

**Alabama Psychiatric Society**  
**The Internet and Sexual Addiction:**  
**A Guide for Clinicians**

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**THE MALE SEX ORGAN**

Frontal lobe  
Parietal lobe  
Temporal lobe  
Brain stem  
Cerebellum  
Occipital lobe

"My brain? That's my second favorite organ."  
Woody Allen

www.BrainConnections.com  
©1999 Scientific Learning Corporation

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**The Addiction Pathway**

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Prefrontal cortex  
Ventral Striatum  
Nucleus accumbens  
Ventral tegmental area

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## Sexual Impulsivity Disorders

- Paraphilic Disorders (PA) are almost exclusively male gender disorders
  - Socially deviant or anomalous arousal
  - Exhibitionistic disorder, fetishistic disorder, sexual masochism disorder
- Hypersexual Disorder (HD)/sexual addiction are markedly and predominantly male gender disorders
  - Non-paraphilic sexual arousal
  - Masturbation, pornography, cyber-sex, protracted promiscuity
- Exceptions (but still markedly predominantly male)
  - Sexual masochism disorder
  - Protracted promiscuity, compulsive masturbation, cyber-sex
- Why are sexual behavior disorders markedly predominant in males?
- The role of testosterone

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## Male/female differences

- Adult males report more:
  - sexual fantasies
  - diverse sexual fantasies
  - initiate sexual behavior more frequently
  - masturbation
  - lifetime partners than adult females
  - sexual arousal by visual stimuli
  - sexual deviancy
  - female sexual arousal contextually dependent

» Oliver, 1993; Baumeister, 2000

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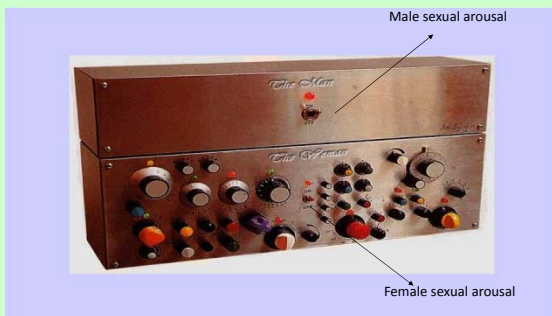
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## HUMAN SEXUAL RESPONSE DIFFERENCES



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**Sexual addiction: “a rose by any other name would smell as sweet”** (Shakespeare R & J)

Some synonyms for sexual addiction

- Sexual compulsivity
- Non-paraphilic hypersexuality
- Non-paraphilic sexual addiction
- Don Juanism
- Nymphomania
- Hypersexual Disorder
- Paraphilia-Related Disorder
- Satyriasis
- Erotomania
- Compulsive sexual behavior

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**What is a behavioral addiction?**

: a **dimensional/syndromal expression of substance addiction-related characteristics that can include:**

- Intoxication
  - Self-medication
  - Tolerance
  - Craving
  - Preoccupation
  - Increased use to achieve desired effect “high”
  - Impaired self-control
  - Withdrawal
  - Adverse consequences associated with maladaptive behavior
- Not all characteristics must be present or be simultaneous

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**Is Sexual addiction a behavioral addiction ?**

Gambling Disorder (4 or more of 9 criteria)	Hypersexual Disorder (4 or more of 5 criteria)
preoccupation	preoccupation
tolerance	tolerance (Reid, R., Carpenter et al 2012)
Withdrawal/craving	“sexual urges” = “craving”
loss of control	loss of control
response to dysphoric affect	response to dysphoric affect and events
1 year or more	6 months or more
significant adverse consequences	significant adverse consequences
Mania excluded	Mania excluded
Lying	Not included in criteria but clinically very common, eg., clinical use of polygraph

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### Epidemiology of Sexual addiction/hypersexuality

- Young adults in New Zealand (n=940)
  - Mean age 32
  - "any out of control sexual experience interfering with life" (f/u)
    - 3.8% males and 1.7% females
- Repetitive enacted problematic sexual behaviors
  - 0.8% of males and 0.6% of females Skeeg et al. (2010)
- Large online sample surveys
  - Mean age 23
    - 3.1% of males and 1.2% of females (n=1,837)
    - 2% of sample had current CSB Odlaug et al (2013)
  - 1.8% of males and 1.0% of females (n= 13,085)
    - Mean age 29
    - Significantly elevated scores Sexual Compulsivity Scale
    - Sought treatment for problematic sexual behavior Winters, J. et al. (2010)
  - Epidemiological Survey (n= 10, 907 National Sample of Norwegian adults)
    - Mean age 36 years
    - Testing a scale for sexual addiction Bergen-Yale Sexual Addiction Scale
    - 1.6% identified as "severe"
      - Andreassen, C.S. et al 2018

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### Scholarly interest in sexual addiction

Year	Compulsive sexual behavior	Problem gambling
1980	0	0
1985	0	0
1990	0	0
1995	0	0
2000	0	0
2005	3580	0
2010	7070	14500
2015	11400	17600

**Figure 1** Number of publications in Google Scholar using key terms related to compulsive sexual behavior (CSB) or problem gambling. On 3 December 2015, we entered the following keywords into Google Scholar: 'compulsive sexual behavior' OR 'hypersexual disorder' OR 'sexual addiction' OR 'sexual compulsivity'; for problematic gambling, we entered the following words into Google Scholar: 'gambling disorder' OR 'pathological gambling' OR 'disordered gambling' OR 'problem gambling'.

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### Adult Internet Pornography

- Internet Porn Sites
  - North America
  - More Visitors/month than Netflix, Amazon And Twitter Combined
  - YouPorn, one of the larger video porn sites, streams six times the bandwidth of Hulu
  - New materials are posted every day
- 66% of men and 41% of women view pornography monthly
- Regular pornography consumption has an impact on the sexual attitudes, sexual behaviors and social cognitions of consumers, especially adolescents

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### Pornography Themes

- Pornography has changed: from soft core to hard core
  - 88 percent of analyzed scenes contained physical aggression: generally spanking, gagging, choking or slapping.
  - Verbal aggression occurred in 49 percent of the scenes, most often in the form of calling a woman “bitch” and “slut.”
  - Men perpetrated 70 percent of the aggressive acts, while women were the targets 94 percent of the time.
    - Bridges, A. et al 2010

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### Pornography Themes

“Revenge Porn,” perpetrators post and disseminate sexually explicit photos of their victims (often former girlfriends) online with or without their consent.

- linked to several suicides, blackmail and sexual exploitation of minors
- against the law in most countries when minors are filmed
- large scandal in US Marines in 2017
- used for blackmail or coercion
- The identity of the “victim” is also exposed

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### Child pornography in North America

MEN FIND POST-PUBESCENT FEMALES HIGHLY SEXUALLY AROUSING

- \* Images of "minors" below age 18 (in USA) are illegal age of consent in USA, state-dependent, ages 16-18
  - Alabama age 16
  - Florida age 18
- Possession of and/or distribution of child or adolescent pornography images
  - U.S. Federal offense- Federal Sentencing Guidelines
    - minimum 5 year prison sentence
    - Child porn images may be "tagged" for easier recognition by law enforcement
  - State offense- adjudication more variable

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### Consumer Beware !!!

- "tolerance"/escalation to view/receive child and adolescent images
- FTP: purposeful vs. inadvertent
- possession vs. dissemination
- US/Canada: most males who possess child porn not classical pedophiles
  - have no prior criminal history
  - many married, middle class, more highly educated
  - only 1 in 8 have hands-on victims (Seto, M., Hansen et al. 2011)

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### Cyber-Sex



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## Cyber-Sex

- It is getting bigger!
  - Internet-related sexually oriented “chat rooms”, message boards, webcams, instant meet-ups, seeking prostitutes, avatars
  - Using Skype, Facebook, Reddit and other Internet social media
  - Can include elaborate interactive sex toys
    - Masturbation cups, virtual reality headsets
  - False identities are common in sex chat rooms
- Males meeting males through cyber-sex more likely to have had STDs and protracted promiscuity (McFarlane et al 2000)

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## Cyber-sex in North America

- Some adults can be victimized and blackmailed
- Online-pedators i.e., revenge porn
  - “ sextortion” or “cyber-bullying”
  - many victims stay silent and don’t report
- IN USA
  - 60% perpetrators knew their victims
  - 40% met perpetrators while on-line
  - 45% of perpetrators used threats
- “travelers” for minors more likely arrested, incarcerated
- Sting operations
  - The lonely 14 year old child
- <http://cyberbullying.org/sextortion>

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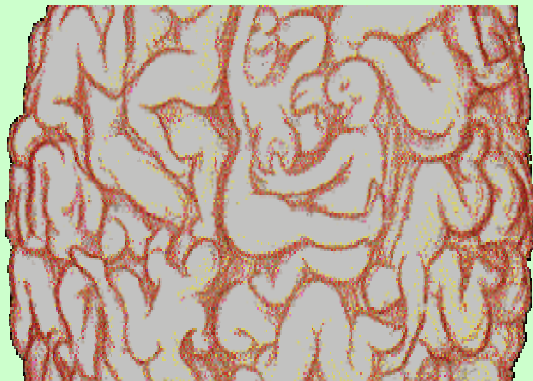
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### Sex with Consenting Adults

- Multiple affairs
- Hook-ups via the Internet are increasingly common
  - » Grindr, Tinder, GetPure in North America
    - More common in gay males
  - » find sexual partners quickly, rate and describe partner, "safely and without commitment", gives specific location
- Massage Parlors (with a "happy ending")
- prostitution

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### Sex with Consenting adults

- Adverse consequences
  - Sexually transmitted diseases
  - Unplanned pregnancies
  - Marital separation/divorce
  - Using prostitutes- buyer beware: sex trafficking
  - Pregnancy termination
    - The controversies of abortion

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### Clinical Assessment: Clinician as Detective



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### Clinical Assessment

- IF You *DON'T* ASK- They *DON'T* TELL !!
- 1. Have you ever had persistent or repetitive problems controlling your sexual behavior?
- 2. Has your sexual behavior ever caused you significant personal distress or caused significant consequences
  - Medical
  - Interpersonal/pair-bond
  - Legal
  - Work-associated impairment

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### Clinical Assessment

- 3. Have you ever had repetitive sexual activities that you felt so ashamed of or guilty about that you kept them a secret?
- 4. Do you think that you are spending too much time engaging in sexual fantasy, masturbation or other sexual behaviors?
- 5. Have you ever felt that your sex drive was too “strong” or too “high” to control?

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### Clinical Assessment Scales

- Sexual Addiction Screening Test
  - (Cames, 1989 n=191; 1991; Nelson, 2008 n= 639 male veterans; Marshall, 2010 n=151; 74 male sex offenders and 77 community controls)
  - 25 items, dichotomous, available for males and females
  - [www.sexhelp.com](http://www.sexhelp.com)
  - Score  $\geq$  13 indicative of sexual addiction
- Sexual Compulsivity Scale (Kalichman,1995, 2004, Grov 2010)
  - Derived from characteristics of sexual addiction
  - Easy to administer, 10 items extensively tested, established reliability and validity
  - [www.personality-testing.info/tests/SCS.php](http://www.personality-testing.info/tests/SCS.php)

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## Clinical Assessment Scales

**Hypersexual Behavior Inventory (HBI)**  
 Reid et al, 2011; Reid et al 2012; Klein et al. 2013  
 19-item, 3-factor, self-report measure  
 control, consequences, sex as coping  
 Used in DSM-5 field trial  
 Dimensional, not diagnostic  
[https://www.researchgate.net/publication/228354595\\_Reliability\\_Validity\\_and\\_Psychometric\\_Development\\_of\\_the\\_Hypersexual\\_Behavior\\_Inventory\\_in\\_an\\_Outpatient\\_Sample\\_of\\_Men](https://www.researchgate.net/publication/228354595_Reliability_Validity_and_Psychometric_Development_of_the_Hypersexual_Behavior_Inventory_in_an_Outpatient_Sample_of_Men)

**Hypersexual Disorder Screening Inventory (HDSI)**  
 APA 2011; Parsons et al, 2013, Montgomery-Graham, S. 2016  
[https://docs.google.com/document/preview?hl=en&id=1CGha34I\\_sGaxH8dzgHPaaypUJVM54zmTvb51](https://docs.google.com/document/preview?hl=en&id=1CGha34I_sGaxH8dzgHPaaypUJVM54zmTvb51) (retrieved 12.11.2017)

**Hypersexual Disorder Behavioral Consequences Scale**  
 Reid, R. Garos, S. Fong, T. 2012

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## The importance of assessing Axis I psychiatric comorbidity

More Subtle than you think!

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## Prevalence of Axis I psychiatric comorbidity in HD/SA males

- Multiple Axis I comorbidity are common
  - Kafka et al 1994, 1998, 2002,
 

- Dysthymia	61-62%
- Social anxiety disorder	22-25%
- Alcohol abuse	25-39%
- ADHD	17-19%
- ADHD	23, 67%*
  - Black et al, 1997
    - "Phobic disorders" 42%
    - MDD/Dysthymia 39%
    - Alcohol abuse 58%
  - Odlaug et al 2013
    - MDD 25%
    - Bipolar 3%
    - Social Anxiety Disorder 17%
    - ADHD 8%
    - Other impulsivity (gambling, shopping) 20%

\*Reid, Carpenter et al 2011, Blankenship & Laaser, 2004

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### Prevalence of Axis I psychiatric comorbidity in HD males

	Kafka, 2015 n= 85	MINI-PLUS v.6
• Any ADHD		40%
– Inattentive subtype		27%
– Combined subtype		13%
– Adult ADHD		30%
• Any Bipolar		38%
– Bipolar II		19%
– Cyclothymic/NOS		19%
• Unipolar Major Depression		25%
• Non-alcohol substance abuse		22%
Alcohol, dysthymia, social anxiety		20% each

Kafka, M. 2015

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### Axis I comorbidity: depression

- MDD diminished sexual arousal, activity and pleasure, Hypoactive Sexual Desire Disorder
- Subgroups report increased sexual behavior (Mathew, 1979, 1982; Bancroft 2003; Schultz, 2013)
- Males resistant to cognitive therapy for depression had dysthymia with increased TSO (Nofzinger, 1993)
- Males with PAs and HD have increased TSO/week and mood disorders (Kafka, 1997, 2002, 2007, Schultz 2013)
- Males respond to dysphoric affect through action and impulsivity
  - A “self-medication” or addiction dynamic (Carnes 1983, Martin et al, 2013)

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### Axis I comorbidity: hypomania

- Increased/risky sexual behavior is associated with hypomania’s diagnostic criteria
- The bipolar spectrum may include 5% of the adult population
  - The mean duration of hypomanic episodes is 1-2 days Judd,L. Akiskal, H. (2003)
  - My clinical experience: promiscuity is a predictor of increased likelihood of mood disorders
    - esp. bipolar spectrum
  - Bipolars typically have sexual impulsivity during both phases of their mood dysregulation
  - Cyclothymia and Other Specified Bipolar Disorder are under-diagnosed

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## Axis I comorbidity: ADHD

### Sexual problems and ADHD

prevalence in adults in USA 4.4% (Kessler et al 2006)

- Sexual adjustment problems (20%) greater than controls (2.4%)
- Sex at an earlier age
- More sex partners
- More S.T.D.s (17% vs. 4%)
- “high-risk sexual lifestyle” (Barkley, 1998)
- More unplanned pregnancy (Hosain et al, 2012)
- Males, Internet pornography and ADHD: affect intolerance, impulsivity, novelty seeking

» Kafka, 2003, 2007, 2012

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## Treatments for Sexual Addiction



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## Psychological Treatment Interventions

- *Here and now* before there and then
  - external interventions to limit access
    - Limit or remove Internet access
      - move the computer to a more public location
    - Phone blocks, phones without Internet
    - internet filters with kept passwords
  - change ISPs, remove credit cards, (Behun et al., 2012) Kafka, M., 2014
  - Include spouse to facilitate disclosure??
  - be very CAREFUL
  - Assess relationship stability, values and religion, psychiatric stability and co-dependence

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### Psychological Treatment Interventions

- Frequent 12 step meetings
- daily contact with sponsor
  - SLAA, SAA, SA (present in Hong Kong)
  - Differing "bottom lines"
  - 6-12 months of "celibacy"
  - Build a recovery network
- Individual psychotherapy, group ± meds
  - Many use addiction model
  - Some CBT
- Residential Treatments
- No published outcome studies with controls

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### Integrating psychiatric diagnosis and psychopharmacology into a multimodal team approach

- While psychopharmacology expertise should be the role of the psychiatrist or clinical nurse specialist:
  - ALL psychotherapists can and should help in assisting in psychiatric diagnostic assessment
  - consider M.I.N.I., S.C.I.D. modules, specific axis I diagnostic screening instruments or rating scales, neuropsychological testing
  - Psycho-education is treatment
  - There must be collaborative feedback between patient, co-treaters and the prescriber
  - Co-treaters should provide active feedback about medication effects and side-effects to the MD

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### Pharmacotherapy for Sexual Addiction

- One placebo-controlled double blind study (n=21)
- Citalopram for homosexual promiscuity (Wanberg et al. 2006)
    - No effect on homosexual promiscuity, high placebo-response rate, decreased TSO, 12 week trial, masturbation decreased, pornography use decreased
  - Uncontrolled studies (Kafka, 1992, 1994, 2000)
  - Clinical experience with >300 males with HD treating Axis I comorbidity
  - SSRIs, psychostimulants or mood stabilizer combinations effectively ameliorates or markedly reduce both paraphilic and non-paraphilic sexual impulsivity
  - Occasion prescription of atypical neuroleptics
  - Cases reports by other investigators
    - naltrexone
    - nefazodone

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### Making a Diagnosis for Sexual Addiction or Hypersexual Disorder

ICD-10 Excessive sex drive F52.7  
ICD-11 (due 2018) "" compulsive sexual behavior is being considered  
DSM-5 no longer has a Sexual Disorder N.O.S.  
• "Other Specified Disruptive, Impulse-Control, and Conduct Disorder: HD" (ICD 312.89).

Additional Resources  
Society for the Advancement of Sexual Health  
• Resources/reading/workbooks at <http://www.sash.net/> and SASH bookstore

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### Additional treatment considerations

- A medical/psychiatric model
  - based on a comorbidity or an addiction model
  - de-stigmatize behaviors from "moral" to "medical"
- \* The spouse or partner is left with the most difficult decisions  
Outcome may depend on relationship status
- \* Residual pornography use or other forms of impersonal sex may persist

We need more methodological rigor (Hook, J. Reid, R. 2014)

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