

Proactive-Resilient Coping Intervention for Compulsive Sexual Behaviors: Case Report

Sarah Margarita Chávez-Valdez ^{1*}, Rolando Díaz-Loving ²

¹Soh AG, Bürgerspital Solothurn, Surgical Department, Schöngrünstrasse 42, 4500, Solothurn.

²Hirslanden Clinic Beau-Site Bern, Surgical Department, Schänzlihalde 11, 3013, Bern.

***Corresponding Author:** Sarah Margarita Chávez-Valdez, Catedrático Investigador, Escuela Libre de Psicología, A.C. Universidad de Ciencias del Comportamiento, Chihuahua, México.

Received Date: September 19, 2025 | **Accepted Date:** October 24, 2025 | **Published Date:** November 06, 2025

Citation: Chávez-Valdez SM, Rolando D. Loving, (2025), Proactive-Resilient Coping Intervention for Compulsive Sexual Behaviors: Case Report, *International Journal of Clinical Case Reports and Reviews*, 31(2); DOI:10.31579/2690-4861/975

Copyright: © 2025, Sarah Margarita Chávez-Valdez. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract:

Compulsive sexual behaviors in adolescents represent an emerging mental health concern, particularly when co-occurring with dual diagnoses and histories of maltreatment. Effective interventions must address both symptom reduction and the development of adaptive coping skills to support long-term recovery. This case study describes the design, implementation, and evaluation of a proactive–resilient coping intervention delivered to an adolescent female in Chihuahua, Mexico, presenting compulsive sexual behaviors, comorbid psychiatric conditions, and retrospective maltreatment. The intervention integrated cognitive–behavioral therapy (CBT), psychoeducation, and resilience-based strategies across 12 weekly sessions, supplemented with family- and social-support components. Standardized assessments of anxiety, depression, compulsive sexual behaviors, and trauma, aligned with DSM-5 criteria, were used to evaluate outcomes. Post-intervention results demonstrated significant reductions in compulsive sexual urges, improved emotional regulation, and enhanced psychosocial functioning. The use of resilience-focused strategies fostered adaptive coping, while family involvement strengthened systemic support. Findings underscore the utility of integrative, culturally sensitive, trauma-informed interventions in addressing the complex clinical profiles of adolescents with dual diagnoses and histories of maltreatment. Future research should explore scalability and assess long-term effectiveness in larger adolescent populations.

Key words: compulsive sexual behavior; adolescents; dual diagnosis; maltreatment; resilience; coping interventions; CBT

Abbreviation Full Term

CBT	Cognitive-Behavioral Therapy
CSBD	Compulsive Sexual Behavior Disorder
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, 5th edition
ENSANUT	Encuesta Nacional de Salud y Nutrición (National Health and Nutrition Survey)
ENCODAT	Encuesta Nacional de Consumo de Drogas, Alcohol y Tabaco (National Survey of Drug, Alcohol, and Tobacco Use)
PTSD	Post-Traumatic Stress Disorder
WHO	World Health Organization

Contributors:

C.V.S.M. Chávez-Valdez, Sarah Margarita

R.D.L. Díaz-Loving, Rolando

Introduction

Compulsive sexual behaviors in adolescents constitute an emerging mental health concern that has gained increasing attention in clinical and research settings worldwide [14], [33]. These behaviors, particularly when co-occurring with dual diagnoses and histories of maltreatment, represent complex syndromes requiring interventions that extend beyond symptom reduction to foster resilience and adaptive coping [18], [29]. Adolescents in Mexico face specific biopsychosocial and cultural contexts that exacerbate vulnerability, including structural violence, socioeconomic disadvantage, and limited access to specialized care [11],[26]. Within such contexts, interventions must be culturally sensitive, trauma-informed, and responsive to the relational and symbolic frameworks that shape adolescents' lived experiences [8],[35].

Adolescence is a developmental stage characterized by significant neurological, hormonal, cognitive, and social transitions. These

transitions may heighten susceptibility to maladaptive behaviors and psychiatric comorbidities [19]. Dual diagnosis—defined as the co-occurrence of a mental disorder and a substance use disorder—has been recognized globally as a major public health challenge. In Mexico, however, dual diagnosis in adolescence remains understudied, despite rising prevalence rates and the convergence of multiple psychosocial risks. National epidemiological surveys provide a sobering picture: the Encuesta Nacional de Salud y Nutrición (ENSANUT, 2022) reports that 15% of Mexican adolescents experience clinically significant depressive symptoms, while the Encuesta Nacional de Consumo de Drogas, Alcohol y Tabaco (ENCODAT 2016–2017) indicates that nearly 12% meet criteria for an anxiety disorder. Furthermore, posttraumatic stress disorder (PTSD) is increasingly identified among youth exposed to violence and chronic insecurity [33]. These data reflect the extent to which adolescence in Mexico is embedded in contexts that multiply risks for psychopathology.

Recent scholarship highlights the strong interplay between depression, anxiety, PTSD, and substance use among adolescents, noting that internalizing symptoms often precipitate the initiation and maintenance of substance use, which in turn increases the likelihood of dual diagnosis [21]. Within this clinical constellation, compulsive sexual behaviors (CSB) add a further layer of complexity. Estimates suggest that between 3% and 6% of Mexican adolescents report CSB, frequently in connection with trauma histories and psychiatric comorbidities. These findings underscore the urgent need for integrative interventions that target not only the behavioral manifestations of CSB but also the psychosocial and cultural determinants that sustain them.

A culturally grounded approach requires incorporating theoretical frameworks that account for how individuals make sense of and negotiate their realities. In this regard, ethnopsychology provides a valuable lens for understanding compulsive sexual behaviors within the Mexican sociocultural context [8].

The present case study aims to describe the design and outcomes of a proactive–resilient coping intervention applied to an adolescent female in Chihuahua, Mexico, with compulsive sexual behaviors, dual diagnosis, and a history of maltreatment. The intervention integrated cognitive–behavioral therapy (CBT), psychoeducation, and resilience-building strategies within a trauma-informed and ethnopsychological framework,

Event	Date/Period
Onset of compulsive sexual behaviors	Age 14
History of maltreatment identified	Childhood
Start of intervention program	Age 26

Beyond the immediate concerns, clinical findings suggested a chronic pattern of emotional dysregulation, manifested in heightened reactivity to interpersonal stressors and a persistent reliance on maladaptive coping mechanisms. Such findings are consistent with literature linking trauma exposure and compulsive behaviors [18].

Additionally, the patient demonstrated low levels of perceived social support, which compounded her difficulties in emotion regulation. Evidence indicates that limited social support can exacerbate the severity of compulsive sexual behaviors and increase vulnerability to relapse [28]. These observations underscored the importance of integrating family and community-based interventions into the therapeutic process.

Diagnostic Assessment

The diagnostic process incorporated semi-structured psychological interviews, standardized measures of anxiety The diagnostic process incorporated semi-structured psychological interviews, standardized measures of anxiety, depression, and compulsive sexual behaviors, and exploration of trauma history [10],[27],[29]. The assessment was guided by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition

emphasizing family and social support to strengthen systemic protective factors aligned with Mexican cultural values.

This significant for two reasons. First, it addresses the urgent clinical need for integrative interventions tailored to adolescents with complex comorbid profiles. Second, it highlights the importance of situating treatment within cultural contexts, acknowledging that individual coping processes are embedded within collective norms, beliefs, and relational dynamics [8]. In doing so, the study provides both theoretical and applied contributions: it extends understanding of the mechanisms underlying compulsive sexual behaviors in adolescence while modeling a culturally relevant approach to intervention in the Mexican context.

Case Presentation

The patient was a 26-year-old female who presented compulsive sexual behaviors characterized by repetitive and uncontrolled sexual impulses, along with symptoms of anxiety and depression. She reported a history of retrospective maltreatment, including emotional neglect and verbal abuse, as well as occasional substance use. Her family environment consisted of a single-parent household with limited social support.

Additional exploration revealed that the patient experienced difficulties in establishing stable relationships, feelings of abandonment, and low self-esteem, which exacerbated her reliance on maladaptive coping mechanisms. Her early exposure to adverse childhood experiences contributed significantly to her vulnerability, aligning with research linking maltreatment to compulsive sexual behaviors [30].

The patient expressed ambivalence toward therapy at the beginning, reflecting a lack of prior exposure to psychological services. Nonetheless, her openness to intervention and motivation to reduce maladaptive behaviors were strengths leveraged throughout the therapeutic process.

Clinical Findings

Key concerns included compulsive sexual urges, poor emotional regulation, and maladaptive coping strategies. Clinical assessment revealed comorbid anxiety and depressive symptoms, with indicators of dual diagnosis.

Timeline

(DSM-5) criteria for Compulsive Sexual Behavior Disorder (CSBD) and comorbid conditions [1], [12], [17]. Standardized self-report scales such as the Beck Depression Inventory and Beck Anxiety Inventory were used to quantify symptom severity and to monitor clinical change across sessions [3], [25].

Challenges in the diagnostic process included distinguishing between trauma-driven hypersexuality and compulsive sexual urges. Careful consideration was required to avoid over-pathologizing normative sexual exploration while recognizing clinically significant patterns. A comprehensive evaluation highlighted dual diagnosis features, including substance use vulnerability and trauma-related symptoms.

Findings aligned with prior research documenting the complex overlap between trauma, substance use, and compulsive sexual behaviors [12]. The diagnostic formulation concluded with CSBD, comorbid anxiety and depressive disorders, and elevated risk of substance misuse.

Therapeutic Intervention

The intervention followed a multimodal design composed of 12 weekly sessions. Cognitive-behavioral therapy (CBT) was central, targeting

maladaptive cognitions and behavioral triggers associated with compulsive sexual behaviors. Psychoeducation covered sexual health, consent, and the impact of trauma on sexual behaviors.

Resilience-focused strategies emphasized proactive coping skills, goal-setting, and stress management techniques. Family sessions aimed to rebuild trust and improve communication within the household.

Intervention content was tailored to cultural and contextual realities of Mexican adolescents, incorporating community-relevant examples.

Sessions emphasized mindfulness-based practices, assertive communication, and emotion regulation training. Resilience-building drew upon evidence from positive psychology interventions, which highlight the protective role of optimism, social connectedness, and self-efficacy [5].

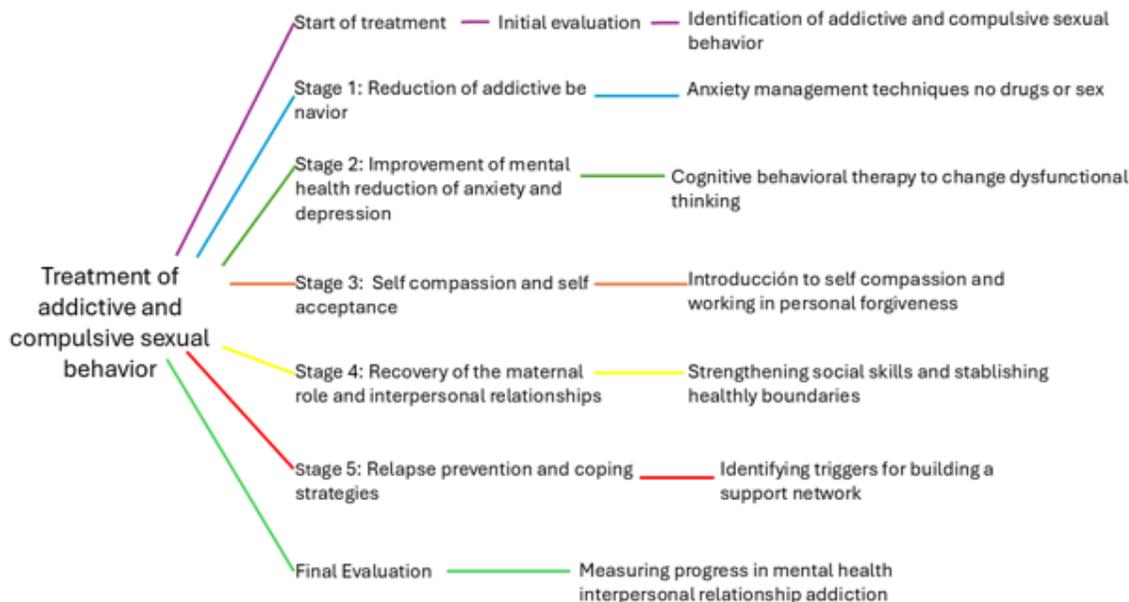


Figure 1: Overview of intervention sessions for proactive-resilient coping.

Note. Each session builds progressively to strengthen proactive-resilient coping, integrate psychoeducation, and enhance psychosocial functioning (own elaboration).

Follow-up and Outcomes

After three months, the patient reported a significant reduction in compulsive urges, improved emotional regulation, and greater reliance on adaptive coping skills. Family relationships showed moderate improvement.

Quantitative self-report assessments indicated reductions in depression and anxiety scores by over 40%, while qualitative feedback highlighted increased self-awareness and self-efficacy. No adverse outcomes were observed.

Therapeutic Goal	Success Indicator	Achievement	Evaluation Session
Addiction reduction	Decrease in drug use (crystal, cannabis, hallucinogens).	Sandra shows fewer relapse episodes, has learned new strategies to manage anxiety without resorting to drugs.	Session 6: Progress in reducing consumption
Reduction of compulsive sexual behavior	Decrease in the frequency of compulsive sexual behaviors.	Sandra has begun to identify impulses and is learning to manage them without resorting to sex as an emotional escape.	Session 8: Identification and management of impulses
Improvement of mental health (Anxiety and Depression)	Improvement in Beck’s Depression Inventory and Anxiety Questionnaire scores.	Sandra has reported a decrease in anxiety and depression, she feels calmer when facing her emotions.	Session 10: Mental health evaluation
Recovery of maternal role	Recognition of responsibility in child-rearing and improvement in the relationship with children.	Sandra has begun to take on responsibilities as a mother and has improved her relationship with her children.	Session 12: Improvement in relationship with children
Development of social skills	Improvement in the ability to establish healthy interpersonal relationships.	Sandra has learned to set healthy boundaries and feels more emotionally connected with others.	Session 12: Improvement in communication and relationships
Development of self-compassion and self-acceptance	Increase in self-compassion and decrease in self-criticism.	Sandra has become more compassionate with herself, recognizing her mistakes without feeling defined by them.	Session 12: Personal acceptance and self-compassion

The patient’s adherence to therapy was consistent, which may be attributable to the integrative approach and the emphasis on resilience, aligning with findings that patient engagement improves when interventions focus on strengths [22].

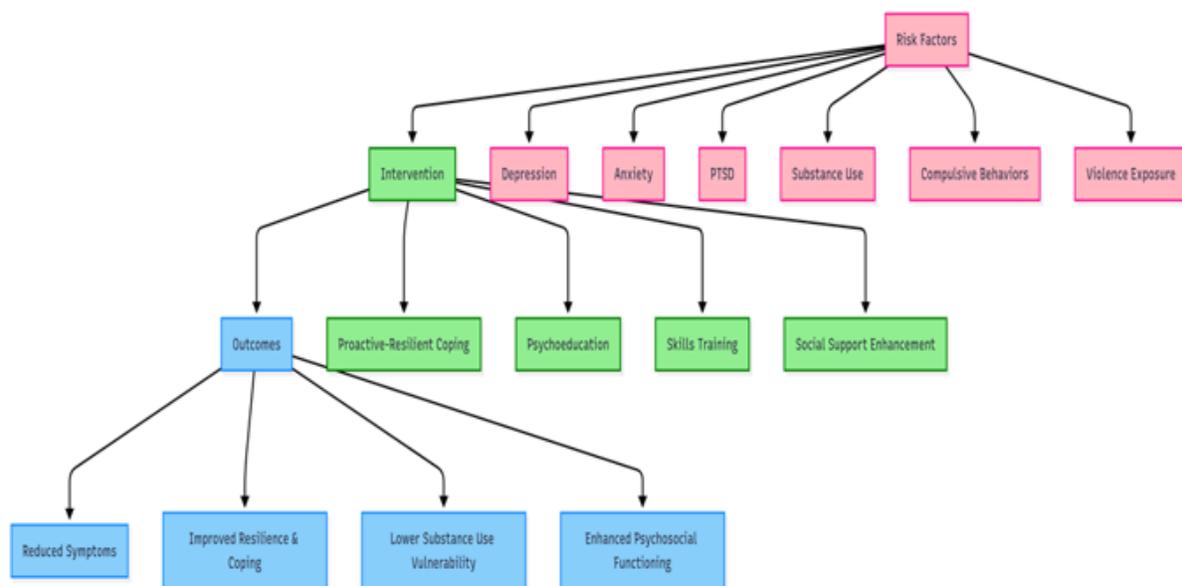


Figure 2: Conceptual Framework: Risk Factors → Intervention → Outcomes (own elaboration).

Discussion

The present case study demonstrates that a proactive–resilient coping intervention can yield meaningful improvements in adolescents struggling with compulsive sexual behaviors (CSB), dual diagnoses, and histories of maltreatment. Consistent with prior research, the intervention resulted in substantial reductions in compulsive sexual urges, alleviation of anxiety and depressive symptoms, and improved emotion regulation [17],[29]. Importantly, this study highlights that symptom reduction alone is insufficient; fostering resilience, adaptive coping, and social support are crucial components in promoting sustained recovery and psychosocial functioning.

The Role of Neuroendocrine and Hormonal Systems

The authors also recognize that compulsive sexual behavior may involve dysregulation within neuroendocrine and hormonal systems, particularly in female patients. Hormonal fluctuations affecting dopaminergic, serotonergic, and hypothalamic–pituitary–gonadal (HPG) pathways may contribute to heightened sexual drive, emotional reactivity, and compulsive urges. Incorporating hormonal assessment—including estrogen, progesterone, and cortisol levels—could provide valuable insights into biological correlates of CSBD and guide integrative treatment planning [6]. Future clinical protocols should therefore consider endocrine evaluation as part of comprehensive assessment and intervention for women presenting with compulsive sexual behavior and comorbid psychiatric conditions.

Integrative, Trauma-Informed Approaches in Adolescence

Adolescents with CSB and dual diagnoses often present with complex, interwoven clinical profiles, including trauma-related symptomatology, affective dysregulation, and substance use vulnerability [27],[12]. In this case, the patient’s history of emotional neglect and maltreatment contributed significantly to maladaptive sexual behaviors, aligning with literature linking adverse childhood experiences to compulsive sexuality [29].

By integrating cognitive-behavioral therapy (CBT) with resilience-based strategies, the intervention addressed both behavioral and emotional domains. The combined focus on cognitive restructuring, emotion regulation, and proactive coping facilitated the patient’s ability to recognize, tolerate, and manage sexual urges without resorting to maladaptive behaviors.

The Role of Resilience and Adaptive Coping

Resilience-focused components of the intervention proved transformative. The patient reported increased self-efficacy, self-compassion, and problem-solving capacity, which is consistent with the protective role of resilience in mitigating psychopathology following trauma [4], [30]. The emphasis on proactive coping—anticipating stressors and developing strategies to manage impulses—fostered sustainable behavioral change. This finding underscores that interventions targeting CSB in adolescents must extend beyond symptom suppression to actively cultivate adaptive life skills, particularly in individuals with complex trauma histories.

Family and Social Support as Systemic Protective Factors

Incorporating family and social support components significantly enhanced therapeutic outcomes. Engagement of the patient’s family facilitated improved communication, trust, and relational stability, consistent with evidence indicating that supportive social networks buffer against relapse and reinforce coping strategies [22]. In the Mexican sociocultural context, where collectivist values prioritize familial cohesion, embedding family-based strategies ensured that improvements were reinforced within systemic structures, providing ecological validity and cultural sensitivity [8],[5].

Cultural and Contextual Considerations

This case underscores the importance of situating interventions within the sociocultural realities of Mexican adolescents. Ethnopsychological perspectives highlight that maladaptive sexual behaviors may reflect culturally mediated responses to trauma, gender norms, and family expectations [8],[28]. The culturally adapted design of the intervention—using locally relevant examples, mindful incorporation of community norms, and attention to gendered expectations—likely enhanced engagement, adherence, and therapeutic efficacy. Such findings emphasize that interventions for CSB must move beyond universalized models, integrating context-specific insights to achieve meaningful clinical change.

Implications for Clinical Practice and Future Research

The present findings have several important implications. First, they reinforce the utility of multimodal, integrative interventions that combine evidence-based psychotherapy with resilience-building strategies for adolescents with dual diagnoses. Second, they highlight the necessity of

culturally informed and trauma-sensitive approaches, particularly in settings characterized by structural violence, limited mental health resources, and high psychosocial vulnerability. Third, these results provide a preliminary model for the treatment of CSB in Mexican adolescents, illustrating how proactive coping, family involvement, and psychoeducation can synergistically enhance outcomes.

Limitations of this case include the single-subject design, reliance on self-report measures, and absence of long-term follow-up. While outcomes were promising, longitudinal studies with larger samples are needed to evaluate sustainability, scalability, and generalizability. Additionally, future research should examine the integration of digital or community-based interventions to extend access for adolescents in underserved areas

Domain	Observed Outcomes	Mechanisms/Processes	Clinical Implications
Compulsive Sexual Behaviors (CSB)	Significant reduction in frequency and intensity of compulsive sexual urges	CBT targeting maladaptive cognitions; psychoeducation; emotion regulation training	Interventions should combine behavioral and cognitive strategies with trauma-informed care to reduce CSB in adolescents
Emotional Regulation	Improved ability to identify, tolerate, and manage strong emotions; decreased anxiety and depressive symptoms (>40% reduction)	Mindfulness practices, resilience-focused coping, stress management techniques	Emphasizing emotion regulation skills in therapy enhances symptom management and reduces reliance on maladaptive behaviors
Adaptive Coping & Resilience	Increased proactive coping, self-efficacy, self-compassion, and problem-solving abilities	Resilience-building exercises, goal-setting, positive psychology strategies	Strength-based approaches that foster resilience are essential for sustainable behavioral change, especially in trauma-exposed adolescents
Family & Social Support	Enhanced communication, trust, and relational stability; improved family involvement in treatment	Family sessions, systemic support, culturally aligned strategies	Family-inclusive interventions strengthen systemic protective factors, reinforce coping skills, and improve adherence in collectivist cultural contexts
Psychosocial Functioning	Better interpersonal boundaries, healthier relationships, increased sense of agency	Integration of psychoeducation, social skills training, culturally contextualized guidance	Addressing social and relational domains is critical for holistic recovery and relapse prevention
Cultural Adaptation	High engagement and adherence; therapy perceived as empowering and relevant	Tailoring content to Mexican sociocultural norms, gender expectations, and community context	Culturally sensitive interventions improve therapeutic relevance, engagement, and outcomes in diverse adolescent populations
Overall Therapeutic Outcome	Symptomatic relief, improved emotional well-being, stronger systemic support	Synergistic effects of CBT, resilience strategies, family involvement, and cultural adaptation	Integrative, trauma-informed, culturally adapted interventions are effective for complex adolescent clinical profiles and provide a model for replication

Conclusion

In summary, this case demonstrates that a proactive–resilient coping intervention can effectively address the multifaceted challenges faced by adolescents with CSB, dual diagnoses, and histories of maltreatment. By targeting symptom reduction, promoting adaptive coping, and leveraging family and cultural resources, the intervention yielded measurable improvements in emotional regulation, psychosocial functioning, and self-efficacy. These findings provide a compelling model for culturally grounded, trauma-informed care and underscore the critical role of resilience as both a therapeutic target and a mechanism of sustained recovery. Future research should expand upon these insights to develop scalable, evidence-based interventions capable of addressing the growing mental health needs of adolescents in Mexico and similar high-risk contexts. Limitations include the absence of long-term follow-up and reliance on self-reported data. Future research should incorporate longitudinal designs, mixed-methods approaches, and larger clinical samples.

This case underscores the importance of integrative interventions combining evidence-based psychotherapy with resilience-oriented approaches. The patient's improvement is consistent with literature emphasizing the role of resilience in mitigating psychopathology following trauma [15].

The case adds to limited literature on compulsive sexual behaviors in Mexican youth, highlighting sociocultural determinants such as structural violence and limited mental health resources. Findings suggest that resilience-based frameworks are particularly relevant in high-risk contexts.

The proactive–resilient coping framework proved effective in reducing compulsive sexual urges, improving emotional regulation and reinforcing social and familial support systems.

References

1. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.).
2. Amuchástegui, A. (2010). Virginidad y sexualidad en mujeres mexicanas: Experiencias y significados. El Colegio de México.
3. Beck, A. T., Steer, R. A., & Brown, G. K. (1996). Manual for the Beck Depression Inventory–II (BDI-II). Psychological Corporation.
4. Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist*, 59(1), 20–28
5. Campos, R. M., Salgado, N., & García, M. (2014). Family values and interdependence in Mexican culture: Implications for clinical practice. *Journal of Cross-Cultural Psychology*, 45(6), 879–894.
6. Chatzittofis, A., Boström, A.D.E., Savard, J. et al. Neurochemical and Hormonal Contributors to Compulsive Sexual Behavior Disorder. *Curr Addict Rep* 9, 23–31 (2022).
7. Díaz-Guerrero, R. (2003). Under the shadow of the Mexican “machismo”: The transcultural self in development. Allyn & Bacon.
8. Díaz-Loving, R. (2019). *Ethnopsychology: Pieces from the Mexican research gallery*. Springer Nature.

9. Díaz-Loving, R., & Draguns, J. G. (1999). Culture, meaning, and personality: Toward a social psychology of culture in Mexico. *Journal of Cross-Cultural Psychology*, 30(6), 684–695.
10. Fisher, H. L., Caspi, A., Moffitt, T. E., Wertz, J., Gray, R., Newbury, J., ... & Arseneault, L. (2018). Measuring adolescent psychopathology: A systematic review of diagnostic tools. *Psychological Medicine*, 48(4), 578–590.
11. Fleiz, C., Villatoro, J., & Medina-Mora, M. E. (2019). Violence, substance use, and mental health among Mexican adolescents: Epidemiological perspectives. *Salud Mental*, 42(3), 111–119.
12. Garcia, F. D., & Thibaut, F. (2010). Sexual addictions. *The American Journal of Drug and Alcohol Abuse*, 36(5), 254–260.
13. Grubbs, J. B., Kraus, S. W., & Perry, S. L. (2020). Self-reported compulsive sexual behavior and religiosity in U.S. adults: Results from a national sample. *Journal of Behavioral Addictions*, 9(1), 58–67.
14. Gutmann, M. C. (2006). *The meanings of macho: Being a man in Mexico City (10th anniversary ed.)*. University of California Press.
15. Hayes, S. C., Strosahl, K., & Wilson, K. G. (2006). *Acceptance and Commitment Therapy: An experiential approach to behavior change*. Guilford Press.
16. Henao, O., & García, A. (2016). The role of family and collectivist values in coping and mental health among Latin American adolescents. *Interamerican Journal of Psychology*, 50(3), 350–362.
17. Kafka, M. P. (2010). Hypersexual disorder: A proposed diagnosis for DSM-V. *Archives of Sexual Behavior*, 39(2), 377–400.
18. Kafka, M. P. (2014). What happened to hypersexual disorder? *Archives of Sexual Behavior*, 43(7), 1259–1261.
19. Köck, P., Rinker, D., & Schmid, J. (2022). Dual diagnosis in adolescents: Clinical implications. *Journal of Child Psychology and Psychiatry*, 63(5), 544–553.
20. Mandujano-Soto, M., Medina-Mora, M. E., & Benjet, C. (2018). Dual pathology in Mexican adolescents: Prevalence and correlates. *Salud Mental*, 41(6), 291–299.
21. Marín-Navarrete, R., Eliosa-Hernández, A., Lozano-Verduzco, I., Turnbull, B., & Tena-Suck, A. (2013). Dual diagnosis in Mexico: Prevalence, clinical characteristics and treatment response. *Drug and Alcohol Dependence*, 133(1), 111–117.
22. Masten, A. S. (2014). *Ordinary magic: Resilience in development*. Guilford Publications.
23. Mueser, K. T., Noordsy, D. L., Drake, R. E., & Fox, L. (2003). *Integrated treatment for dual disorders: A guide to effective practice*. Guilford Press.
24. Orozco, R., Borges, G., & Medina-Mora, M. E. (2008). PTSD in Mexican adolescents: Findings from the Mexican Adolescent Mental Health Survey. *Salud Mental*, 31(6), 481–489.
25. Osman, A., Kopper, B. A., Barrios, F. X., Gutierrez, P. M., & Bagge, C. L. (2002). Reliability and validity of the Beck Anxiety Inventory in a sample of high-school students. *Journal of Anxiety Disorders*, 16(5), 517–526.
26. Pan American Health Organization. (2021). *Adolescent mental health in the Americas: Public health challenges and policy responses*. PAHO.
27. Reid, R. C., Carpenter, B. N., Hook, J. N., Garos, S., Manning, J. C., Gilliland, R., ... & Fong, T. (2012). Report of findings in a DSM-5 field trial for hypersexual disorder. *Journal of Sexual Medicine*, 9(11), 2868–2877.
28. Rogler, L. H. (1999). Methodological sources of cultural insensitivity in mental health research. *American Psychologist*, 54(6), 424–433.
29. Schmidt, C., Gillen, P., & Davidson, G. (2021). Childhood maltreatment and compulsive sexual behavior: A systematic review. *Trauma, Violence, & Abuse*, 22(5), 1234–1247.
30. Southwick, S. M., & Charney, D. S. (2018). *Resilience: The science of mastering life's greatest challenges*. Cambridge University Press.
31. Tomáš, J., Novak, T., & Kovar, M. (2023). Dual diagnosis in emerging adulthood: Risk factors and treatment perspectives. *International Journal of Mental Health and Addiction*, 21(1), 55–71.
32. Visser, K., He, Y., & Wang, C. (2024). Global prevalence of PTSD in adolescents: A meta-analysis. *Journal of Child & Adolescent Trauma*, 17(2), 189–201.
33. Walton, M. T., Cantor, J. M., & Lykins, A. D. (2022). Compulsive sexual behavior: Emerging research and clinical practice. *Current Psychiatry Reports*, 24(1), 45–58.
34. World Health Organization. (2023). *Depression fact sheet*. WHO.
35. World Health Organization. (2024). *Adolescent mental health fact sheet*. WHO.



This work is licensed under Creative Commons Attribution 4.0 License

To Submit Your Article Click Here:

Submit Manuscript

DOI:10.31579/2690-4861/975

Ready to submit your research? Choose Auctores and benefit from:

- fast, convenient online submission
- rigorous peer review by experienced research in your field
- rapid publication on acceptance
- authors retain copyrights
- unique DOI for all articles
- immediate, unrestricted online access

At Auctores, research is always in progress.

Learn more <https://auctoresonline.org/journals/international-journal-of-clinical-case-reports-and-reviews>