# HOW SEX POSITIVITY IMPROVES SEXUAL OFFENSE-SPECIFIC TREATMENT

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### Disclaimer

• Opinions and suggestions in this presentation are those of the author alone, and not necessarily representative of the views of the NYS Office of Mental Health.

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Fair Warning: May contain offensive or irreverent content

> Immature is a word that boring people use to describe fun people.

> > Will Ferrell

# Embracing Discomfort?



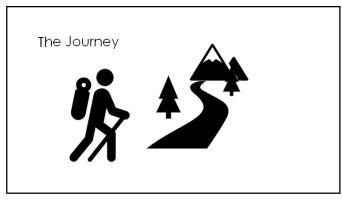
- Discomfort can be as a sign that something is wrong.
- People experience an impulse to avoid, attack, or otherwise mitigate the perceived source of the discomfort.
- Acting on those impulses can come at a cost

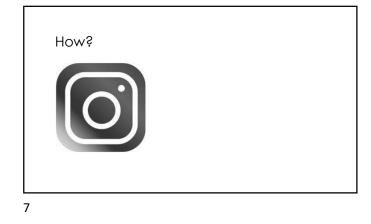
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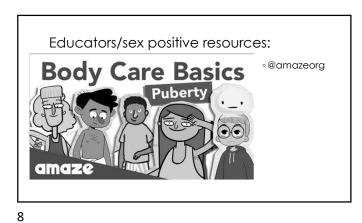
# **Embracing Discomfort**

- Helpful Perspective-Discomfort can be endured.
- Transformative Perspective – Discomfort is an essential part of growth.











# Educators/sex positive resources: • Evelin Dacker

- •@sexmeddoc •@maketimeforthetalk

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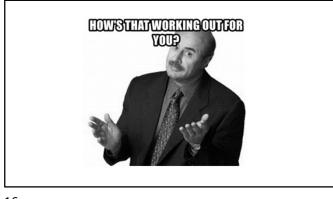














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### Some things I've learned

- I can appreciate and be supportive of other people even if I make different choices about what I choose to do/share.
- How to differentiate between internalized shame/judgment and boundary discomfort.

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### Some things I've learned

- A turning point was to NOT view other people through the lens of imagining how I would feel in the situation.
- People making different choices or living life differently does not mean that they are wrong or that I am wrong.
- Accepting that differences are good does not mean that everything is ok for everyone or that we all need to do the same things.

# Some things I've learned

• Sometimes people make judgments about us based on who we choose to follow/interact with on social media.

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### Self Assessment

- Have I processed my own thoughts, feelings, and beliefs about sex?
- About masturbation?
- About porn?
- About kink?
- About alternative relationship structures?

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### Self Assessment

- $\circ\,\text{Do}\,\text{I}\,\text{know}$  where my beliefs about sex come from and why I have them?
- Do I think that my beliefs are "right"?
- How comfortable am I discussing sex outside of the context of problematic sexual behavior?

## What is sex negativity?

- Assuming that human sexuality (or certain legal, consensual types) is inherently:
- ∘dirty
- dangerous
- disgusting
- ∘unnatural
- uncontrollable
- ∘harmful
- ∘risky

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## Sources of Negativity

- $\circ$  1) The nature of our work.
- $\,{}^{\circ}\,\text{2})$  Training and history of our field

3) Culture



### Sources of Negativity: History

- Advanced the cause of treatment for people with sexual behavior problems (moving away from moral/religious solutions)
- BUT being steeped in Victorian sexual viewpoints, it essentially avoided talking about healthy sexuality, pathologized homosexuality, and focused on pathological (a.k.a. "perverse") sexual behavior

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### Sources of Negativity: History

• Freud

- Advanced for the time and contributed to the acceptance of psychotherapy
- BUT theories codified the idea that there is one ideal way to function sexually and that anything outside of that way of functioning is pathology that can be understood and treated to bring a person into "the norm." \*

• Sexual impulse is primitive and needs to be controlled.

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# \* note

There is evidence that Freud's views changed over time and he did not see homosexuality as pathology.

Homosexuality is assuredly no advantage, but it is nothing to be ashamed of, no vice, no degradation, it cannot be classified as an illness; we consider it to be a variation of the sexual function produced by a certain arrest of sexual development. Many highly respectable individuals of ancient and modern times have been homosexuals, several of the greatest men among them (Plato, Michelangelo, Leonardo da Vinci, etc.) It is a great injustice to persecute homosexuality as a crime and cruelty too.

### Sources of Negativity: History

• Psychological research

- Hargons et al (2017) reviewed a sample of 61 years' worth of published work about sexuality (1954-2015) in two major counseling psychology journals.
- Out of 188 human sexuality studies that met inclusion criteria, only 5% used a sex-positive perspective.
- 70% were categorized as sex-negative (i.e. using "disease" or "problem" models).

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### Sources of Negativity: History

- Forensic Sexology vs. Human Sexology (Miner, 2006)
- Forensic sexology seeks to eliminate deviant fantasies, while human sexology seeks to understand them.
- Human sexology views the shame associated with "deviant" fantasies as potentially contributing to unhealthy sexual behavior, and would therefore see safe and open communication as a necessity.

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### Sources of Negativity: History

- Forensic Sexology vs. Human Sexology (Miner, 2006)
- Forensic sexology requires polygraph because offenders are not seen as trustworthy. Human sexology assumes that people who sexually abuse can be motivated and the treatment process can be trusted.
- Forensic sexology emphasizes treatment techniques. Human sexology perspective emphasizes therapeutic relationship to produce positive outcomes.

# Sources of Negativity: Culture

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### The charmed circle (Rubin, 1984)

Western values establish a hierarchy of sexual behaviors.

Behaviors inside the circle are considered good or natural.

Behaviors outside the circle are considered bad, unnatural, or condemned.

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### The charmed circle (Rubin, 1984)

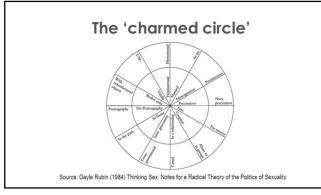
INSIDE heterosexual married monogamous procreative non-commercial in pairs in a relationship OUTSIDE homosexual "in sin" promiscuous non-procreative for money alone or in groups casual

### The charmed circle (Rubin, 1984)

INSIDE same generation in private no pornography bodies only vanilla

### OUTSIDE cross-generational "in the park" Pornography manufactured objects BDSM

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### Is our culture sex negative?

- Problematic but prevalent attitudes about sex:
- Dress codes for schools that are mostly about girls.
- Telling girls that they distract boys by wearing certain clothes.
- Less societal outrage about violence toward sex workers and trans women
- Abstinence-only sex education and sex education that only teaches about reproductive sex
- Purity culture
- Slut-shaming and victim-blaming



What does it mean when people find this more offensive

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## What is Sex Positive?

- Removing shame and judgment from discussion of sexual interests and all forms of consensual, ethical sexual behavior.
- Believing that people can have sex any way they want, with whomever they want, so long as there is full and affirmative consent from anyone involved.
- Considering sex a beneficial and healthy part of humanity.

### What is Sex Positive?

- Positive Sexuality Framework (Williams et al, 2015)
- 1) Positive refers to strengths, well-being, and happiness
- •2) Individual sexuality is unique and multifaceted
- 3) Positive sexuality embraces multiple ways of knowing
- •4) Positive sexuality reflects professional ethics

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### What is Sex Positive?

- Positive Sexuality Framework (Williams et al, 2015)
- 5) Positive sexuality promotes open, honest communication.
- 6) Positive sexuality is humanizing and inclusive.
- •7) Positive sexuality encourages peacemaking.
- $\circ$  8) Positive sexuality is applicable across all levels of social structure.

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### An identity shift

- $\circ \mbox{Think}$  about the ways that we define our professional identities.
- Sex offense-specific therapist/treatment provider
- Sexual abuse prevention professional
- Sex offense management professional

## An identity shift

• What if we add

• Sexual wellness professional?

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### Sexual Wellness (WHO, 2006)

• "...a state of physical, emotional, mental and social well-being in relation 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."



How does our work shift if healthy sexual behavior is the goal?

If an unhealthy outlet is given up, we should help people develop and express healthy replacement behaviors.

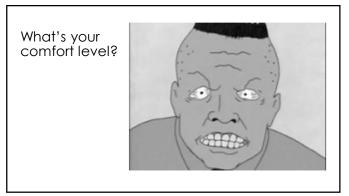
Have open and nonjudgmental conversations about appropriate methods for meeting sexual needs and what is healthy for that person.

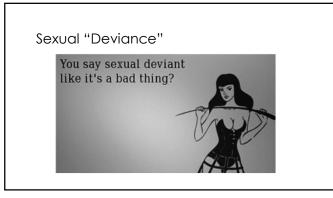
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How does our work shift if healthy sexual behavior is the goal?

Shift from moral framework (Right vs Wrong) to ethical framework (balance of individual wants/needs with wellbeing of everyone involved)

alance avoidance goals with approach goals.





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# Sexually Deviant? Or Unhealthy/Harmful?

 Paraphilia = Abnormal / beyond usual (para) + Love (philia)

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# Paraphilic Disorders vs. Paraphilias

- Abnormal, potentially harmful to others, and causes functional impairment (paraphilic disorder) vs. kinky or "unusual" (paraphilia)
- Paraphilic Disorder is a diagnosis
- Paraphilia is a descriptor

# What is deviant?

- It is helpful to think of a continuum between healthy sexual behavior and unhealthy sexual behavior.
- For people who have offended, some activities may be off-limits that would be healthy for non-offenders.

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### Sexual Fantasies (Lehmiller, 2018)

- Information about sexual fantasies based on large scale online survey of sexual fantasies, published in TELL ME WHAT YOU WANT
- N = 4175 adults (all US citizens or residents)
- •Mean Age = 32 (SD = 13.57; Range 18-87)
- 50% male-assigned at birth, 49% female-assigned
- 49% male-identified, 46% female-identified, 5% non-binary
- •72% heterosexual, 13% bisexual, 6% gay/lesbian 4% pansexual
- •79% White, 21% racial minority
- 55% monogamous romance, 14% open relationship, 24% single

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### Why do we fantasize? (Lehmiller, 2018)

- $\circ\,\text{Most}$  popular reasons people reported having fantasies about sex:
- To experience sexual arousal (reported by 79.5% of participants)
- Because you're curious about different sexual experiences and sensations (reported by 69.8%)
- To meet unfulfilled sexual needs (reported by 59.7%)
- $\,{}^\circ\mbox{To}$  temporarily escape reality (reported by 59.4%)
- To express or fulfill a socially taboo sexual desire (reported by 58.4%)

### Why do we fantasize? (Lehmiller, 2018)

- To plan out a future sexual encounter (reported by 55.7%)
- To relax or reduce anxiety (reported by 43.6%)
- $\circ$  Because you're bored and don't have anything else to do (reported by 40.0%)
- $\,\circ\, \text{To}$  feel more sexually confident (reported by 32.5%)
- $\,{}^\circ\mbox{To}$  meet unfulfilled emotional needs (reported by 29.8%)
- To block out distractions during sex (reported by 19.8%)
- $\circ$  To compensate for an unattractive or undesirable partner (reported by 11.8%)

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# What do we fantasize about? (Lehmiller, 2018)

- Most common sexual fantasies
- 1. Multipartner sex
- $^{\circ}$  2. Power, control, and rough sex
- $\,{}^{\circ}$  3. Novelty, adventure, and variety
- $\,{}^{_\circ}\,\textbf{4}.$  Taboo and forbidden sex
- 5. Passion, romance, and intimacy
- 6. Nonmonogamy and partner sharing
- $\,{}_{\circ}\,$  7. Erotic flexibility and gender bending

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### What is deviant?

• Survey data suggests that many fantasies considered "deviant" are actually fairly common.

What is deviant? (Joyal & Carpentier, 2017)

- •Surveyed 1,040 adults in Quebec, Canada—sample designed to be close to demographically representative of the population
- Participants were asked about desires and behaviors for the 8 paraphilias listed in the DSM-5
- 45.6% acknowledged desire for at least one paraphilia; 33.9% had engaged in at least one paraphilic behavior
- A relatively small number of fantasies are truly uncommon

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### What is deviant?

- Uncommon interests (e.g., being a furry) might not be harmful to act out;
- Common interests (e.g., voyeurism) might not be harmless

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### What is deviant?

- Determining whether something is relevant for treatment
- 1) consent
- •2) harm/distress
- •3) relationship to offending behavior

# Example: Hypersexuality

- What is our frame of reference for "normal"?
- Rests on the assumption that there is a certain amount of sexual desire that is "normal" and that interest/arousal above or below that level is "deviant."

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### Example: Hypersexuality

• Can lead to an assumption (for everyone – not just our clients) that having too much (or too little) sexual interest is a problem that has some etiology and requires some kind of change or effort to manage.

∘ Is this accurate?

∘ Is this a helpful way to think?

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### Example: Hypersexuality

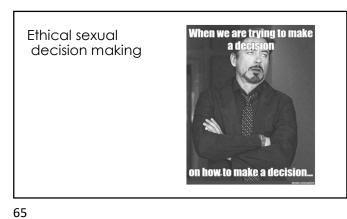
 Discussion of level of sexual interest as a dimensional construct. Some people have more, some people have less, all people deserve to be respected, accepted, and appreciated.

# Example: Hypersexuality

• When is it a problem that requires attention or intervention?

• Is high desire always a risk factor?

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## Ethical sexual decision making

- $^\circ$  Steps adapted from Ethical Decision Making Framework (PMI, 2011)
- Assessment
- Alternatives
- Analysis
- Application
- Action

### Ethical decision making

• Assessment of the dilemma

- Am I considering doing something illegal or could it get me in trouble?
- $\circ$  Am I considering something that could hurt me or other people?

• Is what I am considering consistent with my values?

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## Ethical decision making

### • Alternatives that are available

- $\circ\,\text{List}$  all possible choices for meeting a need without judgment.
- $\,{}^{\circ}\,\mbox{Generate}$  a list of pros and cons to each choice.
- $\,{}^{\circ}\,\mbox{What}$  is the best choice based on this list?

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### Ethical decision making

### • Analysis of choice

- Would this choice be viewed positively by people who have my best interests at heart?
- Imagine yourself in a year. How would this choice look in hindsight?
- Am I in a good space mentally and emotionally to make a healthy and positive choice?
- Can I delay making a choice at this time?

## Ethical decision making

- Application of ethical standards
- $\circ$  Would this choice be fair and beneficial to everyone involved?
- How would this choice look from the perspective of other people involved in the behavior or affected by your choice if they knew your decision making process?
- Does your choice result in the greatest good for everyone involved?

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## Ethical decision making

### Action

 Would you be willing to take responsibility for your choice publicly?

• Did you have enough information about the options to feel like you are making the best possible decision?



# What about porn?

• What is the goal of discussing in treatment?

- ${\scriptstyle \circ}\,$  Is it better to think about:
- $\circ$  Making sure they know it is harmful and risky so they don't do it.

∘ OR

• Providing education and skills to build the ability to make informed and ethical choices.

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# What about porn?

- In terms of sex acts, porn seems to reflect our fantasies more than it shapes them
- 16% of respondents said their favorite fantasy stems from porn exposure
- 81% have sought porn that reflects favorite fantasy (Lehmiller, 2018)

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# What about porn?

• What is ethical pornography?

• made legally

- $\circ\, \text{respects}$  the rights of performers
- allows for consent and negotiation of specific acts
- provides fair compensation and safe and appropriate working conditions
- Depicts both fantasy and real-world sex and celebrates sexual and body diversity

# What about porn?

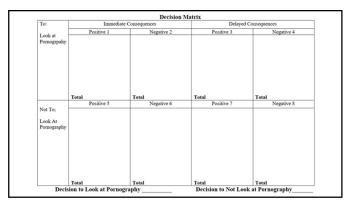
- Where can one find ethical pornography?
- <u>https://makelovenotporn.tv</u>
- <u>https://www.brightdesire.com</u>
- $\circ\,\underline{\text{https://lustcinema.com}}$  and  $\underline{\text{https://erikalust.com}}$
- <u>https://lustery.com</u>
- <u>https://www.bellesa.co</u>
- <u>https://Pinklabel.tv</u>

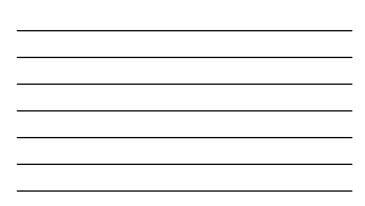
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# What about porn?

•Pornography Decision Making

 From Internet Behavior Consulting (internetbehavior.com)





### **Pornography Decision Matrix**

You will see that there are 8 blocks that are numbered. Begin by asking what would be the immediate positive

consequences if I engage in the behavior.

List these immediate positive consequences in Block 1.

Rate each of the immediate positive consequences in Block 1 on a scale of 1 to 10, with 10 meaning that it is a very important to immediate positive consequence.

Put the number right after the consequence.

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### **Pornography Decision Matrix**

Add the numbers up for Block 1 and put the number in bottom left corner of the block.

Now ask yourself what would be the immediate negative consequence if I engage in the behavior.

List the negative consequences in Block 2.

Rate each of the immediate negative consequences in Block 2 on a scale of 1 to 10, with 10 meaning that it is a very important consequence.

Complete each box in the same manner but know that boxes 3, 4, 7 and 8 are the delayed consequences of the behavior.

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### **Pornography Decision Matrix**

Delayed consequences are those that continue hours, days, months after the behavior.

Pay attention that in boxes 5, 6, 7, and 8 you are asking yourself what if I choose not to do the behavior.

What would be positive about this decision and what would I miss out on if I didn't do the behavior?

When done, add the totals of boxes 1, 3, 6 and 8 and totals of boxes 2, 4, 5, and 7.

Based on my score, should I engage in the behavior or not?

# Making the shift: framing the goal of treatment as healthy sexual behavior

- Be curious. Challenge yourself. Get out of your comfort zone.
- Deliberately seek ways to encounter and learn from people whose experience is different from your own.
- Be careful not to conflate your personal values and experiences with what constitutes a reasonable and realistic solution for the client.

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# Making the shift: framing the goal of treatment as healthy sexual behavior

- Shift from moral framework (Right vs Wrong) to ethical framework (balance of individual wants/needs with wellbeing of everyone involved)
- Move from avoiding reoffense as the only measure of success to supporting development of a healthy and satisfying sexual life.

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# Making the shift: framing the goal of treatment as healthy sexual behavior

- Move away from finding a way to say no. Focus on what a person CAN do.
- Work in treatment to build skills of ethical sexual decision making and sexual self-regulation.

# Making the shift: framing the goal of treatment as healthy sexual behavior

- Help participants feel safe to articulate and explore their ideal sexual landscape.
- Explore the relationship between a person's sexual interests and their risk.
- Help each individual define what constitutes a healthy vs. unhealthy fantasy and appropriate masturbatory stimuli so that they can independently make better choices.

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