

**OVERLAP OF SEX,
DRUGS AND THE INTERNET**

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MAY 25, 2011


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Conflict of Interest Statement


Name	Commercial Interests	Relevant Financial Relationships: What Was Received	Relevant Financial Relationships: For What Role	No Relevant Financial Relationships with Any Commercial Interests
PRIDE Institute	My Employer	Salary	Job	
Workbooks	Owner	Royalty	Author	

PRIDE INSTITUTE'S PROGRAMMING

- o LGBT Residential Treatment Program
- o Intensive Outpatient
- o Mental Health Clinic



LGBT MENTAL HEALTH & CHEMICAL DEPENDENCY CARE



- o Special focus in addressing Sexual Health and the overlap with Substance Use Disorders

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AND THE NEXT BOOK

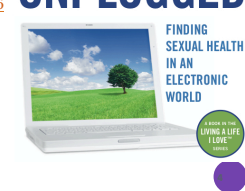
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and ELIZABETH GRIFFIN, MA

CYBERSEX UNPLUGGED

FINDING SEXUAL HEALTH IN AN ELECTRONIC WORLD

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www.createspace.com/3460786

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WHAT WE'RE GOING TO COVER

- o Acting out Cycle
 - Linkage between Sex/Internet/Chemical Use
 - Psychology of the Internet
- o What is Sexual Health
- o Sexual Health Model
- o What is the web
 - Specific Assignments
 - o Internet Management Plan
 - o Management Issues

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A NOTE ABOUT THE HANDOUT

- o I always have too much content.
- o I promise I won't read slides.
- o You don't have all of the slides,
 - just the key material
 - A lot of the "fun pics" are still to come.
- o The material I will focus on summarizes the material
- o Today is breadth of material conceptualizing issues

o Bibliography is available upon request via email
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ASSESSING YOUR COUNTER-TRANSFERENCE


- o ...comfort talking about sex
- o ...comfort asking questions
- o ...helping you empathize with your clients.
- o ...and helping your personal growth as well.

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PARALLEL PROCESS

- o Use your experience to understand client.
- o As you go through today's experience . . .
 - Pay attention to your reactions
 - Pay attention to your struggles
 - Pay attention to what inspires you.

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PRELIMINARY GROUNDWORK CONCEPTUALIZING A TREATMENT APPROACH

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QUICK POLL

- o What are the ingredients to a cookie?
- o Let's identify as many of the ingredients of a cookie.

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CBT TERMINOLOGY

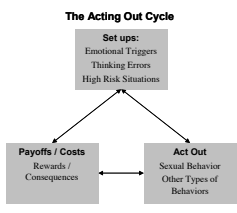
Antecedents → Behavior → Consequences

Risk factors → Co-factors → Outcomes
 Determinants → Co-behaviors → Outputs
 Background risks → Concomitants

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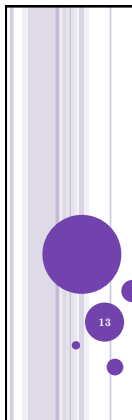
THE INGREDIENTS VERY BASIC ABC CBT MODEL

The Acting Out Cycle



--we will briefly review

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PROBLEM IDENTIFICATION

What do you focus on?

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DEFINING SEXUAL COMPULSIVITY

- Want to see a fight?
 - AAECT/SASH!
- What term?
 - Sexual Compulsivity (Coleman)
 - Sexual Addiction (Carnes, 1992)
 - Impulsive Control Disorder (Bancroft & Vukadinovic, 2004)
 - Sexual Anorexia
 - Sexual anorexia is an obsessive state in which the physical, mental and emotional task of avoiding sex dominates one's life (Carnes, 1992)
 - Sex and Love Addiction

Bancroft, J. & Vukadinovic, Z. (2004) Sexual Addiction, Sexual Compulsivity, Sexual Impulsivity, or What? Toward a Theoretical Model. *Journal of Sex Research, 41*(3), 225-231.
 Carnes, P. (1992). *Out of the Shadows*. Center City, MN: Harcourt.
 Coleman, E. (1991). Compulsive sexual behavior: New concepts and treatments. *Journal of Psychology and Human Sexuality, 4*(3), 21-32.
 Goodman, A. (2001). What's in a Name? Terminology for Designating a Syndrome of Driven Sexual Behavior. *Sexual Addiction & Compulsivity, 8*(3/4), 181-213.

DSM-V PROPOSED: HYPERSEXUALITY

- A. Over a period of at least 6 months, recurrent and intense sexual fantasies, sexual urges, or sexual behaviors in association with 3 or more of the following 5 criteria:
 - Time consumed by sexual fantasies, urges or behaviors repetitively interferes with other important (non-sexual) goals, activities and obligations.
 - Repetitively engaging in sexual fantasies, urges or behaviors in response to dysphoric mood states (e.g., anxiety, depression, boredom, irritability).
 - Repetitively engaging in sexual fantasies, urges or behaviors in response to stressful life events.
 - Repetitive but unsuccessful efforts to control or significantly reduce these sexual fantasies, urges or behaviors.
 - Repetitively engaging in sexual behaviors while disregarding the risk for physical or emotional harm to self or others.
- B. There is clinically significant personal distress or impairment in social, occupational or other important areas of functioning associated with the frequency and intensity of these sexual fantasies, urges or behaviors.
- C. These sexual fantasies, urges or behaviors are not due to the direct physiological effect of an exogenous substance (e.g., a drug of abuse or a medication)
 - Specify if: Masturbation Pornography Sexual Behavior with Consenting Adults
 Cybersex Telephone Sex Strip Clubs

Kafka, M. (2009) *Hypersexual Disorder: A Proposed Diagnosis for DSM*. Archives of Sexual Behavior DOI 10.1007/s10508-009-9517-7

CURRENT DIAGNOSIS

- 309.4 Adjustment disorder with mixed mood and behavior
- 309.9 Adjustment disorder, unspecified
- 302.9 Sexual Disorder, NOS
- 302.7 Sexual Dysfunction, NOS
- 302.79 Sexual Aversion Disorder
- 312.30 Impulse Control, NOS
- 300.3 Obsessive-Compulsive Control
- Look for other primary diagnoses

FEMALE SEXUAL COMPULSIVITY

Mostly think of men . BUT.

- Women can be sexually compulsive
- Often not diagnosed
 - or assumed to be "love addiction"
- Has different consequences
- Needs additional interviewing concerns.

Ferree, M. (2001) Females and Sex Addiction: Myths and Diagnostic Implications. *Sexual Addiction & Compulsivity, 8*(3/4) 287-300.

DEFINING SEXUAL COMPULSIVITY

- Subjective
 - The individual recognizes that his/her sexual behavior interferes with his/her life.
 - The clients feel egodystonic
 - The vast majority of clients seeking help realize they need help
- Objective
 - Allows external feedback to the person
 - Can create problems as well as resolve problems.
 - External values versus intrinsic values (i.e., gay)

NO UNIVERSAL BEHAVIORS

- What behavior is considered unhealthy is hard to detail. The answer is “depends.”
- One person’s hobby can be another person’s obsession.
- Even the obvious terms have problems
 - Consent

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STAGE 1: CONCEPTUALIZING AND ASSESSMENT OF INTERNET BEHAVIOR

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SEXUAL COMPULSIVITY BEST GUESSES

- Any data is a minimum.
 - A range 3-8% of the male population
 - 2-4% of the female population
- Can be expressed in many ways
 - Sexual contact
 - Sexual avoidance
 - Cybersex
 - Rapid relationships

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CYBERSEX: BEST GUESSES AT PREVALENCE

- ~80-85% of people report no problems.
- How problems show-up (overlap)
 - ~13.8% of participants reported “past difficulties with sex.”
 - ~9 to 15% of participants in this study who evidenced various indices of distress
 - ~9.8% stated that their time online for sex seems to be a problem.
 - ~10% of the participants indicated that they felt they were addicted to both the Internet and sex.
 - Men at twice rate as women.

Cooper, A., Delmonico, D. L., & Burg, R. (2009). Cybersex users, abusers, and compulsives: New findings and implications. *Sexual Addiction & Compulsivity*, 7(1-2), 5-29. doi:10.1080/10720160008400205

Cooper, A., Delmonico, D. L., Griffin-Shalley, E., & Mathy, R. M. (2004). Online sexual activity: An examination of potentially problematic behaviors. *Sexual Addiction & Compulsivity*, 1(1), 129-143. doi:10.1080/10720160490882612

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SEXUAL ACTIVITY CONTINUUM

← Offense Behavior →

Healthy Misuse Problematic Addictive

Online Sexual Activity (OSA) Compulsive

Online Sexual Problems (OSP)

Online Sexually Compulsive Behavior (OSCB)

Cooper, A., Griffin-Shalley E. (2002) A Quick Tour of Online Sexuality. *Annals of the American Psychotherapy Association*, 5

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Cybersex User Categories

Carnes, P. J., Delmonico, D. L., & Griffin, E. J. (2001). In the shadows of the net: Breaking free from compulsive online sexual behavior. Center City, MN: Hazelden Foundation Press.

Edwards, W., Delmonico, D and Griffin E. (2011) Cybersex Unplugged: Finding Sexual Health in an Electronic World. CreateSpace/Seattle

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RECREATIONAL CYBERSEX USERS

- Recreational cybersex users are divided into two categories:
 - appropriate recreational users
 - No problems.
 - Their behavior is out in the open, not covert.
 - Time spent minimal.
 - They do not feel embarrassed
 - May often they take part in them with their spouse or partner to enhance their sexual experience with one another and thus to strengthen their relationship.
 - inappropriate recreational users.

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RECREATIONAL CYBERSEX USERS

- An “in-between” of individuals who engage in behaviors that may be a concern.
 - show a sex-related item or site they discovered on the Internet to others such as their work colleagues, family members, or friends
 - not as a means of hurting or embarrassing others, but simply because they think such information is funny or because they like the feeling of shocking others.
- These individuals who use cybersex inappropriately don't try to hide their activities either.
- While these behaviors may be inappropriate, individuals can easily be redirected when confronted with their behavior.

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PROBLEMATIC CYBERSEX USERS

- The bottom half of the diagram highlights individuals with problematic behaviors.
- People who exhibit problematic sexual behavior on the Internet tend to fall into one of the three groups:
 - Discovery Group
 - Predisposed Group
 - Lifelong Sexually Compulsive Group

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DISCOVERY GROUP

- People in this group have no previous problem with online sex and no history of problematic offline sexual behavior.
- However they often begin using sex on the Internet as a recreational user and become completely carried away with his or her online activities, spending many hours at his or her computer.
- Key: no known problem

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PREDISPOSED GROUP

- Never acted out sexually (though they have thought about it) until they discovered cybersex.
- Until they discovered the world (or area) of cybersex, however, they were able to manage their fantasies and urges.
- They discover sexually explicit activities that they just can't resist.
 - Consequences of their cybersex activities may seem minimal.
 - People in this group often have clear boundaries for their urges or fantasies until they encounter the cyber world
 - Once that boundary is stretched or breached, little may be left to control behavior.
- Key: managed control until the computer

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LIFELONG SEXUALLY COMPULSIVE GROUP

- People in this group have been involved in problematic sexual behavior throughout most of their lives.
- For these people, cybersex simply provides a new option for acting out sexually that fits within their already existing patterns of problematic behavior.
- Key: whack a mole

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ASSESSMENT ESSENTIALS

- Non-Internet Related Assessment
 - Psycho/Social/Sexual History
 - Personality Inventories
 - Depression/Anxiety Inventories
 - Measures of Attention Deficits
 - Addiction and Compulsion Inventories
- Global Internet Assessment
 - Internet Sex Screening Test
 - Available at www.internetbehavior.com
 - Available in the workbook
 - Internet Sophistication
- Cybersex User Categories
- Phallometric/Abel/Polygraph– (sex offenders)

INTERNET ASSESSMENT THEMES

- Arousal
- Tech-Savvy
- Risk
- Illegal
- Secrecy
- Compulsivity

THE POWER OF THOUGHT


- Need a volunteer

PSYCHOLOGY OF INTERNET

- Creates unique environment
- Allows for behavior that would be less likely to occur offline
- Decreases ability to think of consequences
- Impairs empathy

TRIPLE A ENGINE

- Anonymity
 - Belief no one knows
- Accessibility
 - Super easy
- Affordability
 - Super cheap



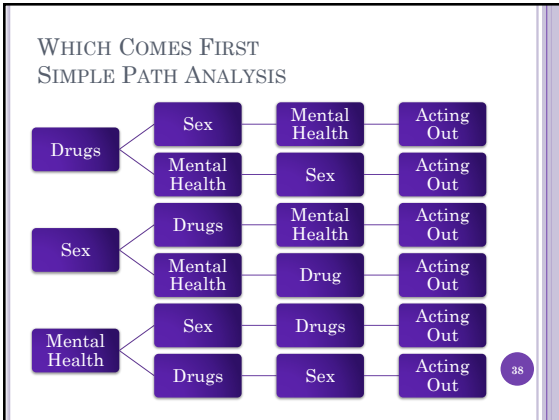
THE ONLINE DISINHIBITION EFFECT

- You Don't Know Me
- You Can't See Me
- See You Later
- It's All in My Head
- It's Just a Game
- We're Equals / Friends

ACTING OUT

- o Acting Out and Cross-Addiction/Compulsivity

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LET ME SHOW YOU HOW EASY!

- o Everyone heard of Craigslist.
 - The new “want ads/for sale” ads
 - Employment
 - Apartment Search.
 - New Personals
- o Used for sexual contacts
 - Includes access to drugs
- o How long do you think it will take?

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QUICK RESPONSE!

- o What happens when we tell Cookie Monster not to think about cookies??

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SUMMARY

- o Terminology and Definitions
- o Conceptualization of the problem
- o Acting-out Cycle

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STAGE 2: PRIMARY TREATMENT ISSUES
SOURCES OF DATA

- o Internet Log
- o Timeline
- o Behavioral Analysis
- o Daily/Weekly Log
- o Now what?
- o The Bio-psych-social
- o These are the used in the Treatment Planning

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INTERNET LOG

- For each time you go online record the following:
 - What did you do on the Internet (WWW, Internet Chat, Social Networking)?
 - What type of device did you use (computer, iPad, smart phone)?
 - Where was the device you used to access the Internet?
 - What type of sexual behavior occurred? Record the following, as applicable:
 - Describe the sexually explicit pictures you viewed.
 - Describe any sexual chat (include transcript, if available).
 - Describe any sexualizations and sexual fantasies.
 - Describe any masturbation behavior while online.
 - What were you feeling right before going online for sexual purposes?
 - What were you feeling while online engaging in sexual behavior?
 - What were you feeling after being online for sexual purposes?
- For each thought, experience, behavior or fantasy, complete a behavioral analysis.

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SEXUALITY/DRUG USE/LIFE TIMELINE

- Each timeline is unique because each person is unique.
- What gets graphed is based on the individual
 - Pick time periods that make sense
 - Highlight corresponding issues that make sense
- Goal is to evaluate the data in a new way
 - Move away from a linear view
 - Move to a "picture view"

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DAILY INVENTORY

- Describe any sexualizations and sexual fantasies you had. Describe any masturbation behaviors
- Describe any internet and/or phone use for sexual content and/or behaviors.
- Describe any sexual intercourse.
- Describe any sexual explicit material use. Describe any other types of sexual behavior

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APPLICATION OF BEHAVIORAL ANALYSIS TO SEX HISTORY AND DAILY INVENTORY

- What did you learn through the analysis?
- Why was the situation arousing?
- Who did you find attractive?
- What themes might be present that help you understand yourself better.
- What thoughts did you have before, during and afterwards? If this event occurred, what did you think and how did you feel?
- If it was a fantasy, what would you think and how would you feel about yourself?
- Was the behavior or fantasy healthy or unhealthy? Why?

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DATA GATHERING

- These are tough assignments
- These are meant to be thorough
 - Client's HATE them!
 - Client's AVOID them!
 - Client's are transformed by them!

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STAGE 3 SPECIFIC AND MEASURABLE INTERVENTIONS TOWARD SEXUAL HEALTH ADDRESSING THE OVERLAP OF SEX, DRUGS AND THE INTERNET

Goals
Definitions
Sexual Health Model

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GENERAL TREATMENT GOALS

- Two Primary Goals
 - Reduce immediate short-term unhealthy/compulsive behaviors.
 - “acting out cycle,”
 - knowing your primary high risk situations,
 - feeling triggers
 - thinking errors
- Develop healthy sexual behaviors.
 - To help the client understand sexually healthy choices.

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OVERARCHING APPROACH AND ASSUMPTION PERSONAL DEFINITION OF SEXUAL HEALTH

- Our Quest:
 - How do we help the clients create sexual health?
- Our Journey:
 - Need to identify the unhealthy aspects.
 - What is the problem?
 - Address the components of the model
 - Clients are responsible for integrating their values, desires and needs into the definition
 - Support network is designed to support and provide feedback in the process.
 - Culminates the treatment process
 - But is just the beginning

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DEFINITIONS OF SEXUAL HEALTH

- WHO Technical Reports Series (1975)
- SIECUS (1995)
- Promotion of Sexual Health (2001)
- Lottes (2000)
- Satcher, Surgeon General’s Report (2001)
- The National Strategy for Sexual Health and HIV (2001)
- Robinson, Bockting, Rosser, Rugg, Miner & Coleman (2002)
- World Health Organization (2002)

Edwards, W. & Coleman, E. (2004) Defining Sexual Health: A Descriptive Overview. *Archives of Sexual Behavior*, 33,2, 158-159. doi: 10.1023/B:ASEB.0000029013.05714.4d
National Commission on Adolescent Sexual Health. (1995). *Facing facts: Sexual health for America's adolescents*. New York: Sexuality Information and Education Council of the United States.
The National Strategy for Sexual Health and HIV. (2001). London, England: Department of Health.
Lottes, I. (2000). *New perspectives on sexual health*. In I. Lottes & O. Kostala (Eds.), *New views on sexual health: The case of Finland* (pp. 7-29). Helsinki, Finland: Population Research Institute.
Promotion of Sexual Health. (2001). *Proceedings of a Regional Consultation convened by Pan American Health Organization, World Health Organization in collaboration with the World Association for Sexology*, Antigua, Guatemala.
U.S. Department of Health and Human Services. (2001). *The Surgeon General’s call to action to promote sexual health and responsible sexual behavior*. Rockville, MD: Author.

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WORLD HEALTH ORGANIZATION

- a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

World Health Organization (2002). *Gender and Reproductive Rights, Glossary, Sexual Health*. <http://www.who.int/reproductive-health/gender/glossary.html>

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COMPONENTS OF SEXUAL HEALTH MODEL

- Talking About Sex
- Culture, Values and Stereotypes
- Sexual Anatomy and Functioning
- Sexual Health Care and Safer Sex
- Challenges and Barriers to Sexual Health
- Body Image
- Masturbation, Fantasy and Sexually Explicit Material
- Positive Sexuality
- Intimacy and Relationships
- Spirituality, Values and Sexual Health

Robinson, B.E., Bockting, W.O., Rosser, B.R.S., Rugg, D.L., Miner, M., and Coleman, E. A sexological approach to HIV prevention: The sexual health model. *Health Education Research*, 2002, 17: 43-57.

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A SEXUAL HEALTH APPROACH

- Doesn’t focus on the problem
- Focuses on the Solution
- Lifelong
 - ALLLLLLLLLLL of us!
 - Meets the client where they are
 - Motivational Interviewing
 - Zone of Proximal Development (Vgotsky)
 - Stages of Change Model (Prochaska/DiClemente)
 - PLISSIT Level of Intervention
 - Permission/Limited Information/Specific Suggestion/Intensive Therapy

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STRENGTHS
SEXUAL HEALTH MODEL

- o Helps conceptualize the problem in context
- o Complex
- o See the interaction of the issues
- o Behavior is the symptom vs. the problem
- o Depth of interventions
- o Honors the ethical principle of autonomy
- o Provides behavioral responses to P.O./Managed care

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WEAKNESSES
SEXUAL HEALTH MODEL

- o Complex
- o Not measurable (yet)
 - A glorious failure
- o Not without critics
 - How do we objectively define/measure something that is not objective.

Edwards, W. (2006) Measuring Sexual Health: Development Of The Sexual Health Inventory. A Dissertation Submitted To The Faculty Of The Graduate School Of The University Of Minnesota.

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SEXUAL HEALTH MODEL
COMPONENT 1: TALKING ABOUT SEX

- o This is a cornerstone of the Sexual Health Model that includes talking about one's own sexual values, preferences, attractions, history and behaviors.
- o Obvious question:
 - o If there is anything that follows that is not talked about, it's a treatment issue that I think needs to be addressed.

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TALKING ABOUT SEX

- o Language
 - Important to be aware of our language
 - Implicit judgment
- o Types of Language
 - Clinical
 - Street
 - Euphemistic
 - Private
- o Match our client's language

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COMPONENT 1:
ASSIGNMENTS

- o Completing a Sex History
- o Completing a Timeline
- o Complete an Internet Log
- o Develop a Support Network
 - Support
 - Accountability

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SEXUAL HEALTH MODEL
COMPONENT 2: CULTURE, VALUES & STEREOTYPES

- o Need to examine the impact their particular cultural heritage has on their sexual identities, attitudes and behaviors.
- o The Power of Narrative
 - Narrative is the cohesive story by which we make sense of the world.
 - All of our identity is built on a narrative
 - This narrative is shaped by culture

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COMPONENT 2:
CULTURAL IDENTITY AND SEXUALITY

- o ADDRESSING Model
 - A-age
 - D-isability Born with
 - D-isability Acquired
 - R-religion
 - E-tnicity/Race
 - S-ocio-economic Status
 - S-sexual Orientation
 - I-ndigenous Status
 - N-ationality
 - G-ender

Hays, P. A. (2008). *Addressing Cultural Complexities in Practice: Assessment, Diagnosis, and Therapy* (2nd edition). Washington, D.C.: American Psychological Association.

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SEXUAL
VALUES
ARE
CULTURAL
VALUES

Cultural
Values
Change!

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CULTURAL IDENTITY DEVELOPMENT

- o Racial/Cultural Identity Development (R/CID) Model
- o White Racial Identity Development

Suhani, H., Pustarcu, J. & Borodovsky, J. (1991) White Racial Identity Development and Cross-Cultural Counselor Training & Stage Model. *The Counseling Psychologist*, January 18(1), 76-102 doi: 10.1177/0011000091191097

Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice*. (5th ed.). New York: John Wiley & Sons

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CULTURAL IDENTITY DEVELOPMENT
WHAT IS SEXUAL IDENTITY

- o Natal Sex
- o Gender Identity
- o Social Sex Roles
- o Sexual Orientation

Shively, M. & DeCocco, J. (1978) Components of Identity. *Journal of Homosexuality*, 3:41-48.

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LGBT IDENTITY DEVELOPMENT

- o Models of Coming Out
 - Cass (1978) Intrapersonal 6 stages
 - Coleman (1982) Psychosocial 5 stages
 - Troiden (1989) Psychosocial 4 stages
- o Multiple Populations
 - L-G-B-T Models
 - Straight Identity Development

Becking, W. O. and Coleman, E. (2007). Developmental stages of the transgender coming out process: Toward an integrated identity. In R. Ettner, S. Monstrey, & E. Kuyler (Eds.), *Principles of Transgender Medicine and Surgery* (pp. 185-208). New York: Haworth Press.

Diamon, L. (2009) Sexual identity, attractions, and behavior among young sexual-minority women over a 2-year period. *Developmental Psychology*, 36(2), 241-250. 10.1037/a0012164

Cass, V. (1979). Homosexual identity formation: A theoretical model. *Journal of Homosexuality*, 4, 219-235.

Coleman, E. (1982). Developmental stages of the coming out process. In J. Gonsiorik (Ed.), *Homosexuality and psychotherapy: A practitioner's handbook of affirmative models* (pp. 33-44). New York: Haworth Press.

Rust, P. (2002) Bisexuality: The state of the union. *Annual Review of Sex Research*, 13, 180-240.

Troiden, R. R. (1989). The formation of homosexual identities. *Journal of Homosexuality*, 17, 43-73

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COMING OUT PROCESS

- + Identity Confusion
- + Identity Comparison
- + Identity Tolerance
- + Identity Acceptance
- + Identity Pride
- + Identity Integration

- o Getting stuck in process
 - Identity Stagnation (Cass)
 - Addictive behaviors
 - Mental Health Concerns
 - Risk Behaviors
- o "Adolescent" developmental tasks

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SEXUAL ORIENTATION IDENTIFYING AS LGBT

- Coming out issues as a part sexual health.
- Research distinguishes between behavior and identity
 - identity as a process – when does one identify?
 - behavior separate from identity (MSM through HIV efforts)
 - more recent aversion to labels (ex. – queer, bi-gendered)
 - reluctance to disclose – stigma and discrimination
 - convenience sampling that biases results
 - Review the behavior in light of the coming process

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SEXUAL ORIENTATION TERMINOLOGY CULTURE BASED

- Gay is a culturally biased and limited term.
- Developed from within a white male culture.
 - Time/age focused. Current languages reflects “queer.”
 - Identification with “that” term.

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MEN WHO HAVE SEX WITH MEN: NOT ALL GAY-SEX-IS-GAY

- Other reasons
 - Sexual Compulsivity
 - Spontaneous/Impulsive
 - Situational Homosexuality
 - Chemical Use (crack/meth)
 - Hazing
 - Humiliation
 - Availability
 - Sex Worker
 - Homelessness
 - Sex/Drug Trading

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Kort, Joe (2011) Straightguise.com Retrieved 0/11/2011

COMPONENT 2: ASSIGNMENTS

- Cultural Assessment
- Sexual Identity
- Sexual Orientation

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SEXUAL HEALTH COMPONENT 3: SEXUAL ANATOMY AND FUNCTIONING

- One needs a basic understanding, knowledge and acceptance of sexual anatomy, sexual response and sexual functioning. Sexual health includes freedom from sexual dysfunction and other sexual problems.
 - Includes what is pleasurable
 - Includes training

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TYPES OF SEXUAL DYSFUNCTION

- Female
 - Penetration Concerns
 - Dyspareunia,
 - Vaginismus,
 - Anorgasmia
- Male
 - Erectile disorders
 - Ejaculation problems (pre/delayed)
- Both
 - Low sexual desire
 - Inhibited sexual desire
 - Anodyspareuia

Rosser, B. R. S., Short, B.J., Thurnes, P.J. & Coleman, E. (1998). Anodyspareuia: The unacknowledged sexual dysfunction. *Journal of Sexual and Marital Therapy*, in press.

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FEMALE FUNCTIONING

- Starts from an approach of positive sexuality
- True female sexuality celebrates
 - the richness of extremes, including the proclivities ranging from the restrained to the extravagant.
 - From heterosexuality to lesbianism
 - from multicultural inhibitions and displays
 - sense of self
 - Individual boundaries
 - Self-esteem
 - sociopolitical connectedness
- Dysfunction, then, can be reliably translated into dissatisfaction with the female's self perception of sexuality.

Dean, J. (2002) Expressions of Female Sexuality. *Journal of Sex & Marital Therapy*, 28:1 29-38.

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MALE DYSFUNCTION

- Erectile dysfunction has many possible etiologies
 - Psychological
 - Neurological
 - Hormonal
- Risk Factors
 - aging,
 - depression,
 - lifestyle.
 - medical
 - coronary artery disease,
 - hypertension, and
 - diabetes mellitus
- Erectile dysfunction is highly prevalent in the United States, affecting approximately 30 million men.

Niebauer M. (2002) Erectile dysfunction: prevalence, etiology, and major risk factors. *The Journal of the American Osteopathic Association*, 102(12 Suppl 4), S1-6.

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SEXUAL DYSFUNCTION BASIC TREATMENT

- Distinguish Cause
- Medical Check-up Required
 - R/O medical cause
 - Who is your medical specialist?
- Mental Health Concern
 - Addresses the related mental health concerns
 - (depression/anxiety/esteem)
 - Evaluate relationship with cybersex
- Sexual Health Model applied to functioning issues.

Robinson, R., Munns, R., Weber-Main, A., Lowe, M. & Raymond, N (2011) Application of the Sexual Health Model in the Long-Term Treatment of Hypoactive Sexual Desire and Female Orgasmic Disorder. *Archives of Sexual Behavior*, 40:2, 428-438, 10.1007/s10508-010-9872-5

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COPING WITH DYSFUNCTION

- Avoid times of day when pain, fatigue, or stress are highest
- Engage in ample non-genital and genital touch
- Include non-demand touch not linked to sexual activity
 - (massage, hand holding)
- Discuss varying sexual positioning
 - to reduce pain and maximize sexual stimulation
- Take turns
- Limit alcohol and tobacco use
- Expand sexual repertoire
 - erotic literature, sexual lubricants, fantasy, self-stimulation
- Talk more about what is pleasurable

Niebauer, M., Lushan, P & Salsovsky, R. (2005) Sexual health in aging men and women: Addressing the physiologic and psychological sexual changes that occur with age. *Geriatrics*, 60:9, 18-23.

76

COMPONENT 3 ASSIGNMENTS

- Sexual Functioning Questions
- Sensate Functioning Scale/Exercise

77

SEXUAL HEALTH COMPONENT 4: SEXUAL HEALTH CARE AND SAFER SEX

- Covers a broad perspective encompassing
 - knowing one's body
 - administering regular self-exams and responding to physical changes with appropriate medical intervention.
 - Examination of one's safer sex behaviors is critical.

78

HIV DISCUSSION

- New Cutting edge approaches to HIV prevention do not exist.
- What we do is holding steady
 - Prevention Fatigue
 - People are tired of implementing safer sex strategies;
 - Despair
 - Some people do not care about their quality of life and untreated depression, anxiety and social factors impeded their motivation to be safe;
 - Treatment Optimism
 - the success of combination therapy leads some to conclude it is a treatable and livable disease.

79

SMOKING AND SEXUAL HEALTH



80

SEXUAL HEALTH COMPONENT 5: CHALLENGES AND BARRIERS TO SEXUAL HEALTH

- The major challenges include sexual abuse, substance abuse and compulsive sexual behavior.
- Other challenges might include sex work, harassment and discrimination.

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WHY ARE WE NOT TALKING ABOUT SEX?

There appears to be a “complicity of silence.” Clinicians and patients both want the other person to raise the issue.

- Time Pressures (aka Managed Care)
- Physician discomfort about discussing sex and erotonegativity.
- Lack of knowledge about sexuality, and negative attitudes towards sexual minorities (physician homophobia and homonegativity)
- Preoccupation with treating the disease not the person.
- Poor practice and training ... E.g., not taking a decent sexual history and regularly raising sexual concerns

DEPRESSION

- Impact of Depression on Sexual Health.
 - Mental health improvement interventions for people living with HIV/AIDS can reduce sexual risk behaviors
- Difficulty to determine what comes first. (causal direction is unknown)
- Enough literature exists regarding assessing depression.

Kalichman, S. (2005) The Other Side of the Healthy Relationships Intervention: Mental Health Outcomes and Correlates of Sexual Risk Behavior Change. *AIDS Education & Prevention, Supplement A, 17*, 66-76.

82

SEX AND DRUG LINK

- The linkage between sexuality and drugs is well established. Patrick and Maggs (2006), citing Cooper (2006), identified 600 studies investigating the association between using drugs and having sex.

Patrick, M. E. & Maggs, J. L. (2006) Does drinking lead to sex? Daily alcohol-sex behaviors and expectancies among college students. *Psychology of Addictive Behaviors, 28*(3), 472-481. doi:10.1037/a0016897

83

SUBSTANCE ABUSE

-- PREVALENCE

- o Higher rates of addiction/use.
 - Research studies suggest that, when compared to the general population, lesbian, gay and bisexual (LGB) individuals are likely to use drugs and alcohol, have higher rates of substance abuse, are less likely to abstain from substance use, and more likely to continue heavy drinking into later life (Center for Substance Abuse Treatment, 2001).
- o Prevalence
 - 23-35% higher in LGBT (>3x hetero)
- o Relapse Rates
 - relapse is more frequent in LGBT
 - periods of sobriety between relapses are shorter for LGBT
 - o LGBT social reliance on bars / drinking events
 - o struggles with "God" and spiritual messages of 12-Step groups
 - o multiple minority labels (women, ethnic minorities, etc.)
 - o lack of support (family abandonment, lack of affirming 12-step groups)
 - o co-occurring with compulsive sexual behavior
 - o co-occurring mental health issues.

85

SEXUAL ABUSE

-- PREVALENCE

- o Ranges from 13-25% for women
- o Ranges between .6 to 8.3% for men.

Elliott, D., Mok, D. & Briere, J. (2004) Adult Sexual Assault: Prevalence, Symptomatology, and Sex Differences in the General Population. *Journal of Traumatic Stress* 17:3, 203-211.

86

CONSEQUENCES OF SEXUAL ABUSE

- o Avoiding/Fearing /Lacking interest in sex
- o Sex is an obligation
- o Difficulty with arousal/feeling sensation
- o Emotionally Distant
- o Experiencing intrusive/disturbing thoughts/ images
- o Sexually compulsivity
- o Difficulty in relationships
- o Vaginal pain/orgasmic difficulties (women)
- o Erectile/orgasmic difficulties (men)

Jacob, C & McCarthy-Veach, P. (2005) Intrapersonal and Familial Effects of Child Sexual Abuse on Female Partners of Male Survivors *Journal of Counseling Psychology* 52(3), 284-297. 10.1037/0022-0167.52.3.284

87

STEREOTYPES AS A BARRIER

88

SEXUAL ABUSE AND EATING DISORDERS

Relationship via a meta study
A small and consistent relationship between childhood sexual abuse and eating disorders.

Consider the Implication when we talk about Body Image.

Smolak, L. & Murnen, S. (2002) Meta-Analytic Examination of the Relationship Between Child Sexual Abuse and Eating Disorders. *International Journal of Eating Disorders*, 31(2), 136-15.

Treur, T., Koperdik, M., Róza, S. & Furedi, J. (2005) The impact of physical and sexual abuse on body image in eating disorders. *European Eating Disorders Review*, 13(2), 106-111.

89

COMPONENT 5: ASSIGNMENTS

- o Review of Mood Disorders
- o Review of Types of Abuse
- o Review of Sexual Violence
- o Abuse History
- o Strategies for Overcoming Abuse
- o Drug/Alcohol Screens

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SEXUAL HEALTH COMPONENT 6: BODY IMAGE

- This requires challenging the notion of one narrow standard of beauty and encouraging self-acceptance.
- In order to achieve sexual health one needs to develop a realistic and positive body image.

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BODY IMAGE AND LGBT

- Gay men are more likely than heterosexual men to hold distorted cognitions the ideal physique.
- Gay and straight men did not differ in the degree to which they exercised or felt guilty about missing a workout.
- May be a function of social sex roles versus orientation
- Body image in Recovery

Kamiński, P., Chapman, R., Haynes, S. & Owen, L. (2005) Body image, eating behaviors, and attitudes toward exercise among gay and straight men. *Eating Behaviors*, 6(3) 179-187.
Meyer, M. (2005) Drawing the sexuality card: Teaching, researching, and living bisexuality. *Sexuality & Culture: An Interdisciplinary Quarterly*, 9(1), 3-13.

92

ADDITIONAL FINDINGS ON BODY IMAGE

- Women are more likely to hold distorted perceptions
- Caucasian women are more likely to hold distorted perceptions than Black and Hispanic women.
- African American women are the most accurate in perceiving what men find attractive. (Demarest & Allen, 2000)
- A decrease in sexual activity was associated with lower perceived attractiveness.
- Body image has a significant impact on
 - sexual desire
 - orgasm
 - enjoyment
 - frequency of sexual activity
- But no relationship with sexual satisfaction. (Koch et al., 2005)

Demarest, J., & Allen, R. (2000) Body Image: Gender, Ethnic, and Age Differences *Journal of Social Psychology*, 140(4), 465-472.
Koch, F., Mansfield, F., Thurau, D. & Carvy, M. (2005) Feeling Frumpy?: The Relationships Between Body Image and Sexual Response Changes in Midlife Women. *Journal of Sex Research*, 42(3), 215-223.

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EATING DISORDERS IN LG

- Gay Men:
 - 15 percent of gay or bisexual men had at some time suffered anorexia, bulimia or binge-eating disorder.
 - Compared with less than five percent of heterosexual men.
- Lesbian and Bi-Women
 - slightly more satisfied with their bodies than heterosexual women
 - Other research has no significant relationship.

Feldman, M. & Myer, I. (2007) Eating disorders in diverse lesbian, gay, and bisexual populations *International Journal of Eating Disorders* 40:3, 218-226. DOI: 10.1002/eat.20360
Peplau, L., Frederick, D., Yee, C., Maisel, N., Lever, J. & Ghavami, N. (2009) Body Image Satisfaction in Heterosexual, Gay, and Lesbian Adults *Archives of Sexual Behavior* 38:713-725. DOI 10.1007/s10508-008-9375-1

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IMPACT OF HEALTH BODY IMAGE

- Higher frequency of sexual behavior
- Greater level of comfort
- Comfort in undressing in front of partner
- And frequency of experiencing orgasm

Ackard, D & Kearney-Cooke, A. (2000) Effect of Body Image and Self-Image on Women's Sexual Behaviors. *International Journal of Eating Disorders*, 29(4), 422-429.

95

COMPONENT 6: ASSIGNMENTS

- Body Image
- Genital Image

96

SEXUAL HEALTH COMPONENT 7 MASTURBATION, FANTASY & SEXUALLY EXPLICIT MATERIAL

- Both masturbation and fantasy can be a healthy expression of sexuality.
 - Clients need to clarify their values on these subjects.
 - Address shame
 - Relationship assumptions
 - And historical myths associated with sin, illness and immaturity
- Linkage between Drug use and Sexual Behavior/
Fantasy
- Power of Fantasy Work

Morin, J. (1996) *The Erotic Mind: Unlocking the Inner Sources of Passion and Fulfillment*. Harper Paperbacks

97

MASTURBATION

- Jocelyn Elders, previous surgeon general was presumably offered up by Clinton as a sacrificial lamb to the conservative Republicans in 1994.
 - Masturbation is a form of harm-reduction to reduce the risk of HIV Transmission in African American women.
- Demonstrated the power of the masturbation taboo.
- Masturbation was not to be spoken about publicly, much less advocated.
- Cultural Norm to not talk about masturbation
- Significant Stigma around masturbation

Cashman, D. (2005) Talking taboo: Newspaper advice columns and sexual discourse. *Sexuality & Culture: An Interdisciplinary Quarterly*, 9(1), 62-87

CURRENT REACTIONS TO MASTURBATION

- Current change in thinking occurred in medical and academic literature and not in the daily public discourse.
- Even though masturbation is no longer linked with pathology, a deep discomfort still exists.
- Even in academia, there is a hesitancy to talk about masturbation
- Ironically, Ann Landers was more successful demystifying masturbation than anyone else in the 20th Century

Cashman, D. (2005) Talking taboo: Newspaper advice columns and sexual discourse. *Sexuality & Culture: An Interdisciplinary Quarterly*, 9(1), 62-87.

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POSITIVE OUTCOMES OF MASTURBATION

- Appears stable in a person's life (not related to frequency of sex in the relationship).
- ~75 % Form of sex in its own right.
- ~22% As a substitution when partner isn't available
- Linked to
 - orgasmic capacity,
 - healthy sexual functioning
 - sexual satisfaction in relationships
 - positive attitudes about sexuality
 - increasing comfort with one's body and self-esteem
 - decrease anxiety in interpersonal sexual contexts

Cashman, D. (2002) Masturbation as a means of achieving sexual health. *Journal of Psychology & Human Sexuality*, 14(2-3), 5-16. doi: 10.1300/J066v14n02_02

Dakher, A. & Schmidt, G. (2002) Patterns of Masturbatory Behavior: Changes Between the Sixties and the Nineties. Copublished simultaneously in *Journal of Psychology & Human Sexuality*, 14(2), 35-48; and: Masturbation as a Means of Achieving Sexual Health (ed. Wilbur G. Buckner and Ed Coleman) The Haworth Press, Inc., 35-48.

100

WE ALL FANTASIZE

- Have you ever seen the most beautiful person in the world?
- As you looked at him/her from afar, your heart goes pitter-patter.
- You step outside of your shell to talk.
- And as you strike up the conversation. . .

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SEX, DRUGS, FANTASY LINK

- Significant anecdotal experience suggesting the link.
 - Especially when the drug use was linked with sex
 - Fantasies use to masturbate remain linked
 - Need to undo the behavioral linkage
 - Extinction concepts

102

SEXUALLY EXPLICIT MATERIAL

- o Controversial Topic.
- o All porn is bad...

versus

- o Helpful in decreasing shame, shaping values, developing skills

Maltz, W. & Maltz, L. (2010) *The Porn Trap: the essential guide to overcoming problems caused by pornography*. Harper Paperback

Rosser, R., Dreyer, M., Coleman, E., Minor, M., Metz, M., Robinson, B. & Becking, W. (1995) Using sexually explicit material in sex education: an eighteen year comparative analysis. *Journal of Sex Education and Therapy*, 21, 117-128.

103

COMPONENT 7 ASSIGNMENTS

- o Masturbation
- o Fantasy
- o Sexually Explicit Material

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SEXUAL HEALTH COMPONENT 8: POSITIVE SEXUALITY

- o All human beings need to explore their sexuality in order to develop and nurture who they are within a positive and self-affirming environment.
- o Positive sexuality includes:
 - appropriate experimentation,
 - sensuality,
 - sexual boundaries and
 - sexual competence
- o developed through the ability to give and receive sexual pleasure.

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POSITIVE SEXUALITY

- o In grade school/secondary schools, sexual education is usually focused on the dangers of sex
- o Complementing the Genitalia Bias
 - Stereotypes that focus on genital expression
 - Sexuality is more, including
 - o Intercourse, masturbation
 - o Fondling
 - o Kissing
 - o Hugging
 - o Warmth and intimacy

Brick, P. (1991) Fostering Positive Sexuality. *Educational Leadership*, 49(1) 51-53.

Deussen, S., & Mischke, V. (1995) Sexuality and older people: Revisiting the assumptions. *Educational Gerontology*, 21(5), 497-513.

106

HOW DO YOU FOSTER POSITIVE SEXUALITY

- o Affirm teachable moments
- o Teach the basics
 - knowledge is a necessary but not sufficient
- o Acknowledge the affective component of the information.
 - People have feelings/opinions.
- o Skill Development (assertive)
- o Critical Analysis
- o Plans for action (assertiveness)
- o Sexual Expression

Brick, P. (1991) Fostering Positive Sexuality. *Educational Leadership*, 49(1) 51-53.

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POSITIVE SEXUALITY WHY HAVE SEX?

- o Physical reasons:
 - Stress Reduction. "I am at work, and this gives me a distraction."
 - Pleasure. "Sex is fun." "Having an orgasm is fun."
 - Physical Desirability. "I want that person." "That person wants me."
 - Experience Seeking. "I'm bored and don't have anything to do." "I can do something online that I wouldn't do in person."
- o Goal attainment:
 - Resources. "I will get money/drugs."
 - Social Status. "My reputation will get better." "No body will know."
 - Revenge. "I will make that other person mad."
 - Utilitarian. "I will get a raise/promotion."
- o Emotional reasons:
 - Love and Commitment. "I love you." "I'm scared of my partner."
 - Expression of Feelings. "I'm sorry." "I'm mad at my partner"
- o Insecurity reasons:
 - Self-Esteem Boost. "Someone wants me, I feel better."
 - Duty/Pressure. "My partner won't do what I want."
 - Mate Guarding. "I can't have sex with my partner, so I'll go online instead."

Meston, C. & Buss, D. (2007) Why Humans Have Sex. *Archives of Sexual Behavior* 36, 477-507. DOI 10.1007/s10508-007-9175-2

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INTIMACY/RELATIONSHIPS

- How much sex is too little sex?
 - Answer: > 10x year. (Leiblum 2003)
- But it is important to remember
 - that sex is more than genital mingling,
 - In reality, no gold standard for how much is too much or, for that matter, too little. (Leiblum 2003)
 - Highlights the focus on genitalia and limits sexual expression.

Leiblum, S. (2003) Sex-starved marriages sweeping the US. *Sexual & Relationship Therapy, 18*(4), 427-428.

110

HUMANSEXMAP.COM

110

COUNSELOR SELF-AWARENESS

- What do YOU consider to be appropriate sexual behavior?
- How do you know this to be true?

- Highlights the importance of cultural awareness.

111

ALTERNATIVE FORMS OF SEXUAL EXPRESSION

- What is your level awareness of alternative sexualities?
- What are your pre-conceptions?

- Issues:
 - Prevalence is unknown.
 - Any number is simply the “floor.”
 - Depends on what you mean?

- Barriers
 - Counselor bias
 - Peer bias

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S&M

- Is it healthy?
- Is it unhealthy?

We don't even have a conversation

- Who decides?
- What are YOUR values?
 - Where is the line?

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COMPONENT 8 ASSIGNMENTS

- What is Positive Sexuality?
- Assertive Communication
- Boundaries
- Sexual Behavior and Expression

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SEXUAL HEALTH COMPONENT 9:
INTIMACY AND RELATIONSHIPS

- o Taking many forms, intimacy is a universal need that people receive through relationships.
- o Sexual health requires knowing what intimacy needs are important for the individual, and finding appropriate ways to meet these needs.

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SEXUAL HEALTH
-- TYPES OF INTIMACY

1. Recreational intimacy
2. Intellectual intimacy
3. Work intimacy
4. Commitment intimacy
5. Aesthetic intimacy
6. Communication intimacy
7. Emotional intimacy
8. Creative intimacy
9. Sexual intimacy
10. Crisis intimacy
11. Spiritual intimacy
12. Conflict intimacy

Clinebell, H. & Clinebell, C. (1970) *The Intimate Marriage* Harper & Row.

116

TYPES OF RELATIONSHIPS

- o Single
- o Couples
- o Poly-Relationships
- o Pay attention to the cultural values regarding a "healthy" relationship
- o Any relationship chosen out of fear is by definition on unhealthy

(Website for next page: xeromag.com)

Easton, D. & Lisat, C. (1997) *The Ethical Slut: A Guide to Infinite Sexual Possibilities* Greenery Press CA.

117

COMPONENT 9:
ASSIGNMENTS

- o Types of Intimacy
- o The Language of Relationships
- o Relationship Satisfaction
- o Healing from Past Relationships
- o Steps in Building the Sexual Relationship
- o Types of Relationships
- o Finding a Relationship Therapist
- o Disclosure to Partners

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SEXUAL HEALTH COMPONENT 10
SPIRITUALITY AND VALUES

- o Consistency between one's ethical, spiritual and moral beliefs, and one's sexual behaviors.
- o This spirituality may include identification with a formal religion but doesn't necessarily have to.
- o However, one's beliefs always address moral and ethical concerns and deeper values in order to integrate a person's sexual and spiritual selves.

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SPIRITUALITY VS. RELIGION

- o Distinction
 - Religion is "we."
 - Spiritual is "I"
- o Religion is cultural.
 - MANY flavors of religious approaches to sexuality.
 - Think beyond classic Judeo-Christian Approaches
- o Spirituality is my journey of faith.
- o Sexual health requires our integration of our sexuality and spirituality.

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CONGRUENCE BETWEEN
BEHAVIOR AND VALUES

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COMPONENT 10:
ASSIGNMENTS

- o Spirituality and Sexual Values
- o Creating Your Future

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STAGE 4
CYBERSEX BEHAVIORS
WHAT'S OUT THERE!
*Graphic Warning

123

HEALTHY ASPECTS OF THE INTERNET

- o Education
- o Connection – Community
- o Support
- o Harm Reduction
- o Experimentation/Self-Discovery

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GENERAL WEBSITES

- o What is the URL website address to the White House?
- o CCN.COM
 - A typo brings you to a portal.
 - Links you to sex sites

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ACCESSIBILITY

- o Drug and Sex Link

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minneapolis.craigslist > ramsey.co > personals > men seeking men email

Please report suspected exploitation of minors to the appropriate authorities

I'm home all day - 23 (St. Paul, Host)

Date: 2010-05-20, 10:40AM CDT
(Reply To This Post)

Hey guys,
I'm 23, five eleven and one hundred fifty pounds. I have a seven inch cut dick and I am a top. DDF and Neg, you MUST be too. 420 is okay
I am lookin for guys under 35 who are HWP and GL. Muscles and hairy chests are a huge turn on.
Let me know, please respond with a picture too.
Thanks

Please report suspected exploitation of minors to the appropriate authorities

Porn, ParTy, and Play - 33 (Uptown/Wedge)

Date: 2010-05-22, 8:40PM CDT
(Reply To This Post)

Would be fun to have a guy or small group of guys to do some chill partying and playing tonight.... Who's throwing a parTy or shall I start one myself? Looking for like minded sub/biggy guys who are serious (20s to 30s).... If you have a slight kink even better.... Lets get to the point and no long emails.... Let me know your state, who's your favorite girl, boozetravel, and are you are at.... Looking to get this going in the next few hours.....

Location: Uptown/Wedge
It's NOT ok to contact this poster with services or other commercial interests

PostingID: 1754775887

please flag with care:
 miscategorized
 prohibited
 spam/overpost
 best of craigslist

INTERNET SEX AS REVENGE

Home > Technology

Fake Craigslist Ad Invites Strangers for 'Soccer Mom' Orgy

Responding to Ad, One Man Goes to Wrong House, Arrested for Alleged Sexual Assault

By KIMAE HEUSSNER
April 26, 2010 NEWS 42 comments

Print RSS FONT SIZE: A A A SHARE: Email Twitter Facebook More

A Connecticut man, apparently in a spat with his neighbor, placed a Craigslist ad inviting strangers to her house to fulfill her "group sex" fantasies, police said.

Philip James Conran, 42, of West Hartford, Conn., was arrested in early April for allegedly creating a fraudulent Craigslist ad from a soccer mom "looking for fantasy to be filled."

He entered no plea to charges of harassment, reckless endangerment, breach of peace, accessory to burglary, accessory to sexual assault, accessory to disorderly conduct, accessory to criminal trespass and risk of injury to child.

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PAID WEBSITES
(WITH SOME FREE ACCESS)

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EXTREME WEBSITES

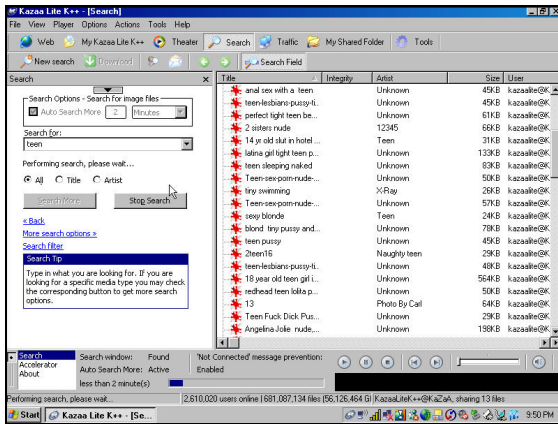
- o Graphic Warning

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PEER TO PEER

- o Limewire, Kaasa, Bear Share, Morpheus
- o 92% of teens download music online
- o Large % of all activity illegal

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NEW TRENDS

- Twitter

Skinni3Minni3 RSVP HERE -->
<http://caltweet.com/4v2>) - Sex In The City: Strawberries & WhipCream
ReTweet Please
 half a minute ago via CalTweet

SEXTING

- A modern view of "Show me Yours, I'll show you mine."
 - No clear definition
 - Often not coercive
 - Often peer to peer
 - BUT never know
- Estimates
 - 4% of 12-17 year old sent, 15 % received
 - 8% of older teens (17) 30 % received

Pew Internet & Am. Life Project, *Teens and Sexting: How and why minor teens are sending sexually suggestive nude or nearly nude images via text messaging, 2009.*
- Another study estimates
 - 20% of teens sent and 33 % received

Cox Comm'ns, *Teen Online & Wireless Safety Survey: Cyberbullying, Sexting, and Parental Controls, May 2009*

SEXTING AND LEGAL ISSUES

- Child Porn Laws
 - Considered to illegal to possess or distribute pictures of underage individuals
 - Assumption was.....
- Having received a sexting picture can lead to legal charge of child porn.
 - "Victims" were 3- 14-15 year old females sending nude pics of themselves to 3- 16-17 year boyfriends

'Sexting' surprise: Teens face child porn charges

6 Pa. high school students busted after sharing nude photos via cell phones

TD (TELE-DILDONICS)

- Combination of the concepts of
 - Telephone
 - Dildos
 - Electronics
- Teledildonics
 - highjoy.com
 - realtouch.com
 - ibuzz.com
 - simulator.com

ALTERNATIVE REALITY

- 2nd Life
- Create an Avatar
 - Be Yourself
 - Be Anything/anyone
- Age Play
 - The process of online personas of an adult and child engaged in virtual sexual activity.
 - Occurs often in the online world
 - May be text based or avatar based
 - Not illegal
 - Has illuminated the frequency of interest in adult-child sex

ADVANCES IN COMPUTER TECHNOLOGY

- Actual Images:
 - Live (webcam) &
 - Recorded (digital photos; streaming video)
- Morphed Images:
 - Electronic manipulation of real human images (e.g. minor's head on adult body)
- Virtual Images:
 - Electronic creation of digital images using NO real humans (e.g. animated Disney characters; creation of virtual minor)

E-SECRETS

- Hiding, Deleting and Destroying
 - File shredding
 - Stealth surfing
 - Renaming the files
 - Anonymous surfing / emailing
 - www.anonymizer.com
 - Workaround webpages
 - www.cexx.org
 - Windows cleaners
 - DOD
 - Removable Media
 - Stealth Surfers / External Hard Drive / Flash Drives
 - Remote Storage

CYBERSEX SPECIFIC INTERVENTIONS

INTERNET SEXUAL BEHAVIOR

THINGS TO CONSIDER

- What devices can you use to access the Internet (e.g. computers, smart phones, iPads, etc.)?
- How frequently can you use the Internet?
- Where can you access the Internet (e.g. work, home, friends, relatives)?
- Who should be or needs to be around you, as appropriate?
- What types of websites are acceptable? Think typical web sites such as banks, but also a typical hookup site?
- What types of online sexual activity can be explored (e.g., fetishes such as certain ethnicities, feet, diapers...)?
- Identify if engaging in sexually charged chat, online relationships, virtual sex, exhibitionism or voyeurism online is acceptable
- What email accounts can you use?
- Is it acceptable to use the Internet to arrange real-time hook-ups?
- Is posting online erotic or sexual pictures/videos of yourself or others (including via webcam) acceptable?
- Is it acceptable to masturbate to online sexual materials or activities? Explain why or why not.
- Can you fantasize to online sexual materials or activities? Explain why or why not.
- What sex toys that connect to your computer are acceptable?
- What other sexual activities have you engaged in while online that would be important to review?
- What do you share with your support network?
- What do you share with your partner?

RELATIONSHIP

- What online behaviors are acceptable?
- Personal Definition of Sexual Health
 - Chat?
 - Pictures?
 - Erotica?
 - Is an online relationship cheating?
 - Is online porn cheating?
 - Is online behavior healthy?

BEHAVIOR MANAGEMENT

- Simple Solutions
 - Move Computer
 - Make Environment more Personal
 - Monitor Cycle
 - Develop Internet Health Plan
 - Abstinence Contract
 - Use Internet for Treatment/Recovery

BEHAVIOR MANAGEMENT

- Technology
 - Staying in touch with others
 - Cell/PDA/ITouch
 - Social Networking
 - Chat and IM
 - Internet
 - Peer Support
 - Information
 - Online Mentors

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ELECTRONIC MANAGEMENT

- Blocking/Filtering Software
- Internet Service Provider Blocking
- Self Imposed Monitoring
- Professional Monitoring

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MEDICATION TREATMENT

- Medication Management
 - History of Inappropriate Behaviors
 - History of Addictive Behaviors
 - ADD/ADHD
 - OCD or OCD Features
 - Depression/Anxiety
 - Impulse Control Problems
 - Bi-Polar
 - Other Psychiatric Conditions
- Brain Issues – Lifelong

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A REVIEW

- Acting out Cycle
 - Psychology of the Internet
 - Linkage between Sex/Internet/Chemical Use
- What is Sexual Health
- Sexual Health Model
- What is the web
 - Specific Assignments
 - Internet Management Plan
 - Management Issues

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QUESTIONS AND ANSWERS

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