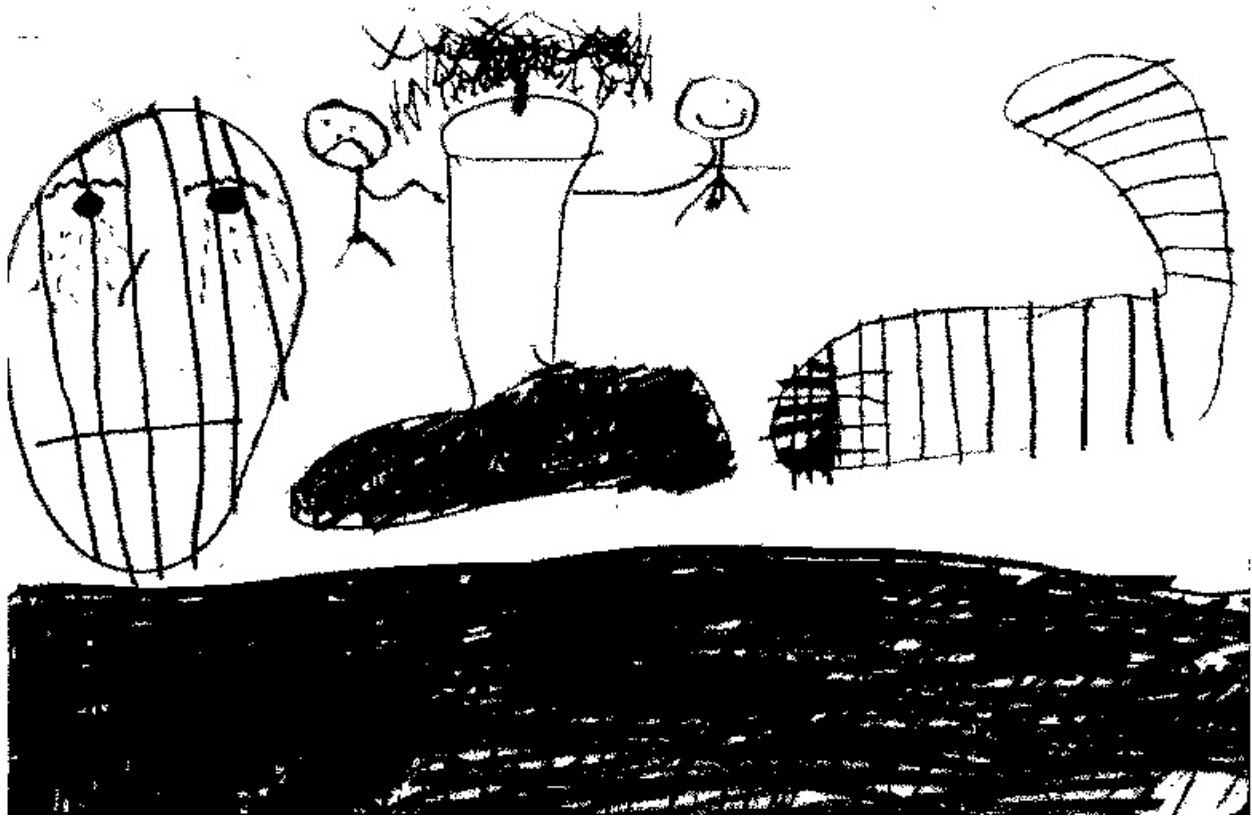


# THE TEN TYPES: #1 - FANTASY SEX

<b>Arousal Template</b>	Sexually charged fantasies, relationships, and situations.
<b>Description</b>	Arousal depends on sexual possibility. Obsession and preoccupation is a way to prolong the feeling; Obsession can be heightened by masturbation, supercharged relationships, and sexualized environments. Observing or “spying” added to obsessive life, as does “acting out” the fantasy. Orgasm or even sexual contact may destroy the obsession; it is best when on the “verge” of being sexual. While direct sexual contact with others is avoided, sexual contact with self may be very compulsive.
<b>Behaviors</b>	Although a wide variety of behaviors characterize the fantasy sex addict, the most common include chronic and compulsive masturbation which may or may not include pornography. Typically for the fantasy sex addict, the mental imagery is the pornography that fuels the acting out. Feelings that accompany these obsessive fantasies often include the myths that “in order to be loved, I must be sexual,” or that “sex and love are one in the same.” Also, feeling anxious, depressed and using sex as away to medicate those feelings. Neglecting responsibilities in order to engage in fantasy and/or prepare for your next sexual episode is common among fantasy sex addicts.
<b>Typical Thought Distortions</b>	Fantasy sex addicts believe that “sex is love” and that “the goal of sexuality is to engage in the ultimate fantasy once constructed in the mind. Fantasy addicts often justify and minimize their sexual thoughts and feelings by telling themselves that “everyone is sexual,” or “I just need more than other people.” Fantasy addicts convince themselves that the only way to deal with reality is to escape in fantasy and they cannot survive without sexual obsession and compulsion.
<b>Signs of Escalation</b>	As the disease progresses, fantasy addicts spend more time in the unreal world of the addiction. They find themselves planning their lives around sexual fantasy and behavior. Time is lost at work while in fantasy or spending coffee breaks and lunch hours masturbating. Fantasy can often progress further as the addict tries to heighten their sexual arousal by modifying their fantasy to include more high-risk behavior and then trying to make that fantasy a reality; when the fantasy goes on long enough without intervention, the fantasy addict finds themselves in more progressively dangerous places.
<b>Collateral Mental Health / Addiction Issues</b>	Disassociation is common among fantasy addicts, since much of their time is spent in the world of the unreal. Often the fantasy addiction will engage in other “soothing” addiction, such as eating, alcohol, marijuana, and hallucinogens as a way to enhance their escape and avoid reality as long as possible.
<b>Childhood Experiences</b>	Caregivers were often very seductive by creating a highly eroticized relationship that may not have been acted upon. Sexual joking or play would be taken just to the “brink” of being sexual. As children, fantasy sex addicts, were often highly rewarded for seductivity and sexual prowess.
<b>Interventions</b>	Cognitive restructuring which would focus around the seductive eroticism that these addicts have come to know so well. Assist the client in learning the import role the obsession in maintaining the affective balance. Developing and planning for the abstinence from particular scenarios and behaviors. Examine and revise rituals that may be a part of the sexual acting out to promote a more physically and emotionally healthy lifestyle.
<b>Relapse Prevention</b>	Develop abstinence contracts for both specific fantasy and behaviors. Give clarity to what defines bottom-line behaviors. List the many hidden consequences to a secret fantasy life, including time and money lost, as well as effect on primary relationship.



*Picture 1: Fantasy Sex - A young man drew a picture of his foot fetish. The client's picture speaks to the pain, confusion and entrapment of his disease. A fetish is described as an object or body part whose real or fantasized presence is psychologically necessary for sexual gratification. This client was only able to achieve an erection when engaged sexually with his fetish, such as sucking a woman's toes while masturbating or having a woman use her feet to masturbate him. The penis is held erect by a dark shape resembling a shoe. This client talked about growing up as an only child without a father and of being in an emotionally enmeshed relationship with his mother. He has vivid memories of a group of women who came to his house weekly to play cards and how he spent the afternoon under the card table looking at their feet and legs. The client acknowledged that he experienced shame and embarrassment in witnessing the rawness of his artwork.*

### Research Findings:

- Bramblett & Darling (1998) studied sexual fantasies of adult male survivors of child sexual abuse. The results indicated that male childhood abuse may contribute to the prevalence of sexual thoughts and fantasies about sexual contact with male children and adolescents.
- Koukounas & Over (1997) investigated male sexual arousal elicited by film and fantasy and matched in content. Film elicited higher levels of physiological and subjective sexual arousal than was found for fantasy involving similar sexual content. The difference remained the same when allowance was made for differences in level of absorption between the two modalities.
- A study on gender differences in sexual fantasy among 788 British Ss showed that males would be more inclined to fantasize sex with anonymous and multiple partners than females. Females' sexual fantasies would suggest a desire for close-bonded and famous partners (Wilson, 1977).
- O'Donohue, et al's (1997) validation study on Paraphilic sexual fantasy questionnaire (SFO). Aspects of reliability were addressed in a sample of

convicted child molesters and a group of male undergraduates. Validity of the SFQ was supported by the finding that child molesters reported significantly more deviant fantasies involving children than comparison Ss.

- Branaman (1997) explores the role of fantasy in the treatment and evaluation of sexual obsessions and compulsivity. Accordingly, sexual fantasy is often minimized as sexual acts which have resulted in significant personal consequences are kept secret only to actively maintained within the imagination of the individual.
- A study on masturbation prohibition in sex offenders by Brown, et al. (1996) suggested that sexual sobriety from masturbation does not aid in control of pedophilic fantasies, therefore, not decreasing sexual urges.
- Looman (1996) concludes that sexual fantasy monitoring should become an important component in the treatment of child molesters.

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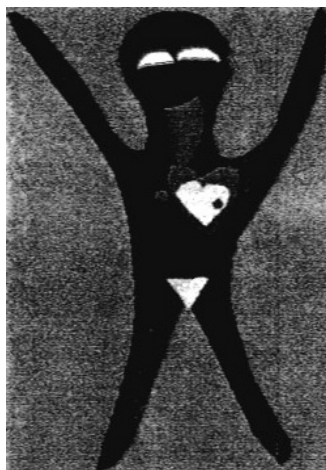
## THE TEN TYPES: #2 – SEDUCTIVE ROLE SEX

<b>Arousal Template</b>	Seduction of partners.
<b>Description</b>	Arousal is based on conquest and diminishes rapidly after initial contact. Arousal can also be a function of power and the maintenance of power as in sexual harassment or multiple families. Arousal can be heightened by increasing risk and/or number of partners.
<b>Behaviors</b>	The seductive role addict uses their sexuality to gain control over others. They often have many relationships at the same time or a series of successive relationships. Seductive role addicts often have extramarital affairs and hustle in singles clubs, health clubs, or bars. The seductive role addict is often flirtatious with others and believes that if they secure a victim, they will have power over them.
<b>Typical Thought Distortions</b>	Thought distortions here are often connected with personal uniqueness, entitlement, or capacity (e.g., one person is not enough to fill my needs). Seductive addicts often minimize the impact that they have on self or others. They often fail to see the complexity and *** implicit to relationship style.
<b>Signs of Escalation</b>	The seductive role addict often increases their number of sexual contacts so that they may progress through various sexual conquests. They often engage in many short-lived relationships and are constantly seeking other relationships even in the midst of a sexually satisfying one. The seductive role addict's ability to perform normal tasks due to time commitment in relationships become impaired.
<b>Collateral Mental Health / Addiction Issues</b>	Alcohol and drugs are often associated with the seduction scenarios. Disassociation allows the seductive role addict to successfully compartmentalize their various relationships.
<b>Childhood Experiences</b>	Family environments for the seductive role addict is characterized by depression, sexual aversion, and abandonment. It is often the classic "failure to bond" scenario in families where addictions of all varieties were sustained by extreme rigidity or extreme chaos. Seduction by a caregiver or witnessing sexually seductive conquests within the family are not uncommon.
<b>Interventions</b>	The seductive role addict must learn to set limits on their relationships with others. Cognitive restructuring would focus on the beliefs about the nature of intimacy and avoidance. Work would need to be done around relationships with peers and friends, in addition to resolution of the many family issues that often exist. Victim empathy issues would need to be addressed so that the seductive role addict may be able to see their role in victimizing others.
<b>Relapse Prevention</b>	Relapse prevention for the seductive role addict is based on the development of realistic images of an "ideal partner" and the ability to notice signs of initiating relationships based on old patterns. The seductive role addict needs to learn what aspects of their current acting out is embedded in their childhood/family history. The addict must get rid of any record of sexual conquests or encounters.



*Picture 1: Seductive Role Sex - Drawn by a female client to depict her habit of cruising bars for men. She is dressed in a seductive manner and wearing her "come fuck me" shoes. She is aroused by the risk factor of having sex with someone she does not know. After he sexual conquest, she quickly loses interest in the men.*

*Picture 2: Seductive Role Sex - Also drawn by a female client. This client appeared considerably younger than her stated age and used her "Little Girl" appeal to lure men. The tear depicted the helpless role portrayed. She used half a face to show how she only allowed people to see one part of her, and how no one knew her at "all of her."*



*Picture 3: Seductive Role Sex - Created by a female client to depict how she feels when she is in her "lustful and powerful" role.*

### Research Findings:

A common behavior that the seductive role sex addicts engage in is having extramarital affairs. There are several studies that have reported interesting statistics regarding this behavior in the United States.

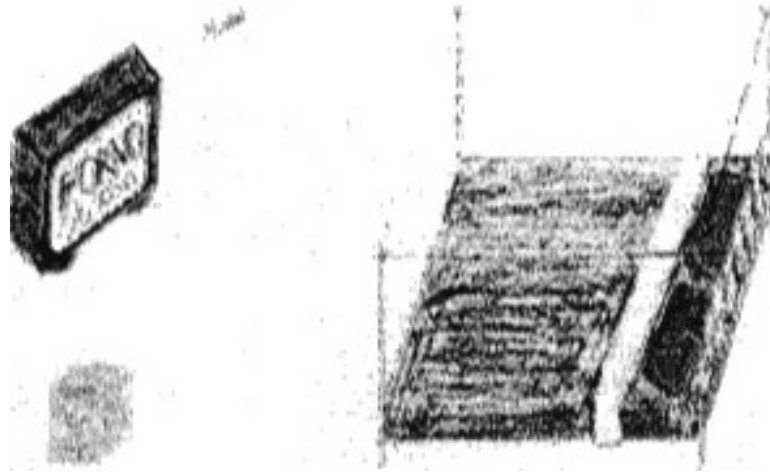
- Atwater (1982), investigated patterns of extramarital affairs. Data indicated some women who claimed to have had affairs reported that they had been looking for someone who could “talk to” or “communicate with.” Furthermore, curiosity and desire for personal growth were more predominant motives for extramarital affairs. People whose friends have had affairs are more likely to have themselves.
- In a study by Glass & Wright (1992) men were generally more approving of extramarital affairs than were women. For those who have engaged in extramarital intercourse, 75% of men are more likely to cite a need for sexual excitement than women (55%). 77% of women are more likely to cite “falling in love” as a justification for their affairs than do men (43%). The results indicate the widely held view that “men separate sex and love; women appear to believe that love and sex go together, and; that falling in love justifies sexual involvement (page 361).
- According to a poll (Painter, 1987), 7% of the wives and 13% of the husbands admitted to having extramarital affairs.
- National Opinion Research Center (1993), reported that 21% of the husbands and 12% of the wives admitted to having extramarital affairs. “Cheating going out of style, but sex is popular as ever” (1993).
- Janus & Janus (1993) reported a higher occurrence of extramarital sex. In their example, more than 1 in 3 men and more than 1 in 4 women.

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## THE TEN TYPES: #3 – VOYEURISTIC SEX

<b>Arousal Template</b>	Visual arousal.
<b>Description</b>	The use of visual stimulation to escape into obsessive trance. Arousal may be heightened by masturbation, risk (e.g., peeping), or violation of boundaries (e.g., voyeuristic rape), but in order for arousal to be maintained, it is illicit somehow and must be visual. Orgasm may or may not be part of the pattern.
<b>Behaviors</b>	Behaviors for the voyeur include viewing sexually explicit videos and photographs, strip/peep shows, patronizing adult bookstores, and watching people through their house windows (both with and without binoculars). Voyeurs often maintain a collection of pornography in various places (e.g., work, car, home) to always have a “stash” available. It is also important to note that voyeurs often sexualize material which is not necessarily sexual. For example, magazines, advertisements, and catalogs which are not sexual in nature, become pornography to the voyeur.
<b>Typical Thought Distortions</b>	Voyeurs often believe that, since they are typically observing sex, they are not engaging in it and therefore believe there are no victims in their sexual acting out. Many times the victim, similar to intrusive sex, is not aware that they are being watched, or they consented to being photographed/videotaped and therefore are not being victimized. Voyeurs also justify their behavior by claiming that the victim dressed provocatively and wanted to be victimized. Voyeurs often claim that they are delighting in God’s creating and still are faithful to their partner.
<b>Signs of Escalation</b>	The amount of money a voyeur spends is typically a good indicator of the escalation of the disease. As voyeurs increase their collections, they often spend money on videos, magazines, and strip bars. As the voyeur’s behavior escalates, the types of materials move from a more low-key sexual material to hard core. In addition to the increase in expense, the voyeur will also spend an increasing amount of time finding and viewing the material.
<b>Collateral Mental Health / Addiction Issues</b>	The use of alcohol and nicotine are commonly used while viewing pornography as a way to heighten sexual arousal.
<b>Childhood Experiences</b>	The number one abuse pattern is being exposed to sexual activities beyond their appropriate developmental level. This would include witnessing sexual acts within the family. Voyeurs often report finding Dad’s pornography collection and living in a Playboy culture. The voyeur often received mixed messages, while the family standards indicate this is inappropriate behavior, the voyeur often discovers different examples of how to get around the family’s standards.
<b>Interventions</b>	Cognitive restructuring is often used with the focus on understanding the mechanism of objectification and its addictive nature; that is, using pornography to escape feelings within self and fears of intimacy with others. The voyeur must define bottom-line types of pornography so that junk mail and clothing ads may be included. Honestly issues in getting the voyeur to admit to all forms of visual arousal reveals all areas where pornography is stored.
<b>Relapse Prevention</b>	All forms of pornography and all stashes of pornography must be eliminated, including the various subscriptions to magazines and connections to the commercial sex industry. Understand the fundamental differences between attraction and obsession. Avoid situations that would start the arousal/addictive cycle mechanisms (e.g., adult channels, route to work past adult bookstores, etc.).



*Picture 1: Voyeuristic Sex ~ A more extreme depiction of loneliness. There is no one in the picture and everything is drawn with an exaggerated need for control and precision. This client left treatment prematurely when his denial system began to crack and the intellectual defenses so evident in this picture were no longer working.*

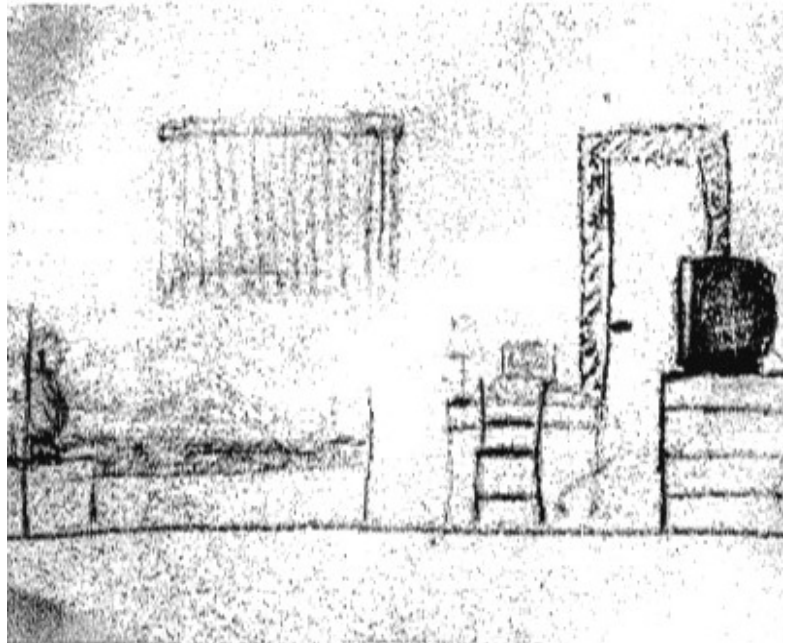


*Picture 2: Voyeuristic Sex - This client was self-described "Peeping Tom." This picture shows the client peeping into the window of a house. He used dark colors to create a night scene, and drew himself with his back to the viewer, wearing a hat to further conceal his identity. He described the picture as "dark and sensitive, just like my addiction." Notice the warm light coming from inside the house. The client, in a previous group has described a sad childhood filled with neglect. As a child, he felt he was always "on the outside looking in." Voyeurism is the ability to be intrusive without discovery. This client had learned to become invisible, like the voyeur, in his childhood and his sexual addiction recreated that pattern. This is often the case since many times sex addicts will recreate in adulthood the very scenarios that were visited upon them as children. Frequently, the elements of abuse and neglect that remain powerful emotional connectors to their childhood reveal themselves in the artwork.*



*Picture 3: Voyeuristic Sex - Great depiction of Internet sex. In artwork, women frequently depicted as sexual objects. This example depicts a female body without the head and just sexual parts drawn. This objectification of women creates environment of anonymous sex for pleasure without risk of intimacy.*

*Picture 4: Voyeuristic Sex - This male client traveled on business. This picture shows him alone in a hotel room with a combination of Internet sex, pornographic movies on the TV, and a telephone for phone sex. The curtains on the window appear to be like bars on a jail cell and the reinforcement of the door frame all speak to the confinement of this client's disease and may be indicative of being controlled or imprisoned by addiction. There is a great loneliness in this picture. Loneliness is the most pervasive feeling expressed in the artwork of sex addicts as evidenced by pictures that contain either no human figures or only humans.*



### Research Findings:

A paraphilia characterized by strong, repetitive urges and related sexual fantasies of observing unsuspecting strangers who are naked, disrobing, or engaged in sexual relations. The voyeur becomes sexually aroused by the act of watching and typically does not seek sexual relations with the observed person (American Psychiatric Association, 1987).

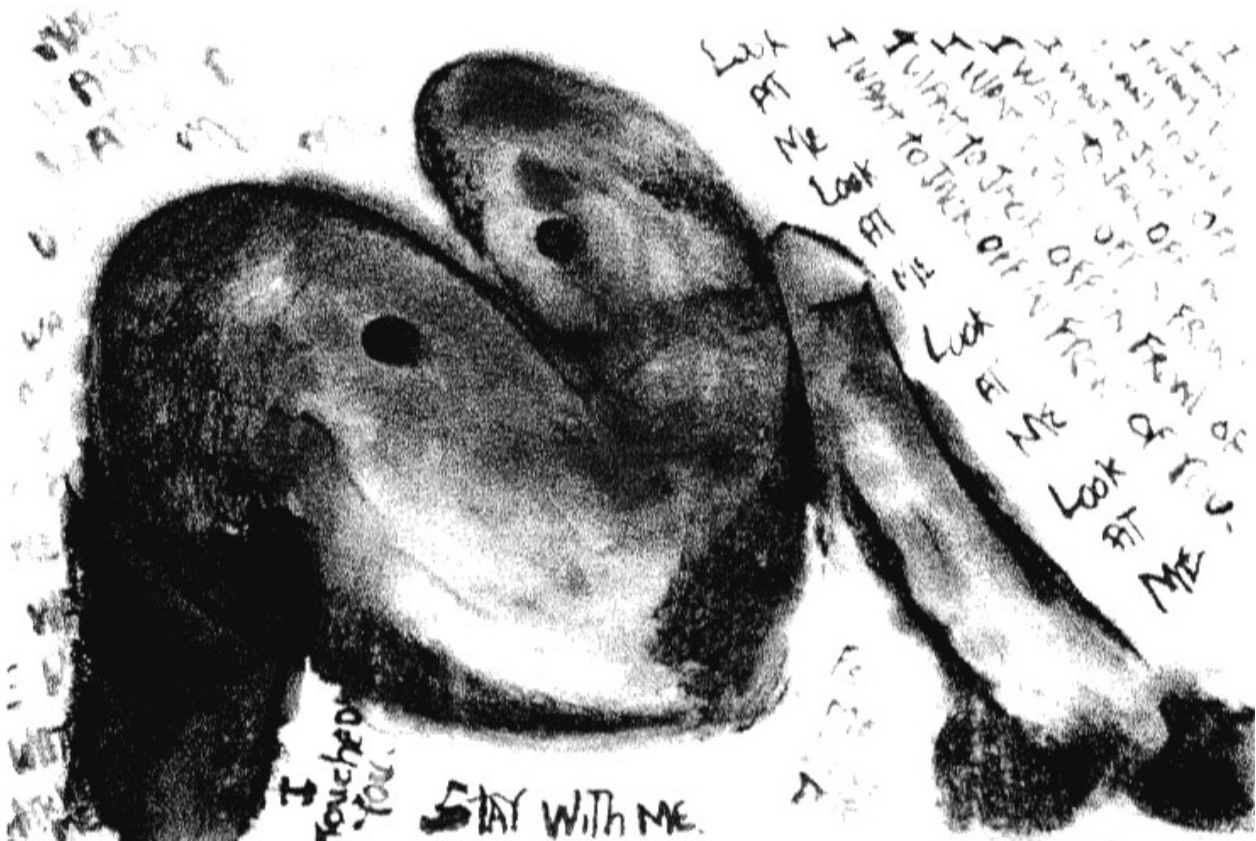
- Voyeurs, in comparison with other sex offenders, tend to be less sexually experienced and less likely to be married (Gebhard, et al., 1965).
- Voyeurs tend to have feelings of inadequacy and poor self-esteem and to lack social and sexual skills (Dwyer, 1988).
- According to Dwyer (1988), voyeurs often were victims of childhood sexual abuse.
- Ross' qualitative study of sexually addicted women (1996) concluded that voyeuristic sex rated among the top engaged behaviors with a rate of 89%. The most common form of voyeuristic sex was printed material.

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## THE TEN TYPES: #4 – EXHIBITIONISTIC SEX

<b>Arousal Template</b>	Attracting attention to body or sexual parts of body.
<b>Description</b>	Sexual arousal stems from reaction of viewer shock or interest. Often this attention seeking pushes cultural norms or violates social conventions and laws. Orgasm may or may not be important to the exhibitionist.
<b>Behaviors</b>	Exhibitionists often expose themselves from a car or within a public area, such as a park, street, or school yard. The exhibitionist may pretend as if they did not intend for others to notice them, (e.g., exposing self by choice or clothing, dressing/undressing in public areas, or from within their own home). However, others masturbate in their cars or in public places such as movie theatres, tanning salons, or dressing rooms with the hopes of another noticing their sexual behavior.
<b>Typical Thought Distortions</b>	The exhibitionist often acts as if others noticing them was accidental and they were not intentionally exposing themselves. Others misinterpret the victim's shock and surprise as sexual arousal and believe all people want to see others sexual body parts. Still others convince themselves that their behavior is not nearly as bad as other forms of sexual acting out since they have no physical contact with their victims. Exhibitionists may convince themselves that men exposing to men is not victimization. Women who expose through their choice of dress may believe that this form of exposing is acceptable and expected in our society, while the male exhibitionist may believe that women who dress provocatively want to be exposed to.
<b>Signs of Escalation</b>	The exhibitionist will begin to take greater risks as their disease progresses. This may be through exposing themselves more often and closer to areas where they will be recognized. The addict may move from pretending to accidentally expose to more aggressive tactics in seeking out individuals to victimize. The exhibitionist may begin to target younger victims and feel more invulnerable to being caught.
<b>Collateral Mental Health / Addiction Issues</b>	The use of alcohol and marijuana are common among those who expose. Disassociation is also commonly associated with exhibitionistic behavior.
<b>Childhood Experiences</b>	Exposers come from families with poor boundaries around sexual activities and nudity. Also early sex play activities involving showing private parts can be incredibly potent - especially if a partner is an adult. Pleasure can be connected to attention-seeking through taking inappropriate photographs, or rewarding exhibitionistic behavior. Children can feel very powerful under these conditions.
<b>Interventions</b>	Helping the exhibitionist to identify the characteristics of the target to which they expose can help facilitate understanding their desire to expose. In addition, developing empathy skills and using counter-conditioning interventions can help the exhibitionist break the addictive cycle.
<b>Relapse Prevention</b>	Exhibitionism is one of the more highly ritualized forms of sexual addiction and may be best addressed by breaking the ritual. This may mean that the exhibitionist must stay away from their typical places where they expose or getting rid of the clothes that they wear when typically acting out. Exhibitionists must also learn to be highly accountable for their time and scheduling by arranging to check-in with a responsible party at regular intervals throughout the day.



*Picture 1: Exhibitionistic Sex - One male client depicted his exhibitionism and sexual intrusiveness by drawing this picture. The picture includes the words, "watch me, watch me," "I want to jack off in front of you," "Look at me" repeated many times. This client has a history of exposing himself while sitting in a parked car. The client said the words in his painting represented his obsessive thoughts about his desire to be watched while exposing himself. He added that this picture expressed his desire to be loved, validated, and "touched" by others through his sexual behaviors. The images are barely contained within the edges of the paper and demand to be seen. The provocative language and shock appeal of the piece offers a visual representation of the client's attention-seeking behaviors, and clearly are boundary violations in their attempt to force the viewer to look at sexually explicit images. An exhibitionist gains sexual arousal from the reaction of the viewer, pushing cultural norms and violating social conventions.*

### Research Findings:

The American Psychiatric Association describes Exhibitionism as a form a paraphilia that "involves the exposure of one's genitals to a stranger. Sometimes the individual masturbates while exposing himself (or while fantasizing exposing himself). The onset occurs before age 18 - the condition becomes less severe after age 40." This form of exhibitionism occurs almost always in males.

- Freund & Blanchard (1986) reported only three cases of female exhibitionism.
- In a recent study by Miner & Dwyer (1997), the profile analysis of exhibitionists indicated that they tend to have issues of trust, shame, and immediate gratification.
- Marshall, et al., (1991), found that the test group of exhibitionists had greater arousal to scenes of exposing than the control group. However, the degree of actual deviant preferences was not marked.

- One in three arrests for sexual offenses involves exhibitionism (Cox, 1988).

Various studies address personality issues; the results vary:

- Langevin, et al., (1979), reported that a significant number of exhibitionists have reported that they hoped that the women would enjoy the experience and be impressed with the size of the penis.
- Dwyer (1988), found exhibitionists to be shy, dependent, passive, lacking in sexual and social skills, and even be inhibited.
- According to Silverstein, (1996), exhibitionists are motivated by the need to get attention and admiration, and to overcome feelings of shame and inadequacy, thus manifesting grandiosity. It is a form of compulsive, narcissistic, acting-out “driven by painful, empty, shameful, self-consciousness and poor self-esteem” (p. 41). Silverstein also suggests that genital exhibitionism could be seen as sexual compulsion that is driven by the need to get high from the sexual pleasure and feelings of power and conquest, and to avoid experiencing painful feelings.

Part of exhibitionistic sex addicts is getting aroused by exposing themselves and then masturbate.

- In a study of 130 exhibitionists, 50% reported that they always or nearly always had erections when they exposed themselves (Langevin, et al., 1979).
- Usually they masturbate, either by exposing themselves or shortly afterwards, while thinking about the act and the victim’s response (American Psychiatric Association, 1987; Blair & Lanyon, 1981).
- In a Canadian study of a 238 sample of exhibitionists, it was reported that they masturbated to orgasm while exposing themselves, or afterwards while fantasizing about it (Freund, et al., 1988).
- Stroller, (\_\_\_7), reported that exhibitionists need to risk being caught to experience a heightened erotic response.

There are research finds that suggest the positive effect medication has in treating exhibitionism. Some of the results indicate:

- A significant decrease of symptoms of a 30-year-old with a 7-year history of exhibitionism after use of fluoxetine (Prozac). (Perilstein, et al., 1991).
- The use of clomipramine significantly reduced to exhibit the self after 3-4 week period. Cases also involved patients with obsessive compulsive disorder. (Wawrose & Sisto, 1992; Torres, et al., 1992; Casals & Cullen, 1993).
- Also, Zihar, et al., (1994), found that compulsive exhibitionism could be treated with fluvixamine (FLU) followed by desipramine (DI). They showed only the use of DI and a single-blind FLU-placebo treatment were both associated with relapses.

Attributions to exhibitionistic behavior:

- Lang, et al., (1989) found evidence of hormonal differences between a group of 16 male exhibitionists and controls. There were significantly increased levels among exhibitionists on the testosterone level that is linked to sexual drive.

- Learning theory suggests that modeling may play a role in developing exhibitionism (Blair & Lanyon, 1981). Parents may have modeled exhibitionistic behavior to their young child, which could have led him to eroticize the act of exposing themselves.
- Tollison & Adams (1979), proposed that there are predisposing factors, such as poor self-esteem and difficulties forming intimate relationships.
- According to Brody (1990), there are several origins that contribute to exhibitionistic behavior, including genetic predisposition, hormonal factors, brain abnormalities, socio-cultural issues, and learning origins.

Although exhibitionists as defined by the American Psychiatric Association appears predominately in males and in the form of genital exhibitionism, exhibitionistic sex as a type of sex addiction is observed in females, as well, but in a different, more covert form.

- Silverstien (1996) points out that genital exhibitionism by women would not produce the same response in victims as does in males. Woman may feel pleasure by being admired and powerful over men in that they arouse by their provocative dressing, stripping, etc.
- In a study by Ross (1996) on sexually-addicted women, the rate of exhibitionistic sex was 59% and manifested in the form of wearing no bra, having sex in a car or other visible places, having sex with self or another in front of a partners, and stripping in parties. Ross reports that some exhibitionistic behaviors originally in the family of origin.

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## THE TEN TYPES: #5 – PAYING FOR SEX

<b>Arousal Template</b>	Paying for sex.
<b>Description</b>	Arousal connected to payment for sex and with time the arousal actually becomes connected to money itself. Payment creates an entitlement and a sense of power over meeting needs, but the arousal starts with “having money” and the search for someone in the “business.” Actual sexual activities can be very diverse, but the common scenario of 1) having means; 2) search; 3) payment; 4) preferred acting out (often a replication of childhood scenario, and; 5) extreme shame exists in most cases. Those addicted to paying for sex often are profoundly unable to protect or take care of themselves.
<b>Behaviors</b>	Paying for sex may involve seeking out a prostitute, however it can also include patronizing massage parlors, escort services, and lounges in order to find sexual favors. This addict also pays for sex by calling pornography lines, using the personal ads to find sex partners, and spending money on someone in order to receive sexual favors.
<b>Typical Thought Distortions</b>	Addicts often view this type of behavior as victimless. They often see themselves as helping others by providing them with money and supporting their victim, however they excuse the abuse of power which is evident in this form of addiction and often confuse desperation with consent. Many times the addict believes the relationship they have with the person from whom they are buying sex is “real” and often confuse dependency with intimacy. Addicts who pay for sex also minimize their risk for contracting sexually-transmitted diseases.
<b>Signs of Escalation</b>	The addict begins spending more time and money on their addiction and loses their regard for practicing safe sexual behavior. The high-risk behaviors increase in frequency and type, often feeling invulnerable to health-related risks. Sexual arousal is often seen in the pursuit of paying for sex with the exchange of sex often being the culmination of hours of arousal. Addicts in this category will begin to pay for younger victims until they risk having sex with underage victims. In order to heighten arousal, addicts will often pay for sex in which they typically would not engage (e.g., same-sex relations, bondage).
<b>Collateral Mental Health / Addiction Issues</b>	Many sex addicts that pay for sex also experience difficulty with compulsive spending and compulsive gambling. The possession of money itself often leads to arousal.
<b>Childhood Experiences</b>	A family environment that is sexually negative or one in which sex is bartered for money are common. Many report early child sexual experiences with prostitutes initiated by an adult family member (i.e., father, uncle, elder brother). Usually addicts that pay for sex come from extreme environments of neglect and personal deprivation. They have little concept of how to get their needs met.
<b>Interventions</b>	Employing victim empathy training to break through the denial that there are no victims in this form of addiction is important intervention to the addict. Paying for sex addicts need educational information regarding the health risks to themselves and other partners they may have. Interventions which debunk the fantasy that they are the “hero” by helping out their victim and understanding the repetition of childhood abuse are also important in the treatment of this addict.
<b>Relapse Prevention</b>	The best prevention techniques involve avoiding areas where victims often reside, as well as making arrangements to have little access to cash and credit, and being accountable for time spent during the day.



*Picture 1: Paying for Sex ~ A rather humorous look at one client's use of prostitutes while traveling around the country on business. The scene itself is devoid of feelings and the motel has an "institutional" quality. The source of greatest arousal for this client was around the money exchange with the prostitute, not the sex itself. This client was also a compulsive gambler.*

### Research Findings:

One common behavior of paying for sex among sex addicts is seeking out a prostitute. Research findings show a clear correlation between HIV+ and those who go to prostitutes.

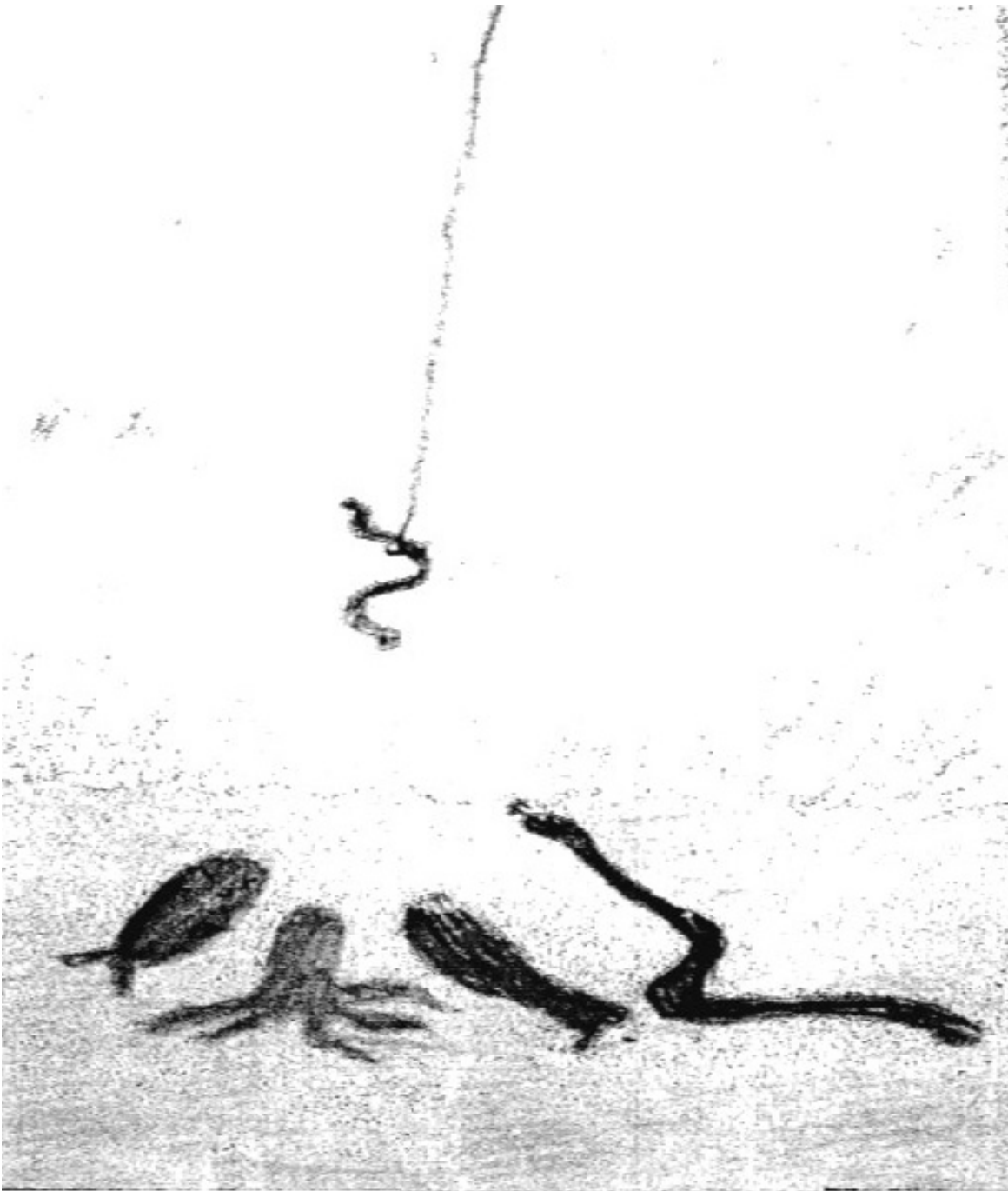
- In a study on crack cocaine addiction and HIV high-risk behavior, the results showed that crack users reported more sexual partners in the last 12 months, more STDs in their lifetime, and greater frequencies of paying for sex, exchanging sex for drugs, and having sex with injection drug users. (Word & Bowser, 1997).

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## THE TEN TYPES: #6 – TRADING SEX

<b>Arousal Template</b>	Selling or Bartering Sex for Power
<b>Description</b>	Arousal is based on gaining control of others by using sex as leverage. Prostitution in this sense, is not about the financially desperate, but rather about the addict's hook on the rush of high-risk sex and power. Mutual sex can be unrewarding. Those addicted to trading sex use currencies seldom acknowledged by the culture.
<b>Behaviors</b>	Trading sex addicts often make sexually explicit photographs and videotapes in which they may or may not be the subject. They receive money, services, or other goods in exchange for their sexual activity. The trading sex addict often swaps partners, encourages a partner to have sex outside their relationships, or joins sex clubs and nudist camps to find sexual partners. The trading addict is often preoccupied with their body image and will often "accessorize" their body with tattoos and piercing. The swinger ads in magazines and newspapers often serve the trading addict's addiction.
<b>Typical Thought Distortions</b>	The trading sex addict often believes that there is no victim and, since the service was "traded," they are engaged in a business relationship where no one gets hurt. They often feel there are no consequences to their trade. This trader often has difficulty seeing how the trade is based on objectification of self and others and exploitation power.
<b>Signs of Escalation</b>	The trading sex addict will often up-the-ante in order to engage in sexual activity. As the trading addict searches for more ways to trade sex for services, they will often progress into anonymous sexual encounters, and may begin prostituting themselves or others. The trading addict will spend more time and take greater risks in their sexual escapades.
<b>Collateral Mental Health / Addiction Issues</b>	The user of "speed" and cocaine are common among those who trade for sexual activity. Often times the drugs become the substance for which sex is traded.
<b>Childhood Experiences</b>	Trading sex may replicate the childhood experience of the caregiver being sexual with the child and the child experiencing fear, sexual pleasure, shame, and tremendous power over the adult. As an adult, the sexual trader may only feel sexual when there is some fear, yet the ability to be in control - as is often the case in prostitution. For the sexual trader, sex had become the commodity by which to manipulate others and get what they want.
<b>Interventions</b>	Cognitive restructuring is often used to break through the self- and other- objectification. Interventions that promote higher self-regard and teach differences between intensity and intimacy are often helpful. The trader is often in relationships where they are either dominant or submissive; Expand their social maturity so they may form meaningful, equal, relationships with peers.
<b>Relapse Prevention</b>	Establish sound relationships with others; Attend groups to develop healthy relationships.



*Picture 1: Trading Sex - This picture was drawn by a young woman who, begging at age 12, was prostituted by her father to his business partners as a form of leverage and a way of "insuring" a business deal..*

### Research Findings:

The majority of research conducted on trading sex is focused on health issues, such as high-risk behavior for HIV infection and other STDs, as well as drug addiction. The following studies show a closer relationship between trading sex and the use of cocaine and crack. The need for research data that looks at the psychology of those individuals is needed in order to propose treatment and prevention issues.

- Greenberg, et al., (1998) investigated HIV prevention on a sample of 444 high-risk women. 10% to 36% reported trading sex for money or drugs.

- A study by Windle (1997) data results from 802 multi-substance-using alcoholic patients showed that involvement in sex trade was associated with higher cocaine abuse, with STDs, and self-reported HIV infection.
- In a study investigating HIV high-risk behaviors among a sample of 456, the results indicated that among females Ss, HIV seropositivity was strongly associated with cocaine use and trading sex for money and drugs (Heffernan, 1996).
- Elwood, et al., (1997) examined the determinants of trading sex for drugs. The data showed that trading sex for drugs is an economic behavior that occurs among women and men of any race/ethnicity who use crack/cocaine. According to the researchers, trading sex for drugs is closely related to conditions of poverty and homelessness.
- Scheidt (1995) examined HIV risk among 802 alcoholic adult inpatients and trading sex for drugs or money was as common behavior. Subgroup differences were observed that indicate unique patterns of risk behavior across gender, ethnicity, and geographic groups.
- In Greenblatt's, et al., (1994) study on homeless adolescents, 1/3 reported trading sex for money, food, or drugs. 1/3 had more than 10 partners in the previous year.
- Weatherby, et al., (1993) examined crack cocaine use and sexual activity in Miami, FL. The results indicated that crack use was associated with increased sexual activity, trading sex for money or drugs, and sex with multiple partners.

Prostitution is another form of trading sex. A common defense on the claim that prostitutes have a sexual compulsion or addiction is that they do it for the money. However, there are scientific reports that show otherwise.

- Savin & Rosen, (1998) investigated a sample of prostitutes from Philadelphia where they reported that some forms of sex with customers were "very satisfying." More than 60% of the prostitutes reported achieving orgasm with customers at least occasionally.

There are studies that focus on the characteristics of female prostitutes, and there are observed differences in different types of prostitution.

- Exner, et al., (1977) found that call girls and brothel prostitutes could not be distinguished from non-prostitutes on their psychological characteristics. Streetwalkers and drug-addicted prostitutes showed higher rates of psychological disturbance than comparison groups.
- De Schamphelleire (1990) studied 41 prostitutes in Belgium and streetwalkers were more fearful, resentful and depressed. They also had poorer relationships with their families, and were in poor health.
- Seng (1989) studied teenage prostitutes in the United States and claims that perhaps as many as 1/2 to 2/3 of female prostitutes have been sexually abused as children. Not all sexually abused children become prostitutes; Only 12% of one sample of predominately female 16 - 18 year-olds who had been sexually abused became involved in prostitution. Abused children who ran away are more likely to become prostitutes.

- Price (1989) claims that survivors of sexual abuse or incest may be attracted to prostitution because they have learned that it is through their sexuality that they can get attention or love from adults.

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## THE TEN TYPES: #7 – INTRUSIVE SEX

<b>Arousal Template</b>	Boundary Violation without Discovery
<b>Description</b>	Sexual arousal occurs by violating boundaries with no repercussions. The high is about violation with orgasm being the second goal. The arousal is related to having sexual contact often without permission or knowledge of victim, and no accountability for behavior. Intrusive addicts are “sex thieves.”
<b>Behaviors</b>	Addicts who engage in intrusive sex often sexualize conversations with inappropriate people (e.g., acquaintances or children) and at appropriate times (e.g., work, social settings). Intrusive sexual acting out includes making inappropriate sexual advances or gestures towards another and would encompass issues such as sexual harassment. Intrusive sex addicts often use explicit sexual phone lines, and may place sexually harassing phone calls. The intrusive addict will often sexually touch others and pretend it was accidental.
<b>Typical Thought Distortions</b>	Intrusive sex addicts often convince themselves there are no victims, since many times the victim is left wondering whether or not something inappropriate had occurred. The intrusive addict often believes that the person enjoyed the victimization and, since the victim did not assert themselves, they must have wanted the behavior to happen. The addict often disguises their sexualized humor in the belief that our culture accepts such behavior.
<b>Signs of Escalation</b>	The addict often develops a tolerance to their behavior and uses more intrusive acts to achieve the same sexual high. Behavior becomes more evident and explicit, such as sexual harassment in the workplace, or pinchin’ butt ☺. The addict also
<b>Collateral Mental Health / Addiction Issues</b>	Bipolar disorders and those in manic phases may engage in intrusive sexual behavior. Schizophrenia may also be a common dual diagnosis for this category. The use of alcohol or other drugs which inhibit judgment may be used to engage in, or justify the intrusive behavior.
<b>Childhood Experiences</b>	Caregivers often were intrusive for addicts in this category. Emotional incest is a common report with feelings of being overwhelmed by eroticized parenting. Also extreme sexually aversive environments are very common, so even early childhood sexual play feels “stolen.” Caregivers would have an announced standard of behavior which was strictly enforced. Children discover, however, that a caregiver violates the standard and models the intrusive behavior.
<b>Interventions</b>	Engaging the intrusive sex addict in role plays and empty chairs to assist in empathy training is often helpful. Arranging joint sessions with the addict and victims of intrusive sex may be helpful in breaking through the belief that there are no victims. Using boundary training techniques is vital to the recovery of the intrusive sex addict.
<b>Relapse Prevention</b>	The intrusive sex addict must learn to move their recognition of the addiction cycle back in time, or to identify problems earlier. Basic social skills must be developed and utilized in order to distinguish between permission and lack of assertiveness. The intrusive addict must be able to be honest, and validate their perceptions with others who are not caught in the deception of the addiction.



*Picture 1: Intrusive Sex ~ This client had a history of frotteurism. This picture speaks volumes to his confusion about boundaries. Two of the hands are drawn with chains, as if he has made failed efforts to restrain his behaviors in the past..*

### Research Findings:

- Sexual Harassment: The most common form of intrusive form is sexual harassment. Numerous research studies have investigated this area, with two of the most common settings in which sexual harassment occurs being the workplace and the university (Nevid, et al., 1993). Some research findings suggest that:
  - Sexual harassers believe that charges of harassment were exaggerated, or that the person bringing the charges “overreacted” or took me too seriously” (Powell, 1991).
  - According to Shults (1995), there is a correlation between sexual harassment and sexual addiction, since there are patterns of “sexualized conduct” (p. 133) that follow incidents of sexual harassment. He further

suggests that only by understanding and treating sexual addiction can sexual harassment be successfully addressed.

- 19% of the men and 45% of the women from a nationwide sample reported experiencing sexual harassment on the job (Janus & Janus, 1993).
- One in two women in the U.S. encounters some form of sexual harassment on the job or college, placing sexual harassment as the most common form of sexual victimization (Fitzgerald, 1993).
- According to McKinney & Maroules (1991), less severe forms of sexual harassment occur on college campuses and it usually involves sexist comments and remarks, come-ons, suggestive looks, propositions, and light touching.
- Many senior and junior high school students (both male and female) had encountered harassment in the form of others grabbing or groping the, or subjecting them to sexually explicit put-downs (Henneberger, 1993).
- Sexually Harassing Phone Calls
  - According to Nevid, et al. (1993), obscene phone calls are motivated to become sexually aroused by shocking their victims.
  - The vast majority of obscene phone callers are males (Matek, 1988).
  - According to Matek (1988), sexually harassing callers show a pattern of behaviors that range from behaviors that range from obscenities, making sexual overtures, and just breathing heavily into the receiver, to describing their masturbatory activity to their victims. Some profess to have previously met the victim, and others present themselves as “taking a sex survey.”
- Inappropriate Sexual Touch
  - This is also \_\_\_\_d as frotteurism (also known in slang as “mashing.”)
  - Frotteurism has been reported exclusively among males. It takes place in crowded places, subway buses/cars, or elevators. Contact may be so fleeting and furtive that the woman victim may not realize what has happened. The man incorporates images of his mashing within his masturbation fantasies (Spitzer, et al., 1989).
- Toucherism: The persistent urge to fondle non-consenting strangers.

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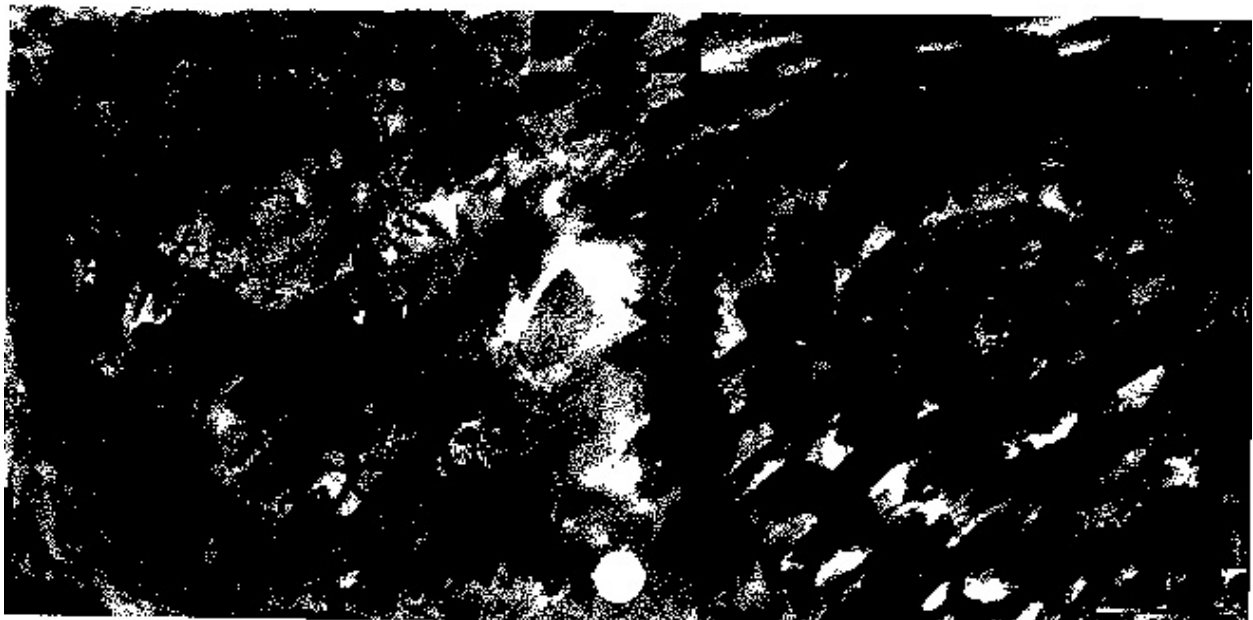
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## THE TEN TYPES: #8 - ANONYMOUS SEX

<b>Arousal Template</b>	High-risk sex with unknown partners
<b>Description</b>	Arousal involves no seduction or cost, and is immediate. The arousal has no entanglements or obligations associated with it, and is often accelerated by unsafe or high-risk environments, such as bars, beaches, parks and rest rooms. Anonymous addicts seek ultimate objectification by engaging with unknown partners with their consent.
<b>Behaviors</b>	Anonymous sex addicts have sex with unknown partners, which may include regular partners or one night stands. The anonymous sex addict spends a great deal of time cruising beaches, parks, parking lots, or bath houses to find their anonymous sexual partner. The anonymous addict often sexualizes others in showers, locker rooms, or public restrooms, and may expose themselves in these same places.
<b>Typical Thought Distortions</b>	The anonymous sex addict often convinces himself that everyone engages in anonymous sexual encounters as part of our culture. They often describe themselves as “simply having a high sexual drive.” They may also believe that their behavior does not affect their primary relationship. Many men who engage in anonymous sex attribute it to being macho and part of the culture in which we live. The anonymous sex partner believes that there are no consequences to their behavior, and even if there were, the consequences happen to other people.
<b>Signs of Escalation</b>	The key element in signs on escalation includes the increase in time and money spent on cruising for and engaging in these anonymous sexual encounters. Anonymous addicts often report spending entire days or night simply cruising for the right partner. These addicts often ignore their own responsibilities and commitments in order to engage in their newest priority - anonymous sex.
<b>Collateral Mental Health / Addiction Issues</b>	Anonymous addicts often use alcohol and cocaine to both assist in their disassociation from the sexual activity, as well as to heighten the sexual experience.
<b>Childhood Experiences</b>	Anonymous sex addicts have one of the most extensive child abuse histories of the Ten Types. The common theme is the lack of attachment and intimacy avoidance, and an extraordinary capacity to disassociate. Early sexual experiences were often exploitive and disengaged.
<b>Interventions</b>	A basic psycho educational approach to teaching the reality of health risks while engaging in anonymous sex is vital. Many times addicts do not have accurate information on which to base their decisions. Provide them information about victimization to debunk the belief that there is no victim in this form of relationship, as well as appropriate ways to form relationships with others, and the goals of those relationships.
<b>Relapse Prevention</b>	The anonymous sex addict must develop healthy relationships with others and this can often be done in context of a recovery group. Teaching ways to be accountable for time and money, as well as honesty and disclosure training, are essential ways to preventing relapse into anonymous sex.



*Picture 1: Anonymous Sex ~ A married male client depicts his sex with anonymous gay partners in a "Hot John" for men. He talked about how the greatest source of arousal for him was the thrill of anticipation of sex in a high-risk environment.*



*Picture 2: Anonymous Sex ~ A male client acknowledges the multitudes of anonymous sex partners he has had. In spite of all these partners, he stands alone in the posture of shame.*

### Research Findings:

- Anonymous sex is closely associated with high-risk behaviors. Most of the research body focuses on HIV and other health issues resulting from anonymous sex. Research studies don't mention anonymous sex as such, but rather

address it as someone who has different sexual partners, is promiscuous, and has one-night stands. The findings and research conclusions are summarized:

- Kelley, et al. (1995), conducted a study on predicting factors of high-risk behavior and unsafe sex among gay men in small cities. Of a sample of 5,939 gay men who went to gay bars, 3996 were not in a long-term, exclusive relationship. Of this sample of non-monogamous men, 27% engaged in unprotected anal intercourse in the past two months of the survey. The researchers found that factors predicting higher-risk sexual behavior in gay men who go to bars is:
  - having a large number of different male partners,
  - estimating oneself to be in a greater risk,
  - having weak intentions to use condoms at next intercourse,
  - being of younger sex,
  - believing that safer sex is not an expected norm within one's reference group, and
  - having less education.

#### References:

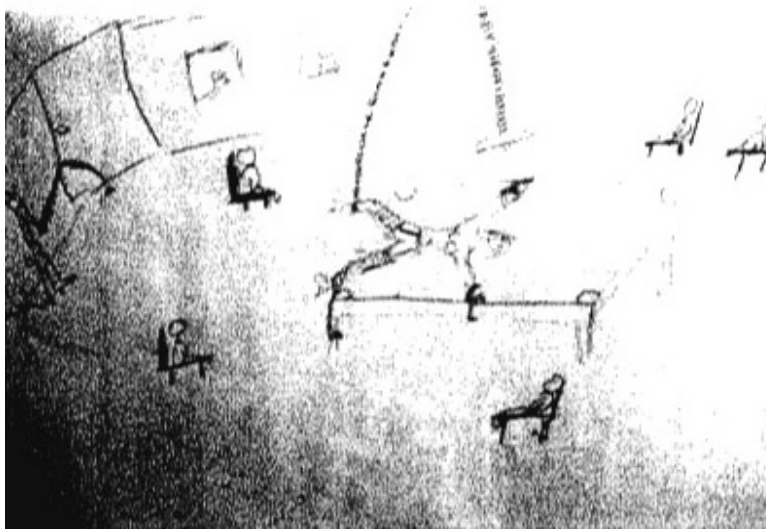
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## THE TEN TYPES: #9 – PAIN EXCHANGE SEX

<b>Arousal Template</b>	Being humiliated or hurt as part of sexual arousal, or sadistically hurting or degrading another sexually or both.
<b>Description</b>	Arousal is fused with pain, degradation, or both. Often arousal is built around specific scenarios or narratives of humiliation and shame. Orgasm and pleasure is elusive or may not even occur without pain or violence. The trigger for arousal is fear, or reenactment of fearful situations. This arousal can be achieved by watching others hurt or be hurt as part of sex. This category also includes masochistic activities whereby the addict is self-inflicting pain or extreme fear in order to heighten sexual arousal (i.e., autoeroticism).
<b>Behaviors</b>	Addicts in this category vary the ways that they may cause or receive pain, fear, or humiliation. The addict may use sexual aids (e.g., vibrators, other objects), which are painful during masturbation or intercourse. Taking the passive role is also characterized in this area because the role involves giving up your power and being willfully victimized in some way. Using chemicals to enhance your sexual arousal is common with the pain exchange addict, particularly those who use inhalants to heighten erotic feelings.
<b>Typical Thought Distortions</b>	Depending on whether the addict takes the passive or dominant role in sexual acting out, they may have feelings of unworthiness and are validated by being degraded and dominated. The opposite is also true; those who act out their pain exchange addiction by assuming the dominant role often see themselves as indestructible and masters of their universe.
<b>Signs of Escalation</b>	When the pain exchange addict begins to slip more and more into fantasy and assume a variety of different roles that intensify the sexual arousal by increasing the amount of pain inflicted or received, escalation is evident. The pain exchange addict slowly increases the amount of pain given or received until the risk of physical injury is inevitable.
<b>Collateral Mental Health / Addiction Issues</b>	This addict may only use drugs as part of their sexualized ritual, and may either administer or receive the drug (i.e., "speed" or crystal meth) as part of the dominant/submissive exchange. This form of acting out is often a repetition of an early childhood trauma. On occasion, severe impulse control disorders or explosive personality disorders may be evident for this addict.
<b>Childhood Experiences</b>	Children who experienced violence during sex or who witnessed violent sexual interaction are at extreme risk for this highly supercharged activity. Also, children and adults can be initiated" into these activities. The physical abuse of children for sexual behavior or sexualizing physical punishment (e.g., striping children to be beaten in front of other family members) can create powerful scenarios to be repeated later.
<b>Interventions</b>	Intervention focuses on the safety of the addict by helping with shame reduction and teaching more appropriate ways to receive sexual gratification without risks of physical injury. It is important the pain exchange addict feels comfortable communicating their behaviors so they may be reframed into a shame reducing way. Early childhood intervention to address the trauma repetition may be indicated.
<b>Relapse Prevention</b>	Teaching pain exchange addicts to notice signs which indicate devaluing of the self is an important strategy in preventing future pain exchange sessions. In addition, teaching ways to nurture their physical and emotional body through a healthy lifestyle and allowing themselves to experience play/joy are important aspects in relapse prevention.



*Picture 1: Pain Exchange Sex ~ This picture was drawn by a female client who liked to be humiliated by her male partners and preferred rough sex. Although the picture was drawn quickly, it still speaks to her shame and helplessness (note the depiction of the arms, which appear helpless).*



*Picture 2: Pain Exchange Sex ~ Drawn by a male client who liked to dress up in ladies' pantyhose and engage in sadomasochistic group sex that involved watching others being hurt and also participating as the person on the table being hurt. This scene was a trigger for arousal in that it was a reenactment of a fearful scenario from childhood. This client was sexually abused by a school janitor who would take him down to the basement for sex. The client remembered becoming sexually abused as soon as he entered the confined space in the basement where the abuse took place. As an adult, his arousal was built around specific scenarios and the confined space where the sadomasochism occurs. This confinement will appear in a later drawing by the same client (drawing in Addiction Interaction Disorder).*



*Figure 3: Pain Exchange Sex - Drawn by a client to depict his "sessions" with a professional "Dominatress." He depicts her as a large monster with a whip and includes various devices used during the session, such as himself tied to "the rack," hooded, on all fours being spanked until he drew blood, and the chair in the lower right which he was forced to sit on. This picture was intended to shock the viewer which was one source of arousal for this client.*

### Research Findings:

- Sexual Sadism and Sexual Masochism are classified by the DSM-IV as paraphilias.
  - Sexual masochism is the only paraphilia that is found among women with some frequency (American Psychiatric Association, 1987). Male masochists outnumber females by 20:1.
  - Kinsey, et al. (1953) has reported that perhaps as many as 1 in 4 persons has experienced erotic sensations from being bitten during lovemaking. 22% of the men and 12% of the women surveyed reported at least some response to sadomasochistic stories.
  - Baumeister (1988a) proposes that sexual masochism may represent an escape from one's normal level of self-awareness.
  - Janus & Janus (1993) found that in a national sample 14% of men and 11% of women had some experience with sadomasochism.
  - Mosher & Levitt (1987), reported that there are various ways of stimulation can be used to administer pain during S&M, and physical pain is not always employed. Psychological pain or humiliation is as common as physical pain in S&M ritual.

- Weinberg, et al. (1984) suggests that S&M participants engage in highly elaborate rituals, including dominance and submission.
- Weinberg (1987) says that pain could be symbolic by being derived from its use within a ritual that symbolizes the complete control of one person over another, rather than from the pain itself.
- Breslow, et al (1985) survey on S&M participants found that:
  - 3 out of 4 were male
  - 1 in 4 were females
  - Most were married
  - Women engage in S&M more frequently and had a greater number of partners.
- Breslow, et al (1986) lists higher frequency behaviors among S&M male and female participants. The highest behavior is spanking followed by master/slave relationships.
- The etiology of sexually masochism and sexual sadism are not clear. Some researchers have speculated on the issue.
  - Ford and Beach (1951) suggested that humans may possess a physiological capacity to experience heightened arousal from the receipt or infliction of pain.
  - Weinberg (1987) pointed out that pain may have more direct biological links to pleasure since a natural chemical called endorphins are released in the brain in response to pain messages - thus feelings of euphoria are produced.
  - Donnelly & Fraser (1998) examined gender differences in sadomasochistic sexual arousal.
    - In a 320 college student sample, men were more aroused by both sadism and masochism than women. Researchers postulate that this occurs because of socialization that emphasizes sexual aggression and experimentation.
    - The female hypothesis argues that “females are socialized to be passive, thus they will be more aroused by masochism” was not supported by evidence.

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## THE TEN TYPES: #10 – EXPLOITIVE SEX

<b>Arousal Template</b>	Exploitation of the vulnerable
<b>Description</b>	Arousal patterns are based on target “types” of vulnerability. Certain types of vulnerable persons (e.g., clients/patients of professionals; children or adolescents; distressed persons) become the focus of arousal. In cases of professional misconduct, perpetrators will become very aroused with the patient shares emotional pain. For street sex offenders, arousal may occur when they see a potential victim in a distress situation. Arousal may occur in the “grooming” process of building trust in a potential victim. The boundary violations are explicit if not always illegal. Those who exploit sexual vulnerability often seek other high-risk situations.
<b>Behaviors</b>	Exploitive sex addicts cross over the boundaries of their victims by forcing sexual activity on a vulnerable victim, administering drugs or alcohol to their victim, or using their position of power. They may also share inappropriate sexual information with children, or view child pornography.
<b>Typical Thought Distortions</b>	Exploitive sex addicts often feel they are special and entitled to engage in sexual activity with anyone they choose. They often engage in sexual activity as a way to exert their power over another. Exploitive addicts who engage in sex with children often justify their behavior by explaining that they are “educating” that child about appropriate sexual behavior. The exploitive sex addict convinces themselves that everyone wants them, and therefore when a victim says “no” they are really just playing “hard to get” and really mean “yes.”
<b>Signs of Escalation</b>	The exploitive addict may begin to use pornography to heighten their sexual arousal. Exploitive addicts also plan their lives and careers in ways that allow them easy access to their target population (i.e., daycare worker, physician). These addicts also engage in grooming behaviors that may extend for a long period to time before the sexual act becomes obvious. The exploitive addict finds more ways to make their victims vulnerable, such as administering alcohol/drugs, or trying to engage in sexual acts while the victim is sleeping, or choosing victims who are mentally/physically challenged.
<b>Collateral Mental Health / Addiction Issues</b>	Full spectrum of personality disorders, however narcissistic personality disorder and sociopathy are common collateral issues with the exploitive sexual addict.
<b>Childhood Experiences</b>	Exploitive sex addicts have years of severe damage and usually a host of collateral issues as a result. Most were victims of exploitive sex, or were present when victimization was going on. Sometimes the rationalizations and exploitive mythology goes back for many generations. Tremendous social upheaval can be a catalyst, such as war, or as can be seen in current “gay culture.”
<b>Interventions</b>	The exploitive sex addict needs to develop contracts and needs to have extreme accountability for their lives. Cognitive restructuring with focus on victim empathy are important interventions for this addict. In addition, understanding the consequences of their behavior for themselves and their victims helps prevent future relapse. Social development and maturity are two of many long-term issues the exploitive sex addict must address.
<b>Relapse Prevention</b>	The exploitive addict must remove themselves from all possible targets. Identifying when the target and victimization cycle begins is a key component of relapse prevention. For many exploitive addicts, the road to relapse prevention is difficult since it involves total lifestyle restructuring - from the inside out. Exploitive addicts need to be aware of the tendency to want to help others as an underlying way to create dependency, which can lead to relapse.



*Picture 1: Exploitive Sex ~ This is a picture about a male client's multiple relationships within the same town (also Seductive Role Sex). This client was an elected official and in a position of power in the community. His source of arousal was the "grooming" process of building trust in a potential victim. This picture depicts his marriage and the other relationships which occurred, including fathering children with other women. Although the client's depiction of himself was a frown, he is still large and powerful.*

### Research Findings:

Exploitive sex takes the form of rape, pedophilia, and other forms of general sexual offending.

- Rapists were found to be younger and to have a less repetitive pattern of offending than those who did not rape their victims (Mair, 1993).
- In a study with a sample of 45 British sexual assaulters who had committed at least two assaults, 87% moved out of their home base in a region around that base to carry out their attacks (Canter & Larkin, 1993).
- Studying personality differences between subgroups of sex offenders (Valliant & Blasutti, 1992), the results indicate:
  - No differences on MMPI scores or IQ among subgroups of molesters,

- Male and female molesters had higher anxiety than incestuous offenders,
  - All groups decreased in state anxiety over a five-week treatment period, but all incestuous offenders decreased on trait anxiety,
  - Molesters showed decreased self-esteem,
  - Incestuous offenders and rapists showed increased self-esteem.
- A similar decrease of anxiety levels among rapists and molesters was reported after a five-week treatment period (Valliant & Antonovitz, 1992).
  - Studying parental identification on sex offender data indicated that rapists and pedophiles identify less with their parents than the control group (Levant & Bass, 1991).
  - 99 institutionalized sex offenders (rapists and child molesters) were computer-interviewed. Ss enclosed a large amount of undetected sexual aggression. Nearly 20,000 non-sex crimes were committed during the year prior to institutionalization. Child molesters were very active in assault and property crime (Weinrott & Saylor, 1991).
  - Barbaree & Marshall (1991) investigated male sexual arousal to rape cues, and discussed different models. Empirical evidence is found to be supportive and falls into two main categories:
    - Response control models.
    - Stimulus response models.

Marshall, et al (1991), reviewed treatment models for sex offenders. Based on the evidence, they concluded that comprehensive cognitive/behavioral programs and programs that use anti-androgens in conjunction with psychological treatments seemed to offer the greatest hope of effectiveness and future development. In addition, they noted that programs tended to work better for child molesters and exhibitionists than rapists.