Hypersexual Disorder According to the Hypersexual Disorder Screening Inventory in Help-Seeking Swedish Men and Women With Self-Identified Hypersexual Behavior

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ABSTRACT

Introduction: The Hypersexual Disorder Screening Inventory (HDSI) was developed by the American Psychiatric Association for clinical screening of hypersexual disorder (HD).

Aims: To examine the distribution of the proposed diagnostic entity HD according to the HDSI in a sample of men and women seeking help for problematic hypersexuality and evaluate some psychometric properties.

Methods: Data on sociodemographics, the HDSI, the Sexual Compulsivity Scale (SCS), and the Cognitive and Behavioral Outcomes of Sexual Behavior were collected online from 16 women and 64 men who self-identified as hypersexual. Respondents were recruited by advertisements offering psychological treatment for hypersexual behavior.

Main Outcome Measures: The HDSI, covering the proposed criteria for HD.

Results: Of the entire sample, 50% fulfilled the criteria for HD. Compared with men, women scored higher on the HDSI, engaged more often in risky sexual behavior, and worried more about physical injuries and pain. Men primarily used pornography, whereas women had sexual encounters. The HD group reported a larger number of sexual specifiers, higher scores on the SCS, more negative effects of sexual behavior, and more concerns about consequences compared with the non-HD group. Sociodemographics had no influence on HD. The HDSI’s core diagnostic criteria showed high internal reliability for men (α = 0.80) and women (α = 0.81). A moderate correlation between the HDSI and the SCS was found (0.51). The vast majority of the entire sample (76 of 80, 95%) fulfilled the criteria for sexual compulsivity according to the SCS.

Conclusion: The HDSI could be used as a screening tool for HD, although further explorations of the empirical implications regarding criteria are needed, as are refinements of cutoff scores and specific sexual behaviors. Hypersexual problematic behavior causes distress and impairment and, although not included in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), HD should be endorsed as a diagnosis to develop evidence-based treatment and future studies on its etiology.

INTRODUCTION

Hypersexual behavior often manifests clinically. Although hypersexual disorder (HD)\(^1\) was not included in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), a diagnosis is needed to recognize help-seeking persons with excessive and “out-of-control” sexual behavior. Non-paraphilic hypersexual behavior is not a new phenomenon\(^2\)–\(^4\) and has been found in as many as 12% of men and 7% of women.\(^5\) Adverse consequences are well documented\(^6\)–\(^9\); in severe cases,
sexual preoccupation has been shown to be a predictor of recidivism in sexual offending\textsuperscript{4,10} and pornography consumption has been linked to attitudes supporting violence against women.\textsuperscript{11}

Research on HD, especially in women, is at an early stage and knowledge about its origin, features, and development is limited; validated measurements and treatments are lacking. Various estimates and types of hypersexual behavior have been presented. For example, the predominant behavior in help seekers was pornography use (81%),\textsuperscript{9} whereas 80% of highly sexually active gay men reported sex with consenting adults.\textsuperscript{12} In the nosology dispute, different aspects of the construct have been stressed and, in consequence, different measurements\textsuperscript{13–16} have been used to capture the condition. In this study, the measurement to define HD (Figure 1) was taken from the American Psychiatric Association’s (APA) proposal\textsuperscript{1,16} because it applies the atheoretical term hypersexuality and grades increased intensity of sexual behavior along a continuum.\textsuperscript{17} These HD criteria have been validated in a clinical population\textsuperscript{9} and the Hypersexual Disorder Screening Inventory (HDSI), with high internal reliability, has been suggested as a useful assessment tool.\textsuperscript{12,18}

The literature on women with non-paraphilic hypersexuality is even scarcer than such literature on men. Studies investigating women and men have reported 5% to 22% to be women\textsuperscript{9,19–21} and an estimate of "sexually addicted" to be as many as 40% to 50% of the total population.\textsuperscript{22} The forms of sexual behavior differ from men by women having fewer sexual partners and being more relationally motivated.\textsuperscript{23,24} An online survey found frequent masturbation, pornography use, and number of sexual partners were associated with hypersexual behavior in women.\textsuperscript{25} Hypersexuality in men has been associated with decreased sexual satisfaction and physical health,\textsuperscript{5} whereas women experience psychological and social distress.\textsuperscript{9}

Ambiguous conceptualizations and concerns about labeling sexual practices as pathologic emphasize the importance of a uniform definition, clear operational criteria, and sound clinical measures for the classification of HD.

**AIMS**

The overall purpose of the present study was to describe the distribution of HD according to the HDSI in a sample of help-seeking individuals with self-identified hypersexual behavior. Specific aims were to (i) describe the distribution of HD and the specified sexual behaviors, (ii) analyze the relation with adverse consequences and sociodemographic characteristics and examine sex differences, and (iii) explore the internal consistency of the HDSI and correlates with a validated instrument, the Sexual Compulsivity Scale (SCS).

**METHODS**

This study is based on data from a clinical trial evaluating a cognitive behavioral therapy program for HD.

**Procedure**

Data collection was performed through a website from April 25 to August 20, 2010. Information on ethical guidelines, the HD condition, and the principles for cognitive behavioral therapy was presented at the website. After giving and signing informed consent, respondents logged onto a secure platform with 14 web-administered questionnaires, which took approximately 45 minutes to complete.

**Participants**

Participants were recruited through advertisements and articles in the media addressing persons who self-identified with excessive and “out-of-control” sexual behavior and who were interested in participating in a cognitive behavioral treatment program. Inclusion criteria for participation in the web-administered questionnaires included age of at least 18 years, disclosing contact and identification information, and a signed informed consent. Eighty individuals signed an informed consent, met the inclusion criteria, and completed the screening.

**Measures**

**Hypersexual Disorder Screening Inventory**

The HDSI (Figure 1) was designed to screen for HD according to the APA’s proposed DSM-5 criteria.\textsuperscript{1,26} 5 core diagnostic items cover the A criteria of hypersexual behavior and 2 B items cover distress and impairment. A five-grade scale (0–4), ranging from “never true” to “almost always true” during the past 6 months, is applied. The median response and interquartile range (IQR) for each item are provided in Figure 1. 6 different “sexual specifiers” are examined on a yes-vs-no scale. For a probable diagnosis of HD, a score of 3 or 4 is required on 4 of 5 A criteria and on 1 B criterion. Total scores range from 0 to 28, and the minimum score to meet the probable diagnosis of HD gathered from at least 4 A criteria and 1 B criterion is 15\textsuperscript{26} (note: the website is no longer active). The choice of threshold for HD was based on clinical experience and consensus in the APA’s Paraphilia Subworkgroup to minimize the rate of false-positive diagnosis.\textsuperscript{1,26} According to Parsons et al,\textsuperscript{12} the HDSI fits a single-factor solution and shows strong reliability across the continuum of hypersexuality. However, 2 items, A2 and A3, can measure sex as form of coping. An additional clinically relevant unidimensional cutoff score of 20 points was suggested.\textsuperscript{12} A possible diagnosis of HD according to the HDSI is referred to in this report as “HD” or “clinical” and below cutoff as “non-HD” or “subclinical.” A backward-to-forward translation was performed by an authorized translator.

**Sexual Compulsivity Scale**

The SCS was chosen as a theoretically similar measure for validation of the HDSI.\textsuperscript{21} It consists of 10 items (Swedish version, 9 items) where respondents rate their agreement with statements related to sexually compulsive behavior, preoccupations, and...
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