

**‘You're Getting a Reputation’: Exploring the Stigmatisation of  
Hypersexual Behaviours as a Sexual Trauma Response in Adults.**



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Your stories made me feel less alone in that journey.

I hear you, I see you, I believe you.

### **Abstract**

This dissertation explores the stigmatisation of hypersexual behaviours as a sexual trauma response in adults. It aims to understand how survivorship, society and professionalism impacts the lived experience of hypersexual individuals. This study utilises primary data and archival research to create and deploy the Stigma-Informed Model of Hypersexual Responses to Sexual Trauma (SIMHRST) as a theoretical framework. Survivorship is impacted by differing consequences of stigma, including self-doubt, isolation and loss of relationships. It also impacts mental health and wellbeing, which manifests through self-esteem and bodily autonomy. Consequently, hypersexual victim-survivors in the UK live in an environment deeply-rooted in historical bias and discrimination which also impacts intersectional identities. This dissertation tackles these pervasive narratives that perpetuates a this culture and explores societal expectations by contrasting hypersexuality with hypersexualisation; further uncovering societal stereotype and perception. Using archival data and survey responses from service providers, this research found a lack of confidence in professionals, and a desperate need for reform. Results demonstrate that training and education is necessary for stigmatisation to reduce within society, and create an environment that validates hypersexual victim-survivors. This dissertation further recommends multi-level, practical interventions and systemic changes for a more empathetic and responsive approach to hypersexual victim-survivors. The study is significant because it bridges the gap between our theoretical understanding of sexual trauma responses, and our empirical understanding of hypersexuality and societal stigmatisation in adults.

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## **Introduction**

### *1.1 Background and Context*

In 2023, our society stands at a critical juncture where the prevalence of sexual assault has reached alarming rates. With distressing figures from Rape Crisis England and Wales (2023b) revealing that 1 in 4 women and 1 in 18 men as adults, and 1 in 6 children have experienced rape or sexual assault, the urgency to understand and address the multifaceted consequences of such traumatic experiences has never been more compelling. The profound psychological harm inflicted by sexual trauma can cast a sombre shadow over the lives of victim-survivors, impacting mental health and potentially leaving them with PTSD (Cromer, 2023). Amidst the complex web of trauma responses, one emerges as an understudied and often misunderstood consequence: the hypersexualisation of the self. Hypersexual behaviours are characterised by an excessive preoccupation with sexual thoughts and actions (Fontanesi et al., 2021). This underscores the relevance and necessity of comprehensively examining the repercussions of sexual assault in our society.

Furthermore, individuals coping with trauma may find themselves engaging in hypersexual behaviours without realising the connection to their traumatic history (Fontanesi et al., 2021). For example, it can manifest as obsessing over sex, practising risky or unsafe sexual practices, or experiencing distress after sexual encounters (Ellis, 2022). A strong desire for sexual activity is not inherently associated with trauma, however. Therefore, engaging in frequent sexual encounters, having multiple partners, entertaining sexual fantasies or fetishes, regular masturbation, enjoying pornography, or seeking the services of a sex worker should not be deemed as problematic sexual behaviours unless they substantially interfere with one's daily life and overall well-being (Ellis, 2022). The emergence of hypersexual behaviours as a coping mechanism often remains under-researched, leaving society surrounded by judgement and, accordingly, ignorance of this. Society's failure to comprehend the intricacy of these responses perpetuates a cycle of stigmatisation, further marginalising survivors and restricting their path to healing and recovery, leaving support services uneducated or lacking training regarding this trauma response. By delving into this manifestation of trauma and its inherent links to stigma, this dissertation not only sheds light on the unexplored dimensions of survivor

experiences but also confronts the rooted biases and misconceptions surrounding the aftermath of sexual trauma.

### *1.2 Scope and Relevance*

This research revolves around the intersection of hypersexuality as a trauma response and the stigmatisation faced by individuals who exhibit such behaviours. The paradox arises from the potential conflict between the personal experiences and coping mechanisms of individuals who may exhibit hypersexual behaviours as a response to trauma and the societal judgement and stigmatisation they encounter for expressing their sexuality in this way.

One aspect contributing to this paradox is the lack of evidence indicating that hypersexuality is adequately taught, discussed, or understood by professionals and support service providers<sup>1</sup>. This knowledge and awareness gap among professionals may perpetuate stigmatisation and inadequate support for individuals experiencing hypersexuality as a trauma response (Guerrero *et al.*, 2023). Understanding and addressing this gap is crucial as it impacts the ability of professionals to provide appropriate and practical support to survivors who exhibit hypersexual behaviours. By exploring the stigmatisation of hypersexuality as a trauma response and its implications for individuals' lived experiences, this dissertation aims to shed light on this underrepresented but essential topic. It seeks to provide insights into survivors' experiences and the need for improved understanding and support within the professional community.

This research is original in its focus on the intersection of hypersexuality and sexual trauma and how stigma can impact recovery and healing. It seeks to bridge the gap between the staggering prevalence of sexual assault and the subsequent hypersexual responses, therefore exposing the complexity of emotions, societal dynamics, and personal struggles that shape the experiences of survivors.

However, it is essential to acknowledge that research on sexual trauma and its effects is a well-established field. This study aims to build on and contribute to the existing literature in this area.

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<sup>1</sup> For example, outreach workers, housing officers and mental health nurses.

### *1.3 Research Questions and Aims*

What are the lived experiences of individuals who face stigmatisation due to hypersexual behaviour as a response to sexual trauma in adulthood?

Sub-questions:

2. Why is there a stigmatisation of hypersexual behaviours as a sexual trauma response?
3. How do survivors and society perceive the stigmatisation of hypersexual behaviours as a sexual trauma response in adults?
4. What are the specific forms of stigmatisation faced by individuals with hypersexual behaviours as a trauma response?
5. How does stigmatisation impact the mental health and well-being of individuals who exhibit hypersexual behaviours as a response to sexual trauma?
6. How can support services and interventions be improved to recognise better and address the stigmatisation experienced by individuals with hypersexual behaviours as a result of sexual trauma?

### *1.4 Overview of Structure*

The introductory chapter of this dissertation serves as a foundation by clarifying the scope and contextual framework of the research aims, thereby providing a comprehensive overview of the study's significance. In Chapter Two, a review of existing literature meticulously investigates the strengths and limitations of the theoretical frameworks underpinning this dissertation. Chapter Three is committed to the research methodology, encompassing the research design, methods used, and the ethical considerations upheld throughout the study, thereby ensuring the robustness and integrity of the research process. The following chapter, Chapter Four, delves into the discussion through survivorship, society and professionalism. It offers a detailed analysis of the participant findings and sheds light on the empirical evidence uncovered by this research. Exploring the nuanced interpretations of the results uncovers their implications for theory, research, and practical applications. This chapter utilises the findings to develop a theoretical framework, thus making a valuable contribution to the scholarly discourse. Lastly, Chapter Five formulates a comprehensive conclusion that summarises the research's key components, findings, and contributions, culminating in a set of insightful recommendations and limitations to the research that holds the potential to guide further studies and enhance the support provided to those affected by the stigmatisation of hypersexual behaviours as a sexual trauma response.

## 2. Literature Review

The stigmatisation of hypersexual behaviours as a response to sexual trauma is a complex and underexplored topic within gendered and social studies. Research consistently focuses on intimate partner violence, particularly pregnant women and female-bodied people (WFBP<sup>2</sup>) (Alhusen et al., 2015) or individuals who have experienced childhood abuse (Hailes et al., 2019), and the aetiology of perpetrating violence (Marshall and Barbaree, 2013). Additional studies examined the impact of sexual assault (Draucker, 1999), whilst others focused on common coping mechanisms of sexual violence, like alcoholism, suicide and eating disorders (Neilson et al., 2016; Hanson et al., 2020; Sigurðardóttir and Halldórsdóttir, 2021). It is rare, however, that academic research focuses on the lived experiences of victim-survivors who self-sexualise. This literature review examines the existing knowledge on the effect of language and vocabulary and the impact of sexual trauma on minority groups. By identifying the gaps in the literature and locating this research question within the field, we seek to contribute to a deeper understanding of the experiences of these individuals and the need for improved support and interventions.

### 2.1 *Language and Vocabulary*

The intertwining dynamics of language and vocabulary in discussions surrounding sexual assault, particularly within the realms of victim-blaming and perpetuation of rape myths, demonstrate profound implications for concepts such as 'promiscuity,' 'trauma,' and 'sexually compulsive behaviour' (SCB). The language employed within rape myths embeds victim-blaming narratives, as evidenced by the misconception that physical resistance is necessary for an act to be considered rape and the misguided attribution of partial responsibility based on perceived risky behaviours (Cabrera, 2018). This victim-blaming language was recognised by researchers like Hahnel-Peeters and Goetz (2022) supporting the

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<sup>2</sup> In this dissertation, the acronyms "WFBP" and "MMBP" are employed to collectively refer to both women and female-bodied people, and men and male-bodied people, respectively. With a gap in inclusive terminology in modern literature, the use of these acronyms is intended to embrace a broad and inclusive perspective that recognises the diversity within the population. By incorporating all genders, this language aims to acknowledge and encompass a spectrum of experiences while respecting the individuality of each group. This choice of phrase is aligned with the commitment to inclusivity and sensitivity to the varied identities within the scope of this research.

theory that language can undermine survivor credibility and contribute to a pervasive culture of doubt around the legitimacy of their experiences.

Similarly, language has been explored as a shaping tool across decades, as both Attwood (1997) and O'Hara (2012) found, the narrative surrounding sexual assault is shaped by vocabulary. This suggests that it subtly shifts focus from the perpetrator's actions to the victim's supposed contributory actions, seen in phrases like 'she was asking for it' or 'he could not control himself' (Rape Crisis England and Wales, 2023a). This linguistic framing reinforces deeply ingrained stereotypes about gender roles and sexuality, perpetuating victim-blaming attitudes that hinder justice and support for survivors.

Moreover, the term 'promiscuous' is used to describe someone who has multiple sexual partners or relationships (Cambridge Dictionary, 2024). Although some researchers have used the phrase to empower those who enjoy sex, describing it as a healthy form of sexual expression (Resnick, 2023), this study will not use this term to describe the behavioural responses of victim-survivors. Historically, promiscuity has been utilised pejoratively in society (Wolf, 2009; Ochuagu, 2023) as both an adjective and an insult (Picard, 2021). Therefore, it is imperative to acknowledge the subjective nature of the word 'promiscuous' as a quality influenced by changing social attitudes, cultural standards and individual values. A previous study by O'Callaghan et al. (2018) studied the hypersexuality of participants who frequently used the term(s) promiscuous or promiscuity when describing their risky sexual behaviours. This paper addresses the lived experiences of all hypersexual victim-survivors, including those who may not engage with multiple sexual partners, which is so far lacking in the scientific literature.

A great number of authors in the literature have discussed trauma studies. Ford et al. (2015), for example, found that the concept of 'trauma' is complex and shaped by cultural, social, and individual factors. This research supports this approach, recognising the potential for pathologisation<sup>3</sup> and advocating for a trauma-informed approach that values individual narratives. Grossman et al. (2021) align with this approach, finding that trauma arises in response to situations perceived as unsafe or distressing, leaving lasting imprints on the

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<sup>3</sup> In this context, "pathologisation" refers to the process of classifying or treating a condition, in this case, trauma, as a pathological or abnormal phenomenon. Here, it advocates for approaches that appreciate the individual narratives of those who have experienced trauma and emphasise a more nuanced understanding of their experiences.

nervous system. The question that then naturally arises is, why is hypersexuality stigmatised? It was reported by Van Alphen (2004) that the subjective nature of individuals makes trauma highly variable; what may be transformative for one person might not significantly affect another, otherwise known as discursive. Stressful circumstances, particularly discussing sexual trauma<sup>4</sup>, can be scarring.

Additionally, there exists a considerable body of literature on addiction disorders; SCB is often studied within this discourse, like by Fong, Reid and Parhami (2012). Interchangeably known as 'hypersexuality' or medically classified as 'sex addiction,' this concept reveals a complex interplay with sexual trauma (Derbyshire and Grant, 2015). Studies like this are often clinical, with quantitative findings limiting the grasp of lived experiences. Previous studies have found that individuals who have endured sexual trauma may exhibit a predisposition towards developing sex addiction as a coping mechanism (Schwartz, Galperin and Masters, 1995). A more systematic and theoretical analysis is required to understand the impact hypersexual behaviours have had on survivors; therefore the focus of the research is on qualitative data, allowing for detailed accounts to analyse results. This study goes beyond other research by recognising that most individuals are not addicted to sex itself but are attached to something that sex provides them<sup>5</sup>.

Furthermore, in navigating clinical terminology, the terms 'hypersexuality', 'sexual addiction' and 'SCB' are used by Derbyshire and Grant (2015) and Kraus, Voon and Potenza (2016) synonymously. However, the deliberate choice of 'hypersexuality' in this title stems from its ability to convey a broader and less pathologised perspective on sexual behaviour. Unlike more clinical terms, 'hypersexuality' offers an additional inclusive and holistic lens, recognising the spectrum of individual variability in what implies 'excessive' or 'obsessive.' By opting to use the term 'hypersexuality,' this study cultivates a refined understanding of SCB, embracing the diversity within this notion and deliberately avoiding language that implies diagnosis or clinical categorisation.

Many authors have conducted studies finding that institutions and culture play pivotal roles in disseminating victim-blaming language. For example, influencing legal proceedings and

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<sup>4</sup> In this dissertation, 'sexual trauma' encompasses any experience that leads to profound individual impacts, such as a kiss on the neck or cat-calling, all of which may be re-traumatising for one person but not for another.

<sup>5</sup> While acknowledging the relevance of sex addiction, this study predominantly delves into the exploration of stigmatisation and hypersexual behaviours associated with nonparaphilic sexual compulsivity.

media representations and contributing to the societal tendency to doubt and question survivors' experiences (Orenstein, 1998; Finch and Munro, 2007; Mason and Monckton-Smith, 2008; Cabrera, 2018). This research supports the vitality in recognising the interplay between language, vocabulary and societal judgment, further addressing the efforts to challenge and dismantle rape myths and move towards a survivor-centric, trauma-informed discourse (Attwood, 1997; Grossman et al., 2021; Hahnel-Peeters and Goetz, 2022). To fill the literature gap of stigmatisation and sexual trauma responses, this paper identifies a powerful tool for cultural transformation, fostering a more empathetic and informed discussion about sexual violence that extends to concepts like 'promiscuity,' 'trauma,' and 'SCB'.

## *2.2 Impact on the Marginalised*

To understand how stigmatisation impacts different people, we must first explore intersectionality. Coined by Kimberlé Crenshaw, intersectional feminism allows us to perceive and address how different forms of biases overlap, highlighting that “inequality is not created equal” (Steinmetz, 2020). The intertwining factors of protected characteristics such as race, gender, sexual orientation, migration status, and disability can lead to a complex web of discrimination when they intersect. This concept also sheds light on the nuanced presence of privilege within prejudicial contexts.

Furthermore, it is essential to grasp how victims are viewed by society outside of their sexual trauma responses. For example, rooted in colonial depictions and enduring stereotypes, the modern portrayal of Black WFBP sexuality is ingrained in patriarchal norms (Littlefield, 2008; Benard, 2016). Additionally, Davis (1981) looks at the historical context and reveals the persistent myth of the Black rapist, influencing perceptions of stigmatisation and discrimination<sup>6</sup>. This complex dynamic underscores challenges demanding immediate attention and systematic dismantling. The Office for National Statistics (2021) (ONS) discovered that “adults of Black or Black British and Mixed ethnicity were more likely to experience sexual assault than those of White, Asian or Other ethnicity” in the past year. As highlighted in Roy's (2021) article, released in response to the ONS, victims from marginalised groups, including Black WFBP, are hesitant to report crimes due to adverse

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<sup>6</sup> Note, there is a proclivity for Black WFBP to maintain silence about instances of sexual assault, motivated by societal pressures aimed at countering the prevailing narrative of the non-white rapist.

treatment in the criminal justice system. Thiara and Roy (2020) found that this reluctance is particularly pronounced in migrant communities fearing immigration consequences. In addition, these systemic shortcomings often lead to poor case outcomes, adding an extra layer of adversity to the challenges Black WFBP face in seeking justice and redress.

Furthermore, complexities such as sexual orientation and occupation may also create bias, particularly when considering victimhood. Sprankle et al. (2017) conducted their study and found that sex workers, for example, continually fall prey to victim blaming, limited empathy, and prejudice. Rape Crisis England and Wales (2023a) notes that “sex workers can't be raped” is a typical rape myth despite them having the same consent rights as the rest of the population. Rape myth acceptance not only poses harm to individuals but may also present dangers when approached with naivety. The concept that "only gay men get raped, and only gay men rape men" emphasises a view that victims and perpetrators must accommodate a particular narrative or profile (Rape Crisis England and Wales, 2023a). This mindset not only perpetuates harmful stereotypes but also limits the understanding and acknowledgement of diverse experiences within the broader context of sexual violence.

In conclusion, this review thoroughly examines the complex dynamics of language and vocabulary surrounding sexual assault, victim-blaming, and the perpetuation of rape myths. It delves into the implications of language on concepts like 'promiscuity,' 'trauma,' and 'SCB,' revealing victim-blaming narratives that hinder justice and support for survivors. This dissertation goes beyond existing literature, using the word 'hypersexual' to acknowledge and recognise the spectrum of self-sexualising behaviour for different people. The examination of language extends to the impact on minority groups, recognising the intersectionality of discrimination and the need for a more empathetic and informed discourse.

Additionally, the literature review underscores the significance of understanding hypersexuality as a trauma response within diverse populations, considering factors such as race, gender, sexual orientation, and occupation. It exposes biases in societal perceptions, shedding light on challenges individuals face based on their identity. Accordingly, this study identifies gaps in the literature regarding the impact of hypersexuality on the mental health and well-being of all victim-survivors.

This study aims to address these gaps by exploring the lived experiences of those stigmatised for hypersexual behaviours as a response to sexual trauma in adulthood. Through theoretical analysis, it seeks to unravel the reasons behind stigmatisation, understand survivors' and society's perceptions, identify specific forms of stigmatisation, explore impacts on mental health, and suggest improvements to support services and interventions. By doing so, the study aspires to contribute valuable insights to existing literature, fostering a deeper understanding of this complex experience and paving the way for more informed and compassionate approaches to supporting individuals navigating the aftermath of sexual trauma.

### *2.3 Theoretical Frameworks*

Applying Wasco's (2003) trauma-informed theory to sexual assault helps us to recognise self-sexualisation as a response to sexual trauma. The approach acknowledges that traumatic experiences can significantly impact an individual's psychological, emotional, and sexual well-being (Yuan, Koss and Stone, 2006). In addition, the trauma-informed theory recognises that traumatic experiences and responses are individual to the person, and there is no 'one-size-fits-all' when it comes to handling trauma. Wasco's study supports Bancroft and Vukadinovic's (2004) 'theoretical model of sexual compulsivity'. This model focuses on problematic patterns of hypersexual behaviour, acknowledging that this can be a coping mechanism to regulate emotions and manage distress. Alternatively, whilst the trauma-informed lens and sexual compulsivity model sustain the premise of hypersexual behaviours as a trauma response, neither acknowledge the stigmatisation received by society for this.

In addition, Grubb and Turner (2012) apply the just-world theory - the concept of 'people getting what they deserve' - to the distribution of blame in rape cases and use attribution to explain victimology, thus reinforcing Christie's (1986) "ideal victim" framework. The framework is characterised by five attributes: perceived weakness, engagement in a respectable errand (such as caring for a relative), presence in a suitable location without blame attribution, the assailant being physically stronger and larger than the victim, and the absence of any prior relationship between the victim and the offender. Despite being the least common scenario in sexual assault cases, these criteria shape societal perceptions (ONS, 2023). Ussery (2022) highlights its limitation in excluding victims within intimate partner

relationships, which is prevalent in over half of sexual assault cases. Using Christie's (1986) framework enables analysis of how adherence to the ideal victim characteristics contributes to the stigmatisation of diverse survivors of sexual violence.

This dissertation will employ an intersectional feminist perspective to comprehensively examine the stigmatisation of hypersexuality as a response to sexual trauma. Intersectional feminism, as articulated previously, emphasises the interconnectedness of social characteristics such as gender, race, class, and sexuality (Steinmetz, 2020). This approach acknowledges that individuals experience multiple forms of oppression or privilege simultaneously, creating unique and complex intersections of identity (Crenshaw, 1991). By integrating the "ideal victim" framework with intersectional feminism, the dissertation aims to develop a more inclusive model for understanding and addressing the complexities of sexual trauma and its aftermath. Adding this to the combined framework recognises that victims may not fit into the traditional "ideal victim" mould and that a combination of intersecting factors shapes experiences of sexual trauma and individual responses to it.

Combining the "ideal victim" framework, intersectional feminist approach, trauma-informed approach and the theoretical framework of sexual compulsivity (Christie, 1986; Crenshaw, 1991; Wasco, 2003; Bancroft and Vukadinovic, 2004), this dissertation considers how societal expectations influenced by both the "ideal victim" construct and intersectional feminist principles contribute to the stigmatisation of hypersexual behaviours as a sexual trauma response. Labelled the "Stigma-Informed Model of Hypersexual Responses to Sexual Trauma" (SIMHRST) (See [Figure 1](#)), it aims to illustrate how intersecting identities and power dynamics influence perceptions and expectations of victimhood and the legitimacy of responses to sexual trauma.

Additionally, the framework acknowledges the limitations of having a singular perspective. It aims to create space for a more inclusive discourse on the diverse ways individuals navigate and cope with the aftermath of sexual trauma. This approach seeks to bridge the gap between existing frameworks, offering a more holistic, trauma-informed understanding of the stigmatisation surrounding hypersexuality and its connections to enduring societal attitudes and power structures. Through this blend of theories, the research aspires to contribute to a more comprehensive and socially just awareness of sexual trauma responses.

## Methodology

### *3.1 Research Design and Data Collection & Analysis*

“Studies involving sensitive topics may therefore aid theory-building because they challenge taken-for-granted ways of seeing the world.” (Lee, 1993, p. 2).

This dissertation uses primary research to compile qualitative data on the topic of the stigmatisation of hypersexual behaviours as a sexual trauma response. Gathering information in the form of a survey, social media forums and archival research, this study followed ethical guidance policies set out by Townsend and Wallace (2016). The questionnaire functions as the principal method of data collection, explicitly targeting adult individuals who self-identify as experiencing hypersexual behaviours, professionals working in support services for sexual trauma survivors, and members of the general public. Utilising Braun, Clarke and Gray's (2017) and Braun and Clarke's (2013) perspectives, incorporating digital qualitative surveys proves advantageous in navigating sensitive research topics similar to this dissertation. Administered through the online platform Qualtrics, the questionnaire was openly shared across various social forums, actively encouraging broader participation and assortment in experiences, knowledge and perspectives. The aim was to gather enough surveys for analysis to ensure assorted qualitative responses from a diverse audience, as Braun et al. (2020) encourage.

Simultaneously, primary research was conducted via blogs, documentaries, and social media forums. One of the advantages of utilising these mediums as research tools is their ability to offer access to a broad and diverse collection of potential participants, data, and perspectives (Otieno and Matoke, 2014). Social media users generate extensive content, including but not limited to posts, comments, likes, shares, videos, images, and hashtags (Townsend and Wallace, 2016). This research utilises social media to observe interactions, observe patterns, and understand the impact of language and vocabulary, following the ethics set out by Townsend and Wallace (2016). Data collected using these primary methodologies were then studied (Nowell *et al.*, 2017), and the SIMHSTR framework outlined in Chapter 2 was applied to identify overarching themes and facilitate analysis. Archival research will complement these efforts by reviewing academic papers, scholarly articles, books, and reports to establish a foundational knowledge base.

When gathering the questionnaire data, identifiable information, including IP addresses, names, and dates of birth, was not asked. The collected data was held on a private computer and was only accessible to the author, compliant with the *Data Protection Act 2018 (2023)*. The research received ethical approval from the Social Sciences & Arts C-REC, University of Sussex, on 18/06/2023<sup>7</sup>.

### 3.2 Participants

When designing the survey, each question was crafted with a specific purpose in mind, aiming to delve into the diverse demographic landscape of the participants<sup>8</sup>. It was revealed that 29% of the participants belonged to the 25-34 age range, while 18% fell into 18-24. In addition, most participants were females (77.4%) compared to a smaller presence of males (22.6%) - notably, none of the respondents identified with gender non-conforming demographics. The exploration of sexual orientation played an important role in examining privilege and diversity, highlighting that 78% identified as heterosexual, whereas 22% identified as part of the LGBTQIA+ population.

Similarly, when turning our attention to educational levels, an overwhelming 80.70% of participants reported possessing a degree or its equivalent; this question was put forward to reject the notion that a lack of higher education correlates with ignorance or knowledge regarding this topic (Kruger and Dunning, 1999). The question related to ethnic and racial identification revealed a significant proportion - 92.46% - identifying as 'Caucasian,' 'White,' or 'British.'. Finally, 54.17% of the participants noted that they had experienced sexual trauma, of which 10 respondents claimed to have engaged in hypersexual behaviours, and 14 were unsure. Each meticulously framed question contributed to developing a comprehensive understanding of the participants' unique experience, enabling nuanced insights into privilege and diversity within the studied population.

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<sup>7</sup> Reference number ER/GC417/6.

<sup>8</sup> [See Appendix 3.](#)

### *3.3 Ethical Considerations*

Ethical considerations, such as consent, confidentiality, and privacy, were paramount throughout the research process. Measures were taken to protect participants' consent and their confidentiality and privacy, following the guidelines of Walliman (2017). Participants in the study were informed of their right to withdraw at any time at the beginning of the survey. In addition, the participants could request the exclusion of their verbatim quotes from the final dissertation if they notified the researcher via email before 31st October 2023. These arrangements were communicated to participants in the information sheet<sup>9</sup> before they began the questionnaire and at the end. IP address collection was disabled, and participants were informed about this in the questionnaire opening and the participant information sheet. Cowles (1988) notes that when obtaining personal information on sensitive topics, the researcher must go beyond the basic ethical guidelines; considering this, contact details for emergency support organisations such as Mind and Rape Crisis 24hr Support Services<sup>10</sup> were also provided to ensure participants could access appropriate support if needed. Privacy concerns were addressed when analysing data from online sources, and any identifiable information was anonymised or excluded to protect individuals' privacy.

In navigating the intricacies of researching hypersexuality as a trauma response, the researcher acknowledges the dual nature of their survivor status. This role could be perceived both as an asset, endowing the study with unique insights, and as a potential source of influence that demands careful management to prevent biases from unduly shaping the research outcomes (Campbell et al., 2010; Decker et al., 2011). To avoid survivorship bias, outlined by Nikolopoulou (2022), the researcher adopts a multifaceted approach to address these considerations and promote objectivity. These measures encompass engaging in reflexive awareness to identify and acknowledge assumptions, ensuring transparency in reporting the research process and methodology, seeking external feedback, and subjecting the study to peer review for critical evaluation.

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<sup>9</sup> [See Appendix 1.](#)

<sup>10</sup> [See Appendix 2.](#)

Simultaneously, the researcher recognises their personal experiences as a survivor as a valuable asset in the study of the stigmatisation of hypersexuality as a sexual trauma response (Aroussi, 2020). This recognition involves appreciating the unique insights and empathetic understanding brought to exploring the subject. The researcher, academically invested and emotionally attuned to the discussion's sensitivities, strives to create a research environment that prioritises validating and acknowledging survivors' perspectives (Aroussi, 2020).

Additionally, the researcher uses multiple data sources to triangulate findings, adding validation layers to the research outcomes. This management serves as a safeguard, reinforcing the researcher's dedication to conducting a comprehensive and unbiased investigation (Sexual Violence Research Initiative, 2015).

By drawing on their survivor status, the researcher aims to foster an inclusive and supportive atmosphere where survivors feel heard, understood, and respected. This emphasis on empathy and sensitivity underscores the commitment to ethical research practices that go beyond academic exploration to embrace the human aspect of the study (Sexual Violence Research Initiative, 2015). Incorporating these aspects into the research approach not only enhances the depth of analysis but also contributes to the broader goal of advancing understanding and support for survivors of sexual trauma experiencing hypersexuality. It reinforces the researcher's dedication to ensuring that the study goes beyond statistical data, resonating with the lived experiences of survivors and contributing meaningfully to the discourse on sexual trauma responses.

## 4. Analysis and Results

The following chapter analyses the survivorship, societal and professional impacts of stigmatisation of hypersexuality as a sexual trauma response through three subsections. This is revealed through surveys, archival data and primary research.

The first section explores the survivorship of sexual trauma and hypersexualisation stigmatisation; it delves into the forms of stigma faced and the impact this has on mental health and lived experience. Narratives of relationship loss, victim-blaming and self-doubt set a pungent tone for the chapter. The importance of this knowledge is supported in the analysis in the second section, which observes why the stigma exists and how it is perceived in society, taking a deeper look into the origins of societal opinion. The third and final section examines the feedback from professionals, who collectively suggest a need for training, education and research into hypersexuality as a trauma response - the demand for this being imminent to support victim-survivors.

### *4.1 Survivorship*

#### **Impact and Consequences**

There is a foundational expectation in society that WFBP should not engage in casual sex; these views are exemplified in videos by FreshandFitMiami (2023)<sup>11</sup> entitled ‘What Every Woman Needs To Hear...The CONSEQUENCES Of Being A SI\*T!’<sup>12</sup>. These attitudes explored further in section [4.2](#), represent an essential need to examine societal expectations critically. Although hypersexuality and sexual trauma are mutually inclusive, an underscoring of misogyny and prejudice contributes towards a social stigma regarding ideal victims and post-trauma behaviour.

The pervasive impact of stigma on survivors extends beyond individual experiences and delves into personal relationships. Survey responses<sup>13</sup> consistently highlighted the recurring theme of severed connections as a consequence of sexual trauma and hypersexuality stigma.

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<sup>11</sup> FreshFitMiami has over a total of 1.5 million subscribers and over one thousand videos on YouTube.

<sup>12</sup> Other examples include ‘Here's Why H\*e Phase Girls Are F\*\*ked!’ and ‘Why Female BODY COUNTS MATTER! What EVERY Man MUST Know!’.

<sup>13</sup> For survey questions, see [Appendix 3](#).

Testimonies from ISVA<sup>14</sup> respondents and survivors underscore the strain on interpersonal relationships. Results showed that an ISVA respondent witnessed their client's "family distancing themselves", and a survivor stated, "Friends distanced themselves from me because I was getting a reputation." The ramifications of judgment extending into survivors' social circles create a distressing reality marked by shame, isolation and abandonment. This isolation may inadvertently drive survivors towards further sexualisation as a means of seeking comfort and connection through intimate encounters (Jaffe *et al.*, 2019).

Encompassing the SIMHRST framework here, it can be argued that the response of hypersexuality has been misunderstood as a trauma response and causes a loss of empathy or understanding towards the victim-survivor, leaving them to find solace in sexual compulsivity in response to low mood (Bancroft and Vukadinovic, 2004).

In addition, victim-blaming is a common consequence of the stigmatisation of hypersexuality as a sexual trauma response. With sexual violence already taboo (Schmitt *et al.*, 2021), an added layer of victim-survivors being judged for how they react to their experience is an additional challenge. With a societal expectation of a 'real victim' to be a young, majority-race, heterosexual female with no prior reports of sexual violence, it leaves little room to step out of line when it comes to trauma responses (Maiorano, Travers and Vallières, 2023). As one survey respondent recalls, they were "branded a slut", and another expressed witnessing remarks of "... "she's a wrongen", "she's a slag", "disgusting", "she just likes attention". These experiences contribute to an overall understanding of negative attitudes or behaviours towards those who self-sexualise. There is an overriding expectation that you cannot be a victim of sexual trauma if the individual's behaviours and responses do not meet certain societal stereotypes. The use of derogatory tags against victim-survivors perpetuates a narrative that urges people to conform to societal expectations or risk being exiled.

Finally, the decision to come forward to report incidents of sexual violence to the police is inherently fraught with challenges, and the subsequent response from the Crown Prosecution Service (CPS) and law enforcement can exacerbate the difficulties faced by survivors (Molina and Poppleton, 2020). One significant challenge lies in the societal expectations and biases ingrained within the criminal justice system (CJS) (*ibid*). When victim-survivors do

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<sup>14</sup> Independent Sexual Violence Advisors (ISVAs) offer information and assistance to individuals who have experienced sexual violence or abuse, guiding them through the criminal justice process; Independent Domestic Violence Advisors (IDVAs) offer the same regarding domestic abuse.

decide to report their experiences, there is an implicit assumption that their narratives must conform to a preconceived notion of a 'valid' victim, leading to few rape cases making it through the CJS to a trial (Beichner and Spohn, 2005). This expectation is often shaped by narrow stereotypes, meaning "Rapes perpetrated by strangers are perceived as more serious, more likely to progress through the justice system, more likely to result in a conviction, and more likely to receive harsher sentences than rapes perpetrated by someone known to the victim" (Lundrigan, Dhimi and Agudelo, 2019, p. 2). Nevertheless, statistically speaking, people are more likely to be assaulted by someone known to them (ONS, 2023).

Finally, the repercussions of these biases are acutely felt when survivors engage in self-sexualisation as part of their coping mechanisms (ISVA survey respondent). The police and CPS decisions, influenced by the misguided belief that hypersexuality as a response invalidates the trauma, lead to the dismissal of the reported incidents to move forward to trial (*ibid*). This disdainful stance not only hinders justice but also perpetuates harmful narratives that judge survivors based on their coping mechanisms rather than the perpetrator of their crime(s). As one survivor eloquently expressed, "It took me ages to come to terms with the assault, by then I had already started [self-sexualising] and I thought if I reported, I would feel like the one on trial (if the police would take it seriously)". The perceived lack of understanding and empathy within the criminal justice system poses an impossible barrier for survivors seeking validation and justice, perpetuating a cycle of stigma that undermines their credibility and exacerbates the trauma they have endured. Efforts are urgently needed to rectify these systemic biases to foster an environment where survivors are treated with the empathy, respect, and understanding they deserve.

In summary, this section analysed the consequences of societal judgement surrounding sexual trauma and hypersexuality as a response. Doing so was essential because it found evidence of stigmatisation impacting personal relationships, causing isolation and abandonment, experiences of victim blaming, and the perception of CPS, CJS and police for those seeking justice. These findings show a clear pattern of barriers that need to be broken in order to understand hypersexualisation and adapt societal responses to it.

### Effects on Mental Health and Wellbeing

Sexual trauma, as underscored by Haskell and Randall (2019), exerts a profound and enduring impact on the mental health of victim-survivors. This reality sets the stage for a nuanced exploration of the intricate relationship between trauma, perceived choice, and compulsive behaviour within the realm of sexual experiences.

Drawing upon the SIMHRST, this section delves into the experiences shared by respondents who identified hypersexuality as their coping mechanism and the impact this had on their mental health. A respondent's poignant reflection vividly encapsulates the impact of trauma on their bodily agency: "For me, any sort of sexual activity I engaged in was because I believed my body was worthless and not my own." They added, "I could either be dragged into the lion's den, or I could walk into the lion's den. The outcome is the same. But one gives the impression that I have chosen the outcome." This metaphorical representation of choice underscores the inevitability of the traumatic outcome despite the perceived freedom in decision-making (Clark, 2021b). This reflection serves as a powerful introduction to the complex relationship between hypersexuality and well-being.

Analysing the survey responses, 'Compulsive Sexual Behaviour' was associated with hypersexuality by 71.1% of respondents. Applying the SIMHRST model through a trauma-informed lens depicts a redefinition of sexual compulsivity. In contrast to Bancroft and Vukadinovic's (2004) characterisation of 'out of control' behaviour, the model suggests that sexual compulsivity may actually stem from a desire *for* control, challenging conventional understandings (Wasco, 2003). This interpretation sheds light on the complexity of the relationship between trauma and the perceived choice of responding to trauma<sup>15</sup>. Considering this accentuates the need to acknowledge the psychological impact of sexual violence through further and more extensive research. Christie's (1986) ideal victim framework comes to the forefront, unveiling preconceived expectations that dictate the conduct of victim-survivors both before and after experiencing trauma. This situation places significant emotional pressure on those who have endured sexual violence, creating a

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<sup>15</sup> Within the 5 F's of trauma responses, 'fawning' acts as a people-pleasing, friendly response to an attack. This is a newly recognised concept, with most people recognising the 'flight' or 'fight' responses. For example, those who have experienced intimate partner sexual violence will have fawned and therefore may not recognise fawning when out of the relationship but will be unconsciously potentially doing it (Lumo Health, 2022).

dichotomy of considered 'acceptable' and 'unacceptable' behaviours. Behaving in contrast to these expectations may render hypersexuality as a coping strategy abnormal and, accordingly, result in further victimisation.

Introducing the lens of intersectionality adds further complexity to this dynamic. For individuals facing multiple protected characteristics, the margin for error becomes narrower as expectations and pressures intensify (Leath, 2023). Moreover, Frost (2011, p. 821) emphasises that "among diverse sexual minority populations, several studies have demonstrated links between a variety of stigma-related stressors and sexual health." This underscores the importance of deserting a universal template for survivors' support. Instead, this paper advocates for more targeted support, particularly for those with additional needs and intersecting identities.

The entwining of societal pressures and the "ideal victim" concept can lead individuals into a detrimental cycle, torn between adhering to societal norms and navigating the aftermath of sexual abuse. For example, the survivor's survey response, "I guess some may think after being raped you would never want to have sex again, let alone have lots of it," effectively highlights the prevailing misconceptions and judgments faced by survivors. Maiorano, Travers and Vallières (2023) studied societal attitudes toward 'real victims' and 'real rape', reinforcing Christie's (1991) notion; in turn, their results revealed that survivors were left feeling revictimised and suggested their findings "support well-being as an independent construct from PTSD symptomology for rape victims" (p. 2884).

Self-esteem was a recurring theme in the survey feedback. Notably, respondents who identified low self-esteem as a consequence of stigmatisation demonstrated a higher tendency (83.3%) to link hypersexual behaviours with 'ownership of the body' and 'taking control' compared to those (30.8%) who did not reference self-esteem but chose similar expressions. These results suggest a correlation between perceived low self-esteem and the adoption of self-sexualisation as a means to regain autonomy over one's body.

Overall, perceived judgement and stigmatisation may contribute to a negative self-image and feelings of re-victimisation. Additionally, recognising the reciprocal relationship between agency, control, sexual trauma, and societal expectation is paramount in comprehending the

holistic mental health challenges faced by survivors, which would open a pathway for inclusive healing programmes and structured treatment plans.

### **Navigating Lived Experiences**

The difference between natural sexuality and hypersexuality is the feeling of compulsivity. As Kinsey (2022) notes, it "is not really a matter of having an "overactive" sex drive. It is much more about needing to have sex to feel okay." This means that typically, hypersexualisation as a sexual trauma response often comes with shame, guilt and confusion (Clark, 2021a; Mindsplain, 2023; Kinsey, 2023). Survivors begin to doubt their trauma and often begin to victim blame themselves. A respondent aptly encapsulates the perplexity associated with hypersexuality as a coping mechanism for trauma, stating, "People can't comprehend why someone who has been hurt, traumatised or experienced a situation or interaction involving sex that they frame as negative (if that is at the time or later) can use sex - the thing that hurt them - as a way of coping or dealing with the trauma." This sentiment aligns with the prevailing notion of the perfect victim, rooted in the idea that individuals might struggle to accept that someone could employ sex as a coping strategy following trauma, particularly sexual-related trauma, as it deviates from the conventional understanding of trauma responses.

Furthermore, contrary to the just-world hypothesis<sup>16</sup>, the SIMHRST uses Wasco's (2003) trauma theory to underscore the diversity in how individuals manifest responses to trauma. This diversity is evident in the varied ways victim-survivors cope. The implications of these individual differences are succinctly captured by a survey participant who asserted that "they [victim-survivors] get a label put on them and feel the issue is with them." This statement underscores the tendency to stigmatise and attribute blame based on a narrow insight into trauma responses rather than identifying that victim-survivors are "wanting to use myself the only way I knew how: for sex." (Clark, 2021a). Acknowledging the nuances of uncertainty and questioning surrounding survivors who operate sexuality as a coping strategy aligns with the overarching research objective of understanding their lived experiences.

Investigating the Reddit forum of 'r/hypersexuality' (2023), there is a myriad of posts discussing trauma, risky sexual experiences and seeking validity for their behaviours. Many

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<sup>16</sup> The just-world hypothesis, or theory, posits a strong belief in the world's inherent fairness, suggesting that individuals receive what they deserve. Faced with injustice, individuals may engage in prosocial behaviour or, conversely, blame victims, assuming their circumstances result from dishonesty or poor choices (Main, 2023).

individuals derive solace from sharing their lived experiences, with others offering guidance and support for those navigating through similar experiences. This highlights that, despite experiencing hypersexuality as a sexual trauma response, they are not immune from questioning their reaction. The question posed on the 'r/ptsd' forum, "Does anyone else have hypersexuality as a trauma response?" starkly accentuates the existence of stigmatisation. The need for individuals to seek insights from an online community like Reddit, questioning the normalcy of their responses and seeking assurance that they are not alone, underscores the inadequacy of support systems or scarcity of resources for victim-survivors outside of online platforms. One user recalls their experience: "When you choose to have sex, you can't be raped. It's a control mechanism. There is no abuse when you are consenting to it - an approach that gives the victim the illusion of power." (birdthewrld, 2021). Interactions like these evidence the need for victim-survivors to not only feel supported but to not feel alone in their experience; firsthand narratives enable comradeship and, essentially, the destigmatising of hypersexuality as a sexual trauma response. The narratives shared on this platform speak to the inadequacies of contemporary services and the changes needed to support survivors better; this is analysed further in section [4.3](#).

In summary, this section reveals gaps in the resources and discussion surrounding the lived experiences of hypersexuality as a sexual trauma response, reinforcing the need for further research. Moreover, it outlines the stigmatisation in society by analysing forum posts, survey responses, and the just-world hypothesis by employing SIMHRST. Acting as a spearhead in this discussion, the study makes a valuable contribution towards research by utilising victim-survivor narratives and additional qualitative data.

## 4.2 Society

### Investigating the Origins

The stigmatisation of sexuality alone, away from sexual trauma, has deep historical roots, and its origins can be traced to societal norms, cultural values, and power structures (Honkatukia and Keskinen, 2017; Armstrong, 2018; Biefeld, Stone and Brown, 2021). Throughout history, societal attitudes towards sexuality have often been shaped by patriarchal ideologies that seek to control and regulate the sexual behaviour of individuals (Laslett and Brenner, 1989). This control mechanism has led to the establishment of a double standard, particularly for different genders (Baumeister and Twenge, 2002; Buss, 2016). While men and male-bodied people (MMBP) have often been afforded more sexual agency and fewer repercussions for expressing their sexuality, those of other genders have faced social and economic penalties, as evidenced by studies such as those by Glick et al. (2005) and Infanger, Rudman and Sczesny (2014). These inconsistent expectations reflect broader power imbalances embedded in gender hierarchies. Over time, societal attitudes towards sexuality and gender roles have evolved, influenced by various social movements, including feminism and LGBTQ+ rights activism (Andersen, 2016; Moore and Stathi, 2019). While progress has been made in challenging traditional gender norms, the remnants of hypocrisy persist, with attitudes contributing to the perpetuation of rape myths and victim blaming and enforcing harmful stereotypes; As indicated by a bisexual participant in the survey, "... I also sometimes think there's even some homophobia as people tend to accuse bi survivors of just getting with anyone just to use them.". This section explores characteristics and identities that justify the existence of intersectional feminism within the SIMHRST framework and aims to dismantle these ingrained stereotypes and promote a more inclusive and equitable understanding of sexuality.

Within the domain of stigmatisation surrounding hypersexuality and sexual trauma responses, the questionnaire feedback revealed a notable gender bias. Participants predominantly associated the stigma with WFBP, highlighting instances where MMBP were dismissive of this trauma response in WFBP. Comments such as "I would say all my evidence is from men commenting on women's behaviour" and "especially men with thinking like 'if she was really raped why does she sleep with so many people still'" underscored the gendered nature of the observed stigma.

Interestingly, though, research conducted by Fontanesi et al. (2021) challenges this female-centric perspective. Their study found that MMBPs were more likely to exhibit hypersexual behaviours as a response to sexual trauma compared to other genders. This paradoxical finding suggests that the stigma attached to hypersexuality as a sexual trauma response carries an additional layer of complexity tied to gender dynamics and sexualisation. With this in mind, it is evident that further research is needed to implicate the gendered perspectives on the stigmatisation of hypersexuality as a sexual trauma response. By acknowledging the nuances in how different genders experience and perceive this trauma response, this study contributes to a more comprehensive understanding of the multifaceted nature of the stigma surrounding hypersexuality in the context of sexual trauma.

### **Hypersexuality vs Hypersexualisation**

The historical context of hypersexualisation, particularly concerning WFBP from minority communities, is a complex narrative shaped by societal norms and power structures (Lewis, 2005; Armstrong, 2018; Hayfield, Campbell and Reed, 2018). The objectification of Black WFBP has deep roots in historical racism and colonial legacies, perpetuated through stereotyping and fetishisation (Littlefield, 2008; Benard, 2016). Sex workers, too, have long been subjected to societal stigmatisation and discrimination, with their autonomy often overlooked (Sprankle et al., 2017). The LGBTQIA+ population, especially transgender individuals, has faced persistent marginalisation, including hypersexualisation that can result from harmful stereotypes or myths<sup>17</sup> (Serano, 2016; Hayfield, Campbell and Reed, 2018; Hansford, 2023). Intersectionality, as highlighted by Crenshaw (1991), accentuates the compounded challenges faced by those with these identities, creating our primary level of SIMHRST to explain prejudice and stereotypes based on characteristics.

A pertinent example of external hypersexualisation is evident in the early career of Megan Fox, whose objectification centred around her physical appearance, a pressure she found disconcerting and frustrating (Sharf, 2022). In one interview, the actress stated that she was not recognised for her professional skill, sense of humour or other characteristics; after

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<sup>17</sup> These stereotypes continue to drive harmful policies and legislation that further isolate individuals, putting them in vulnerable situations where they move further away from the 'ideal victim' and further towards re-traumatisation. E.g someone not being accepted into refuge due to their gender identity, being made homeless, potentially turning to sex work and then being exposed to sexual violence. Again this is creating the same cycle of abusive patterns.

calling out the behaviour, Fox felt that "Even though I consider myself a feminist, I feel like feminists don't want me to be a part of their group." (Seemayer, 2019). In another interview, she stated, "I just don't think that I was a very sympathetic victim" (Sharf, 2022). Fox's narrative aligns with Christie's (1986) ideology, suggesting that because she is attractive, it follows the myths that she is 'asking for it' (Rape Crisis England and Wales, 2023a) and therefore deserves to be objectified by society. This portrayal contrasts with singer/actress Miley Cyrus, who made the shift to deliberately embrace her sexuality as a feminist expression, challenging societal expectations rooted in her Disney star image (Smith, 2017). Cyrus's act of self-sexualisation, however, faced criticism, unveiling societal discomfort even when an individual *willingly* embraces their sexuality and gender (Plunkett, 2014; ABC News, 2016; Lewis, 2020). This dichotomy underscores the attitudes attached to self-hypersexualisation - irrespective of sexual trauma - revealing societal double standards. The differential societal reception of Megan Fox's external hypersexualisation compared to Miley Cyrus's self-sexualisation represents the contrasting attitudes towards WFBP asserting agency over their bodies and sexualisation.

It is evident that, historically, WFBP have not been given the freedom to assert dominance over their bodies. These ingrained norms and biases have persisted in society and perpetuated stigmatisation over self-sexualisation. Drawing parallels with Walker et al.'s (2023) pyramid of sexual violence (See [Figure 2](#)), the priority should be on breaking down the foundational, rooted problem of gender roles and sexualisation, in this case, before addressing the stigma surrounding its use as a coping mechanism for trauma. This stigma, specifically affecting minority WFBP and those with intersecting identities, demands to be broken down to form an environment that authentically embraces self-sexualisation without judgment or prejudice. Through recognising this base level of gendered expectation and stigmatisation of sexualised behaviour, we can understand why there is a stigmatisation of hypersexual behaviours as a sexual trauma response.

### **Perceptions and Stereotypes**

When exploring the perception of hypersexuality as a sexual trauma response, we must refer back to Grubb's (2003) just-world hypothesis - the concept that people get what they deserve.

Society may be more inclined to empathise with survivors displaying hypo-sexuality<sup>18</sup>, as it aligns with conventional expectations (Walton et al., 2017). In the view of one survey participant, “People seem more willing to help survivors with a fear of intimacy rather than people who crave intimacy as it makes the most sense”. This is further supported by survivors who are confused by their response and seeking validation to understand themselves; in a blog addressing hypersexuality as a trauma response, a Guest (2023) commented, “It was hard to describe what I've been feeling lately and thought I was all alone.”. This genre of comments suggests that if trauma survivors themselves find it difficult to articulate, there is also likely to be a stigma within themselves, making it harder to address with others and, in turn, communicate their experience.

Similarly, there is a lack of comprehension and research on hypersexuality as a sexual trauma response compared to other survival responses (Neilson et al., 2016; Hanson et al., 2020; Sigurðardóttir and Halldórsdóttir, 2021). To explain the nuances behind this response, Howard (2007) makes the comparison that “using pornography to self-medicate, just as an alcoholic uses alcohol and a drug-addict uses his or her particular drug of choice. The impact on the brain is similar”. Though recognising the parallels between other compulsivities as trauma responses, like alcohol use, normalises this trauma reaction, it is important to note that alcoholism and drug use do not carry the same gender biases of expectations related to sexual behaviour.

A trending theme amongst questionnaire responses was that hypersexual individuals often face stigmatisation as well as categorisation, such as being labelled as promiscuous or derogatory terms like 'slag' or 'slut'. These labels oversimplify and contribute to the marginalisation of survivors, hindering empathetic understanding. In answering question [18](#) in the survey, one person recalls, "I've certainly witnessed stigmatisation over sexual behaviour in women, but without knowing their experiences, it's hard to identify a link [to sexual trauma]". This highlights the urgent need for dismantling stereotypes and fostering a more inclusive conversation surrounding trauma responses. Just as experiences of sexual trauma are, hypersexuality as a trauma response should be viewed along a spectrum rather than as a blanket, uniform reaction (Carvalho *et al.*, 2015). Within this spectrum, victim-survivors exhibit varying degrees of intimacy, ranging from heightened

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<sup>18</sup> Hyposexuality is the opposite of hypersexuality, i.e low sexual desire, arousal, and sexual activity frequency.

self-engagement to seeking solace in multiple sexual partners (*ibid*). The complexity of hypersexuality demands a nuanced understanding, recognising that trauma responses are naturally diverse (Wasco, 2003).

Likewise, the prevalence of hypersexuality as a trauma response remains obscured by societal perceptions and media portrayals that often focus on stereotypical narratives. Mainstream media tends to highlight "perfect victims," with a disproportionate emphasis on white WFBP and specific behavioural reactions, contributing to a skewed representation of sexual assault survivors. The lack of diverse representation perpetuates a limited understanding of trauma responses and inhibits open discourse; for instance, Mureithi (2021) writes a painful analysis of the media coverage after the deaths of Sarah Everard and Sabina Nessa, finding a skewed racial coverage on top of portrayals that "frames women and girls as passive victims in need of protection.". Whilst it would be inappropriate and invasive for the media to report on an individual's trauma responses after sexual violence, TV shows and films are able to employ real-life anecdotes to write fictional narratives. The television series 'I May Destroy You' sets a precedent by offering a compelling and authentic depiction of trauma responses, *including* casual sex. The show received positive acclaim for its relatability, particularly in portraying the main character as "realistically flawed. She wasn't the typical innocent whose purity was stolen as some shows try to exaggerate and portray rape victims for sympathy." (Acker, 2023). This emphasises the importance of considering relatability in future media choices, stressing the need to prioritise realism over merely evoking empathy.

Individuals experiencing hypersexuality as a trauma response may be more prone to engaging in unsafe practices, such as unprotected intercourse, dangerous practices like erotic asphyxiation<sup>19</sup>, or substance abuse during sexual activities. Disinhibition, emotional numbing, and a diminished sense of self-worth are standard features where survivors may enhance the struggle to establish and maintain healthy boundaries in their sexual relationships (Niolu, Lisi and Siracusano, 2018). Studies found that sexual minorities are more likely to engage in risky sexual behaviours (Tan et al., 2021; Oginni *et al.*, 2022), making trauma-informed care and intersectional feminism vital components in societal and professional responses. Galop (2022) found that 41% of their survey responders thought that taking risks in their sex life increased their experience of sexual violence, consequently supporting the notion that unsafe

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<sup>19</sup> A form of sexual activity that involves purposefully removing the air supply for one partner or the other.

sexual activity can result in revictimisation and further trauma for survivors who do engage in it. Consequently, risky behaviours not only pose immediate health risks, including the transmission of sexually transmitted infections (STIs), but also perpetuate a cycle of harm by further compromising the survivor's emotional and physical well-being. By understanding the link between risky sexual behaviours and sexual trauma responses, interventions can focus on breaking the cycle of harm, promoting the well-being of victim-survivors, and challenging stigmatising attitudes.

In conclusion, this section acknowledges the pervasive societal stigmatisation of hypersexuality as a sexual trauma response, revealing inconsistencies and double standards in expectations. It emphasises the necessity for a shift in media narratives to depict relatable responses and highlights the gendered inequalities, underscoring the urgency of incorporating intersectional feminism within the SIMHRST framework. Recognising these societal perspectives towards stigma provides a foundation for future research to develop a more profound contextual understanding to support victim-survivors.

### *4.3 Professionalism*

To combat the layered stigma faced by survivors, there is a pressing need to apply the trauma-informed approach in various sectors, including healthcare, education, and social services. Training professionals to understand the nuanced relationship between hypersexuality and sexual trauma can lead to improved support and more effective interventions (Bancroft and Vukadinovic, 2004). This section delves into how stigma can impact engagement with services and disclosures, as well as the potential cycles of trauma that can manifest. This section then studies existing training and education on hypersexuality as a trauma response and references results from the survey to acknowledge gaps and recommendations. Before concluding, the segment reflects on applying the SIMHRST model in practice.

#### **Engaging with Services**

According to the National Police Chief Council (2023), the ONS found that 33% of rape cases in the UK were linked to domestic abuse (DA). If a victim-survivor has contact with the police or has been referred to a service, preliminary questions about the abuse are asked using a DASH and DARA<sup>20</sup> (Safe Lives, 2023b); these questions centre around the risks and impact of experienced DA, as outlined by Safe Lives (2023a). After these assessments, victim-survivors are assigned caseworkers, like IDVAs and ISVAs, who provide essential support throughout the recovery journey. This path toward healing and recovery relies on the client's disclosure to professionals and willingness to engage with support; however, it also relies on trauma-informed care from these services, alongside specific awareness and knowledge of trauma responses (Women's Aid, 2022). Trauma-informed approaches emphasise sensitivity, empathy, and a non-judgmental attitude, creating an environment where survivors feel safe to disclose their experiences and seek assistance (Wasco, 2003).

Clément et al. (2014) revealed that stigma significantly shapes help-seeking behaviour, extending to individuals coping with hypersexuality as a response to sexual trauma, as evidenced by findings from this dissertation's questionnaire. Within the survey, 40% of those

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<sup>20</sup> The domestic abuse risk assessment (DARA) exists alongside the domestic abuse, stalking and honour-based violence questionnaire (DASH), DARA's are designed for first responder police officers, and DASH are completed by multi-agency partners like a DA service (Safe Lives, 2023b).

seeking counselling after sexual trauma acknowledged or were uncertain about engaging in hypersexuality, compared to a similar 36.7% of respondents who did not seek counselling for hypersexuality. The fear of judgment, rejection, and labels discourages survivors from seeking support from mental health professionals, support groups, or even friends and family (Henderson, Evans-Lacko, and Thornicroft, 2013). Support for hypersexual survivors requires sensitivity and empathy. However, some have described their experiences as “cold and unsupportive” (u/rrr\_rrr, 2018), resulting in “many therapists wrecked my mental health that I had tried my hardest to take care of, I always feel scared to go see a new one. Going to see a therapist is like gambling” (u/rrr\_rrr, 2020). This thread represents the impact a poor level of professionalism can have on an individual, making it vital for professionals to grasp the nature of hypersexuality as a sexual trauma response.

The resulting lack of support can hinder the healing process and perpetuate SCB (Fong, 2006; One in Four, 2015). Contributing to this is the misguided societal beliefs that heighten the sense of isolation for victim-survivors, acting as a deterrent to seeking help (Clark, 2021a). This fear alone discourages victim-survivors from accessing support services, fostering the perception that their problems are not deemed "real or serious enough", as articulated by a respondent in the questionnaire. Recognising and addressing stigmatisation is crucial to ensure that professionals not only possess the competence to support disclosures of hypersexuality but also feel confident enough to ask about sexual arousal following trauma in the first place. Fong, Reid, and Parhami (2012, p.52) emphasise that "mental health professionals in any setting are likely to encounter patients with this hidden addiction and require better tools to diagnose and manage them". This concept sets in motion a detrimental cycle (refer to [Figure 3](#)), where an individual's isolation may potentially result in revictimisation or a recurrence of sexual trauma (Davis *et al.*, 2006; Jaffe *et al.*, 2019). Alternatively, various outcomes may manifest; Chivers-Wilson (2020) discusses the development of mental health conditions, while Lie et al. (2021) propose additional coping strategies, like eating disorders - regarded as societally approved. However, the preferred outcome in this cycle is facilitating access to support, empowering the start of a journey towards recovery. To reduce the likelihood of re-entering this cycle, an application of research, training and education, coupled with implementing the SIMHRST model to ensure support assists the path to healing and recovery (See [Figure 4](#)).

### **Reforming Existing Education & Training**

Primary and Secondary level Relationships and Sex Education (RSE) aims to “reduce harmful behaviour, including sexual violence and relationship abuse, stigma and discrimination, both online and offline” in the UK (Sex Education Forum, 2022, p.4), which aligns with this dissertation’s aims. Meanwhile, it is essential training for teachers and professionals who work with children to recognise the signs of child sexual exploitation; Mind (2021) has already set out recommendations for the Department for Education to make it mandatory training for teachers and mental health professionals in schools to attend trauma training; however, this research goes a step further to suggest that the national curriculum should include sexual trauma responses, including hypersexuality. This approach serves two pivotal purposes: 1. Validating these responses earlier to reduce stigmatisation manifesting into adulthood; 2. Providing adolescents with the tools and knowledge to recognise these behaviours in themselves/others post-education settings.

In the contemporary context, the prevalence of platforms like TikTok for research, especially amongst younger generations, underscores the importance of attainable survivor, professional, and organisational resources (Perez, 2022). This illustrates the need for material to be accessible and available to the public; this includes information regarding sexual trauma responses and hypersexuality. For instance, Nagoski’s (2021) book explores the Sexual Excitation System (SES) and Sexual Inhibition System (SIS) directly and unambiguously. It demonstrates that a small percentage of individuals with a high SES and low SIS may encounter heightened arousal, potentially leading to SCB or risk-taking. Addressing hypersexual experiences, Nagoski (2021, p.127) writes: “Their brains become compulsive about undoing the trauma, redoing it differently, or simply understanding it... The result is that the survivor has multiple partners, often following a habitual pattern without feeling perfectly in control of the decision to have those partners”. Modern literature like this not only initiates conversations but also contributes to the recognition of hypersexuality as a response to sexual trauma. In addition, Maltz (2001, p.21) acknowledges the harm hypersexuality can inflict, emphasising that “Secrecy, shame, guilt and fear are the by-products of being out of control with sex. These feelings can eat at our sense of self-worth”. Literature like this not only offers an avenue for learning but integrating it in a book dedicated to sexual healing validates and normalises hypersexual experiences as well as reduces stigmatisation.

When asking professionals who work with survivors of sexual trauma or in a support service whether they feel they have had adequate training regarding sexual trauma responses, there was a 50/50 split in terms of confidence. In contrast, a substantial 83.3% felt they did not have adequate training regarding hypersexual behaviours as a sexual trauma response. These figures represent an industry deficit in training related to the support services offered to victim-survivors. One professional notes that their training includes “Nothing regarding increased risk taking behaviours or increased sexual behaviour, mainly about lower libido or sex drive”. Confirming a reinforced narrative that victim-survivors are expected to have reduced arousal and exhibit signs of hyposexuality rather than hypersexuality. When asked what training would be beneficial for their field of work, different responses included:

- “A whole section of it would be handy, it's a completely different response which requires a better understanding both emotionally and physically.”
- “I feel further training in this area would be beneficial to all staff. It would be helpful to have survivors voices within this.”
- “Reading survivors stories can help people realise they may engage with this behaviour. More widespread infographics online about what it means and what it manifests as. I also think campaigns targeting loneliness in young single people would really help as from what I've observed and experienced bad coping mechanisms stem from feeling lonely and unloved.”
- “To have an expert come in or a webinar about the subject. Interactive. Understand the brain/trauma response. How it is helpful”.

The questionnaire highlights the urgent need for professionals to receive additional training to enhance their knowledge and confidence in supporting individuals experiencing hypersexuality as a response to sexual trauma. Whether through victim-survivor reports, specialist facilitators, or academic frameworks, it is evident that the industry requires a concerted effort to address this gap. Doing so normalises this hyper-arousal response, which, consequently, reduces the stigmatisation. The SIMHRST functions as a pivotal initiative in spearheading this necessary introduction of hypersexuality as a natural response to sexual trauma.

#### *4.5 SIMHRST*

The dissertation references the SIMHRST throughout. This framework is notable for being the first of its kind, clarifying how hypersexuality can manifest as a response to sexual trauma. The application of the SIMHRST aims to prevent isolation, mitigate societal judgement and adverse outcomes, such as re-victimisation and the development of mental health conditions before they occur. The SIMHRST recognises that SCB can stem from sexual trauma, applying a trauma-informed approach that acknowledges the uniqueness of each victim-survivor's experiences and responses, thereby challenging the conventional 'ideal victim' framework. Notably, SIMHRST considers the impact of demographics, acknowledging that intersectional characteristics such as gender, sexuality, and race can heighten the effects of societal attitudes on individuals.

The importance of the SIMHRST lies in its ability to provide a comprehensive interpretation of the complex interplay between hypersexuality, sexual trauma, and societal responses. Its application as a framework facilitates a more nuanced and compassionate approach towards individuals who have experienced sexual trauma, moving away from stigmatisation and promoting a trauma-informed perspective.

## **Conclusion**

### *5.1 Summary*

This research aimed to explore the lived experiences of individuals facing stigmatisation due to hypersexual behaviour as a response to sexual trauma in adulthood and did so by utilising primary data and archival research. The exploration encompassed survivorship, societal attitudes, and professional perspectives, leading to the development of the SIMHRST. The results highlight the manifestation of stigmatisation across these elements, finding specific forms experienced by individuals.

In understanding how survivors and society perceive stigmatisation, the analysis revealed that societal attitudes towards gender roles, identities, and the concept of an ideal victim contribute significantly. Recognising coping strategies and the impact of stigmatisation, the SIMHRST offers a valuable tool for researchers and practitioners to address the distinctive challenges confronted by those navigating the aftermath of sexual abuse.

The primary data uncovered a lack of resources for survivors to comprehend their sexual trauma response. Applying SIMHRST unveiled a significant correlation between societal expectations and self-esteem, shedding light on the well-being implications of stigmatisation and hypersexuality. The study also identified a noteworthy link between autonomy and hypersexuality, contributing to a comprehensive understanding of mental health consequences.

This dissertation exposed a societal double standard, questioning whether varying identities influence societal expectations shaped by pre-existing judgments on sexuality. Additionally, the research brought forth unexpected insights into the lack of resources for hypersexual victim-survivors and their supporters, emphasising the urgent need for training and education regarding hypersexuality as an adult sexual trauma response. This analysis surpassed the literature review's scope, bridging the gaps in existing academia by exploring the embedded personal shame, guilt and doubt, societal judgment and a scarcity of professional understanding causing the stigmatisation of hypersexuality as a sexual trauma response in adults.

### *5.2 Limitations*

While this study offers valuable insights, limitations arise from the exclusive identification of participants as male or female and excluding responses from those identifying as gender non-conforming. This gender binary framing highlights a gap in inclusivity, emphasising the need for targeted research with intersecting participants. Similarly, the limited number of respondents not identifying as White-British hinders the establishment of generalisable correlations between ethnicity and experiences of stigmatisation, as well as for the age demographic. Due to the small and less diverse participant pool, these limitations underscore the challenge of directly drawing comprehensive conclusions or correlations from the survey alone. Future research should aim for a more inclusive sampling approach to enhance the depth of findings.

### *5.3 Recommendations for Future Research*

Future research should address the development of tailored needs assessments for hypersexual victim-survivors using the SIMHRST. Exploring the impact of age, gender nonconformity, ethnicity, and religion on relationships with hypersexual trauma responses is crucial. Additionally, studies are needed to guide the CPS towards a more client-led approach, aiming to reduce biases and judgments in their treatment of hypersexual victim-survivors. These recommendations aim to inform practical interventions and systemic changes for a more empathetic and responsive approach to those affected by hypersexual trauma responses.

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## Appendices<sup>21</sup>

### 6.1

#### *Appendix 1 - Participant Information Sheet*

#### **PARTICIPANT INFORMATION SHEET**

**STUDY TITLE** - Exploring the Stigmatisation of Hypersexuality as a response to sexual trauma in adults.

You are invited you to participate in a research study. Before you decide whether or not to join, it's important for you to understand why the research is being conducted and what it will entail. Please take some time to carefully read the following information.

#### **WHAT IS THE PURPOSE OF THE STUDY?**

To investigate the stigmatisation of hypersexuality as a trauma response among adults. The study aims to explore the lived experiences of individuals who face stigmatisation due to exhibiting hypersexual behaviours as a response to trauma. By including diverse perspectives, we aim to gather a wide range of insights and experiences related to the stigmatisation of hypersexuality.

#### **WHY HAVE I BEEN INVITED TO PARTICIPATE?**

We are seeking responses from individuals representing various groups: the general public, support services professionals, and those who have personal experience with hypersexuality as a trauma response. By including participants from these diverse backgrounds, we aim to gather a comprehensive range of insights and first-hand experiences related to the stigmatisation of hypersexuality as a trauma response.

#### **DO I HAVE TO TAKE PART?**

You can choose whether or not to participate in this anonymous survey. Your decision will not have any consequences, and you can stop at any time. The survey is optional, so you can skip any questions you prefer not to answer. Once your survey is submitted, it cannot be withdrawn.

#### **WHAT WILL HAPPEN TO ME IF I TAKE PART?**

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<sup>21</sup> As per the University of Sussex School of Global Studies MA/MSc Handbook (2019-20), appendices are not included in the word count.

If you decide to take part, you will answer questions about the stigmatisation of hypersexuality as a trauma response. The survey will take approximately 3-5 minutes to complete. Your responses will help contribute to the study's findings.

Example questions in the survey include:

- Have you ever witnessed or experienced stigmatising attitudes or behaviours towards individuals with hypersexuality? (Yes/No) If yes, please provide examples of such stigmatising attitudes or behaviours.
- How do you think the stigma surrounding hypersexuality affects those who have experienced?

### **WHAT ARE THE POSSIBLE DISADVANTAGES AND RISKS OF TAKING PART? (WHERE APPROPRIATE)**

There are minimal disadvantages or risks associated with taking part in this study. However, it is important to consider the following:

**Time commitment:** Participating in the survey may require a certain amount of time to read and respond to the questions. The survey will take around 5 minutes to complete.

**Emotional discomfort:** Some of the questions in the survey may touch upon sensitive or personal topics. If you find any questions distressing or uncomfortable, you have the option to skip them or withdraw from the survey at any time without providing a reason.

**Triggering of past experiences:** If you have personal experiences related to hypersexuality as a trauma response, participating in the survey may bring up memories or emotions associated with those experiences. It is important to take care of your emotional well-being during and after the survey. If you feel triggered or overwhelmed, it is recommended to seek support from a trusted individual or professional. Please note the list of support services provided.

It is crucial to understand that your participation in this study is **entirely voluntary**. You have the right to decline participation without facing any consequences, however, **once your survey has been submitted this cannot be withdrawn**. Your decision will not impact your current or future relationship with the researchers or any other parties involved.

If you have any concerns or questions regarding the potential risks or disadvantages of participating in the study, please feel free to contact the research team for further clarification before proceeding.

### **WHAT ARE THE POSSIBLE BENEFITS OF TAKING PART?**

Participating in this study can bring potential benefits, both for you as an individual and for the broader understanding of the stigmatisation of hypersexuality as a trauma response. Primarily, this study will to secure a Master's qualification for the researcher. By taking part in the survey, you are helping the researcher gain a deeper understanding of the topic, which can lead to advancements in supporting individuals who face stigmatisation in this context.

It is important to note that while there may be direct benefits to participating in this study, it is also understandable if you do not personally experience any immediate benefits. Your decision to participate should be based on your interest in the topic and the desire to contribute to the research.

#### **WILL MY INFORMATION IN THIS STUDY BE KEPT CONFIDENTIAL?**

The survey is completely anonymous, and no personally identifiable information will be collected. Your privacy will be protected, and your individual responses will remain anonymous. IP addresses will be turned off when you submit your survey, meaning once the survey is submitted, it cannot be withdrawn from the study. The findings will be presented in an aggregated and summary form, ensuring your responses cannot be traced back to you. Once the research is completed, all data will be permanently deleted.

In this study, any collected data will be stored securely until the completion of the dissertation. Once the dissertation has been finalised, the data will be securely and permanently deleted. We assure you that your data will not be retained beyond the necessary period required for the completion of the research. No other persons aside from the researchers will have access to the data collected.

#### **WHAT SHOULD I DO IF I WANT TO TAKE PART?**

To participate, read and understand the information provided. If you have questions, contact the research team. If you voluntarily decide to participate, provide your consent by clicking the checkbox. Participation is voluntary, and you can stop at any time. Please ensure that you are comfortable with the study requirements and have read and understood all the provided information before providing your consent to participate.

#### **WHAT WILL HAPPEN TO THE RESULTS OF THE RESEARCH STUDY?**

The results of this research study will be used for academic purposes, specifically for the researchers' Master's dissertation in Gender, Violence & Conflict. The data collected from participants will be anonymised and analysed to generate findings and conclusions relevant to the research objectives. Regarding publication, there is a possibility of publishing the research findings in academic journals or presenting them at conferences. If the research is published, information on how to access the

published research can be obtained by contacting the University of Sussex. Once the dissertation has been completed and submitted, all data collected from participants will be permanently and securely deleted. There will be no retention of any data beyond the completion of the research project. The handling and retention of data will adhere to the University's Records Management Policy and Master Records Retention Schedule, ensuring compliance with data protection regulations and privacy standards.

### **WHO IS ORGANISING AND FUNDING THE RESEARCH?**

The research is being conducted by [REDACTED], a student at the University of Sussex, as part of their studies in the School of Global Studies. The research project is self-funded and does not receive external funding or sponsorship.

### **WHO HAS APPROVED THIS STUDY?**

The research has been approved by the University of Sussex's Social Sciences & Arts Cross-Schools Research Ethics Committee (C-REC) ethical review process. The ethical review application number for this study is ER/GC417/6. This ensures that the research meets the ethical guidelines and standards set by the university to protect the rights and welfare of participants.

### **CONTACT FOR FURTHER INFORMATION**

If you have any concerns relating to this project, please feel free to contact me, [REDACTED] or my supervisor, Melanie Richter-Montpetit at [m.richter-montpetit@sussex.ac.uk](mailto:m.richter-montpetit@sussex.ac.uk) Additionally, you can reach out to the Chair of the Social Sciences & Arts Cross-Schools Research Ethics Committee (C-REC) at [c-recss@sussex.ac.uk](mailto:c-recss@sussex.ac.uk). Your feedback and questions are important to us, and we are available to address any concerns you may have.

### **INSURANCE**

The University of Sussex has insurance in place to cover its legal liabilities in respect of this study.

### **THANK YOU**

Finally, thank you for taking the time to read this information sheet. We greatly appreciate your interest and potential participation in this research study. If you decide to take part, your valuable input will contribute to our understanding of the stigmatisation of hypersexuality as a trauma response. Your willingness to contribute to this important research is highly appreciated, and we are grateful for your consideration.

*Appendix 2 - Support Services<sup>22</sup>***Organisations for Support:****Rape Crisis**

24/7 Support Line: 0808 500 2222

Live Chat: <https://247sexualabusesupport.org.uk/#live-chat> Website: <https://rapecrisis.org.uk>

**Mind**

Infoline: 0300 123 3393

Email: [info@mind.org.uk](mailto:info@mind.org.uk)

Website: <https://www.mind.org.uk/information-support/helplines>

**Mindfulness Exercises:**

<https://www.mind.org.uk/information-support/drugs-and-treatments/mindfulness/mindfulness-exercise-tips/>

**Survivors UK**

The website with a link to online chat: <https://www.survivorsuk.org/>

**Victim Support**

Support Line: 08081689111.

24/7 Live Chat:

<https://www.victimsupport.org.uk/help-and-support/get-help/support-near-you/live-chat/>

**Galop UK (LGBTQIA+ Support)**

Support Services: <https://galop.org.uk/get-help/> Support Line: 0800 999 5428

**Safeline**

National Male Survivor Helpline: 0808 800 5005; Text: 07860 065187 Counselling Support: [onlinecounselling@safeline.org.uk](mailto:onlinecounselling@safeline.org.uk) <https://safeline.org.uk/get-help/>

For **emergency** support, please call the emergency services on 999, or 111.

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<sup>22</sup> Provided to participants before they began the survey.

*Appendix 3 - Survey Questions<sup>23</sup>***1. What is your age?**

Under 18  
18-24  
25-34  
35-44  
45-54  
55-64  
65-74  
75-84  
85 or older

**2. What gender do you identify as?**

Male  
Female  
Non-binary/third gender  
Prefer not to say  
Other (please specify)

**3. What is your sexual orientation?**

-

**4. What is your current educational status?**

Less than high school  
High school graduate  
College or Sixth Form  
Undergraduate Degree  
Postgraduate Degree  
Degree Equivalent  
Doctorate

**5. Which ethnicity do you identify as being?**

-

**6. Have you ever experienced any form of sexual trauma?**

---

<sup>23</sup> Questions with answers underneath were tick-box options, those with (-) were questions with a text box.

Yes

Maybe

No

I'm unsure

I'd rather not say

**7. Please specify your experience(s):**

-

**8. How long ago did your experience(s) occur?**

-

**9. Have you sought support or counselling services after this experience(s)?**

Yes

No

I'd rather not say

**10. If yes, please specify which service / If not, please specify why not?**

-

**11. Are you familiar with the term "hypersexual behaviours"?**

Yes

No

**12. In your own words, how would you define hypersexual behaviours?**

-

**13. Have you ever engaged in hypersexual behaviours in response to sexual trauma?**

Yes

No

I'm unsure

I'd rather not say

**14. Please specify:**

-

**15. Please select the phrase(s) you most associate with hypersexual behaviours as a sexual trauma response:**

High Sex Drive  
Hypersexuality  
Emotional Distress  
Ownership over body  
Self-injury  
For some fun  
Sadness  
To take control  
Promiscuous  
Physical therapy  
Risky sexual behaviour  
Sex addiction  
Compulsive Sexual Behaviour  
None of the above

**16. Do you believe hypersexual behaviours are stigmatised as a sexual trauma response?**

Yes  
Maybe  
No  
I'm unsure  
I'd rather not say

**17. Have you ever witnessed or experienced stigmatising attitudes or behaviours towards individuals who engage in hypersexual behaviours as a response to sexual trauma?**

Yes  
No  
I'm unsure

**18. Please explain**

-

**19. In your opinion, what could be a reason behind the stigmatisation of hypersexual behaviours in the context of sexual trauma in the UK?**

-

**20. How do you think the stigmatisation of hypersexual behaviours may affect individuals who have experienced sexual trauma? (e.g., emotional well-being, self-esteem, relationships)**

-

**21. Have you personally experienced any negative consequences due to the stigmatisation of hypersexual behaviours in the context of sexual trauma?**

Yes

No

I'm unsure

N/A

**22. Please describe these behaviours towards you, and the impacts of this (long and short term):**

-

**23. Do you believe hypersexual behaviours can be a coping response to sexual trauma?**

Yes

Maybe

No

I'm unsure

**24. How do you now perceive hypersexual behaviours in the context of sexual trauma? (e.g., as a coping mechanism, maladaptive behaviour, understandable response, etc.)**

-

**25. Do you think there should be more awareness, education or training regarding the link between hypersexual behaviours and sexual trauma?**

Yes

Maybe

No

I'm unsure

**26. Do you work with survivors of sexual trauma/in a support service?**

Yes

No

**27. [If yes] Please specify your job title and/or industry:**

-

**28. Do you feel that you have had the adequate training regarding sexual trauma responses?**

Definitely yes

Probably yes

Probably not

Definitely not

I'm unsure

Prefer not to say

**29. Do you feel that you have had the adequate training regarding hypersexual behaviours as a sexual trauma response?**

Definitely yes

Probably yes

Probably not

Definitely not

I'm unsure

Prefer not to say

**30. Please describe the training, if any, that you have received regarding hypersexual behaviours as a sexual trauma response:**

-

**31. Please describe what further training, regarding hypersexual behaviours as a sexual trauma response, that you think would be beneficial for you and your field of work:**

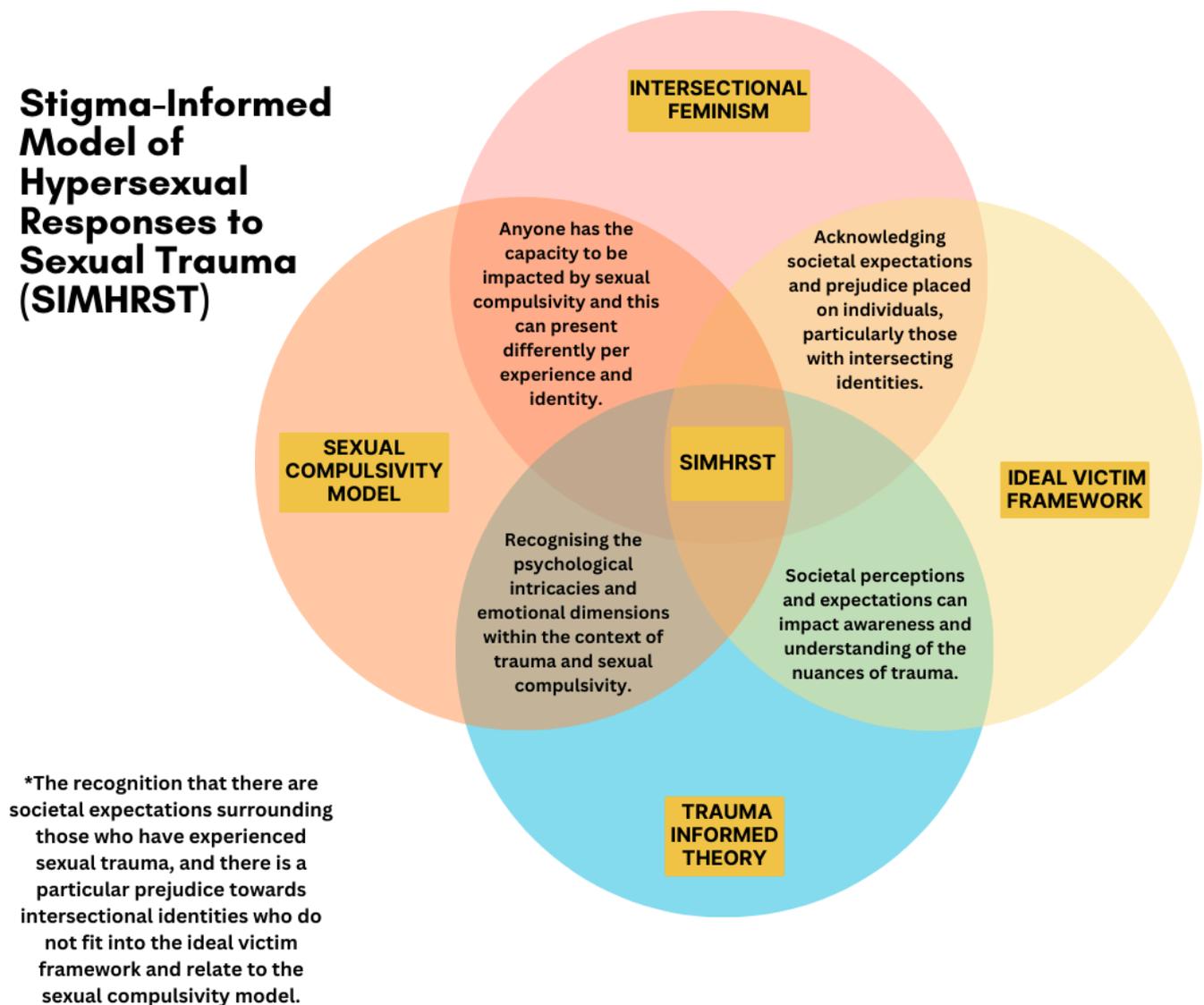
-

**32. Anything else you'd like to add:**

-

*Figures & Frameworks*

**Stigma-Informed  
Model of  
Hypersexual  
Responses to  
Sexual Trauma  
(SIMHRST)**



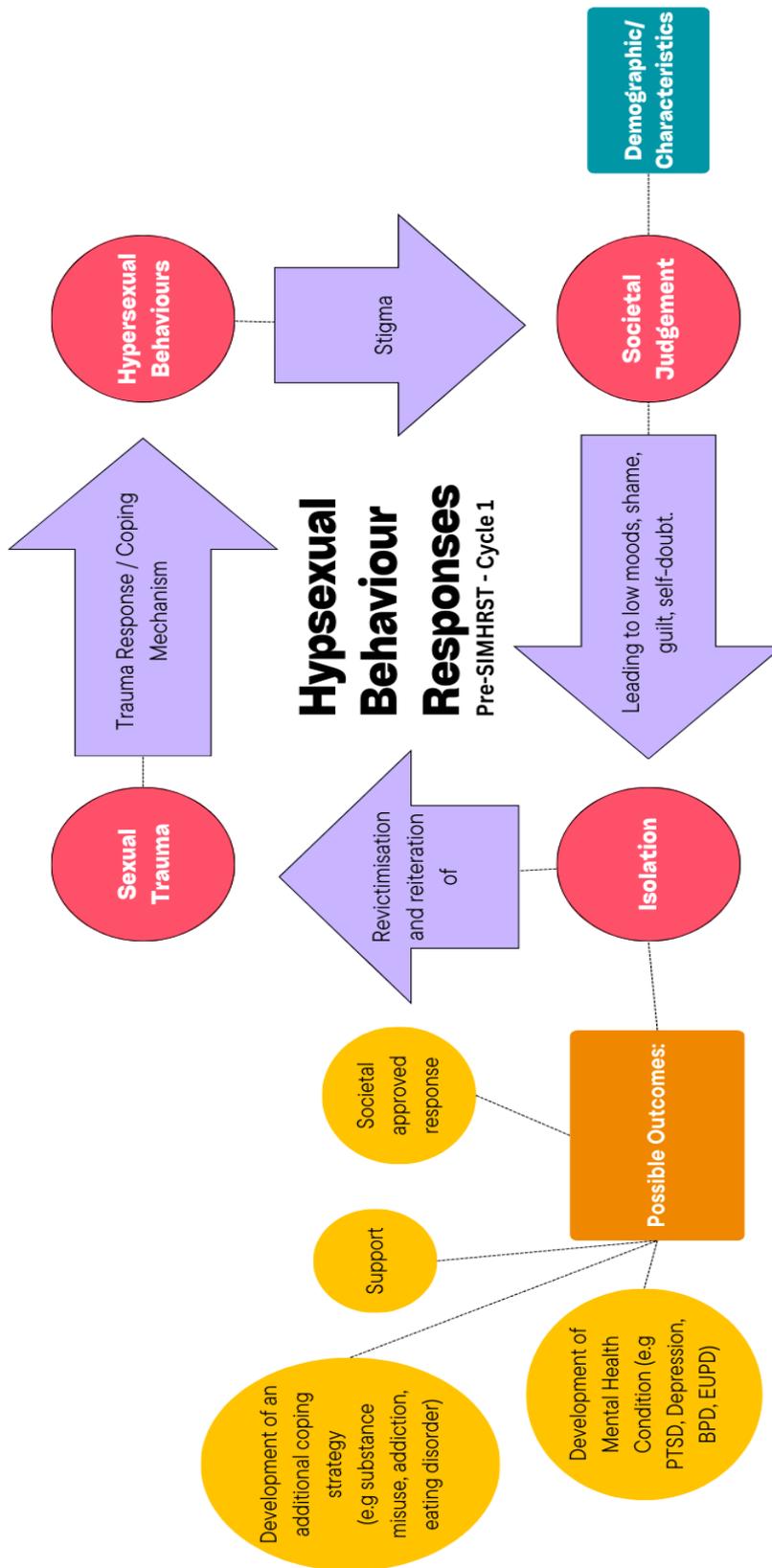
**Figure 1 - The Stigma-Informed Model of Hypersexual Responses to Sexual Trauma (SIMHRST)<sup>24</sup>**

<sup>24</sup> Alt Text: SIMHRST shown in a 4 quadrant Venn diagram. Each circle is labelled individually: 'Intersectional Feminism' (C1)'Sexual Compulsivity Model' (C2), 'Ideal Victim Framework' (C3)' and 'Trauma Informed Theory' (C4)'. The overlap between C1 and C2 reads, "Anyone has the capacity to be impacted by sexual compulsivity and this can present differently per experience and identity." the overlap between C1 and C3 reads "Acknowledging societal expectations and prejudice placed on individuals, particularly those with intersecting identities.", the overlap between C3 and C4 reads "Societal perceptions and expectations can impact awareness and understanding of the nuances of trauma.", and the overlap between C2 and C4 reads "Recognising the psychological intricacies and emotional dimensions within the context of trauma and sexual compulsivity.". The centre, with all 4 overlaps, reads, "\*The recognition that there are societal expectations surrounding those who have experienced sexual trauma, and there is a particular prejudice towards intersectional identities who do not fit into the ideal victim framework and relate to the sexual compulsivity model.".



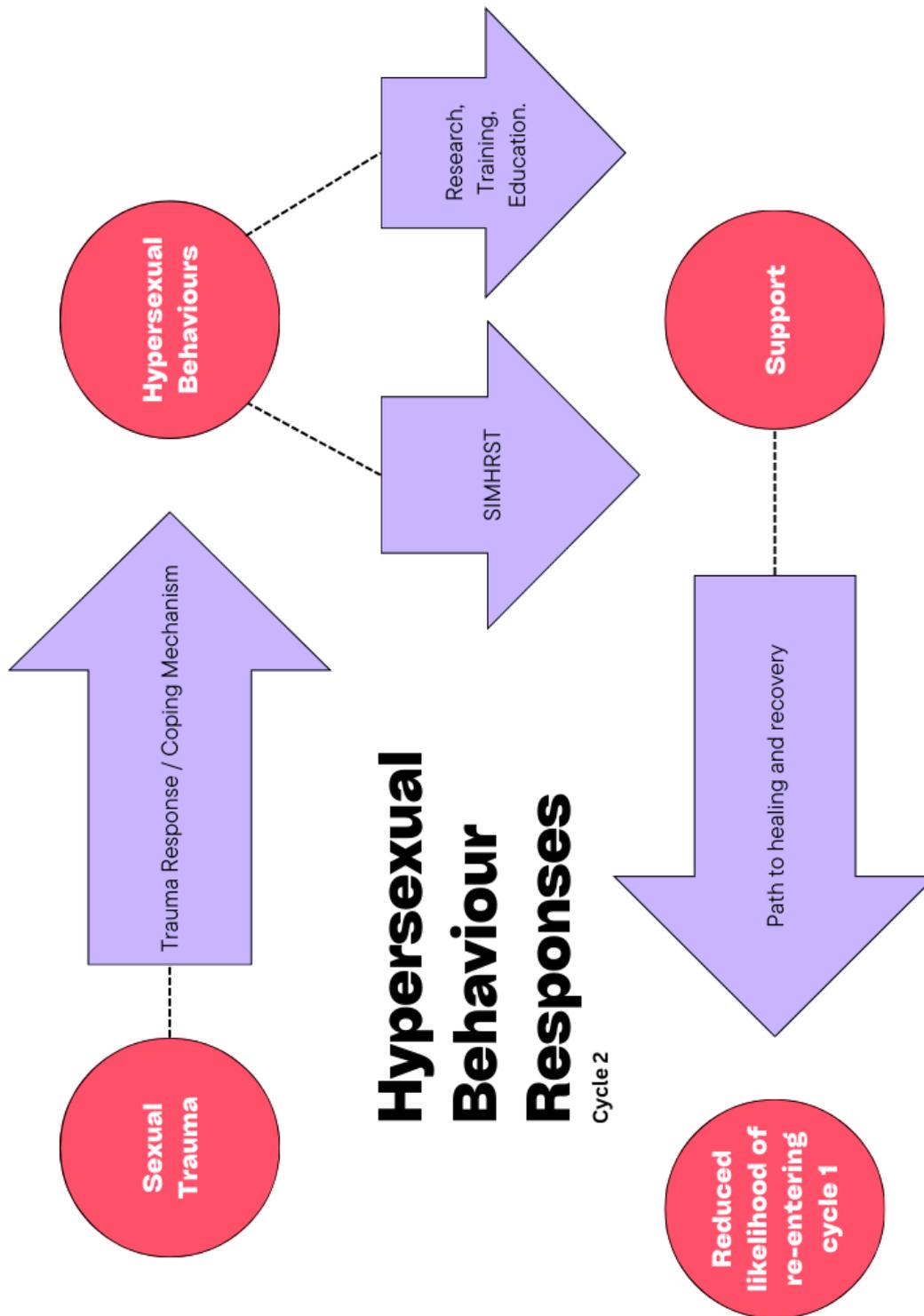
**Figure 2** - Pyramid of Sexual Violence<sup>25</sup> (Walker et al., 2023)

<sup>25</sup> Alt Text: A Pyramid of Sexual Violence by Walker et al., (2023), depicting a foundation level of ‘attitudes and beliefs’, rising to ‘cultural microaggression’s, then ‘harassment, threats and verbal abuse’, then ‘rape, sexual assault, physical and emotional abuse’, and the peak is ‘homicide’. Either side of the pyramid, an arrow saying ‘social acceptability’ points down, whilst ‘unlawfulness’ points up.



**Figure 3 - Hyposexual Behaviour Responses - Cycle 1**<sup>26</sup>

<sup>26</sup> Alt Text: Diagram representing hypersexual behaviour responses before application of SIMHRST.



**Figure 4 - Hypersexual Behaviour Responses - Cycle 2<sup>27</sup>**

<sup>27</sup> Alt Text: Diagram representing hypersexual behaviour responses after application of SIMHRST.