

**Is hypersexuality a clinical reality?**

**K. Goethals<sup>1</sup>**

<sup>1</sup>University Forensic Centre, University of Antwerpen, Antwerpen, Belgium

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Hypersexuality can be defined as an uncontrollable sexual behaviour that causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. These out-of-control sexual behaviours can be described as compulsive, impulsive, or addictive. Some authors argue that it serves to anesthetize feeling of pain, inadequacy, low self-esteem, social and personal phobias, isolation, and loneliness. Hypersexuality is conceptualized as primarily a nonparaphilic sexual desire disorder, but paraphilic sexual fantasies, arousal, urges, and behaviours can co-occur.

In the literature there is little evidence about a correlation between hypersexuality and sexual aggression. Even in a common risk assessment instrument, such as the SVR-20 (Sexual Violence Risk-20) manual, hypersexuality is not included as a risk factor for the assessment of sexual violence risk. However, the SAPROF (Structured Assessment of PROtective Factors for violence risk) manual has 'a well developed self-control' item as a protective factor against violence. It is obvious that people suffering from hypersexuality have developed no or poor self-control. Internalizing comorbid disorders are common in hypersexuality, but also externalizing comorbid disorders do occur.

In this paper, scientific evidence for the relationship between hypersexuality and sexual aggression will be reviewed. Next, clinical vignettes and data from a Belgian sex offender population (at the University Forensic Centre, Antwerp University Hospital) will be presented. And finally, the importance of this topic for caregivers in general and forensic psychiatry will be discussed.