In this symposium, hypersexuality is considered a dimensional measure of sexual interest and motivation, which includes the frequency, intensity and time consumed by sexual behaviors. Hypersexual Disorder is a putative non-paraphilic syndrome characterized by dimensional hypersexuality, accompanied by the use of sex as self-medication, continued sexual risk-taking and volitional impairment in association with adverse consequences and/or personal distress. Diagnostic criteria for Hypersexual Disorder were proposed but ultimately rejected for inclusion in DSM-5 (APA, 2013). Nevertheless, features subsumed within this construct are highly relevant to both the initiation and maintenance of sexually aggressive behavior. Despite this importance, the literature has been characterized by a number of problems, such as a relative lack of empirical research as compared to clinical anecdotes and opinions, overreliance on clinical samples, lack of comparison groups, and a tendency to reflexively assume pathological underpinnings. Some of these problems were noted decades ago (Coleman, 1986; Orford, 1978) and there has been little progress made toward resolving many of these issues.

The three presentations comprising this symposium are organized in a sequential manner and emphasis is placed on (1) theoretical/explanatory models of hypersexuality and sexual offending (Kingston); (2) the structure of hypersexuality and its covariation with other constructs related to sexual aggression (Knight & Graham); and (3) effective treatment approaches with sexual offenders presenting with non-paraphilic hypersexuality (Marshall).

Hypersexuality has become widely acknowledged as an important dimension of sexual behavior, which has been associated with sexual offending. Although the paraphilic disorders and their association with hypersexuality and sexual offending have received a
fair bit of empirical attention, far less attention has been devoted to a second set of conditions characterized by non-paraphilic hypersexuality. Historical descriptors describing this phenomenon include: erotomania, nymphomania, paraphilia-related disorder, satyriasis, sexual addiction, sexual compulsion, sexual impulsivity, among many others. Some authors have pointed to subtle distinctions between these terms, but typically such terms are inconsistently (and sometimes inappropriately) used in the literature. As noted earlier, this symposium is structured in a sequential manner and, in this initial presentation, I will focus on historical and current definitions and conceptual models of non-paraphilic hypersexuality. Explanatory model are discussed in relation to implications for understanding, assessing, and treating sexual offenders exhibiting hypersexual behavior. Importantly, theoretical discussions are augmented by recent evidence obtained from a large clinical sample of 553 sexual offenders assessed using a strictly behavioral measure of hypersexuality (i.e., total sexual outlet) and a broader self-report measure of sexual drive. Results pertain to the identification of adverse developmental experiences, psychiatric co-morbidity, and longitudinal outcome (i.e., recidivism), assessed up to 20-years post release.

Goals of the Paper:
1. Provide an operational definition of hypersexuality and hypersexual disorder with particular relevance to sexual offending populations
2. Discuss the benefits and shortcomings of current pathophysiological models of hypersexual disorder
3. Present new research derived from a large clinical sample of sexual offenders to elucidate key conceptual issues relevant to hypersexuality in sexual offenders

Covariates and Latent Structure of Hypersexuality: Implications for Assessment and Treatment

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Hypersexuality has been identified as a key component in sexual coercion and sexual recidivism (Kingston & Bradford, 2013; Knight & Cerce, 1999) and should therefore constitute a dynamic target for the treatment and management of sex offenders (Andrews & Bonta, 2006). Consequently, it is important both to study the theoretical and practical position of this construct within the nomological network of domains related to the etiology of sexual offending and to maximize its assessment by exploring its latent
structure. This talk focuses on two covariates of hypersexuality and on its latent structure. First, in multiple studies various aspects of sexual drive and fantasy have been found to covary substantially with the Machiavellian, callous, narcissistic, and impulsive components of psychopathy (e.g., Baughman, Jonason, Veselka, & Vernon, 2014; Carter, Campbell, & Muncer, 2014; Kastner & Sellbom, 2012; Knight & Sims-Knight, 2004; LeBreton, Baysinger, Abbey, & Jacques-Tiura, 2013). This has been labeled the Self-Centered Impulsivity factor (Scl). In the Multidimensional Inventory of Development, Sex, and Aggression (the MIDSA) the Callous-Manipulativeness (CM) latent trait, which comprises Conning-Superficial Charm, Impulsivity, Hostility toward Women, and Lack of Perspective Taking (see MIDSA, 2011 for scale descriptions), measures this construct and has been found to covary with the latent trait Hypersexuality in all etiological structural equation models generated with MIDSA data (e.g., Knight & Sims-Knight, 2003, 2004, 2011). We argue that the involvement of incentive neurocircuitry in both CM/Scl and hypersexuality constructs (Buckholtz et al., 2010a, 2010b; Bjork, Chen, & Hommer, 2012; Stoléru, Fontelle, Cornélis, Joyal, & Moulier, 2012) may account in part for the high covariation found between these constructs. We argue further one must differentiate between two forms of impulsivity--the risk-taking, reward-sensation seeking, secondary-information ignoring type and emotionally dysregulated, over-threat responding disinhibition, because only the former is related to incentive neurocircuitry. We present an explanatory model of the CM/hypersexuality covariation that integrates findings from Sternberg (2008), Burt (2012), and Newman and Baskin-Sommers (2011) with recent data on biological and neurological correlates of psychopathy.

Second, sexual sadism, which is defined as the synergy of sexual excitement and the infliction of pain on others (American Psychiatric Association, 2013), has been found like CM/Scl to covary with excessive sexual behavior (Långström & Hanson, 2006; Knight & Cerce, 1999). In models of the etiology of sexual coercion against women, sadistic/aggressive sexual fantasies have been found to mediate the relation between Hypersexuality and sexually coercive behavior against women (Knight & Sims-Knight, 2003, 2004, 2011). Recently, less severe manifestations of sexually coercive fantasies have been found to expand this sadistic component to a wider, dimensional latent trait better described as an Agonistic Continuum. IRT analyses have indicated that this continuum stretches from no sexually coercive fantasies or behaviors at the low end through paraphilic coercive fantasies, to fantasies of controlling, bondage, and humiliation during sex, to fantasies of hurting a victim during sex, and finally to serious sadistic fantasies and behaviors (Knight, Sims-Knight, & Guay, 2013). Taxometric analyses have provided support for the dimensional latent structure of the Agonistic Continuum, of hypersexuality, and of psychopathy (e.g., Graham, Walters, Harris, & Knight, in press; Knight, et al., 2013). The implications of hypersexuality's covariations and latent structure for assessment and treatment will be discussed.

Goals of the Paper:
1. Explore hypersexuality's relation to both CM/Scl and sadistic/agonistic traits.
2. Provide evidence for potential neural mechanisms that covary with hypersexuality, CM/ScI, and sadism.
3. Discuss the implications of the models presented and of the dimensional nature of the constructs for assessment and treatment.

Treatment Approaches with Sexual Offenders Presenting with Non-Paraphilic Hypersexuality

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Empirical research has demonstrated that problematic sexual behaviours and desires as measured by the Sexual Addiction Screening Test (SAST, Carnes, 1989) is a greater problem for sexual offenders than community comparison groups. Hypersexual disorder has been found to be correlated with: attachment problems, maladaptive schemas, shame and guilt, sexual desires and beliefs about sexual behaviours, and coping, in particular using sex to cope (Marshall & Marshall, 2002, 2006, 2010; Marshall, Marshall, Moulden, & Serran, 2008). We and others (e.g., Hanson & Harris, 2000) have shown that more than a third of incarcerated sexual offenders experience problems with hypersexual desires and behaviors. However, little is known about the effect of treatment on this problematic sexual behavior and in particular, among incarcerated sexual offenders. This presentation examines extant empirical literature on approaches to treatment of hypersexuality and hypersexual disorder and its relevance for incarcerated sexual offenders. This paper will outline the methods described in the literature and used in our treatment programs, for sexual offenders presenting with non-paraphilic (and paraphilic) hypersexuality and report on outcome, where available. Results suggest a positive impact on sexual recidivism in sexual offenders with hypersexual disorder and other hypersexual behavior problems. Implications of these findings for the assessment, management, and treatment of sexual offenders with problematic hypersexuality will be discussed.

Goals of the Paper:
1. Understand the issues correlated with hypersexuality
2. Understand the importance of a positive approach to treatment of problematic hypersexuality
3. Examine evidence on outcome to decide on an approach to treating problematic hypersexuality as it relates to sexual offending
References


