The current marketing health claims made for ‘sexbots’—lifelike robots specifically created for sexual gratification—are misleading as there is no good evidence to back them up, suggest experts in an editorial published online in *BMJ Sexual & Reproductive Health*.

The sex technology industry is already worth US$ 30 billion, and sexbots are set to boost that figure further. Although currently targeted to men, one company reportedly plans to sell male versions for women later this year.

The specification of sexbots can be tailor-made according to personal preference, and their use has often been defended on the health related grounds of ‘harm reduction,’ and their supposed ability to curb the incidence of sex crimes and sexual violence against women and children, explain Dr Chantal Cox-George, St George’s University Hospitals NHS Foundation Trust and Professor Susan Bewley, Women’s Health Academic Centre, King’s College London.

To try and explore the reported health related pros and cons of sexbots further, and answer some of the questions clinicians will inevitably be faced with, the authors trawled a comprehensive research database, carried out internet searches, and discussed the issues with various different experts.

They didn’t find a single study on the health implications of sexbots. But their research threw up four key themes: safer sex; therapeutic potential; treatment for paedophiles; changing societal norms.

It is thought that sexbots might have the potential to eliminate sex trafficking, tourism, and prostitution and encourage safer sex with the provision of sexbots made of washable bacteria resistant fibres.

But this is somewhat fanciful, suggest the authors, adding that it’s not clear who would bear responsibility for condoms and cleaning protocols.

“It is speculative whether the development of a sexbot marketplace will lead to lesser risk of violence and infections, or drive further exploitation of human sex workers,” they write.

The idea that sexbots could be used to treat relationship difficulties, erectile dysfunction, and enforced celibacy as a result of ill health, aging, disability, or loss of a partner is plausible, they suggest.

But equally, these devices might make existing problems worse and are hardly likely to satisfy intimacy needs and reciprocate desire, they point out.
And it has been suggested that sexbots might be used to ‘treat’ paedophilia or prevent sexual violence by providing an acceptable outlet for these urges. But they might instead help to normalise sexual deviancy or act as a practice ground for violence, including rape, say the authors.

Then there’s the issue of the ‘airbrushed’ appearance of sexbots, which are generally hairless, so helping to distort perceptions of female attractiveness, they point out.

The lack of evidence is hardly likely to dampen market forces, say the authors, who suggest that sexbots are likely to become more affordable and more technologically advanced, so fuelling demand.

“The overwhelming predominant market for sexbots will be unrelated to healthcare. Thus the ‘health’ arguments made for their benefits, as with so many advertised products, are rather specious,” they write.

“Currently the precautionary principle should reject the clinical use of sexbots until their postulated benefits, namely ‘harm limitation’ and ‘therapy’ have been tested empirically,” they conclude.