THE HYPERSEXUALITY SPECTRUM:
UNDERSTANDING AND ADDRESSING EXCESSIVE HYPERSEXUAL BEHAVIOR

DR ATUL DYANDEO DHAGE ,

MBBS, DPM, FELLOWSHIP IN SEXUAL MEDICINE

CONSULTANT PSYCHIATRIST & SEXOLOGIST

MINDCARE HOSPITAL FOR MENTAL & SEXUAL HEALTH, RATNGIRI

INTRODUCTION

- Hypersexuality refers to a pattern of excessive sexual thoughts, fantasies, urges, or behaviors that interfere with an individual's daily functioning, personal relationships, and overall well-being.
- can have devastating consequences on various aspects of a person’s life, including work, social interactions, and emotional health.

➢ spectrum of hypersexual behaviours

➢ classification challenges

➢ most effective treatment strategies.

- online platforms - more individuals are experiencing hypersexuality.
- This condition can devastate personal relationships, lead to job loss, and trigger legal consequences.

RELEVANCE OF HYPERSEXUALITY

- Hypersexuality has increasingly become a significant clinical issue.
- Once considered a **private concern**, today it is recognized as a **mental health disorder that requires professional intervention.**
- The **digital age** has made it easier for individuals to engage in compulsive sexual behaviours, which can **escalate quickly.**
- The **repercussions** are profound, affecting not only the individuals but also their families and communities.

THE HISTORY OF HYPERSEXUAL DISORDER

- Historically, excessive sexual behaviour was viewed through a **moral lens**, often described with terms like **'nymphomania' and 'Don Juanism.'**
- However, with advances in psychiatry, hypersexuality is now recognized as a clinical issue.
- **Pioneers like Dr. Benjamin Rush and later, Krafft-Ebing,** laid the groundwork for understanding hypersexuality as a psychiatric concern.
- **Dr. Patrick Carnes** brought more attention to hypersexuality by framing it in terms of addiction, coining the term **"sexual addiction.**
- Over time, **debates about its classification in diagnostic manuals like DSM** have shaped our current understanding. Today, it is formally recognized as **Compulsive Sexual Behaviour Disorder in ICD-11.**

DSM-5 AND HYPERSEXUAL DISORDER

- Previous DSM – **Sexual Behaviour not elsewhere classified**
- Hypersexual Disorder (HD) was **proposed for inclusion** in DSM-5 – Dr Martin Kafka
- However, due to concerns about **over-pathologizing normal sexual behavior** and **insufficient research,** it was not included.
- Inclusion of Compulsive Sexual Behavior Disorder in ICD-11 has been a significant step forward.
- Gives clinicians a framework to understand the distress and impairment caused by hypersexuality.

DIAGNOSTIC CRITERIA FOR HYPERSEXUAL DISORDER

- Hypersexuality is **not simply high levels of sexual activity**
- It is a disorder characterized by **a lack of control, emotional distress, and significant impairment.**
- **The proposed criteria –**

➢ Excessive sexual thoughts and behaviors

➢ persistent efforts to control these urges

➢ Continued behavior despite adverse consequences.

➢ Atleast six months

- Accurate diagnosis requires **ruling out other factors like mania or substance use, ensuring that hypersexuality is identified as the primary condition.**

DIAGNOSTIC CRITERIA FOR HYPERSEXUAL DISORDER

- **key features of HD diagnosis**:

1. **Over a period of at least six months**, the individual experiences recurrent and intense sexual fantasies, urges, and behaviors in association with:
    - Excessive time consumed by sexual activities.
    - Repetitive engagement in sexual behaviors in response to dysphoric mood states (e.g., anxiety, depression).
    - Repetitive engagement in sexual behaviors in response to stressful life events.
    - Repetitive but unsuccessful efforts to control or reduce these behaviors.
    - Continued engagement in sexual behaviors despite risk of harm to self or others.
2. The sexual behaviors are **not solely due to**:
    - Direct physiological effects of substances (e.g., drugs of abuse or medications).
    - A manic episode.
3. The condition causes **clinically significant distress or impairment** in social, occupational, or other important areas of functioning.

PREVALENCE AND EPIDEMIOLOGY

- Hypersexuality affects approximately **3-6% of the general population**, though exact figures vary due to differences in diagnostic criteria and societal attitudes.
- The condition is **more frequently reported in men than in women**, with men more likely to engage in behaviors like compulsive pornography use and multiple sexual partners.
- **Age – Ay Age - typically falls in late adolescence to early adulthood**
- **Often co-occurs with other psychiatric conditions such as depression, anxiety, and substance use disorders.**
- **Cultural influences** also play a role in how hypersexuality is expressed and perceived.

CLASSIFICATION MODELS OF HYPERSEXUALITY

- Hypersexuality has been classified through several models—**compulsive, impulsive, and addictive.**
- **Compulsive model links** hypersexuality with obsessive-compulsive disorder, where sexual acts serve as a way to relieve anxiety.
- **Impulsive model** relates hypersexuality to an inability to resist urges.
- **Addictive model** views it as a behavioural addiction where the individual feels a compulsive need for sexual gratification despite negative consequences. Cravings/tolerance /withdrawal symptoms
- behaviour becomes central to the individual's life, leading to neglect of other activities and responsibilities.
- **Understanding these models helps guide individualized treatment approaches.**

THE A-B-C MODEL FOR HYPERSEXUALITY

- The A-B-C model – Stein et al
- **A: Affective Dysregulation B: Behavioral Addiction C: Cognitive Dyscontrol.**
- Affective dysregulation refers **to using sex as a coping mechanism for negative emotions**.
- Behavioral addiction involves **compulsive engagement in sexual behavior.**
- Cognitive dyscontrol highlights **impaired impulse control.**
- This model **underscores the need for integrated treatment addressing emotional, cognitive, and behavioral components.**

IMPACT OF HYPERSEXUALITY ON DAILY LIFE

- Hypersexuality **can severely disrupt daily life.**

➢ **Effects on Personal Relationships**

➢ **Occupational Consequences**

➢ **Legal and Financial Issues**

➢ **Emotional and Mental Health Impact**

➢ **Physical Health Risks**

- Understanding these far-reaching impacts is **essential in motivating patients to seek treatment.**

HYPERSEXUALITY AND CO-OCCURRING DISORDERS

- Hypersexuality often **co-occurs with other psychiatric disorders, including depression, anxiety, substance use disorders, and personality disorders** like borderline personality disorder.
- These **comorbid conditions complicate diagnosis and treatment**.
- For example, individuals may **use sexual behavior as a way to cope with emotional distress,** exacerbating both conditions.
- **Successful treatment requires addressing hypersexuality alongside these co-occurring disorders.**
- **Integrated treatment approaches that combine psychotherapy and pharmacology** provide the best outcomes.

DIFFERENTIAL DIAGNOSIS OF HYPERSEXUALITY

- It’s crucial to **differentiate hypersexuality from other psychiatric disorders.**
- Hypersexuality can sometimes mimic symptoms of bipolar mania, psychotic disorders, or substance-induced behavior.
- Clinicians need a **systematic approach** to rule out these conditions. **A detailed history and symptom analysis will help ensure an accurate diagnosis."**

DECISION TREE FOR DIAGNOSING HYPERSEXUALITY

- A **structured decision tree** helps clinicians accurately diagnose hypersexuality.
- **Medical conditions**
- **Substance-induced behaviors**.
- **Mood or psychotic disorders like bipolar disorder**
- **Personality disorders**
- **Paraphilic interests.**
- If no other conditions fully explain the behavior, then hypersexuality can be diagnosed as a primary disorder.
- This method ensures a thorough, accurate diagnosis and guides appropriate treatment planning."

CLINICAL CHARACTERISTICS OF HYPERSEXUAL DISORDER

- Common clinical characteristics include **persistent sexual thoughts, urges, and behaviors** that consume excessive time and cause distress or impairment.
- Individuals often **report failed attempts to control their behavior, which continues despite negative consequences.**
- **Emotional triggers, such as stress or boredom, drive compulsive sexual behaviors**.
- **Hypersexuality is distinct from normal sexual activity** due to the lack of control and the associated **distress or impairment** in daily life.
- Accurate identification of these characteristics is critical for diagnosis and treatment."

NEUROBIOLOGICAL PERSPECTIVES ON HYPERSEXUALITY

- Neurobiologically, hypersexuality involves **dysfunction in brain circuits related to reward and impulse control, particularly the dopaminergic system.**
- Excessive dopamine activity can heighten sexual cravings, making it difficult to control urges.
- Functional MRI studies have shown that **hypersexuality affects areas involved in reward processing and decision-making. (Cortico-striatal thalamic Loops)**
- This neurobiological understanding **guides the development of targeted pharmacological treatments.**

PSYCHOLOGICAL FACTORS IN HYPERSEXUALITY

- Psychological factors play a major role in hypersexuality, often linked to **early trauma, emotional dysregulation, or maladaptive coping strategies.**
- **Many individuals use sexual behavior to cope with negative emotions like anxiety, loneliness, or depression.**
- **Personality traits like impulsivity or sensation-seeking** can increase the likelihood of developing hypersexual behavior.
- **Cognitive distortions, such as irrational beliefs about self-worth tied to sexual activity,** further reinforce the behavior.
- Addressing these psychological factors is crucial in therapy.

MEASURING HYPERSEXUALITY: HDSI

- "The **Hypersexual Disorder Screening Inventory (HDSI)** is a diagnostic tool used to assess hypersexuality
- **Based on frequency, emotional triggers, time spent on sexual activities, and failed control attempts.**
- It **provides clinicians with a standardized way to evaluate sexual compulsivity and the distress it causes**.
- The HDSI helps identify individuals who meet the criteria for hypersexuality, **guiding further treatment.**
- This tool is **particularly useful in clinical and research settings for** determining the severity of hypersexual behavior."

MEASURING HYPERSEXUAL BEHAVIOR: HBI-19

- "The **Hypersexual Behavior Inventory (HBI-19)** is a self-report tool that measures sexual compulsivity across three domains: **control, coping, and consequences**.
- **Individuals rate their ability to control sexual urges, how often they use sex to cope with emotional distress, and the negative impact of sexual behavior on their lives.**
- Higher scores indicate more severe hypersexual behavior.
- This inventory complements other diagnostic tools and provides a clear picture of the specific areas needing intervention."

TREATMENT APPROACHES

- Treatment for hypersexuality typically involves a **combination of psychotherapy and pharmacological interventions.**
- Cognitive Behavioral Therapy (CBT) remains **one of the most effective approaches, helping individuals challenge distorted thoughts, manage triggers, and develop healthier coping mechanisms.**
- **Medications like SSRIs or dopamine antagonists** may be prescribed **to address the neurobiological factors driving the compulsive behavior.**

COGNITIVE BEHAVIORAL THERAPY (CBT)

- CBT for hypersexuality **targets both the thoughts and behaviors that fuel hypersexual activity.**
- **Techniques like cognitive restructuring, impulse control training, and exposure therapy** help individuals resist compulsive sexual urges.
- CBT is **particularly effective when hypersexuality co-occurs with mood disorders like anxiety or depression.**

COMPONENTS OF CBT FOR HYPERSEXUALITY

- **CBT** addresses both the **cognitive and behavioral aspects** of hypersexuality.
- Key components
- Cognitive restructuring, where distorted beliefs about sex are identified and corrected.
- Behavioral activation encourages non-sexual activities that offer emotional relief.
- Impulse control training teaches individuals to delay acting on urges
- Exposure and response prevention (ERP) helps individuals face triggers without engaging in compulsive behaviors.
- Together, these techniques offer comprehensive treatment for hypersexuality.

GROUP-BASED CBT FOR HYPERSEXUALITY

- **Group-Based CBT** **provides a supportive environment** where individuals can connect with others experiencing hypersexuality, reducing isolation and shame.
- Group therapy **follows a structured format, teaching CBT techniques like cognitive restructuring, impulse control, and behavioral activation.**
- **Participants learn from each other's experiences and receive peer support and accountability, which enhances motivation.**
- Studies show that **Group-Based CBT** is **highly effective in reducing symptoms and maintaining long-term recovery.**

INTERNET-ADMINISTERED CBT (ICBT)

- "**Internet-Administered CBT (ICBT) offers flexibility and accessibility**, making it a valuable tool for treating hypersexuality.
- Through online platforms, individuals can **access self-guided CBT modules at their own pace, with therapist support available via chat or email.**
- ICBT is **particularly useful for long-term management and relapse prevention**.
- Studies suggest that **ICBT is just as effective as in-person therapy, especially when used to maintain recovery and address triggers remotely.**

PHARMACOLOGICAL TREATMENTS

- Pharmacotherapy complements psychotherapy by **addressing the biological aspects of hypersexuality.**
- **SSRIs like fluoxetine or sertraline help reduce sexual compulsivity by regulating serotonin levels.**
- **Dopamine modulators, such as quetiapine, target the brain’s reward system.**
- **In severe cases, anti-androgens may be used to lower sexual drive, particularly when hypersexual behaviour poses legal risks."**

SSRIS FOR HYPERSEXUALITY

- SSRIs are commonly prescribed for individuals with hypersexuality, **especially those with co-occurring mood or anxiety disorders.**
- These medications **reduce sexual urges and help manage the emotional triggers that drive compulsive behavior.**
- They **work best in combination with psychotherapy, providing a well-rounded approach to treatment."**

DOPAMINERGIC AGENTS

- Dopamine is heavily involved in the brain's reward system, and individuals with hypersexuality often have an overactive dopamine response to sexual stimuli.
- **Dopamine antagonists, like quetiapine, can reduce the reward sensation associated with sexual behaviours.**
- These medications are **especially useful for individuals whose hypersexuality is driven by a compulsive need for sexual gratification. (Addiction Model)**
- **Naltrexone**, which is traditionally used for substance use disorders, is also **being studied for its ability to reduce compulsive sexual behavior by blocking the brain's reward system.**

COMBINATION THERAPY: CBT + MEDICATION

- **Most effective approach for treating hypersexuality.**
- **CBT addresses the psychological aspects,** such as distorted thoughts and impulsivity
- **Medications help manage the biological components.**
- Studies show that **patients who receive combination therapy tend to experience faster and more sustained reductions in hypersexual behavior than those who receive only one form of treatment**.
- This **integrated approach also reduces the risk of relapse.**

OUTCOME MEASURES IN TREATMENT

- When it comes to measuring the success of treatment, several factors are considered.

- **Reduction in hypersexual behaviors**, such as fewer compulsive sexual thoughts, urges, and actions

- Improvements in **overall psychiatric well-being**, including mood stability and anxiety reduction.

- Improvements in the individual's **quality of life**, particularly in their relationships, work, and social interactions.

- **Relapse rates** are tracked over time to determine how well the individual maintains their recovery.

RELAPSE PREVENTION STRATEGIES

- **Relapse prevention** is crucial for long-term success. Hypersexuality is a condition that can easily return if triggers are not managed.

- **Identifying emotional and situational triggers, such as stress or boredom, helps individuals prepare for high-risk situations.**

- **Coping strategies like mindfulness, distraction techniques, and cognitive restructuring are essential in preventing relapse.**

- **Have an emergency plan in place for moments when sexual urges feel overwhelming, such as contacting a therapist or accountability partner.**

INTERNET-ADMINISTERED CBT (ICBT) FOR LONG-TERM MANAGEMENT

- With the increasing use of technology in therapy, **Internet-Administered CBT (ICBT)** has become an effective tool for long-term management.
- ICBT provides self-guided modules that individuals can access remotely, helping them practice relapse prevention techniques and impulse control at their own pace.
- Many platforms also offer therapist support through chat or video sessions.
- Studies have shown that ICBT can be just as effective as in-person therapy for managing hypersexuality, especially in preventing relapse over time."

ROLE OF SUPPORT SYSTEMS IN TREATMENT

- Having a strong **support system** is essential for managing hypersexuality.
- This includes **family members**, who can help reduce shame and stigma, and **peer support groups** like Sex Addicts Anonymous, where individuals can share their experiences in a safe and supportive environment.
- Additionally, regular contact with a **therapist** or an **accountability partner** can provide the structure needed to stay on track with recovery goals.
- **A support system can make all the difference in maintaining long-term progress.**

GENDER DIFFERENCES IN HYPERSEXUAL BEHAVIOR

- Gender plays a significant role in how hypersexuality manifests.
- **Men** are more likely to exhibit overt sexual behaviors such as frequent pornography use, compulsive masturbation, and seeking multiple partners. They tend to **focus more on visual sexual stimuli.**
- In contrast, **women** may use sexual behavior **to seek emotional validation or intimacy.**
- They are **often underrepresented** in clinical samples due to societal stigma.
- **These differences suggest that treatment approaches may need to be tailored based on gender**, **focusing on emotional regulation for women** and **impulse control for men.**

COMORBIDITIES: ADDRESSING THE BIGGER PICTURE

- Hypersexuality often co-occurs with other psychiatric conditions, like **depression, anxiety, and substance use disorders**.
- **Treating these comorbidities alongside hypersexuality is critical for successful outcomes**.
- For example, someone using sex as a way to cope with depression will not benefit from treating the hypersexual behavior alone—addressing the underlying depression is essential.
- Integrated treatment that tackles both hypersexuality and its comorbidities **offers the best chance for long-term recovery.**

NEUROBIOLOGICAL INSIGHTS INTO HYPERSEXUALITY

Dopamine system.

- Excessive dopamine activity reinforces compulsive sexual behaviors, creating a cycle where **individuals seek more frequent or intense sexual gratification.**
- Neuroimaging studies have revealed **increased activation in regions associated with sexual arousal, like the amygdala, and decreased activation in areas responsible for impulse control, like the prefrontal cortex.**

THE FUTURE OF RESEARCH IN HYPERSEXUALITY

- Looking ahead, there are several areas where research can expand our understanding of hypersexuality.

➢ **Longitudinal studies are needed to track the progression of hypersexual behavior over time and evaluate the long-term effectiveness of various treatments.**

➢ **Refining diagnostic criteria for Compulsive Sexual Behavior Disorder (CSBD) is important to ensure accurate diagnosis.**

➢ **Understanding the genetic and neurobiological factors underlying hypersexuality will help us develop more targeted treatments.**

➢ **Exploring the role of cultural influences on sexual behavior will provide deeper insights into how hypersexuality manifests across different populations."**

HYPERSEXUALITY AND LEGAL/FORENSIC ISSUES

- Hypersexual behavior can sometimes result in legal consequences, such as sexual harassment or soliciting prostitution.
- Clinicians working with individuals who have committed sex-related offenses must navigate complex **ethical and forensic issues**.
- Forensic evaluations are often needed to assess the risk of reoffending, and treatment programs may include both therapy and pharmacological interventions aimed at reducing compulsive sexual behavior.
- Clinicians must balance providing compassionate care with the need to protect the public from harm.

ETHICAL CONSIDERATIONS IN TREATMENT

- **Ethical challenges**.
- One of the most important is ensuring **patient confidentiality** while balancing the need to report illegal activities if necessary.
- Clinicians must approach treatment with **non-judgmental empathy**, recognizing that hypersexuality is a mental health condition rather than a moral failing.
- **Informed consent** is critical, especially when prescribing medications like anti-androgens that affect sexual function.
- Therapists must also **maintain professional boundaries**, particularly in cases where patients exhibit inappropriate behavior toward the therapist.

CHALLENGES IN CLINICAL PRACTICE

- Treating hypersexuality presents several challenges. **Stigma, shame and denial** often prevent individuals from seeking help.
- **Diagnosing the condition can be difficult** due to its overlap with other disorders like bipolar disorder or substance abuse.
- Clinicians may also **lack specialized training in sexual disorders**, making it harder to address these issues effectively.
- By addressing these challenges, clinicians can help individuals regain control of their sexual behavior and improve their quality of life.

CONCLUSION AND FUTURE DIRECTIONS

- ✓ Hypersexuality is a complex disorder with both psychological and neurobiological components.
- ✓ Effective treatment requires a combination of psychotherapy, pharmacological interventions, and support systems.
- ✓ Looking ahead, more research is needed to refine diagnostic criteria, explore neurobiological mechanisms, and develop culturally tailored treatment approaches.
- ✓ As clinicians, we must continue to reduce stigma and provide comprehensive care that addresses the biopsychosocial aspects of this disorder.

- Thank You

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.

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), a co-occurring general medical condition, or to manic episodes.

D. The person is at least 18 years of age.

Specify if: Masturbation, Pornography, Sexual Behavior With Consenting Adults, Cybersex, Telephone Sex, Strip Clubs

- "Compulsive Sexual Behaviour Disorder" is defined as a persistent pattern of failure to control intense, repetitive sexual impulses or urges resulting in repetitive sexual behaviour.
- Symptoms may include repetitive sexual activities becoming a central focus of the person's life to the point of neglecting health and personal care or other interests, activities and responsibilities; numerous unsuccessful efforts to significantly reduce repetitive sexual behaviour; and continued repetitive sexual behaviour despite adverse consequences or deriving little or no satisfaction from it.
- Criteria:

1. Pattern of failure to control intense, sexual impulses or urges and resulting repetitive sexual behaviour
2. Manifested over an extended period of time (e.g., 6 months or more)
3. Causes marked distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning (distress that is entirely related to moral judgments and disapproval about sexual impulses, urges, or behaviours is not sufficient to meet this requirement)

(HBI-19)

Date:_____

ID #: _____

Below are a number of statements that describe various thoughts, feelings, and behaviors. As you answer each question, circle the number on the right that best describes you. Only circle one number per statement and please be sure to answer every question.

For the purpose of this questionnaire, sex is defined as any activity or behavior that stimulates or arouses a person with the intent to produce an orgasm or sexual pleasure. (e.g. self-masturbation or solo-sex, using pornography, intercourse with a partner, oral sex, anal sex, etc…) *Sexual behaviors may or may not involve a partner*.

		Never	Rarely	Sometimes	Often	Very Often
1.	I use sex to forget about the worries of daily life.	1	2	3	4	5
2.	Even though I promised myself I would not repeat a sexual behavior, I find myself returning to it over and over again.	1	2	3	4	5
3.	Doing something sexual helps me feel less lonely.	1	2	3	4	5
4.	I engage in sexual activities that I know I will later regret.	1	2	3	4	5
5.	I sacrifice things I really want in life in order to be sexual.	1	2	3	4	5
6.	I turn to sexual activities when I experience unpleasant feelings (e.g. frustration, sadness, anger).	1	2	3	4	5
7.	My attempts to change my sexual behavior fail.	1	2	3	4	5
8.	When I feel restless, I turn to sex in order to soothe myself.	1	2	3	4	5
9.	My sexual thoughts and fantasies distract me from accomplishing important tasks.	1	2	3	4	5
10.	I do things sexually that are against my values and beliefs.	1	2	3	4	5
11.	Even though my sexual behavior is irresponsible or reckless, I find it difficult to stop.	1	2	3	4	5
12.	I feel like my sexual behavior is taking me in a direction I don't want to go.	1	2	3	4	5
13.	Doing something sexual helps me cope with stress.	1	2	3	4	5
14.	My sexual behavior controls my life.	1	2	3	4	5
15.	My sexual cravings and desires feel stronger than my self-discipline.	1	2	3	4	5
16.	Sex provides a way for me to deal with emotional pain I feel.	1	2	3	4	5
17.	Sexually, I behave in ways I think are wrong.	1	2	3	4	5
18.	I use sex as a way to try and help myself deal with my problems.	1	2	3	4	5
19.	My sexual activities interfere with aspects of my life such as work or school.	1	2	3	4	5

Rory C. Reid, Ph.D., Department of Psychiatry and Biobehavioral Sciences, University of California, Los Angeles
Sheila Garos, Ph.D., Psychology Department, Texas Tech University
Bruce N. Carpenter, Ph.D., Department of Psychology, Brigham Young University

Reid, R. C., Garos, S. & Carpenter, B. N. (2011). Reliability, validity, and psychometric development of the Hypersexual Behavior Inventory in an outpatient sample of men. *Journal of Sexual Addiction & Compulsivity, 18*(1), 30-51.

COPING: 1.3.6.8.13.16.18 CONSEQUENCES: 5.9.14.19 CONTROL: 2.4.7.10.11.12.15.17