

Parallel Session 4(A):

Working with Youth having Compulsive Sexual Behavior

Sexuality Zone – Supportive & Counseling Service on Sexual Behavior of Youth

「情性地帶」 – 青少年性健康支援及輔導服務

Strategic Partner and Sponsor: Lee Hysan Foundation

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Supervisor-in-training



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Project Summary

Goal

1. To deliver comprehensive sexuality education
2. To provide support and counseling to youth having compulsive sexual behaviors or committed sexual offence
3. To train youth service practitioner to handle youth sexuality

Target

- Youth aged 24 or below at risk of developing compulsive sexual behaviors or committing sexual offence

Time frame

Jan 2015 – Dec 2017



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Project Components



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VISION

As a human-being, young people are able

1. to have healthy exploration with comfort & proper attitude
2. to develop age-appropriate & responsible sexual behavior
3. to develop healthy peer & intimacy relationships in different life span

We are intended to eliminate “taboos” and cultivate “respect & acceptance” towards sexuality



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Compulsive Sexual Behavior

Terminology

- Sexual addiction (DSM-III)
- Hypersexual disorder (Proposed DSM-V)
- Excessive sexual desire (ICD-10)
- Paraphilic Disorder (DSM-V)
- Impulsivity/compulsivity sexual behavior (Coleman 2003)



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Why are there different terms describing “sex addiction”?



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Sex Addiction (Problem)

We always hear about sex addiction...

- Excessive in masturbation
- Excessive use of pornography

Any healthy masturbation & porn use?

What (if any) fantasies are OK? (Klein, 2012)

Any gender differences? Age differences?



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Sex Addiction (con't)

- Causal sex
- Multiple sex partners?
- Promiscuity?

Are there any differences?

What do you think about that?

Are there any alternative ideas?



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Sex Addiction Model (Carnes, 1989)

- Criteria of diagnosis
- 10 types of addictive sexual behaviors
- Can be easily accessed & understood
- Recognized “problem” can be a relief
- “Diagnosis” contributes to community support



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Undesirable Impacts of Sexual Addiction Model

- Mixed with substance addiction, sexuality is different from drug
- Pathological human needs
- Stigmatization & “self-diagnosed”
- Over evoking shame & guilt
- Denial of responsibility



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SEX ADDICTION IS THE “PROBLEM” OF DIFFICULTIES IN ACHIEVING HEALTHY SEXUALITY



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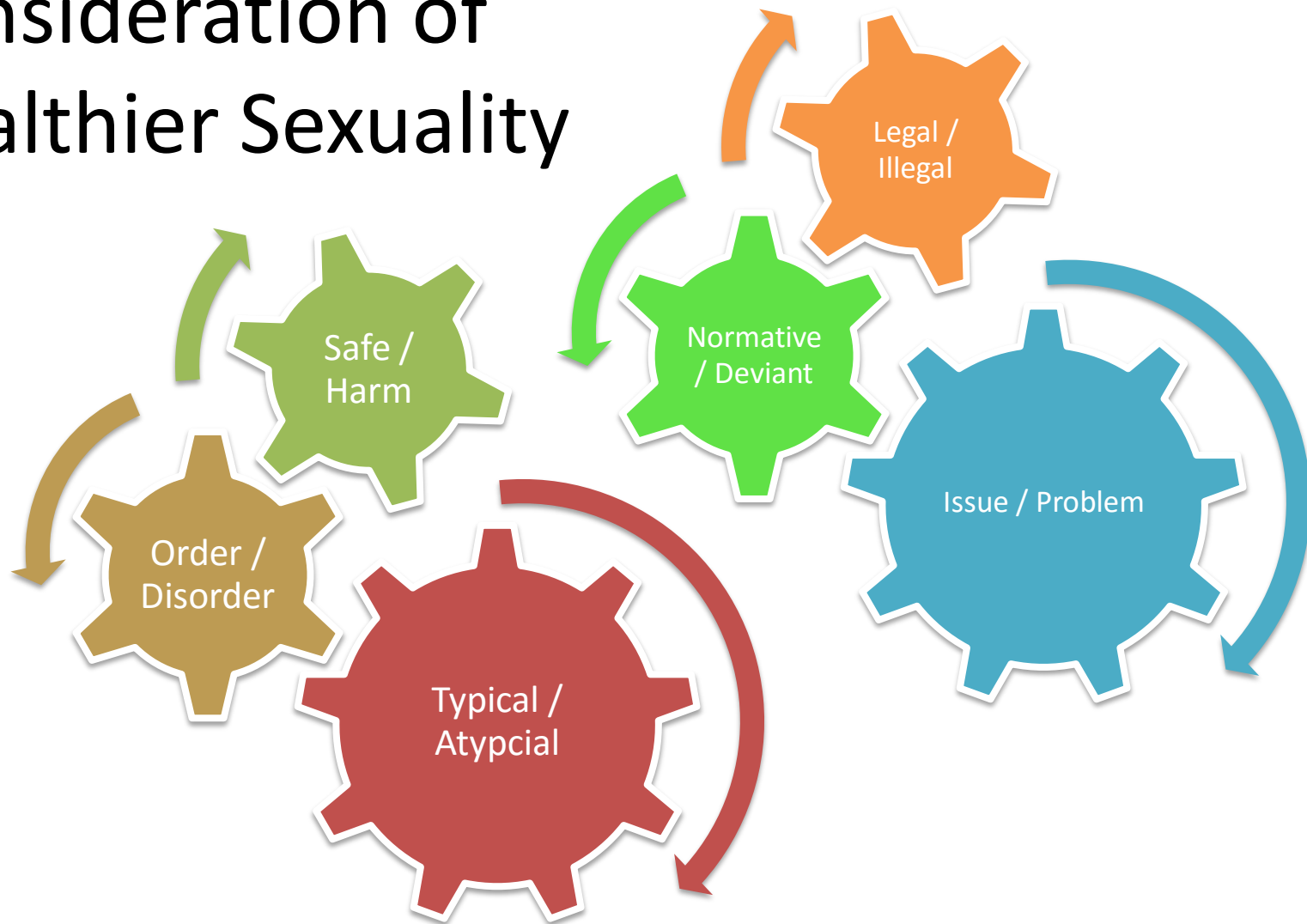
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Consideration of Healthier Sexuality



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Compulsive Sexual Behaviors

- 強迫性性行為一般指過多且無法控制的性行為而導致個體主觀上的困擾、社會或職業功能受損及產生法律與經濟上的後果。(蔡景宏,2009)



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Manifestations of Compulsive Sexual Behaviors

1. Sexual offence

Manifestations include:

- Image / video peeping
- Touching / rubbing / indecent assault
- Exposing body against others

2. Excessive sexual behaviors outside the commonly accepted boundary

Manifestations include:

- Masturbation
- Use of pornography
- Purchasing sex
- Promiscuous
- Fetish
- Cross-dressing



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Combination of self-report questionnaires & structured inquiries

ASSESSMENT



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1. Sexual Compulsivity Scale

(Kalichman & Rompa, 1995; To, Ngai, & Lu Kan 2012)

- 充斥著有關性的思想和行為對自己的生活帶來困擾。
- 有時會因性方面的行為，令自己未能實踐承諾和責任。
- 有時會因性慾太強烈而失控。
- 上學/工作時也會想起與性有關的事情。
- 常掙扎去控制自己對性的想法和行為。
- 我的性慾障礙了我的人際關係。



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2. Cognitive Outcomes of Sexual Behavior Scale (McBride, Reece, & Sanders, 2008)

進行有關性的活動後，我有以下的憂慮：

- 我有被拘捕的危機。
- 可能會為我帶來經濟問題。
- 跟我精神上的信念背道而馳。
- 有可能帶來我與朋友相處的問題。
- 可能會使我失去工作或在學機會。



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3. Multidimensional Sexual Self Concept Questionnaire (Snell, 1995)

3.1 Sexual Consciousness

3.2 Sexual Satisfaction

3.3 Sexual Esteem

3.4 Sexual Problem Self-blame

3.5 Sexual Depression



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Self-report Questionnaire (con't)

4. The Rosenberg Self-esteem Scale (Rosenberg, 1962; Shek, 1992)
5. The Self-Efficacy Scale (Shek et al.,2008)
6. Attitude towards Lesbians and Gay Men Scale (Wu & Kwok, 2012)



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Sexual Status Assessment

- Beyond bio-psy-social assessment
- Detailed description of typical sexual encounter (e.g. masturbation, use of pornography & “problematic” sexual behaviors)
- Assess behaviors, thoughts, feelings, fantasies at each stage of human sexual response cycle (desire, excitement, plateau, orgasm & resolution)



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Masturbation

(Dr. Marty Klein, 2012)

- *If pornography is a topic, we must bring up masturbation*
- If masturbation is not considered a legitimate activity, there's no need to talk about porn.
- If masturbation is legitimate, then the conversation should be about *“masturbating with pornography”*

Klein M. (2012). *Addressing Sexuality in Individual & Couples Counseling*. HKASERT



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Masturbation

- What is masturbation? How can you know that?
- How often, when, where? with or without sex toys? What type of sex toys? (Joseph Winn, 2011)
- What ways? How long? Privacy or security?
- How does your sexual desire come from? (e.g. 5 senses , fantasy...)

Winn J. (2011). *Sexual Compulsivity: Effective Assessment & Treatment*. HKASERT



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Masturbation (con't)

- What is the client doing before, during and after? (Joseph Winn, 2011)
- What are your feelings & sexual response before, during & after?
- Anyone know your masturbation? Their responses?

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Pornography (Joseph Winn, 2011)

- What type? (gay, lesbian, bi, trans, hetero, mixed...)
- What activities? (oral, vaginal, anal, fisting...)
- What is the theme?(BDSM, relationally/emotionally focused, anonymous sex, rape scenes...)
- What are the feelings, thoughts or beliefs about these practices?

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Pornography (others)

- What are the relationship with your masturbation, sexual experiences with others, your “problematic” sexual behaviors?



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2.1 Pornography




2.1 Pornography - Online / Mobile Game

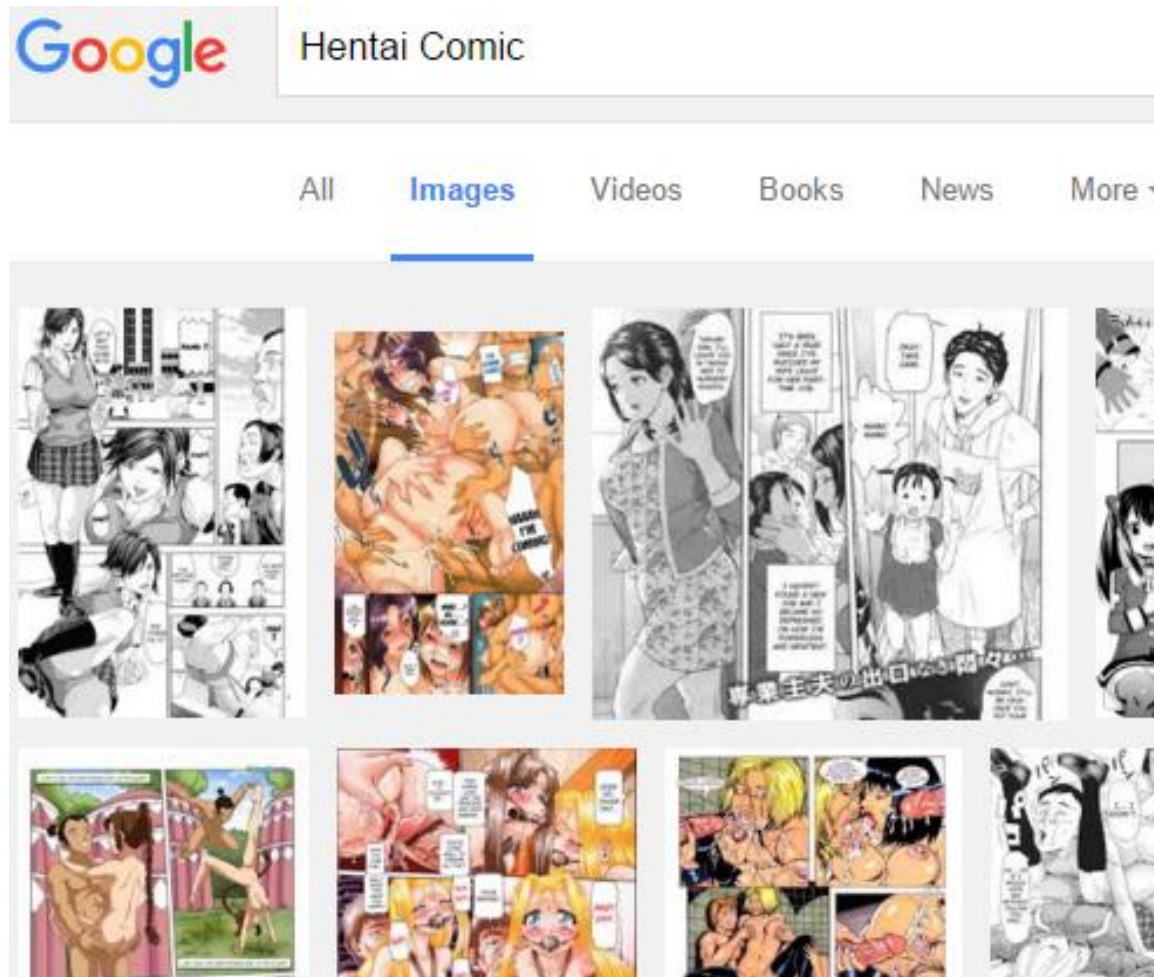
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2.1 Pornography - Hentai Comic



【腐話題】 為什麼腐女/男 喜歡看BL？

<https://www.youtube.com/watch?v=IcZt56TVYU4>



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Paraphilias (Joseph Winn, 2011)

- What type? Does the client feel emotional distress about these behaviors? What contributes to their distress about this behaviors? (social control, a perceived violation of personal ethics or morals, a lack of education or access to resources...)
- Is the behaviors the only way that the client can become sexually aroused and reach orgasm? Is the behavior strictly fantasy or does the client feel they may want to explore the behavior in real time?

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3 Kinds of Isolation (Margaret S. Schneider 1997)

1. Social isolation
2. Emotional isolation
3. Cognitive isolation

Schneider M. S. (1997). *Pride & Prejudice: working with lesbian, gay and bisexual youth*. Central Toronto Youth Services



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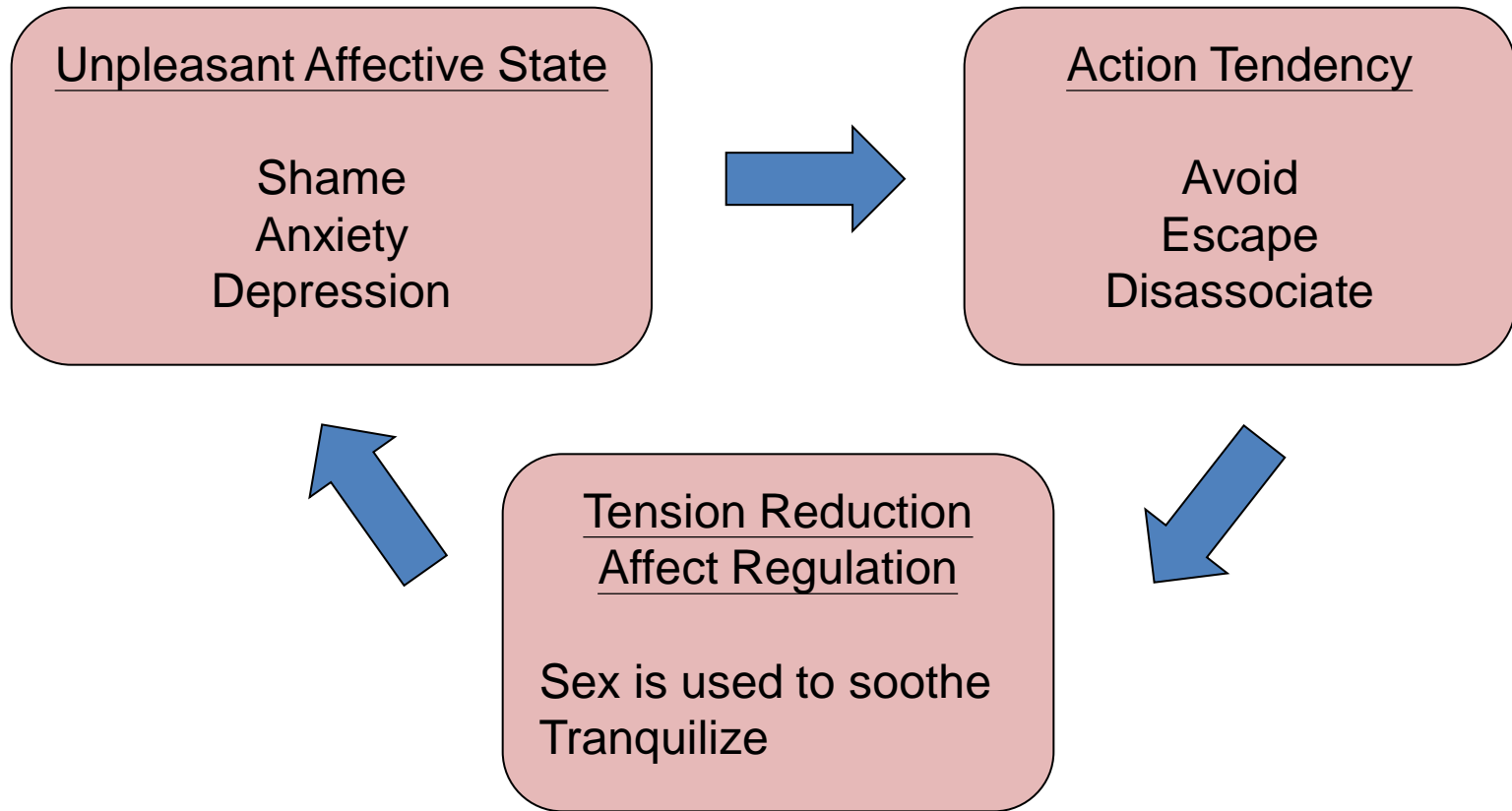
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Affect Regulation / Tension Reduction Model (Rory C. Reid, 2012)



Reid R.C. (2012). *Proposed Criteria for Hypersexual Disorder in the DSM-5: Mindfulness Applications to Attenuate Symptoms of Hypersexuality*. Semel Institute for Neuroscience & Human Behavior, Department of Psychiatry and Biobehavioral Sciences.



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1. Psycho-education
2. Sexual Status Assessment
3. Sexual Practices Assessment (Masturbation, Use of Pornography, Paraphilia etc.)
4. Re-define Counseling Goal
5. Emotion - Sexual Anxiety, Shame & Guilt
6. Behavior - Addictive & Healthy Sexual Behavior
7. Identity - Self-image & Self-esteem
8. Healthy Sexual Development

SUGGESTED ASSESSMENT & INTERVENTION



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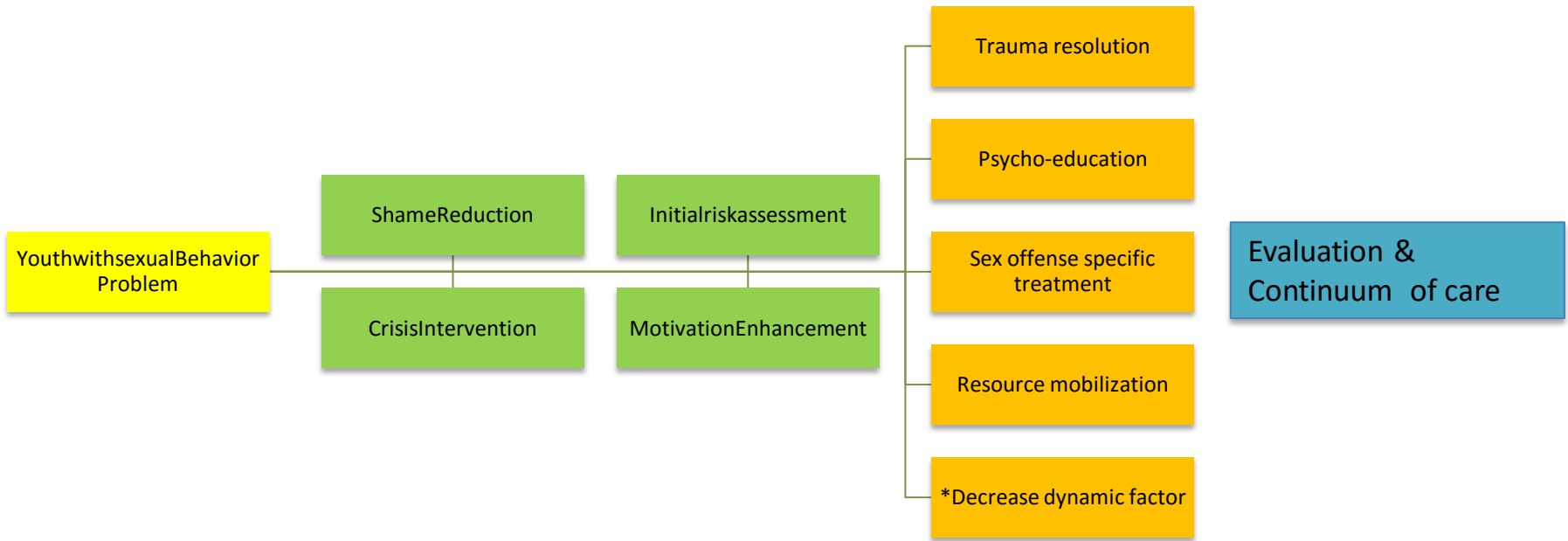
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Intervention Framework



*Decrease dynamic factor involves: Low-self esteem & sexual esteem , Social isolation , Deviant sexual arousal, Self-centered attitudes, Emotional regulation



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Principals for Working with Youth with Sexual Behavior

- Developmental perspective
- Strength-based & humanistic approach
- Spectrum of sexuality - diversified sexual orientation & sexual interests, and maybe dynamic
- Community-based
- No "one size fit all" model



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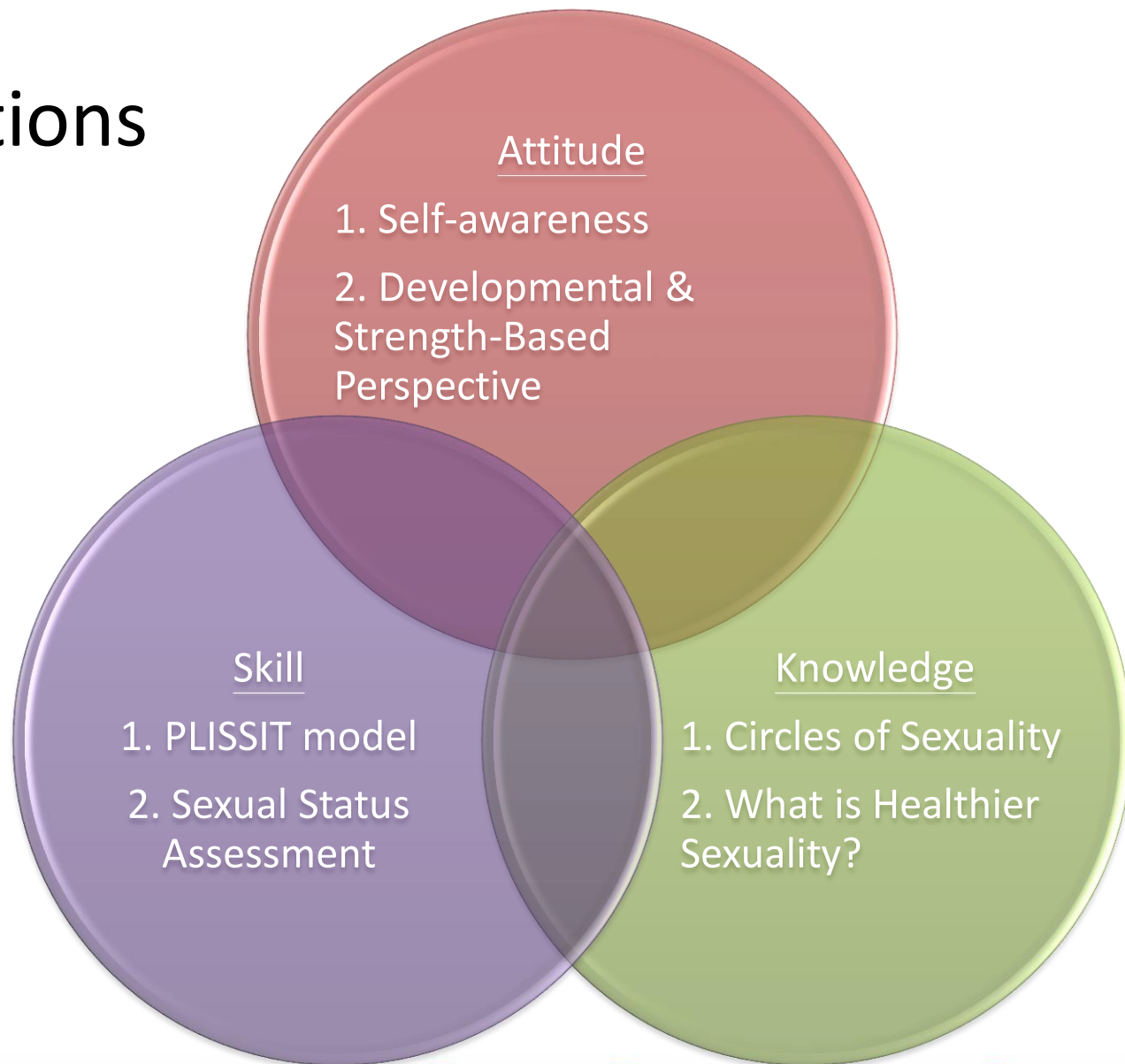
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Suggestions



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Shared Vision

- I'm aware of my sexual development, including my sensations & feelings...
- I'm confident of having responsible sexual behaviors...
- I'm comfort with my sexual desire, sexual interests & responsible sexual behaviors, no shame, no guilt & no regret...
- I'm enjoying my sexual pleasure...



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