The Not So Hidden Epidemic of Sexually Compulsive Behaviors and Pornography Addiction: The Trauma Connection

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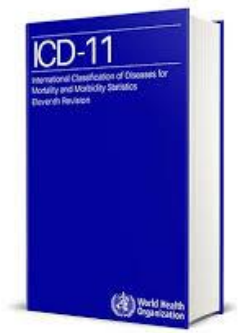
Is Compulsive Sexual Behavior Disorder or "Sex Addiction" Real?

World Health Organization



JANUARY 2020 RELEASE OF ICD-11

ACCEPTS COMPULSIVE SEXUAL BEHAVIOR DISORDER AS A DIAGNOSIS

6C72 CSBD

It is characterized by a persistent pattern of failure to control intense, repetitive sexual impulses or urges, resulting in repetitive sexual behaviour over an extended period (e.g., six months or more) that causes marked distress or impairment in personal, family, social, educational, occupational or other important areas of functioning

DEFINITION

One or more of the following 4 criteria….

THANK YOU TO OUR PATIENTS FOR SHARING THEIR ARTWORK WITH US!

Engaging in repetitive sexual activities has become a central focus of the person's life to the point of neglecting health and personal care or other interests, activities and responsibilities

The person has made numerous unsuccessful efforts to control or significantly reduce repetitive sexual behaviour

The person continues to engage in repetitive sexual behavior despite adverse consequences (e.g., repeated relationship disruption, occupational consequences, negative impact on health)

The person continues to engage in repetitive sexual behavior even when he/she derives little or no satisfaction from it

Not diagnosed in adolescents!

Common Co-Occurring Issues

Anti-social/ Narcissistic Personality

ADHD

Mood Disorders

Anxiety Disorders

PTSD

OCD

Substances / Behavioral Addictions

Paraphilia

Prevalence and Etiology

Dickenson, J. A., Gleason, N., Coleman, E., & Miner, M. H. (2018). **Prevalence of Distress Associated With Difficulty Controlling Sexual Urges, Feelings, and Behaviors in the United States**. *JAMA Network Open,1*(7). doi:10.1001/jamanetworkopen.2018.4468

Results: "Among men, 10.3% endorsed clinically relevant levels of distress and/or impairment associated with difficulty controlling sexual feelings, urges, and behaviors, in comparison with 7.0% of women."

Conclusion: "This study was the first we know of to document the US national prevalence of distress associated with difficulty controlling one's sexual thoughts, feelings, and behaviors—the key feature of CSBD. The high prevalence of this sexual symptom has major public health relevance as a sociocultural problem and indicates a significant clinical problem that warrants attention from health care professionals.

Cultural Considerations

With regard to demographic characteristics, we found that individuals with lower education, those with very high or very low income, racial/ethnic minorities, and sexual minorities were more likely to meet the clinical cut point than individuals who reported having higher education, having moderate income, and being white and heterosexual. These findings suggest the importance of understanding the sociocultural context in which distress surrounding difficulty controlling one's sexual behavior occurs. However, we are aware of few studies to date that have examined the sociocultural context of CSBD, with the exception of sexual orientation. Researchers have argued that sexual minority men may be more at risk to develop sexual compulsivity, given their higher numbers of sexual partners, greater permissiveness of casual sex, and access to a variety of sexual outlets.

More recently, however, research has found that minority stress increases risk for sexual compulsivity, and associated syndemic problems (eg, depression, anxiety, childhood sexual abuse, substance abuse, intimate partner violence, and sexual risk behavior) increase such risk among sexual minority men in a dose-dependent fashion. Our results corroborate the notion that minority stress increases risk for CSBD and suggests additional potential health disparities in CSBD. Hence, CSBD should not be assessed outside of its sociocultural context, and a public health approach may be warranted to address CSB.

Gender differences

Men evidenced only a 54% greater likelihood (OR, 1.54; 95% CI, 1.15-2.06) of meeting the clinical cut point than women

Researchers and clinicians are not immune to sociocultural biases regarding gender and sexual ideology and may therefore be more likely to overlook female CSBD or conceptualize it as a manifestation of another clinical issue (eg, trauma, bipolar, or borderline personality disorder)

Women Sex & Porn Addiction

Not all women seeking treatment problematic sexual behavior will manifest as love and relationship addictions.

The proportion of women accessing online pornography is significantly on the rise and more women and girls are reporting problems with porn.

Typical Clinical Presentation

- High shame
- Emotional and sexual abuse in background
- Highly sexualized (lots of preoccupation)
- Multi-addicted
- Less defenses
- High potential for suicide
- Increased amenability for treatment

Recent Headlines…





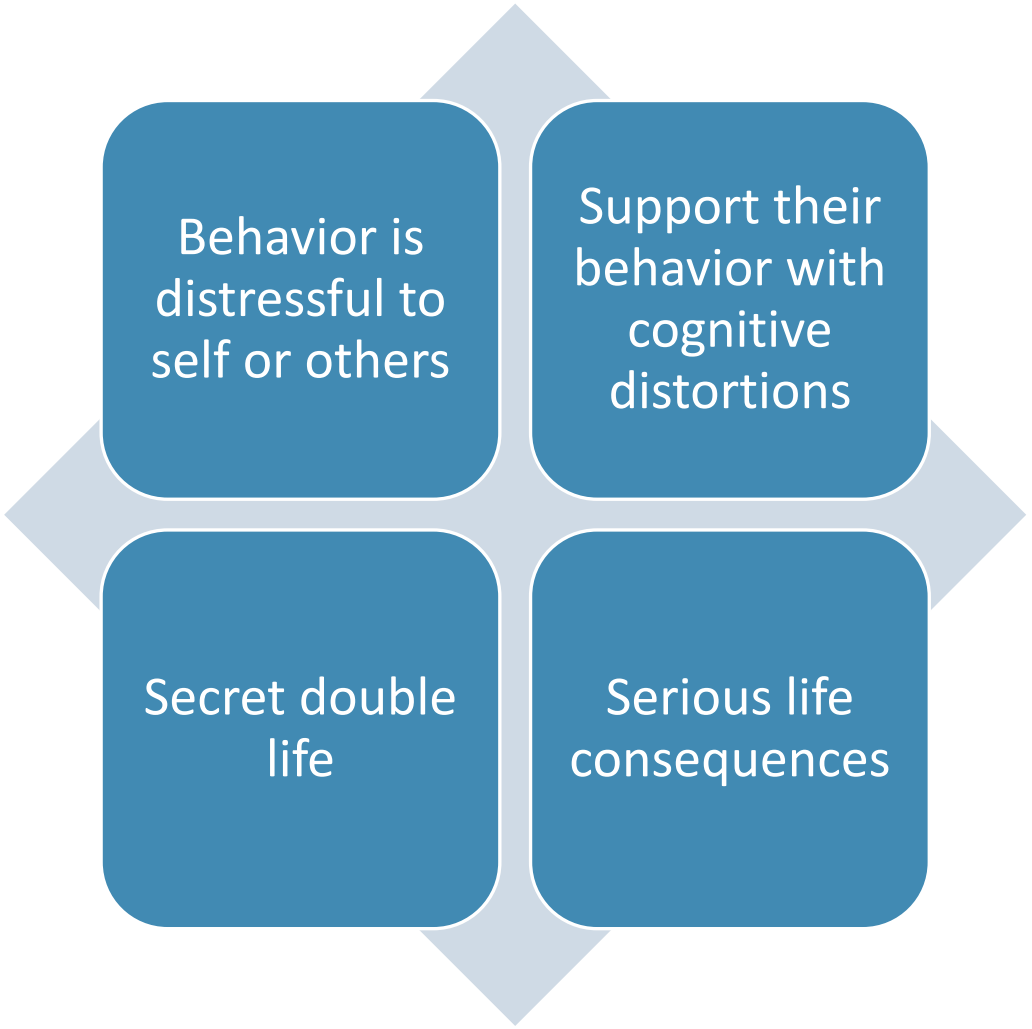
Abuse of Power

- Politicians
- Media Moguls
- Sports Figures
- Religious Leaders
- CEOs, Business Executives
- Specialized Knowledge
- Extremely Wealthy

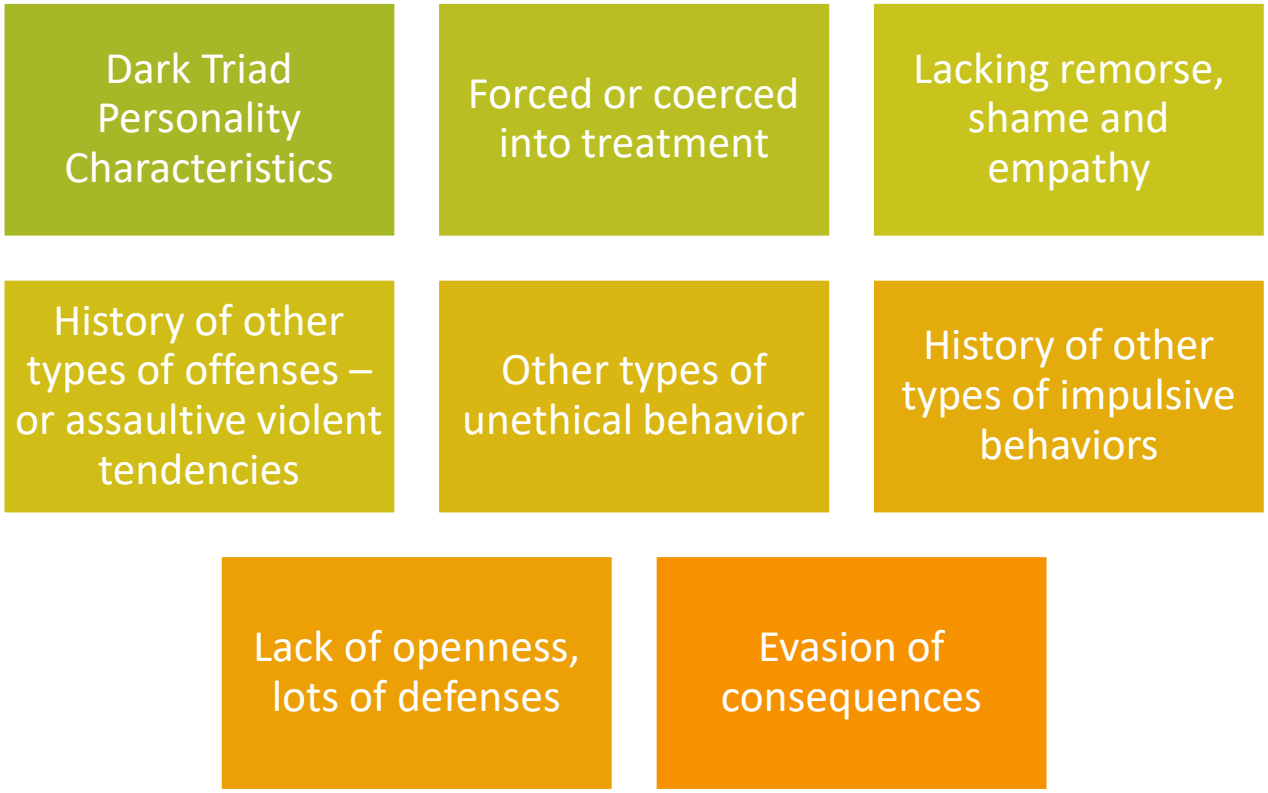
Sexual harassment and abuse of power is an offending behavior because it includes a victim, lack of consent and exploitation

IT'S NOT "JUST SEX ADDICTION"!

Common Features



Are there times when someone with abuse of power legitimately struggles with addictive or compulsive sexual behavior?



Poor prognostic indicators

Etiology

- Neuroscience
- Trauma
- Attachment

New Research in Neuroscience

Kowalewska et al (2018)

"To date, most neuroimaging research on compulsive sexual behavior has provided evidence of overlapping mechanisms underlying compulsive sexual behavior and non-sexual addictions. Compulsive sexual behavior is associated with altered functioning in brain regions and networks implicated in sensitization, habituation, impulse dyscontrol, and reward processing in patterns like substance, gambling, and gaming addictions. Key brain regions linked to CSB features include the frontal and temporal cortices, amygdala, and striatum, including the nucleus accumbens."

(Brand et al 2020)

"Data from self-report, behavioral, electrophysiological, and neuroimaging studies demonstrate an involvement of psychological processes and underlying neural correlates that have been investigated and established to varying degrees for substance-use disorders and gambling/gaming disorders.

Commonalities noted in prior studies include cue-reactivity and craving accompanied by increased activity in reward-related brain areas, attentional biases, disadvantageous decision-making, and (stimuli-specific) inhibitory control. "

The Addictive Nature of Compulsive Sexual Behaviours and Problematic Online Pornography Consumption: A Review
Mauer-Vakil et al (2020)

The neurobiology of POPU and CSBD involves a number of shared neuroanatomical correlates with established substance use disorders, similar neuropsychological mechanisms, as well as common neurophysiological alterations in the dopamine reward system.

"studies have cited shared patterns of neuroplasticity between sexual addiction and established addictive disorders."

Complex Trauma

Complex Trauma (Developmental Trauma)

Trauma is extremely threatening and prolonged

Generally refers to stressors that are interpersonal, that is they are premeditated, planned, and caused by other humans

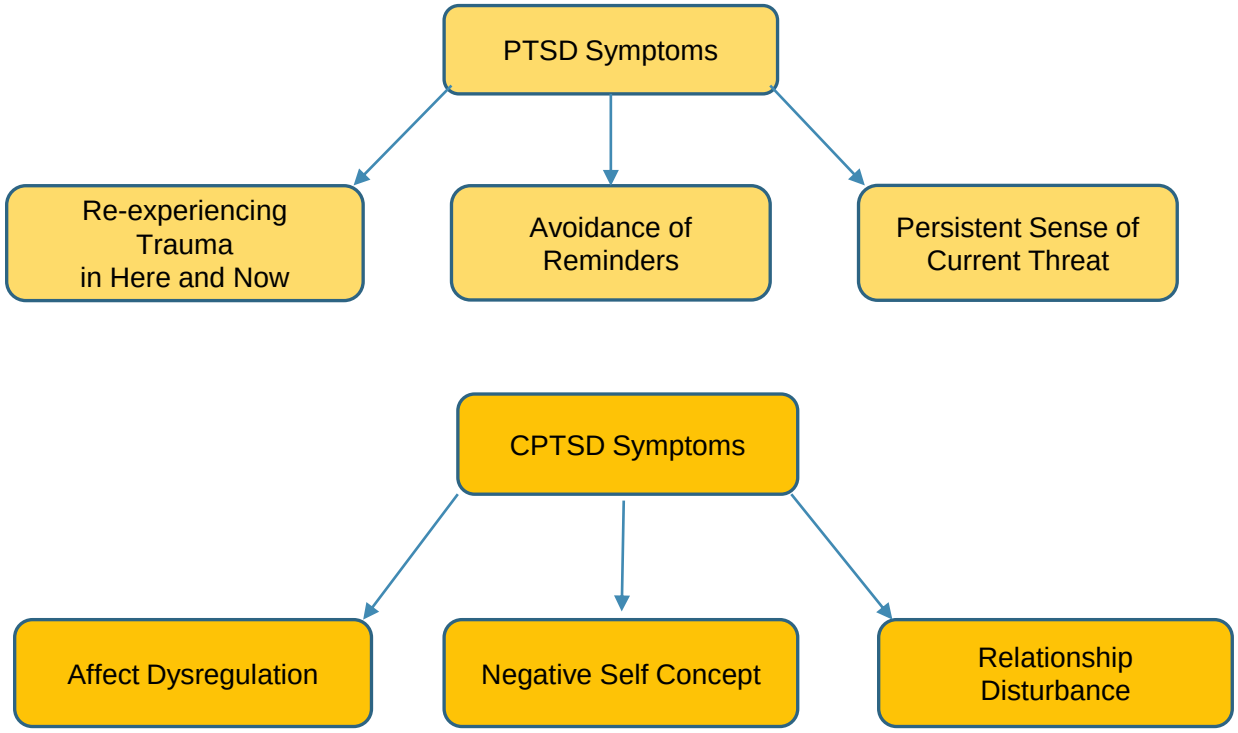
Most often involves exploitation and maltreatment including neglect and abandonment or antipathy by caregivers

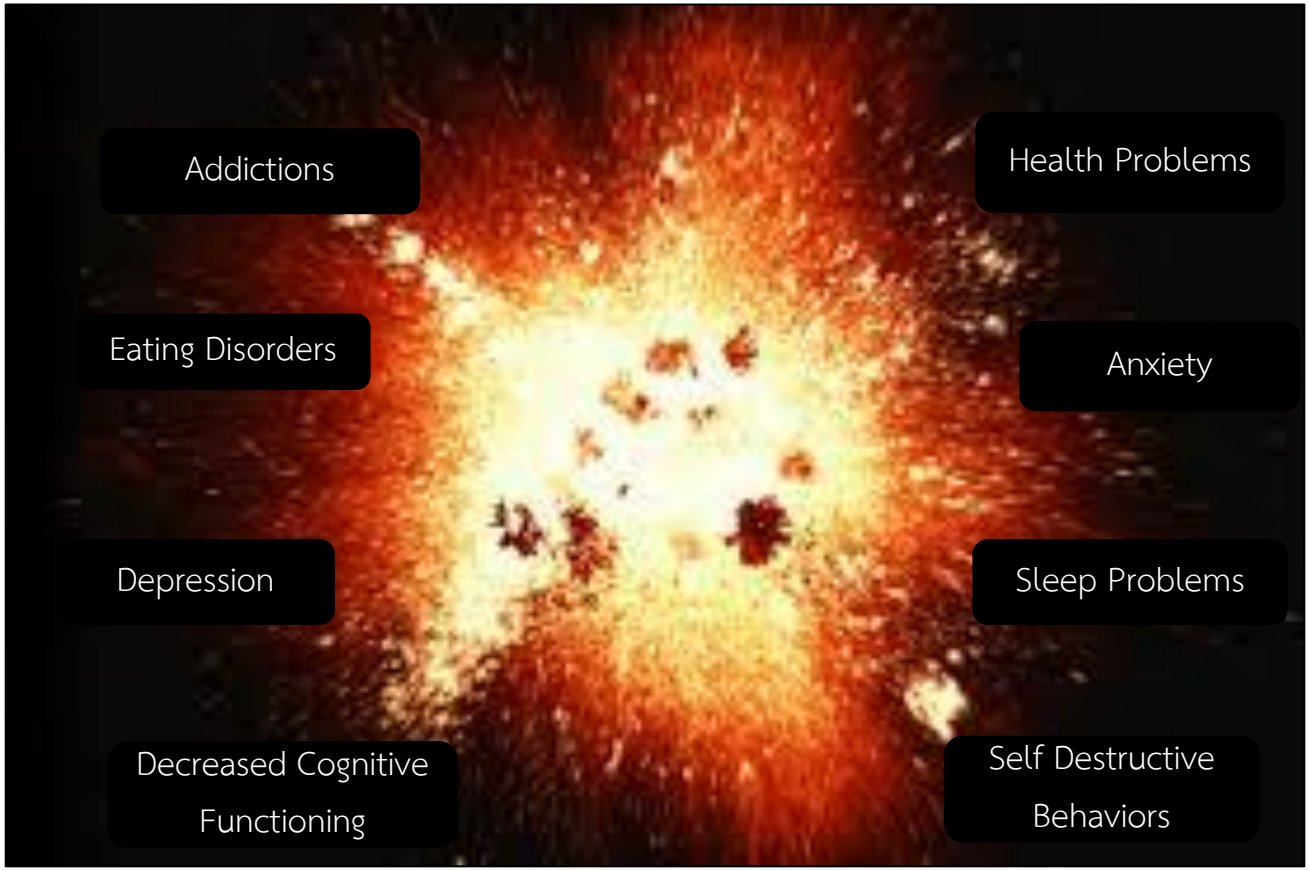
Often occurs at developmentally vulnerable times in the victim's life, especially in childhood and adolescents but can also occur in later life

- E.g. disability, age, infirmity, dependency, disempowerment, captivity
- Escape is difficult

Reaction is more severe than when trauma is impersonal (such as natural disaster, car accident)

ICD – 11 6B41 Complex Post Traumatic Stress Disorder





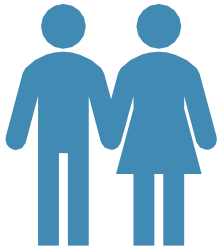
Long Term Side Effects of C-PTSD

Extreme Toxic Shame and Negative Core Beliefs

Compartmenatalization

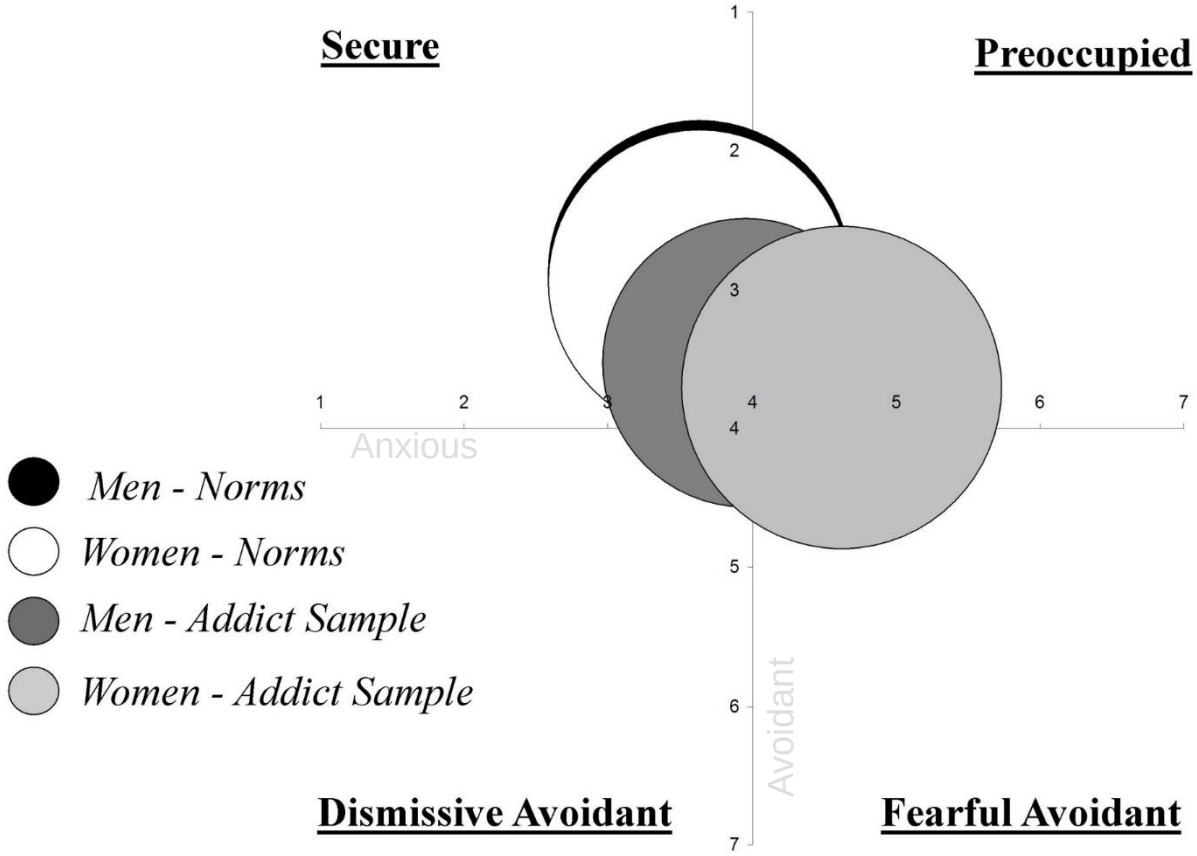
Treatment for CSBD should involve intensive trauma treatment

Attachment



Significant differences in Attachment Styles of Sex Addicts

Attachment Style - Norms vs. Addict Sample



Note: Norms based on Fraley, R. C. (2010). Information on the Experiences in Close Relationships-Revised (ECR-R) Adult Attachment Questionnaire. Retrieved from http://internal.psychology.illinois.edu/~rcfraley/measures/ecrr.htm

Association exists between anxious and avoidant attachment styles and sexual compulsivity

Sex addicts compensate for their inability to form close attachments by:

- fantasizing about unattainable and unrealistic surrogates
- seeking sex as a source for comfort without a need for emotional intimacy
- sexual activity without commitment ease fears of separation and abandonment (and favors the anxious types)

Insecure attachment does not seem to differ significantly between homosexual and heterosexual samples.

Weinstein, A., Katz, L., Eberhardt, H., Cohen, K., & Lejoyeux, M. (2015). Sexual compulsion – Relationship with sex, attachment and sexual orientation. *Journal of Behavioral Addictions 4*(1), 22–2

Treatment

Evidence Based Pharmacological Interventions

SSRIs

SNRIs

Naltrexone

Anticonvulsants (Topiramate, valproic acid, lamotrigine, and levetiracetam)

Grant (2018) Compulsive Sexual Behavior: A Nonjudgemental Approach. *Current Psychiatry*. February;17(2):34,38-40,45-46

Some Evidence Based Approaches to Treatment

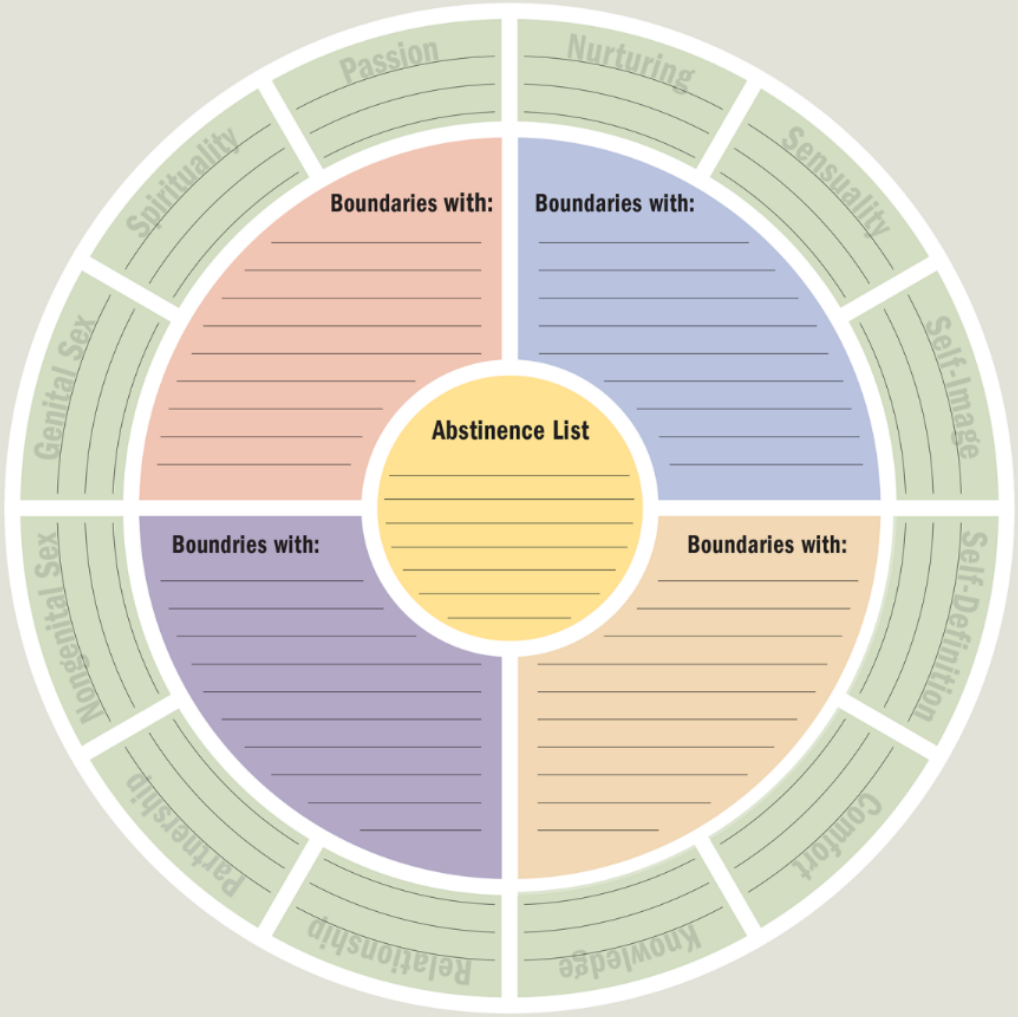
Cognitive Behavioral Therapy

Motivational Interviewing

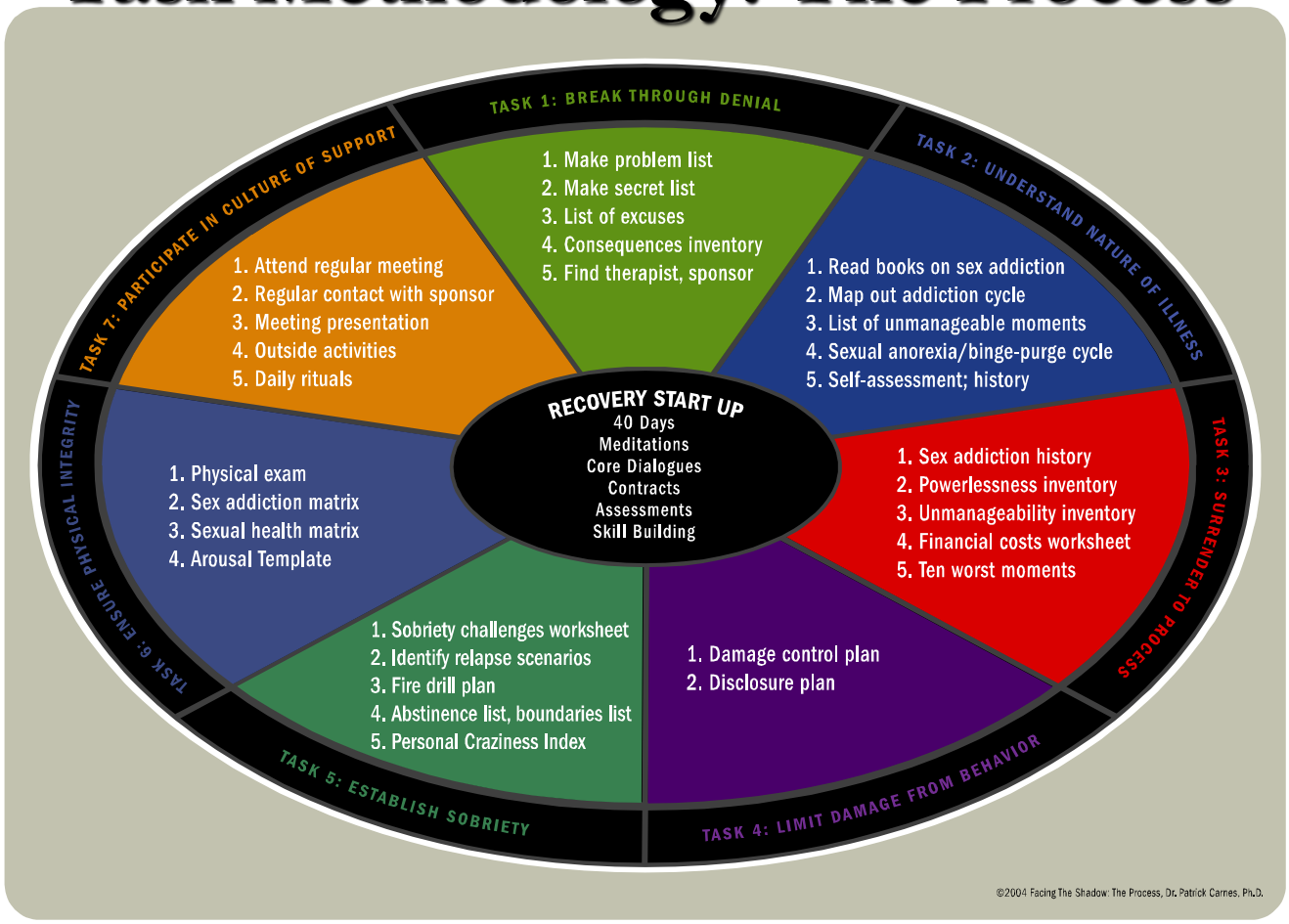
Acceptance Commitment Therapy/ Mindfulness

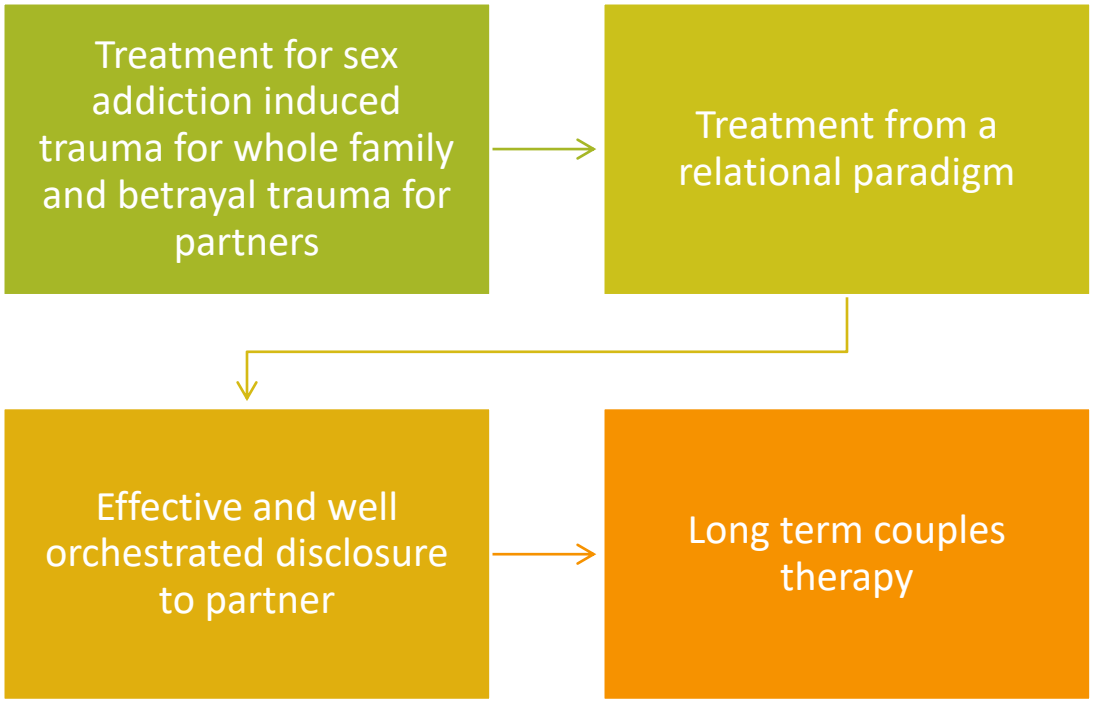
12 Step Group Participation

Three Circle Worksheet



Task Methodology: The Process

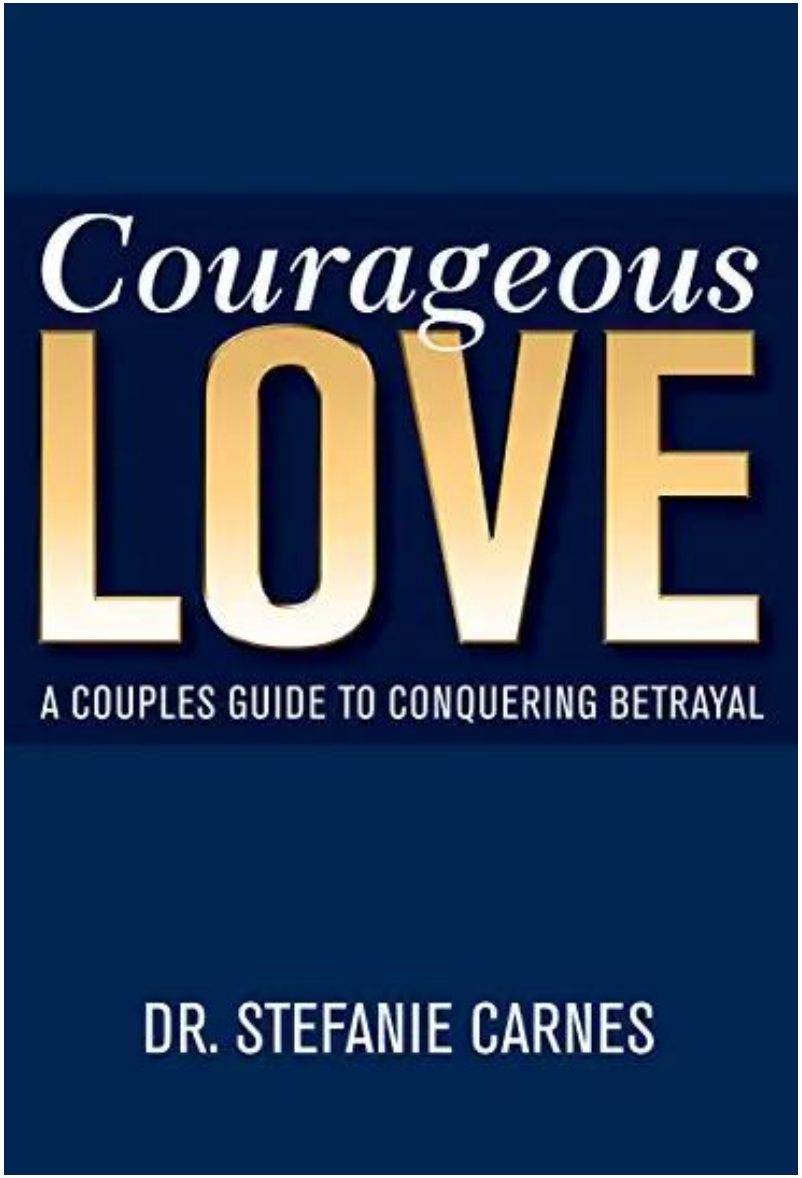


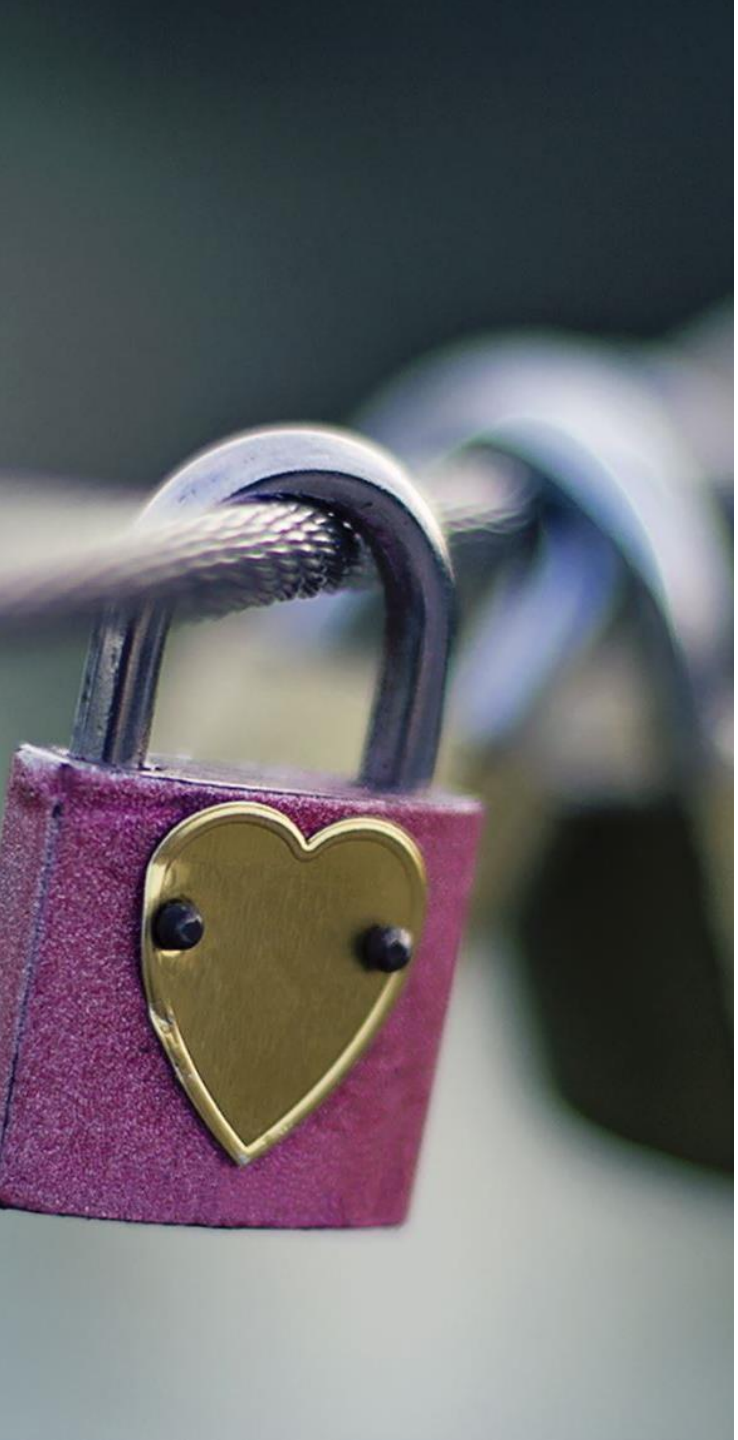


Family therapy

This Process is for Committed Couples:

- Establish Safety and Commitment
- Betrayal Trauma Sensitivity Training
- Ethical and Responsible Disclosure
- Impact Letter and Emotional Restitution Process
- Intensive Couples Therapy – Intimacy, Sexuality





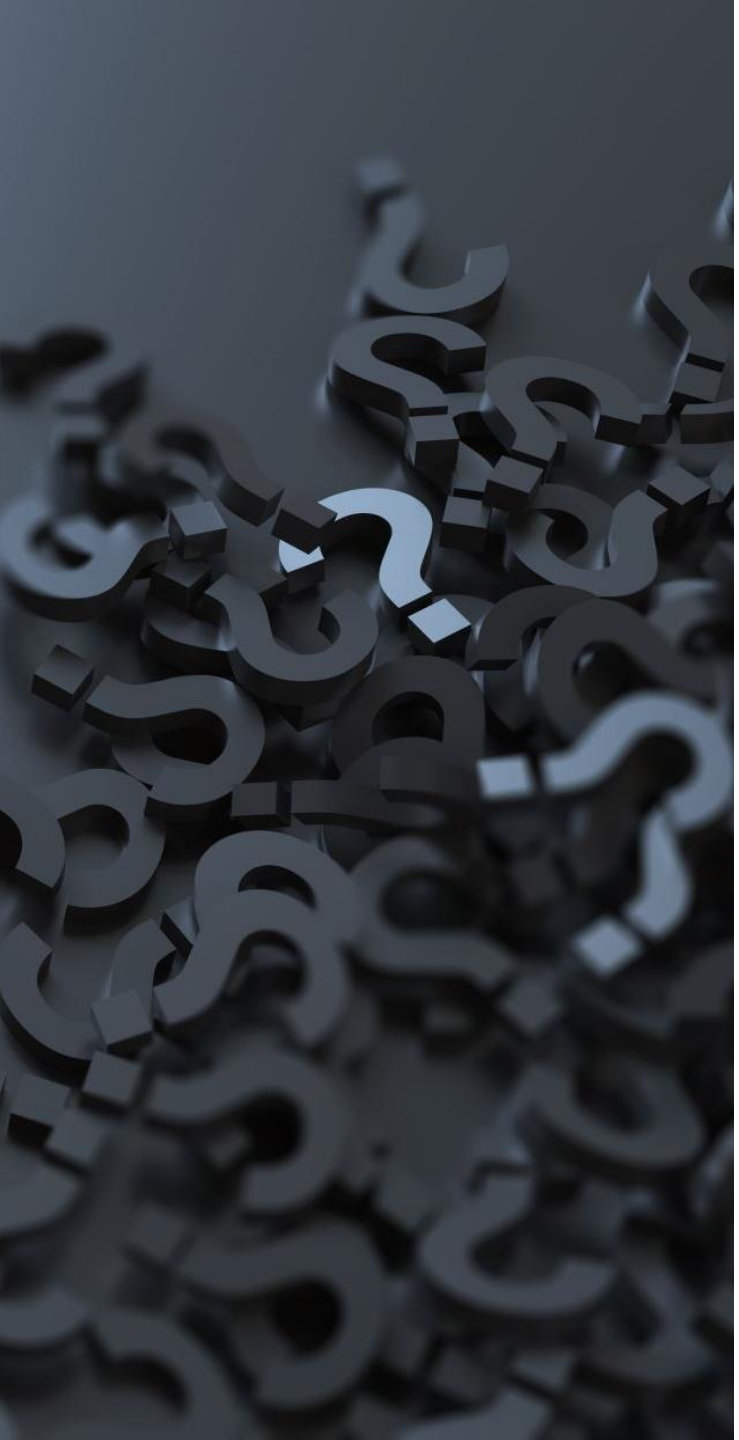
Betrayal Trauma – Discovery of Infidelity is a Traumatic Event

Infidelity, Porn, Sex Addiction (CSBD) – Perceptions of infidelity vary from couple to couple

Partner emotional dysregulation and responses are looked at as a normal response to trauma

Non-pathologizing approach, validates partner

Encourages compassionate responding in the unfaithful partner



Acting out party has to take responsibility to help the betrayed partners heal from the betrayal

Must take ownership and accountability

Must demonstrate reliability with their actions and their words

Must provide reassurance through transparency

Must learn to respond effectively to partners questions and triggers

Must not pathologize partners reactions and blame shift

Common Ineffective Tactics

Attempting Damage Control Through Lying and Gaslighting

Denying, Minimizing

Justifying

Defensiveness

Arguing, attacking

Avoiding

False Promises

Withdrawal, Stonewalling

Blame Shifting

Effective Tactics

Empathy

Accountability and genuine remorse

Reassurance

Open, honest direct communication

Actions matching up with words

Reliable behavior over time

Transparency

Patience

Emotional vulnerability

Responding sensitively to partner triggers

Following treatment recommendations

Understanding

Gratitude

Appreciation

Listening

Vulnerability

Openness about recovery

Must be genuine!

Support Model
Responding to Partner Triggers

- **S** • Stop and give him/ her undivided attention
- **U** • Understand where they are coming from (listen)
- **P** • Provide Empathy (“That must feel awful”)
- **P** • Provide Validation (“It makes sense that you feel that way”)
- **O** • Openness (Be open and honest if they have any questions)
- **R** • Remorse (Demonstrate remorse and accountability)
- **T** • Touch (Provide physical comfort if partner is open)

Step 3: Ethically Responsible Facilitated Disclosure (Not needed in all situations)

Guided by the partner's need and desire to know

Traumatic – need safety plan

Structured, well organized

Team approach with support

Clear goal: information clarity, answering questions, restoring the foundation of honesty

Long Term Couples Therapy

Restore	Restore Trust
Rebuild	Rebuild Intimacy
Rekindle	Rekindle Health Sexuality

Questions?

THANK YOU!

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