



# How to Identify Sex and Porn Addiction in your Clinical Practice

# Today's Discussion

1. Define & Discuss sex and pornography addiction

2. Alternative terms for us & clients

3. Neuroscience of how it impacts the brain

4. What is a CSAT and why are we helpful?

5. How to identify SA in adults, couples, and teens

6. Assessment Tools

7. Resources

8. Treatment

9. Future concerns

10. Common consequences

11. Impact on culture

12. Transference/countertransference

13. Q & A



# Myths, beliefs, & stigmas about SPA & my clients

## Common Beliefs & Stigmas

- Sex offenders
- Pedophiles
- Rapists
- Male
- Dangerous

## Truth

- Religious leaders, teachers, counselors
- Women and men, all genders, sexualities
- All races, cultures, religions/spiritual
- Attorneys, doctors, nurses, 1st responders, veterans, military, religious leaders, celebrities
- Rarely dangerous



# Truth

- **Like drinking alcohol, some behaviors are healthy and not problematic for some people. There are some people who can not partake safely, without severe consequences.**
- **Brain disease – can't walk away from it, like substances**



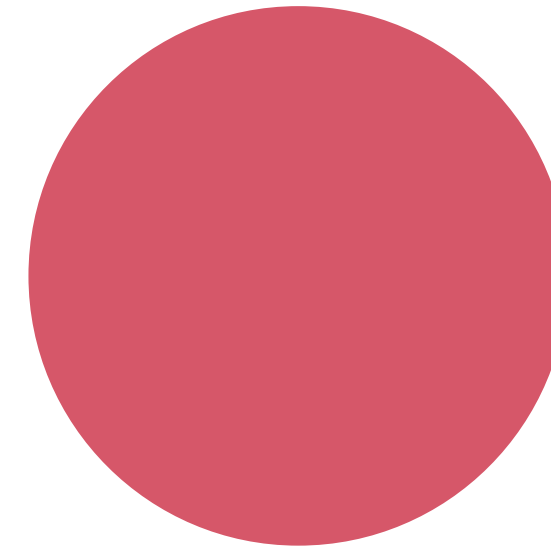
# Is Sex and Porn Addiction (SPA) Real?

Criteria is the same for SUD in the DSM

- Preoccupation
- Loss of control
- Experiencing directly related negative life consequences and continuing the behavior despite these consequences

Others:

- Denial
- Escalation
- Withdrawal
- Increase in tolerance



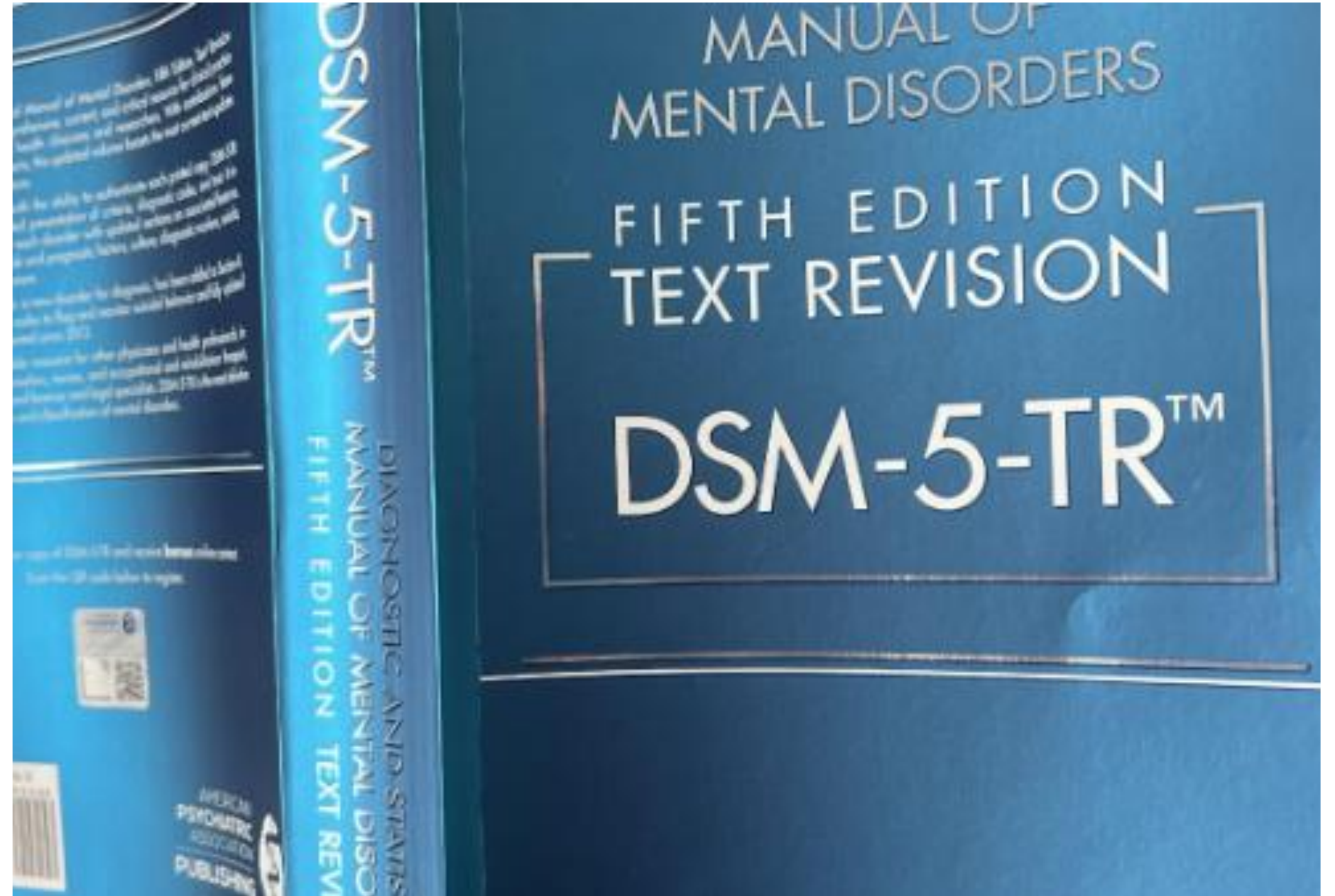
# Addiction:

**Obsessive, compulsive, out-of-control behaviors that continues despite negative consequences for self or others**





# But It's Not in the Book...



Diagnostic Statistical Manual 5-TR, 2023

# The other book . . . ICD 11

- **Compulsive Sexual Behavior Disorder is officially recognized by the World Health Organization in the ICD-11**
- **June 2018, hyper-sexual disorder was changed in the ICD-11 to CSBD**
- **May 25, 2019 - CSBD was adopted & included in the 2022 version as an impulse disorder**

**Characterized by a persistent pattern of failure to control intense, repetitive sexual impulses or urges resulting in repetitive sexual behavior over and extended period (e.g., six months or more) that causes marked distress or impairment impersonal, family, social, educational, occupational or other important areas of functioning.”**



# Common Myths, Beliefs, & Stigmas

## **Myth: No one dies from sex and porn addiction**

- Breath play/BDSM
- Medical complication – vor, object sex
- Domestic issues, angry partner, sexual assault/robbery/murder
- Prison
- Suicide

## **Myth: It's not that common.**

- According to the National Council of Sexual Addiction Compulsivity, 18-24 million individuals have Compulsive Sexual Behavior.
- 6-8% of the population.



# Common Myths, Beliefs, & Stigmas

**Myth: SPA is the same as any other substance or behavioral addiction and can be treated the same way, with abstinence-based practices.**

- Abstinence can be a part of treatment and recovery but is not always appropriate for each behavior and person.
- SPA is a standalone disorder – a separate, distinguishable diagnostic category. It often presents with other issues.
- Sometimes misdiagnosed as:
  - Obsessive Compulsive Disorder (OCD)
  - Attention deficit/Hyperactivity Disorder (ADHD)
  - Manic episodes with or without Bipolar Disorder





# SPA 101

## Men

- Twice as likely to develop SPA.
- Likely to face rationalizations from professionals and friends: “Man’s man,” “just being a guy,” “every guy masturbates/watches porn,” “It’s normal to masturbate/watch porn.
- This confirms denial systems – even when clients have asked for help and identified they are concerned about their own behaviors.

## Women

- More stigmatized – “slut-shamed,” less likely to seek help/be believed or listened to, especially in cases of assault
- More likely to act out emotionally and include maladaptive love/relationship in their behaviors such as having multiple partners, casual sex, or relationship-based affairs.

# The Origin Story

Is it addiction if there is  
no chemical or drug?



# Getting Hormonal

## Dopamine

- Neurotransmitter released when brain recognizes a reward
- “Pleasure Chemical”

## Adrenaline

- “Love hormone/cuddle chemical”
- Linked to trust, sexual arousal and relationship building
- Released during meaningful interactions
- Bonding chemical - mother and baby

## Oxytocin

- In a 2022 study, researchers found, that compared to healthy volunteers, hypersexual men exhibited significantly higher oxytocin blood levels, and that these blood levels correlated to the rating scales used to measure sexually addictive behaviors. When patients were treated using CBT, the blood levels dropped significantly, giving hope that using oxytocin levels may be a way to treat SPA in the future.



# The neuroscience is...

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**What happens to our brains and why  
it's important.**



# The More Dopamine ... the Stronger the Road

- Pleasure chemical from amygdala numbs pain and discomfort
- Forms NEURAL PATHWAYS, or roadmaps



# What this has to do with Sex Addiction:

**Good news/Bad news**



# Neuroplasticity

## Bad News

- The earlier you start, the more damage any addiction does to brain's physical structure



**Developing Brain**

## Good News

- The earlier you stop, the faster the healing of brain's physical structure



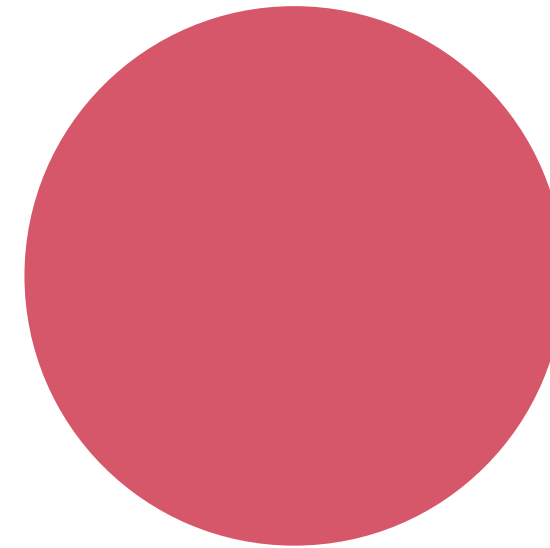
**Adult Brain**

**(after 25 years old)**

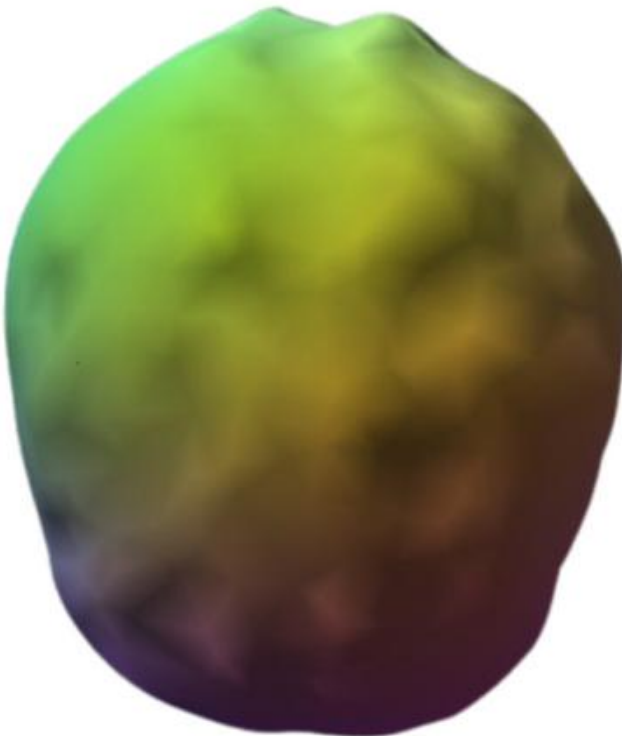
# Contributing Factors

- Genetic Factors-some people inherently vulnerable to PSB
- Mental Illness/Family instability, including hx. of family mental illness.
- Impulsivity, risk-taking, intensity-seeking, novelty seeking, and abnormal stress reactivity increase the risk
- Environment
- Insecure attachment style, modeling
- Early exposure to porn or problematic pattern of behavior.
- Studies have shown that the lower the age of the first use, the higher the likelihood of PSB
- 8 is average age of 1st use

**HOW OLD WERE YOU THE 1st TIME? . . . More on this later**



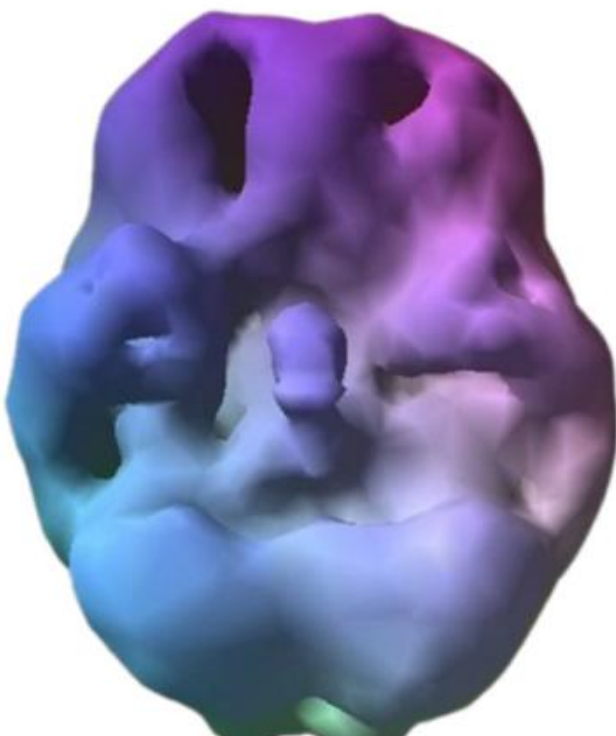
# How does watching porn change the brain?



HERE'S YOUR BRAIN



HERE'S YOUR BRAIN  
ON HEROIN



HERE'S YOUR BRAIN  
ON PORN

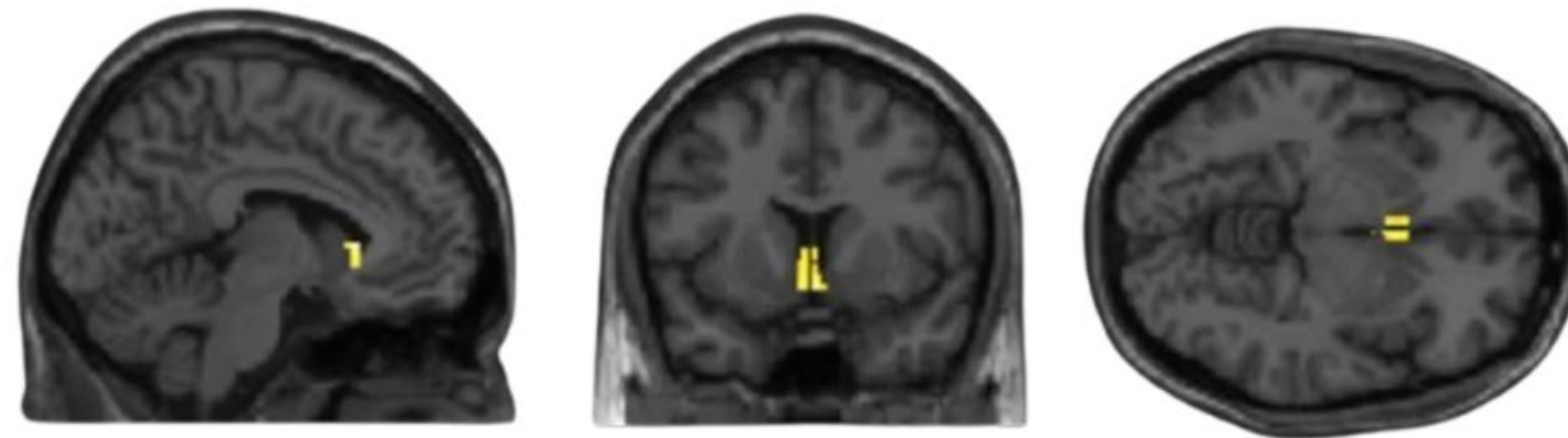
SPECT scan

Conqueorseries.com



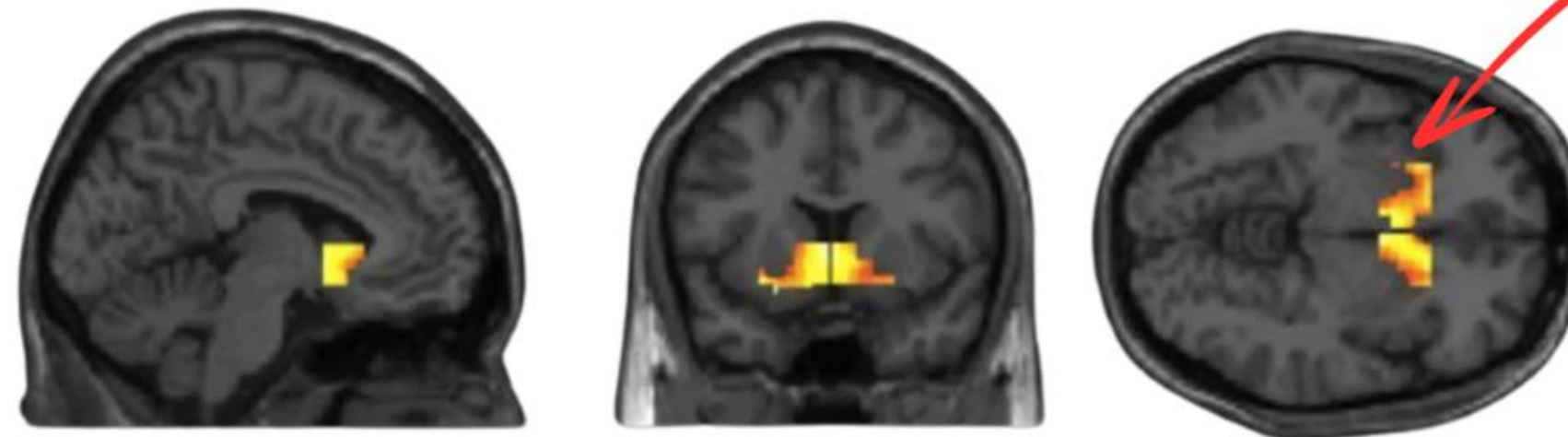
# How does watching porn change the brain?

Healthy Volunteers



MRI SCAN

Compulsive Pornography  
Users



Look at the amygdala!

Voon V, Mole, et al, 2014



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# Why use other language besides “Addiction”?



# The Real “A” Word

## Addiction = Avoiding, Numbing/Medicating

- Avoidance, search for stimulation
- Masturbation, fantasy, watching pornography, searching for images/erotica, using social media to search for and meet hook-up partners, texting/sexting, going to hook-up places, planning to get away, getting ready, watching others, voyeurism, exhibitionism, talking to potential partners, etc.
- Numbing (orgasm)
- Same biology as substance use disorder– dopamine.



# Why use “PSB/CSBD,” or Numbing, and Medicating

- Non-stigmatizing
- Introduces a biopsychosocial concept that clients and loved ones can understand and relate to vs. medical model
  - “something is wrong with you/sick/diseased” - shame
- Informs biological approach to treatment planning if period of abstinence is needed
- Can limit clients using the label as part of their denial system, “I never had sex,” “I don’t watch porn.”
- “If I experienced that in my home and was feeling sad and angry, I can understand the need to numb and medicate. Seems like you found a way to survive”
  - Informs future trauma work by providing empathy for self and inner-selves/child



# What is Sex and Porn Addiction?

**What is PSB/N&M/SA/CSBD?**

Definition:

- It is inclusive of all forms of sexual behavior that cause or contribute to emotional, physical, financial, psychological, and spiritual harm to individuals, groups, and systems.



# PSB, N&M, SA, CSBD 101

- Spectrum disorder – different for everyone – individualized treatment plan
- 2 types of PSB
  - **Contemporary**, rapid onset and escalation, trauma not required but usually present, more internet-based behaviors >40-45
  - **Traditional**, gradual onset and escalation, trauma-based, usually “crossed the flesh line,” sexual abuse hx, one or both parents usually narcissistic <40-45
- 20 Different categories of PSB – **10 major types, 144+ major behaviors**



# 10 Types of Compulsive Sexual Behavior

- In the original research for his book, Don't Call it Love, Dr. Patrick Carnes, founder of IITAP, and “the Grandfather of Sex Addiction,” analyzed 114 compulsive sexual behaviors and identified 10 major types.
- Overlapping
- Arousal template specific

# 10 Types of Compulsive Sexual Behavior

## Fantasy Sex

- Sexually charged fantasies, relationships, and situations.
- Arousal depends on sexual possibility.

01

## Seductive Role Sex

- Seduction of partners.
- Arousal is based on conquest and diminishes rapidly after initial contact

02

## Voyeuristic Sex

- Visual arousal
- The use of visual stimulation to escape into obsessive trance.

03

## Exhibitionistic Sex

- Attracting attention to body or sexual parts of the body.
- Sexual arousal stems from reaction of viewer whether shock or

04

## Paying For Sex

- Purchasing of sexual services.
- Arousal is connected to payment for sex, and with time the arousal becomes connected to

05



# 10 Types of Compulsive Sexual Behavior

## Trading Sex

- Selling or bartering sex for power.
- Arousal is based on gaining control of others by using sex as leverage.

06

## Intrusive Sex

- Boundary violation without discovery.
- Sexual arousal occurs by violating boundaries with no repercussions.

07

## Anonymous Sex

- High-risk sex with unknown persons.
- Arousal involves no seduction or cost and is immediate.

08

## Pain Exchange Sex

- Being humiliated or hurt as part of sexual arousal; or sadistic hurting or degrading another sexually, or both.

09

## Exploitative Sex

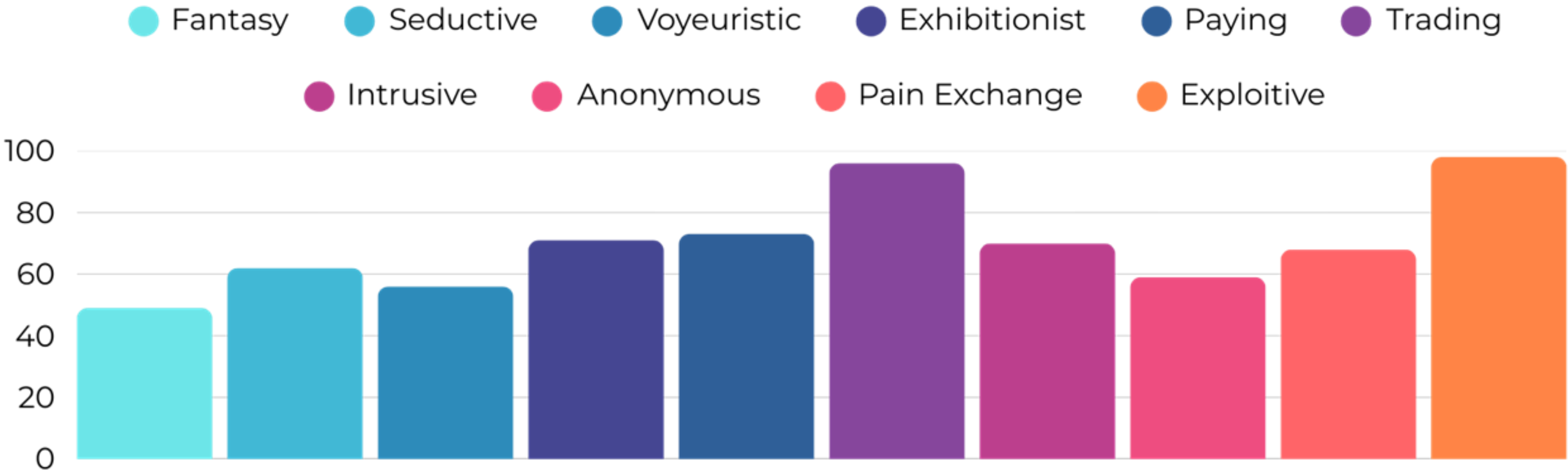
- Exploitation of the vulnerable.
- Arousal patterns are based on target “types” of vulnerability.

10



# 10 Types of Compulsive Sexual Behavior

## Sexual Behavior Type Profile



# Sex Addiction is . . . and is NOT

- **NOT** a moral or ethical problem. This is a clinical diagnosis, not about bad people.
- **NOT** related to spirituality or religion.
- **NOT** the same as sexual offending. That involves non-consensual sex and offending, Not offensive to you behavior. Most people with PSB are not offenders, but, some people with PSB can offend in escalation.
- **NOT** a sign of a broken relationship. Nearly always people with PSB love their partners and partners want truth and recovery more than ending a relationship. 86% partners want to stay.
- **NOT** related to kink, fetishes or sexual orientation/gender identity.  
Who/what a person is attracted to has nothing to do w PSB.



# What is a CSAT?

## And why are they helpful?

- Certified Sex Addictions Therapist
- IITAP - International Institute of Trauma and Addiction Professionals

## MYTHS

- We are not sex positive - Member of Society for the Advancement of Sexual Health (SASH) – I'm pro-masturbation, feminist, support sex-workers, sex toys, pornography for adults, etc.
- We are not kink/fetish positive - Trained to recognize and treat problematic sexual behaviors defined within a problematic model
- We stop people from having sex or require them to abstain from masturbation or sex.
- **I am not the masturbation/sex or porn police.**



# What are CSATs?

- 160 hours of training and 30 hours of supervision to be certified, in practice/fully licensed 5 years
- Person with S/PA, betrayed partner, couples
- Financial/emotional/sexual/relational betrayal
- Enmeshment issues
- Specialized assessments
- Therapeutic Full Disclosure process
- Power and control dynamics
- Co-occurring/fused/cross addiction
- Trauma/Attachment specialists



# Why would a CSAT be helpful?

“I wouldn’t allow a doctor who has only practiced as a pediatrician to crack open a patient’s chest and repair a hole in the patient’s heart.”

- Michelle Holleman



# Why would a CSAT help?

## No bandaids, no wack-a-mole

- Determine when/if behavior is problematic
- Treat co-occurring addictions and mental health disorders
- Identify co-occurring MH issues which masked by the PSB or mis-diagnosed bc of PSB.
- Identify common physical indicators - ED, pelvic pain, peyronie's disease, STDs, sexual health issues – delayed ejaculation
- Attachment/trauma roots
- Treat relationally – partners, kids, whole family system



# How do we identify SPA?

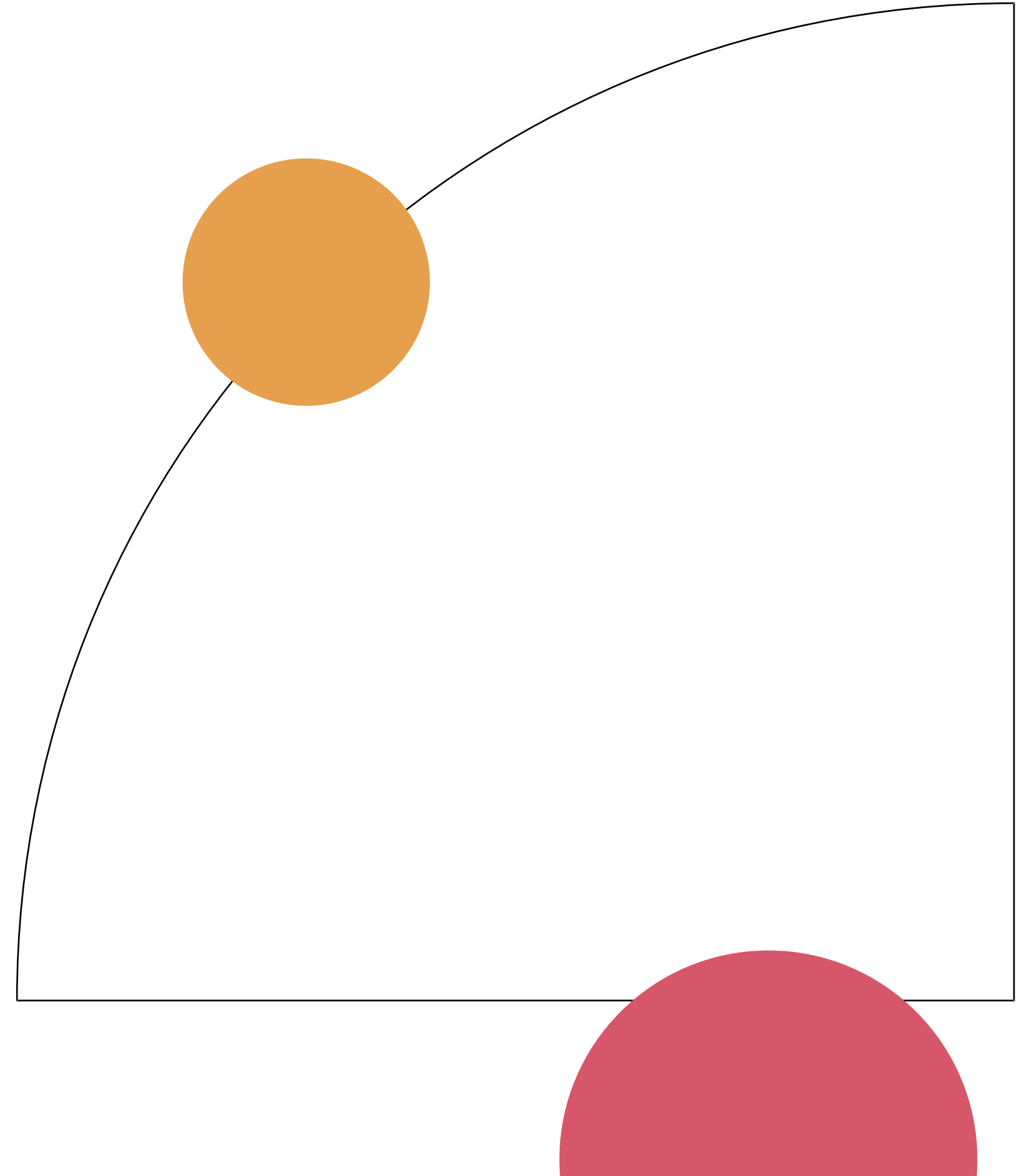
## Initial Assessment

- SAST - Is there a problem?
- Sexual Addiction Screening Test - **2 = Magic Number**
- Assesses sexually compulsive behavior, which may indicate the presence of PSB.
- Developed in cooperation with hospitals, treatment programs, private therapists, and community groups
- Simple, self-report assessment that does not assess for specific behaviors but can provide a clinically significant **tool to see if a problem exists.**

<https://new.recoveryzone.com/PublicSurvey/Home>



**“I’d like to talk to you about sexual behaviors. While it is a normal, healthy, part of being human, I’d like to check in based on some things I’ve noted to make sure you’re practicing healthy sexual behaviors.”**



# Assessments

- Saves, time and money
- Informs treatment
- Comprehensive report vs. long interview
- These assessments are only available and able to be interpreted by CSATs or clinicians who are in the process of completing the CSAT training and certification program (CSAT-C.)
- Stored on encrypted server
- My rule: Never printed, never stored with client chart.



# Assessments

## SDI (Sexual Dependency Inventory)

- A battery of tests organized into one cohesive report (about 144 different sexual behaviors) essential when treating a complex compulsive process behavior like sex/porn addiction.
- Gathers data on various aspects of problematic sexual behavior including typical patterns of consequences, evolution and timing of behavior and thought patterns, as well as therapy readiness.
- Information is also collected and evaluated on drug use, masturbation, paraphilias, and internet usage behaviors. Important establish a treatment plan
- Includes biopsychosocial intake/assessment, assesses for minimization, deception

# Assessments

## **SDMI (Sexual Digital Media Inventory)**

- Same assessment as SDI with focus on social media, apps, chatrooms, webcams, digital pornography, VR, sex robots, gaming, other online behaviors
- Includes biopsychosocial intake/assessment, assesses for minimization, deception

## **CONTEMPORARY PERSON WITH A SEX/PORN ADDICTION**

## **IPAST (Inventory for Partner Anxiety Stress & Trauma)**

- Examines a betrayed partner's reactions, family of origin, resiliency and attachment styles.
- For all genders/humans
- Provides an overall look at how sex/porn addiction has impacted a person and their ability to move past and overcome the trauma.



# Assessments

## **MAWASI (Money and Work Adaptive Styles Index)**

- IDs the various ways (behaviorally, emotionally, and cognitively) money and/or work has affected a person's life.
- Shows how a person has adapted their life to those thoughts, feelings, and behaviors.

## **PTSI-R (Post Traumatic Stress Index- Revised)**

- Assesses how trauma has impacted a client's life from an interdisciplinary social neuroscience perspective
- Includes populations like people with PSB, who are commonly excluded from most trauma assessments



# How do we identify sex/porn addiction (SPA)?

A pattern of:

- Excessive and escalating pornography use,
- Any excessive and escalation in desire for or engaging in sexual behaviors/intercourse.
- Using social media or dating/hook up apps inappropriately
- Affairs
- Prostitution
- Sexting/email/texting/2nd phone/deleting/hiding devices
- Hiding money, receipts, phones, clothes, property, relationships, activities
- **Patterns of secrets, lies, and omissions**



## Did you know?

- A 2017 survey found that 8.6% of adults in the United States met criteria for CSBD. 8-10 million people
- Studies report rates between 3% and 16% of the population.
- A 2014 study found that 10.3% of men and 7% of women met criteria for CSBD.
- A 2016 study found that the average age of onset was 18 years old.
- A 2015 study found that 80% of individuals with CSBD also had at least one other mental health disorder



## Did you know?

88 married couples over seven years where one partner was recovering from sex addiction. **The study found:**

- **9%** of sex addicts had completed an inpatient program for compulsive sexual behavior.
- **79%** of married individuals were actively attending sex addiction support meetings.
- **91%** of sex addicts and their partners had engaged in therapy with a counselor.
- The average recovery time was **4 years**, with recovery time ranging from two months to 14 years.

**And among those in recovery:**

- **34%** had achieved at least five years of recovery



**SPA is inclusive of all forms of sexual behavior that causes or contributes to emotional, physical, financial, psychological, and spiritual harm to individuals, groups, and systems.**

- With or without masturbation/porn/orgasm/sex
- Increase in intensity

### **Example:**

Isolation, alone at home, locked door, low volume, quickly searching, 1st page, cis/het, over pants/clothes on, delete history, 1x/week

- Intensity +
- Consequences: Dr. in garage with nurse



# When could we suspect SPA in a session?

- Client gaslights clinician
- Clinician rationalizes sexual boundaries for the client
- Client does not take responsibility secrets, lies, omissions (S/L/O)
- No acknowledgment of severity of a crisis
- There's a piece missing of the story – will not share “Why I came to therapy today.”/minimizes.
- Clinician feel “off their game” and has no idea what they're missing.
- Clinician just knows “something feels off.”



# When could we suspect SPA

## in a session?

- Can present as chronic infidelity – or single infidelity that has been discovered
- Gaslighting/“Crazy making” Partner feels crazy and stays angry
- Multiple discoveries, multiple chances
- Control/abuse – financial, emotional, spiritual, social, physical, verbal
- Secrets, lies, omissions in relationships
- Obvious inappropriate sexual behavior/lack of boundaries – jokes, rubbing shoulders, objectifying
- Crisis - legal, financial, relational, social, professional
- #1 - Discovery by a loved one or partner

**PLEASE BELIEVE THE PARTNER**



# When could we suspect SPA

## in a session?

- Personal, romantic, work life has changed negatively – boss/team frustrated
- Person chooses isolation over in-person activities (e.g., going home instead of staying at a party, choosing to be alone instead of with a partner)
- Loss of time/unaccounted for time
- Sexual problems – ED, not present/interested/too interested
- Sexual "style" change – interest in more risqué behaviors or positions, object play, BDSM, threesomes, open relationship, clubs, cuckholding, etc.
- Isolating/Avoidance– bathroom, garage, car, driving
- Pattern of secrets/lies/omissions
- Discovery of receipts, bills, calls, unaccounted for mileage, etc., sudden or increased travel for work
- STDs
- Not present, on devices, devices face down, passwords, takes with always



# When could we suspect SPA in a session?

- Loss of locus of control - partner
- Attempt take control of things they can't
- Resistance (from PSB) is the most common reaction to attempts at control and **results in behaviors incongruent with the partner's normal behaviors**
- Partner or therapist is in state of hypervigilance – not “obsessed/nosey/violating privacy/asking too many questions/being too aggressive too soon/violating boundaries”

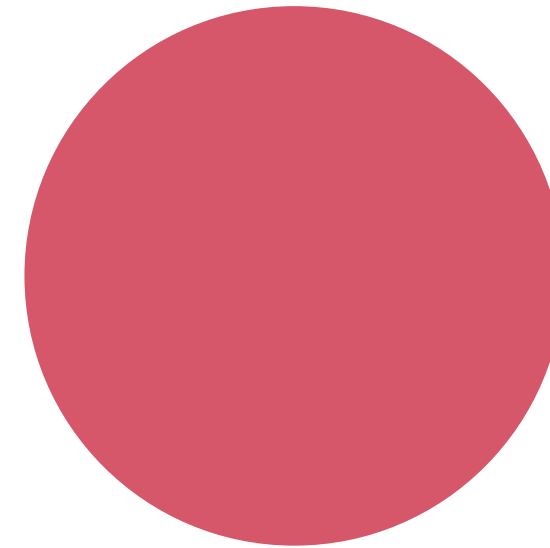
**“If we're not safe we are chronically in a state of evaluation and defensiveness.” – Deb Dana**



# How to spot SPA - Gaslighting

- Partner/therapist has **somatic sensations** connected to blame:
- The higher the blame or denial – the higher the trauma
  - “I wouldn’t have done this if you hadn’t . . .”
  - “If s/he/they were more sexual . . .”
  - “Normal partners/couples do this . . .”
  - “I’ve never heard of any therapist asking . . .”
- Therapist feels ineffective/crazy – feels to blame

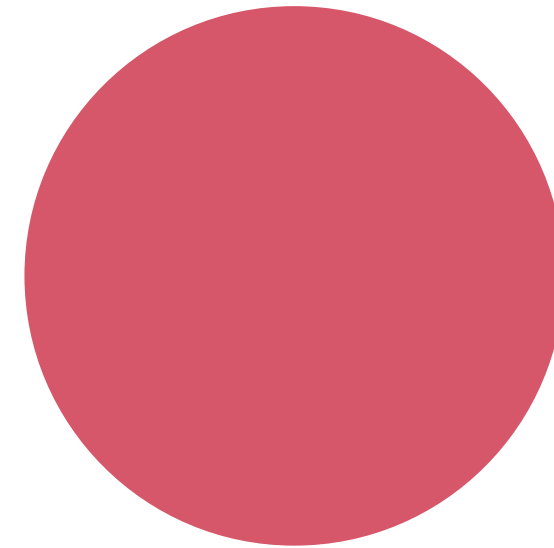
**“If we’re not safe we are chronically in a state of evaluation and defensiveness.” – Deb Dana**



# How to spot SPA - Gaslighting

- Partner/therapist has **somatic sensations** connected to core beliefs/shame:
  - I'm not safe
  - I'm not seen/heard
  - I have to walk on eggshells – fawning response
  - I am stuck/powerless
- Therapist and partner have ruptures/splitting
- Ex: Miri/Mark

**“If we’re not safe we are chronically in a state of evaluation and defensiveness.” – Deb Dana**



# How to spot SPA

- Depression and anxiety increases – changes in family system, partner, or feelings going into a session – doubt of effectiveness, anticipation of pushback, imposter syndrome
- Shame is one of the most low-energy producing emotions we have – more than depression
- “If my family knew, they would reject, leave me, not love me . . . .”
- If my colleagues/clients knew, they would think I don’t know what I’m doing, am a bad therapist, am ineffective, a failure, I’m not smart.”
- “If I were better at reaching them/more understanding/more empathetic/not missing it/ noticed sooner . . . .”

**“We are more likely to rage to deflect the attention given to us when we’re in our shame.”**

**Daniel Huges**

*Attachment-Focused Family Therapy Workbook*



# How to spot SPA in Relationships

## Inadvertent Gaslighting by Good Therapists

Misdiagnosis: BPD

Recent research has linked traumatic experiences with a high degree of betrayal with symptoms of borderline personality disorder (BPD.)

A significantly higher proportion of individuals with BPD (97%) reported experiencing betrayal trauma compared to those without the disorder.

Dx: Betrayal Trauma - form of PTSD



# Betrayal Trauma vs. PBD

## Betrayal Trauma/PTSD

- Nightmares
- Startle responses
- Hypervigilance
- Agitation, Angry outbursts
- Memory & Concentration issues
- Hypersexualization
- Crying spells
- Numbness
- Difficulty maintaining close relationships
- Feeling detached from family and friends
- Intrusive thoughts, Self harm/SI

## BPD

- Dissociation
- Fear of abandonment
- Rage/anger
- Hypersexualization
- Impulsivity
- Self-destructive behaviors
- Mood Swings
- Loss of self-esteem
- Problems in relationships
- Depression/anxiety
- Self harm/SI

# How do we identify SPA in Teens?

## Neuroplasticity

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**Developing Brain**



**Adult Brain**  
**(after 25 years old)**

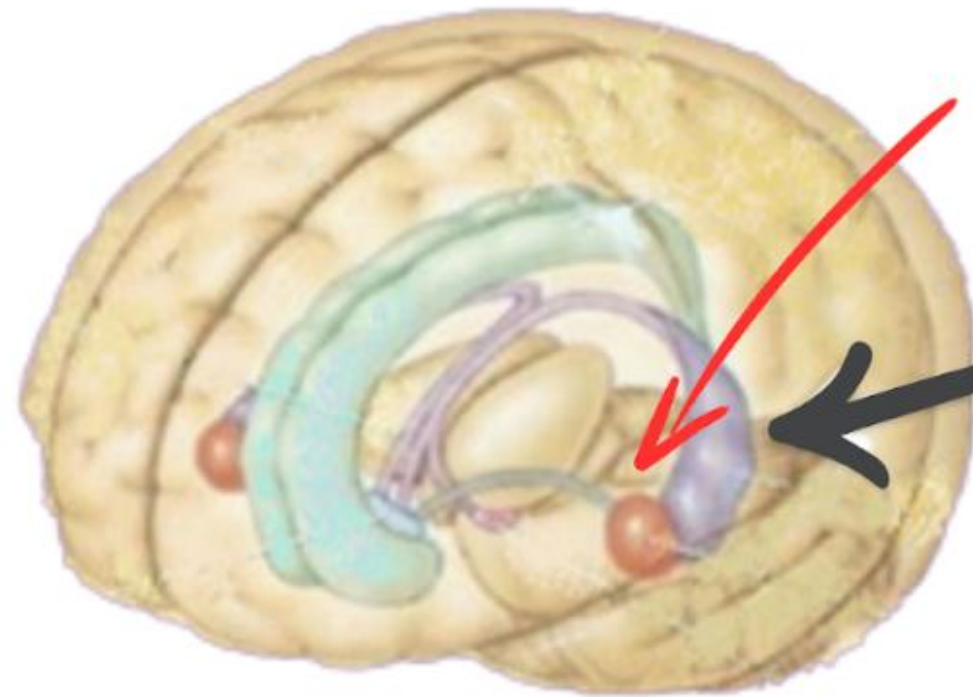
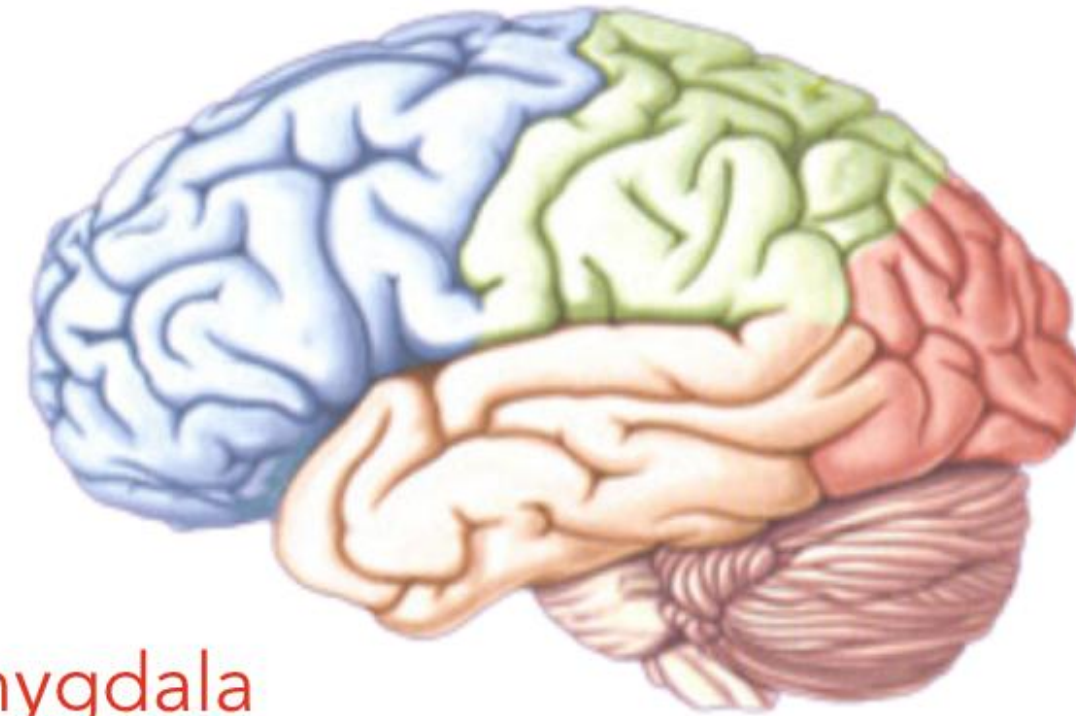
# Teen Brains vs. Adult Brains

## Emotional vs. Reasoning Brain

Adult Brain:

- Prefrontal Cortex

Executive Function



- Amygdala

Teen Brain:

- Limbic System

Emotional Center

# How to spot SPA in Teens

## 1 Million years ago...

- Found a “dirty” magazine under your parents’ mattress?
- XXX rated bookstores existed?
- The “back room” of a video store?
- Finding out “the good/other stuff” about sex from your friends

NOTHING HAS CHANGED . . . not really . . .





Family Guy, season 8, Episode 12, FOX Television, 2009-10



# How to spot SPA in Teens

## Today...

- Pornography available 24/7/365
- Most kids/teens have a phone
- Electronics are all portable
- Kids know how to hide their tracks online – fake apps
- Snapchat, Reddit, Kik, Whatsapp, Discord, Hangouts, IG, Tinder, Omegle, X, IMs, DMs
- Speaking in code



# How to spot SPA in Teens

## Federal and NC Law

- Any film, photograph, negative, slide, or other medium visual depiction or electronic visual image, computer or computer-generated image or sound recording which is of a child (under 18) or **appears** to be of a child engaging in a sexual act.
- Mistake of age is not a defense from prosecution
- Not protected under 1st Amendment speech
- Both minors (<17) and adults can be prosecuted
- **Includes selfies/snapchats, live/quick videos**
- In some states, implying there is a minor in the image, it's illegal



# How to spot SPA in Teens-

# Educating Parents

## Myth #1 - My child hasn't seen porn

- 1-3 kids report they've seen porn by age 12 and only 50% of parents thought their 14-18-year-olds had seen porn
- Depending on the sex act, parents underestimated what their kids saw by as much as 10 times
- Porn sites get more visitors than Netflix, Amazon, and Twitter combined
- **44% of males ages 11–16** who saw hardcore porn said it gave them ideas about the type of sex they wanted to try
- **88% of porn scenes** contain sexual violence against women



# How to spot SPA in Teens- Educating Parents

## Myth #2 - Porn isn't that bad

- For teens, a significant relationship exists between frequent pornography use and feelings of loneliness and major depression
- Minors who view pornography and other sexualized media are more accepting of sexual violence and more likely to believe “rape myths” (i.e., that women enjoy being raped)
- A study of 14-to-19-year-olds found that females who consumed pornographic videos were at a significantly greater risk of being victims of sexual harassment or sexual assault omen



# How to spot SPA in Teens- Educating Parents

Myth #3 - I don't have to worry about it

- We absolutely do have control over how we reframe our culture's messaging with kids.
- Young people need trusted adults to help them build resilience and resistance to hypersexualized media and porn.
- Parents or caregivers, play the most critical role in offering children alternative, healthy messages about sex that instill respect in themselves and others

# Initial list of my submitted questions for American Academy of Pediatrics

## screening assessment: 143

1. Do you like to game? What games do you like to play?
  2. Are these multiplayer or solo play games
  3. Ask about violent themes - shooting (HALO) is not usually “violent,” think GTO - Grand Theft Auto - realistic games
  4. Amongus - not murder to kids/violent
  5. Play any MMORPGs? (These are “World of Warcraft”-type games, “2nd life”, a world within the world. There is no end or “win,” but missions/adventures/tasks/quests. “Leveling up,” “moving on,” is the goal. If someone is playing with others from multiple timezones, the game will continue when they are in school and they may be chastised for “neglecting their responsibilities.” Quests can last for years. Characters/avatars may have jobs and actually monetize IRL (in real life.) by selling “skins,” weapons, powers, energy, etc. There are legitimately famous celebrities who provide concerts and showcase their music within these worlds. There are subcultures, sexual fetishes, relationships, marriages, children, anything a “real life” can have, may happen online.
  6. Do you use chat features or socialize with other gamers or friends online?
  7. Have you been able to meet up IRL (in real life) with any friends?
  8. Have you been able to video chat?
  9. Phone/audio?
  10. How old are most of the people in your group?
  11. What would your parents think if they could meet some of your friends online? Their parents?
  12. Have you ever seen sexual images or videos?
  13. Would you consider this pornography?
  14. What do you watch on YouTube? Netflix/Max, etc.
  15. What are you not allowed to watch?
  16. Do your parents have blockers on your devices?
  17. Ask teen to show/tell you how they get around the blocker.
  18. Social media use - snap/IG/Roblox/chat sites/
  19. What do you think of porn?
  20. What have your parents told you about porn?
  21. When was the 1st/last time you saw this/porn?
  22. What did you see?
  23. What was the circumstance - found materials, parents left laptop search open, friends
  24. What do you type into the search bar?
  25. How much time are you online? Are you usually alone/ in private?
  26. How do you feel about what you've seen?
  27. Do you feel ashamed, scared, comfortable, curious, angry, sad, glad, confused, judged, etc.?
1. Kid states it excited them – it is supposed to – provide validation.
  2. Ever watch at school? Using school computer? Why not? Do your friends? Is this where you first saw it,?
  3. \*Do you have questions about anything you've seen online?
  4. Do you often delete searches/hx?
  5. Do your siblings/friends/cousins, etc. watch porn?
  6. Do your parents watch porn?
  7. Have you ever seen porn on your parents/siblings' computers?
  8. Do you find yourself thinking about watching porn sometimes?
  9. How often does this happen? How often are you watching?
  10. Every day/throughout the day/a few times a week/a few times a month/never/ all the time?
  11. Has this gotten more frequent?
  12. Did you start watching one type of pornography and now are watching something different?  
(\*Look for intensity changes)
  13. What were those changes?
  14. Have you noticed any other changes in your behaviors/sleep/eating?
  15. Are there any changes in how you spend your time - did you used to spend more time x and now are doing this much less?
  16. Have you stopped doing anything you used to do a lot to be able to watch porn - time with friends/studying/family/hobbies/sports, etc.
  17. Are you concerned about how much you think about watching pornography?
  18. Are you concerned about how much you are watching pornography? school?
  19. Have you ever used a device you weren't supposed to watch porn?
  20. Have you ever taken a device that wasn't yours or hidden a secret device to watch porn?
  21. How have you paid for gaming/porn?
  22. Have you ever stolen money/a credit card/debit card/gift card/etc to purchase games/porn?
  23. Remember, kids will use any loophole possible – including, “You didn't ask THAT specifically,” so it's important to take our time and really ask in depth questions, reading between the lines.

Based on gathered data in the field 2018-24  
Culture Reframed, 2024





# In my experience



# Ask the questions and expect:

**Have you seen porn? How did it make you feel? Do you look at it regularly? Etc.**

- High level of acting out
- Watching extreme porn – Hentai, violence, coercion, voyeurism/exhibitionistic
- Rule 34
- Got around blockers
- Fear of punishment/taking away all devices/telling parents
- Possible consequences from school/legal
- If you're open, they will be - disclose
- Being open to support

# Consequences of PSB: Rape Culture

Peggy Orenstein cited these studies when she wrote in her book *Girls & Sex*:

“In the study of behaviors in popular porn, nearly 90 percent of 304 random scenes contained physical aggression toward women, while close to half contained verbal humiliation...women would sometimes initially resist abuse, begging their partners to stop; when that didn’t happen, they acquiesced and began to enjoy the activity.” For men who consume porn regularly, this kind of behavior is perceived to be not only acceptable, but also sexy and desirable for women.”



# Consequences of PSB: Rape Culture

In a study on effects of mainstream (not rape-themed) porn on college-age men:

- 83% expressed greater intent to commit rape, if they wouldn't get caught.
- Data shows all porn genres, not just those depicting rape, perpetuate a rape culture.

Sexual Addiction and Compulsivity, 2011





# Consequences of SPA

## Rape Culture

- Brock Turner
- Stanford student convicted on multiple counts of rape and assault
- Was caught raping Chanel Miller, who was unconscious, being a dumpster
- Claimed victim “wanted it,” even though she was unconscious
- Victim had “significant bruising, tearing, cuts and physical trauma.”
- Turner stated he did not know victim and would not be able to recognize her if he saw her again
- History of drug, alcohol and porn use





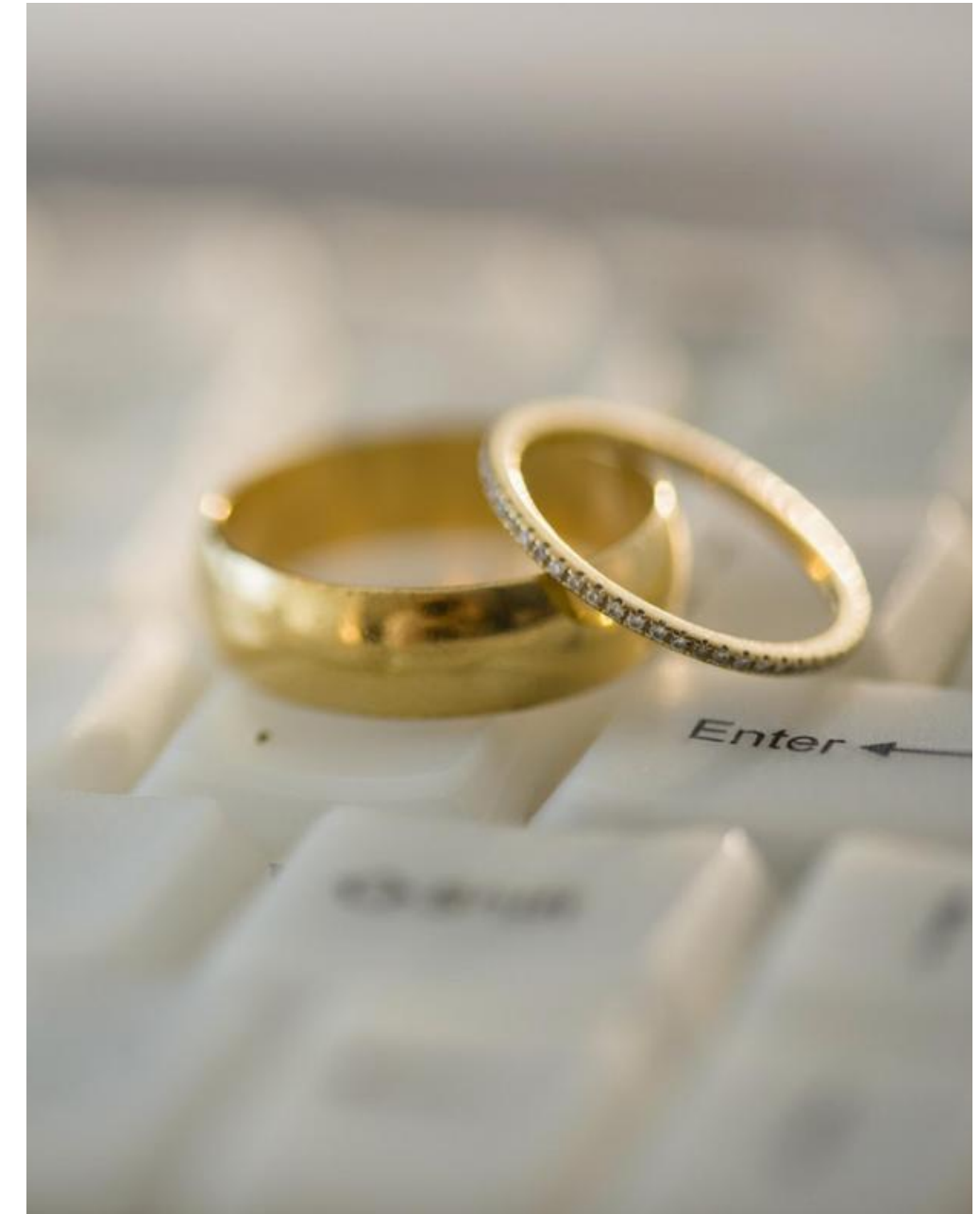
# Work Arounds

## VPN: Virtual Private Network

- Establishes a digital connection between your computer and a remote server owned by a VPN provider, creating a point-to-point tunnel that encrypts your personal data, masks your IP address, and lets you sidestep website blocks and firewalls on the internet.
- The global VPN market is projected to grow from \$44.6 billion in 2024 to \$87.1 billion by 2027.
- **The 16-24 demographic makes up 35% of all VPN users.**
- The 25-34 demographic is the second largest cohort at 33% of all users.
- Boomers — or those 55 or older — make up only 4% of the VPN user base.

# Therapist Strategies

- Normalize our culture
- Validate concerns of clients/parents, speak into the truth
- Don't assume:
  - Safety
  - “Locked down”
  - Not a problem
  - No consequences coming
  - No denial or minimization
  - Honesty/Whole story
- Refer for an assessment/consult
- Stay in your scope – protect yourself!
- Ask me for help!



# Transference/Countertransference

- It is important to understand what our own sexual biases are when screening/discussing sex with teens and adults.
- For example – kink is not unusual or unhealthy and, if a kid/teen/ or adult has developed a kink, it is not necessarily a problem.
- Answering questions about some things (kink/fetish/poly/ENM/any sexual practices we may have our own biases around) and looking for intensity changes or how this presents is something you must be trained on to understand better.
- I would recommend this as a point to refer to an expert.



# Treatment

## Determine LOC (Level of Care)

- Assessment treatment plan
- Outpatient 1- 2x/weekly, group therapy, 12-step/support group meetings
- Intensives/IOP
- Inpatient referral
- Return to Outpatient – Task Models, performable, competencies (FTS) – PCI, Secrets List, Cycle, 3 circles, Worst Moments, Arousal Template
- Once in early recovery  determine co-morbidities
- Recovery  Trauma work – inner child/ “re-parenting,” EMDR
- Full Disclosure, Couple Therapy, Sexual Reintegration Therapy
- 3-5 years

# Treatment

## FOR LOVED ONES AND PARTNERS:

- Psychoeducation, therapy, recovery, support (therapy group/support group)
- Trauma work/ “inner child/re-parenting stage, EMDR, experiential therapy
- Full Disclosure – processing infidelity and betrayal into truth and healing - another training!!
- Disclosure to children, if applicable
- **Couples therapy is contra-indicated until after Full Disclosure in most cases**
- There is not a timeframe or average for an individual to be ready for X or to be in recovery enough for Y. (90-120 days- outdated)
- Talking to Parents, Parent Education – another training/group!

**Healing Starts Now.**



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**Life Healing Counseling**

WITH MICHELLE HOLLEMAN



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