

# Talking About Sex in Sex Offense Treatment: Practical Approaches for Professionals

*Nikole Nassen, PhD*



# Objectives

- ▶ Explain why SOTP treatment providers need to talk about sex and why it's difficult.
- ▶ Describe techniques for how to talk about sex in various contexts of sexual offense treatment.
- ▶ Initiate discussions about client sexual attractions and provider reactions when discussing sex in sexual offense treatment.
- ▶ Use diverse techniques for discussing sex and sexuality.



# Part 1: Why we should talk about sex (and why we don't)

# Focal points in SOTP

## Dynamic Risk Factors

- ▶ Poor Problem-Solving
- ▶ Negative Emotionality
- ▶ Significant Social Influences
- ▶ Capacity for Relationship Stability

(Fernandez et al., 2014)

## Protective Factors

- ▶ Self-Control
- ▶ Leisure Activities
- ▶ Work
- ▶ Supervised Living

(Kelley et al., 2022)

## Life Goals

- ▶ Inner Peace
- ▶ Happiness

(Yates et al., 2010)

# Where we need to talk about sex

## Dynamic Risk Factors

- ▶ Deviant Sexual Preference
- ▶ Sex as Coping
- ▶ Sex Drive / Preoccupation
- ▶ Capacity for Relationship Stability

## Protective Factors

- ▶ Sexual Self-Regulation
- ▶ Prosocial Sexual Interests
- ▶ Prosocial Sexual Identity

## Life Goals

- ▶ Inner Peace
- ▶ Happiness

## Healthy Sex / Consent

(Watter & Hall, 2020)



# Why talking about sex is difficult for treatment providers

- ▶ Focus on avoidance goals
- ▶ Discomfort / lack of training on sexuality
- ▶ Discomfort discussing paraphilias
- ▶ Concerns about boundaries (Buehler, 2022; Luca, 2018)
- ▶ Competing treatment needs
- ▶ Client reinforcement of avoidance of sexual discussions

# Factors that may keep clients from talking about sex

- ▶ Discomfort / shame / lack of familiarity with talking about sex
- ▶ Trauma
- ▶ Lack of sexual knowledge
- ▶ Belief that talking about their sex lives is disrespectful to partner
- ▶ Concerns that talking about sex will lead to:
  - ▶ Negative perceptions
  - ▶ Sex-negative messaging
  - ▶ Restrictions / Assignments
  - ▶ Legal problems (Stephens et al., 2021)



# What do we do about this?

- ▶ Training
- ▶ Supervision and Consultation
- ▶ Provide Structure
- ▶ Address Concerns
- ▶ Develop Therapeutic Alliance (Marshall, 2005)
  - ▶ Warmth, Empathy, Rewards, Directiveness
  - ▶ Supportive challenges vs Confrontation





## Part 2: How to talk about sexual topics in treatment



# Where to start

- ▶ Limits of confidentiality: What will happen if...
- ▶ Setting the tone: When and Why
  - ▶ Meeting treatment goals
  - ▶ Dynamic Risk, Protective Factors, Life Goals
  - ▶ Expectations in treatment
- ▶ Why these conversations may be difficult and how to proceed



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# Ways of talking about sexual treatment needs

- ▶ Direct questions
- ▶ Journalling or behavior monitoring
- ▶ Assignments specific to:
  - ▶ Understanding offense
  - ▶ Addressing dynamic risk
  - ▶ Clients' sexual wants and goals
  - ▶ Healthy sexuality / Consent
- ▶ Assessments

# Paraphilic Interest Vignettes

## ▶ Bob

- ▶ Sexually assaulted his 8-year-old nephew on three occasions and sexually assaulted his nephew's 9-year-old friend on one occasion while babysitting
- ▶ Has a history of viewing child sexual exploitation media
- ▶ Reports being intoxicated when offending
- ▶ Reports lack of romantic partner contributed to offending
- ▶ Demonstrated strong arousals to prepubescent males on PPG

# Paraphilic Interest Vignettes

## ▶ Tony

- ▶ Hid cameras to record women changing in dressing rooms at clothing stores
- ▶ Reports excitement related to “outsmarting everyone”
- ▶ Reports “only occasionally” masturbating to the videos he recorded
- ▶ Recalls early memories of seeing his sister and her friends getting dressed for school and “sometimes” masturbates to these memories
- ▶ Has a history of walking by houses in the early morning to see what his neighbors do before work

# Talking about paraphilic interests

- ▶ Why we should talk about this:
  - ▶ Assessments
  - ▶ Offenses / History
  - ▶ Comments made or behaviors noted in treatment
- ▶ Is it safe to talk to me about this?
- ▶ What does this term mean to you?
- ▶ Can you distinguish facilitation from motivation? (Seto, 2019)



# What might be contributing to this attraction

- ▶ Physical attractions
- ▶ Emotional identification
- ▶ Lonely / Fears of rejection
- ▶ Thrill-Seeking
- ▶ Attraction to non-consent
- ▶ Attraction to pain
- ▶ Anger / Punishment





# What we do with problematic sexual interests

- ▶ Acknowledge and Understand (Blagden et al., 2018; Jahnke et al., 2023)
- ▶ Safety Planning
- ▶ Arousal Management (Gannon et al., 2019)
- ▶ Healthy Sexual Scripts

# Healthy Sex and Consent – Discussions

- ▶ What are you looking forward to / what's a reason to avoid problematic sexual behaviors?
- ▶ How do you make consent attractive?
- ▶ How do you know that consent is present without making sex awkward?
- ▶ How do you want yourself / your partner to feel after sex?
- ▶ How will you respond to differences in sex drive in your relationship?
- ▶ How would you tell a partner about your sexual desires or learn about theirs?
- ▶ What are your sexual boundaries and how would you explain them to a partner?
- ▶ What messages have you received about sex and \_\_\_\_\_
  - ▶ Masculinity?
  - ▶ Rejection?
  - ▶ Sexual Orientation?

# Healthy Sex and Consent – Using Resources

- ▶ Tea and Consent

<https://www.youtube.com/watch?v=pZwvrXVavnQ>

- ▶ Why is consent more difficult when it comes to sex?
- ▶ What does it mean when someone doesn't want to have sex with you?

- ▶ The CERTS Model of Healthy Sex

<https://www.healthyplace.com/sex/good-sex/the-certs-model-of-healthy-sex>

- ▶ In addition to consent, what else is involved in healthy sex?
- ▶ What elements of healthy sex might be missing in impersonal sex?

# Healthy Sex and Consent – Using Resources

- ▶ Research on sexual frequency and behaviors (ex: Herbenick et al., 2017; Herbenick et al., 2021; Herbenick et al., 2021; Ueda et al., 2020)
- ▶ Sex Made Simple: Clinical strategies for sexual issues in therapy (McCarthy, 2017)
  - ▶ Understanding common behaviors and trends related to sexuality
  - ▶ Creation of sexual styles
  - ▶ Addressing common sexual issues
- ▶ Gott Sex? (Gottman & Gottman, 2012)
  - ▶ Combining sex and intimacy
  - ▶ Asking for and saying no to sex
  - ▶ Creative ways of meeting sexual wants



## Part 3: Attractions & Responses



# Possible signs of client attraction:

- ▶ Providing too much detail about sexual behaviors / fantasies
- ▶ Commenting on provider's appearance
- ▶ Asking sexual or romantic personal questions
- ▶ Comparing the provider to a romantic partner
- ▶ Asking provider to meet outside of session
- ▶ Asking if the provider sees them as attractive
- ▶ Giving gifts
- ▶ Expressing sexual attraction or romantic interest



# What is the function of the behavior?

- ▶ Interest in provider
- ▶ Sexual preoccupation
- ▶ Desire for help
- ▶ Efforts to comply with expectations
- ▶ Boundary pushing / Exerting control
- ▶ Efforts to connect with / distance from provider (Hartl et al., 2007)



# Sexual attraction toward providers

- ▶ Client vulnerabilities – Limited social contacts, interpersonal conflict, loneliness, feeling unlovable or unworthy, limited relationship experience (Rabasco et al., 2023)
- ▶ Sexual preoccupation and history of blurring relationship lines
- ▶ Therapist qualities – attentive, warm, empathic, positive regard
- ▶ Transference
  - ▶ Erotic vs Eroticized



# Responding to the client

- ▶ Consider function of behavior (Hartl et al., 2007)
  - ▶ Is Tony trying to express appreciation for the help you've provided?
  - ▶ Is Tony expressing attraction?
- ▶ Teach or model appropriate responses
  - ▶ Here's a different way you might try to express appreciation.
- ▶ Gently bring comments to client's attention
  - ▶ I noticed that you've compared me to your partner a couple times now. Why do you think that is?
- ▶ Process possible reasons for the comments
  - ▶ Are you perhaps concerned about whether you'll find a romantic partner? Or might this relate to feelings about me?



# Responding to the client

- ▶ Normalize reactions but manage behavior
  - ▶ Attractions are common and make sense in this context. How do we acknowledge and process attractions when the relationship will not be sexual or romantic?
- ▶ Set expectations and boundaries
  - ▶ Sessions only happen in this office and the group room.
  - ▶ I won't be discussing my personal life. Here's why...
- ▶ Refer out as needed



# Reactions to clients talking about sex

- ▶ Remember what we bring to the session:
  - ▶ What is apparent
  - ▶ What is perceived
  - ▶ What is influencing us
- ▶ How might what we bring to session affect the client?
- ▶ How might what we bring to session effect how we feel about the client?
- ▶ How do these conversations with these clients affect us?

# Reactions to clients talking about sex

- ▶ Notice reactions:
  - ▶ Anger/Discomfort/Disgust
  - ▶ Interest
  - ▶ Anxiety/Fear/Uncertainty/Guilt
- ▶ Ask ourselves:
  - ▶ What does this reaction tell me about myself?
  - ▶ What does this situation or this client remind me of?
  - ▶ What does this reaction tell me about this client?
- ▶ Consult
  - ▶ Create a culture where talking about sex is safe/expected/encouraged (Hartl et al., 2007)

# QUESTIONS?

[NIKOLE.NASSEN@NAVY.MIL](mailto:NIKOLE.NASSEN@NAVY.MIL)

(858) 307-7043