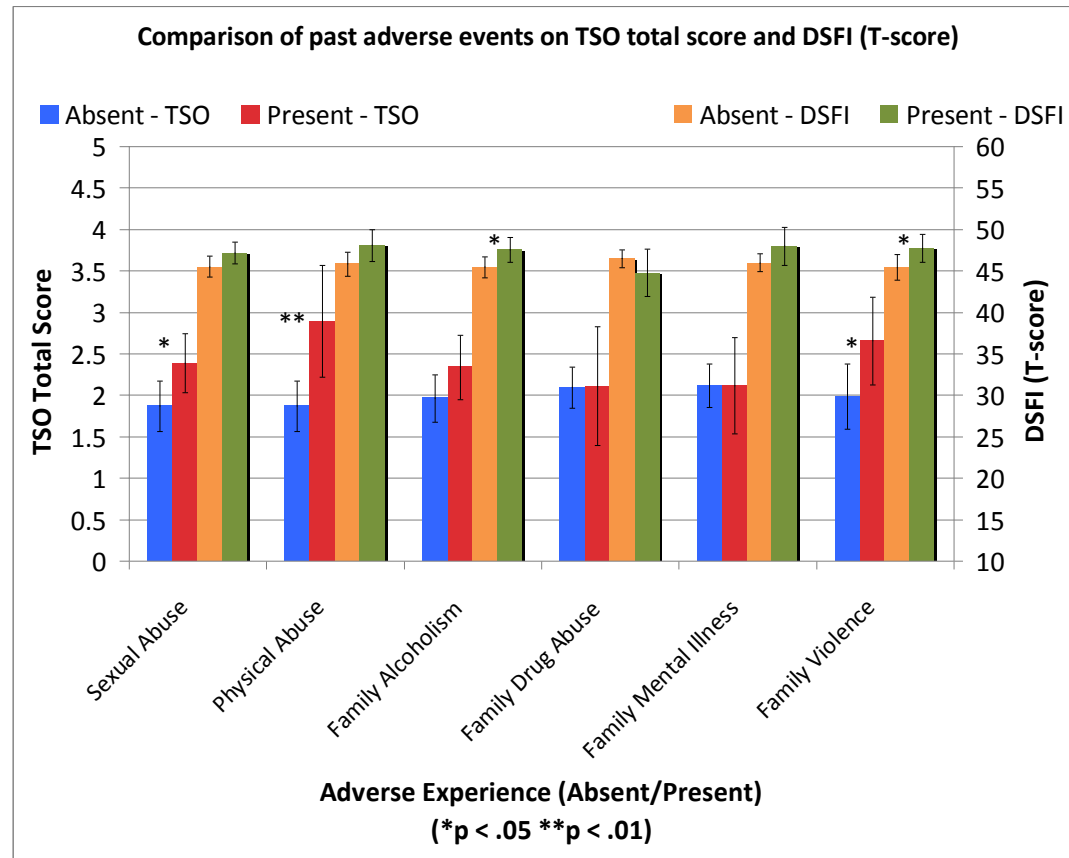
- Derogatis Sexual Functioning Inventory (DSFI; Sexual Drive Subscale)
- Total Sexual Outlet (TSO)

- Childhood Trauma Questionnaire

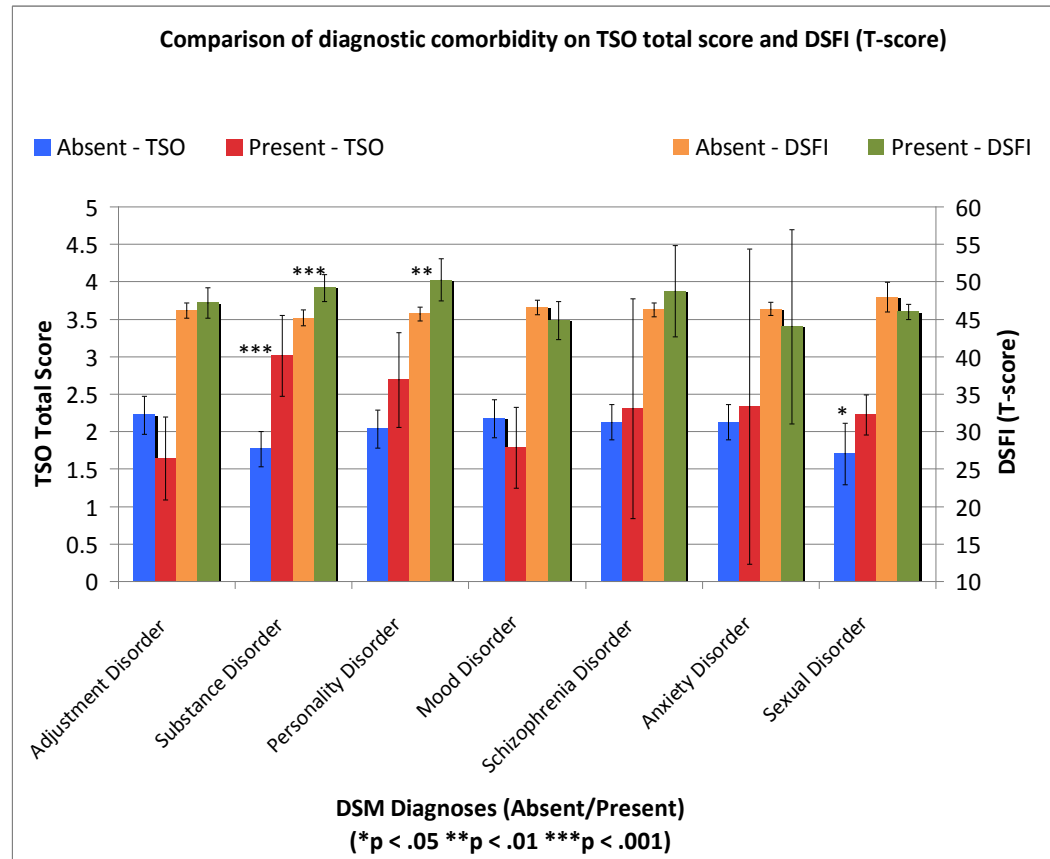
- Recidivism

- Sexual, Violent, Criminal; 20-year follow-up

Adverse Childhood Experiences



Diagnostic Co-morbidity





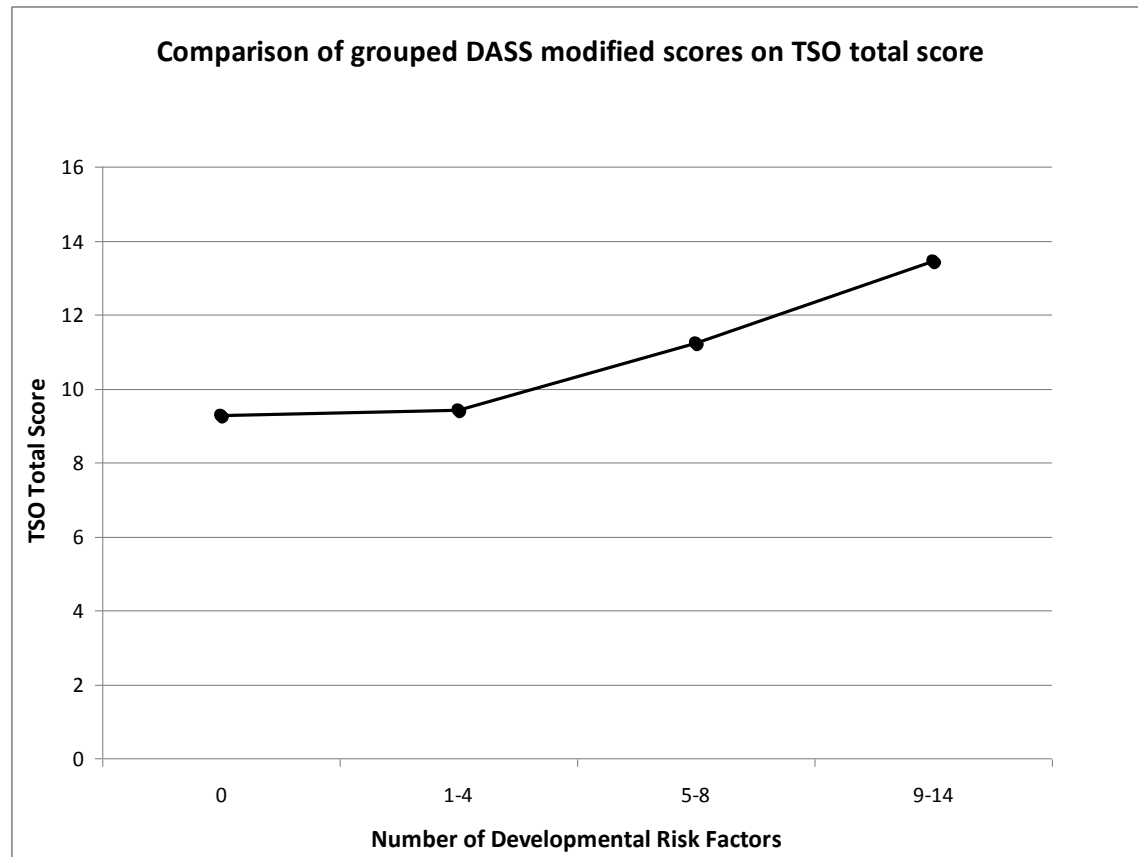
TSO and CTQ

CTQ Variables	Hypersexuality (TSO)				
	PRD Disorders	Non-offender Paraphiliacs	Hands-off sexual offenders	Hands-on sexual offenders	Total Sample
Emotional Abuse	.19	.17	.27	.08	.22**
Emotional Neglect	.12	.31	.26	.28	.26***
Physical Abuse	.01	.11	.44**	.15	.21**
Physical Neglect	.08	.29	-.01	.07	.13
Sexual Abuse	-.03	.30	.03	-.01	.08
Total Score	.12	.32	.28	.15	.24**

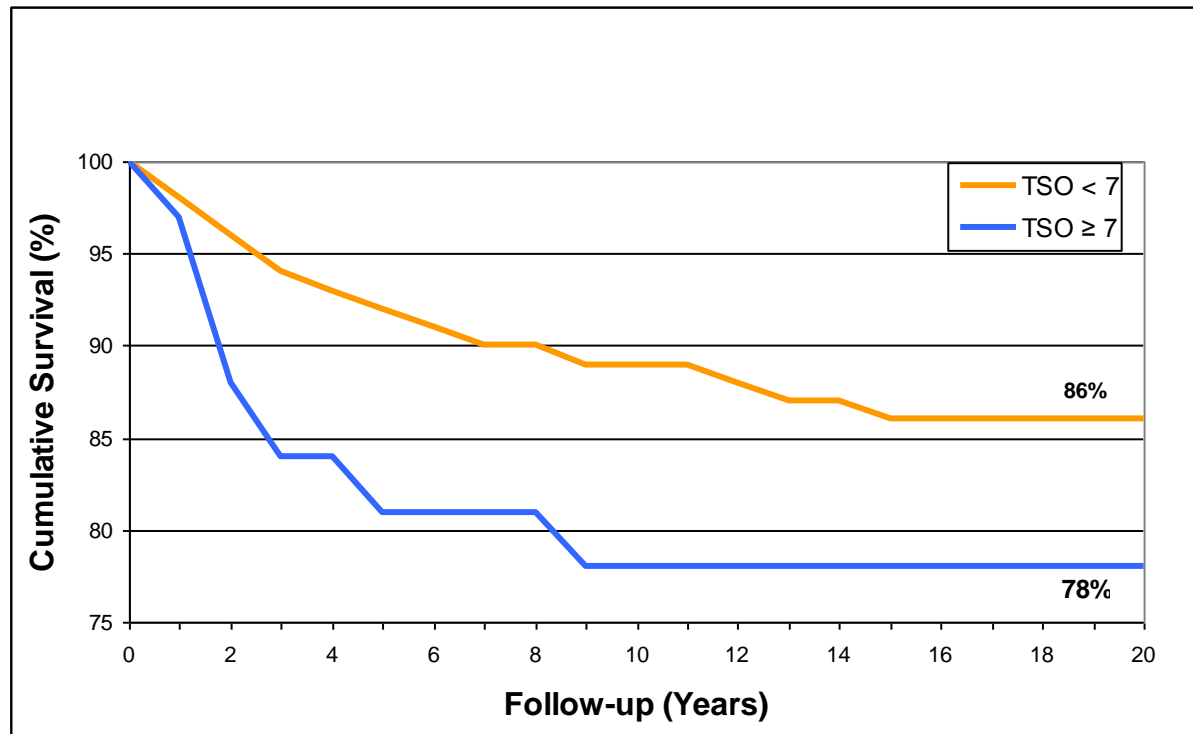
Note. CTQ = Childhood Trauma Questionnaire ; PRD = paraphilia-related disorders ; TSO = total sexual outlet

** $p < .01$. *** $p < .001$.

ACEs and TSO



Survival Analysis



Predictive Validity

Hypersexuality Indicator	Type of Recidivism					
	Sexual		Violent (including sexual)		Any Criminal	
	AUC	95% CI	AUC	95% CI	AUC	95% CI
Total Sexual Outlet	.60**	.54-.67	.61***	.55 - .66	.58**	.53-.63
DSFI (Sex Drive)	.54	.48-.61	.59**	.53-.64	.59**	.54-.64

- Hypersexuality is associated with recidivism after controlling for static risk
 - χ^2 change = 4.68, $df = 1$, $p < .05$, $e^b = \mathbf{1.14}$



Conclusions

- Hypersexuality is a controversial construct, needing further empirical attention
- ACEs are associated with increased sexual behavior
- Explanatory Mechanisms
 - Affect Regulation?
- Hypersexuality is associated with long-term consequences relevant to forensic and correctional populations