



# **Sexual Addiction and Trauma**

**An overview of the behavior and treatment process**



# Sexual Addiction and Trauma - 4 Objectives

- **Understand Development Risk Factors**
  - Explore how sexual addiction develops, including psychological, biological, and social influences.
- **Recognize Symptoms and Warning Signs**
  - Identify the common behavioral and emotional indicators of sexual addiction and related trauma.
- **Explore the Link to Intimacy Disorders**
  - Describe why sexual addiction is considered an intimacy disorder and its impact on relationships.
- **Explore Treatment Options**
  - Review evidence based treatment approaches, including therapy, support groups, and medical interventions.

# Sexual Addiction as a Process Addiction

**Sexual Addiction is not currently recognized as a true psychological disorder, but is categorized as a Process Addiction.**

- **Process / Behavioral Addictions:**

- Gambling, Sex and Love, Gaming, Spending (Debt), Exercise, Work, Food (Over Eating)

- **Substance Addictions:**

- Alcohol, Narcotics, Smoking (Nicotine), Marijuana, Prescription Drugs, Inhalants

# Identifying / Treating SA

## Possible Warning Signs

### How to “Identify” Someone with an Addiction

**Signs** – isolation or unexplained absences, making excuses (entitlement), noncommittal or multiple relationships, lying (e.g., blatant, increased, by omission, gaslighting), tardiness, inattention to ADLs, missing appointments and family / friend events, “living two lives”, borrowing money /debt, decline in performance, mood change, and **inability to express emotional intimacy.**

# Identifying / Treating SA

## Typical Sexualized Behavior

### Typical Behavior:

- Pornography and / or Masturbation (increasing intensity of content)
- Dating Apps and “Dating” Apps
- Cam Girls
- Sexting
- Prostitutes / Escorts / Massage Parlors
- Fantasy
- Multiple Relationships
- Affairs – Sexual and Emotional
- One Night Stands

# Identifying / Treating SA

## Typical Sexualized Behavior

### Typical Behavior:

- Voyeurism / Exhibitionism
- Strip Bars
- Adult Book Stores / Sex in Public Places
- Violent / Dangerous Sex (Auto asphyxiation)
- Chat Rooms
- Catfishing / Creating Fake Profiles or e-mail Accounts
- Use of Objects or Fetishes with Sex
- Use of Force
- Use of Drugs or Exchange of Drugs for Sex

# Identifying / Treating SA

## Typical Sexualized Behavior

### Typical Behavior:

Sex with: Clients, Employees, Professionals (clergy, lawyers, physicians, etc.), Family Members, Supervisors

- Inappropriate Touching
- Stealing Clothing / Personal Items for Sexual Gratification
- Posting Videos or Photos of Yourself
- Making and / or Posting Photos Videos Without Consent (Revenge Porn)
- Stalking On-line or In Person
- **Sexual Anorexia**

# Identifying / Treating SA

## Basics of Sex Addiction

### For Individuals Experiencing Sexual Addiction:

- 81% had experienced at least one addiction in their family
- 40% reported at least one chemically dependent parent
- 22% reported a history of physical abuse
- 81% reported a history of sexual abuse or pressured sexual activity
- 64% reported major depressive disorder

# Identifying / Treating SA

## Basics of Sex Addiction

### For Individuals Experiencing Sexual Addiction:

- 64% reported major depressive disorder
- 41% reported adult ADHD
- 42% reported suicidal ideation or behavior

Derbyshire, K. L., & Grant, J. E. (2015). Compulsive sexual behavior: A review of the literature. *Journal of Behavioral Addictions*, 4(2), 37–43.

Wrey, A., Vogelaere, K., et al. (2016). Characteristics of self-identified sexual addicts in a behavioral addiction outpatient clinic, 5(4), 623-630.

# Identifying / Treating SA

## Development of Sexual Addiction

### John Money's "Lovemap" - 1980's

- Each of us develops our own unique map (neuropathways)
- Typically formed between ages of 5 and 8 years
- What we find sexually arousing and will become a template used in the future to decide what is appealing to us

# Identifying / Treating SA

## Development of SA

### “Lovemap” Detours

- Early exposure to pornography / inappropriate behavior or talk
- Spanking / Bathing
- Molestation / Rape / Playing “Doctor”
- Reinforcement of inappropriate behavior (or inappropriate reinforcement)
- Innocent self-soothing
- Inappropriate touching / “nurturing”
- Being “groomed”
- Medical / health issues

# Identifying / Treating SA

## Why Does it Continue?

### Why Does Behavior Continue into Adulthood?

- “Intimacy Disorder” – Dr. Patrick Carnes
- Victims / Survivors Themselves and Untreated
- Instant Gratification and Control
- Fear of Rejection
- Hiding / Splitting
- Switching Addictions
- White Knuckling

# Identifying / Treating SA

## Why Does it Continue?

### Why Does Behavior Continue into Adulthood?

- Entitlement, Justification, Ego, Rationalization
- Poor Social Skills
- Upbringing (“Madonna / Whore”)
- Revenge
- Pairing with Drugs and / or Alcohol
- Denial / Downplaying
- Pornography is Anonymous, Affordable, Accessible

# Identifying / Treating SA

## David's Big Questions

“What does this (e.g., behavior, activity, substance) give me?”

“What does this (e.g., behavior, activity, substance) take away from me?”

# Identifying / Treating SA Intake Procedure

## Starting the Intake:

Consider how you can help the client change their thinking from “What is wrong with me?” to “What happened to me?”

Take a Trauma Informed Care approach, keeping in mind a significant majority of people with addictions have a history of trauma. It is not easy to share personal information, especially a sexual history. Breaking through denial and admitting that you need a higher level of care are often humbling experiences.

# Identifying / Treating SA

## Starting the Intake

### Assessments Include:

- Sexual Addiction Screening Test (SAST-R, Version 2.0)
- Sexual Addiction Risk Assessment

[AM I A SEX ADDICT? | drpatrickcarnes](#)

- SLAA 40 Questions For Self Diagnosis

[40 Questions For Self-Diagnosis - Sex and Love Addicts Anonymous - Greater Delaware Valley Intergroup \(slaadvi.org\)](#)

- Sexual Dependency Inventory (CSAT)

# Identifying / Treating SA Intake

## Introducing the Subject

- MANDATED REPORTING
- Ask about trauma history (save until last or be careful with follow-up questions)
- Ask about marriage, relationships, dating (history and are they where they want to be; are they isolating)
  - Ask if family / friends / fellow employees have noticed a change
  - Ask how they typically handle stress, depression
  - Ask about hobbies
- Ask about sleep patterns and what keeps them awake at night / prevents them from sleeping?

# Identifying / Treating SA Intake

## Introducing the Subject

- We realize that pornography is becoming more and more unmanageable to many people. How many hours / dollars do you typically spend on the computer each day? On dating apps?
- Do you find that when you take part in (drinking / recreational drug use) you are more likely to partake in another behavior? (pairing)
- Ask open-ended questions
- **Always overestimate**

# Identifying / Treating SA Diagnosis

## Thoughts to Consider when Diagnosing:

- Impulse Control
- Anxiety
- Depression
- Antisocial Personality Disorder
- Borderline Personality Disorder
- Obsessive-Compulsive Personality Disorder
- Diagnostic / Medication History

# Identifying / Treating SA

## Diagnosis

### Thoughts to Consider when Diagnosing:

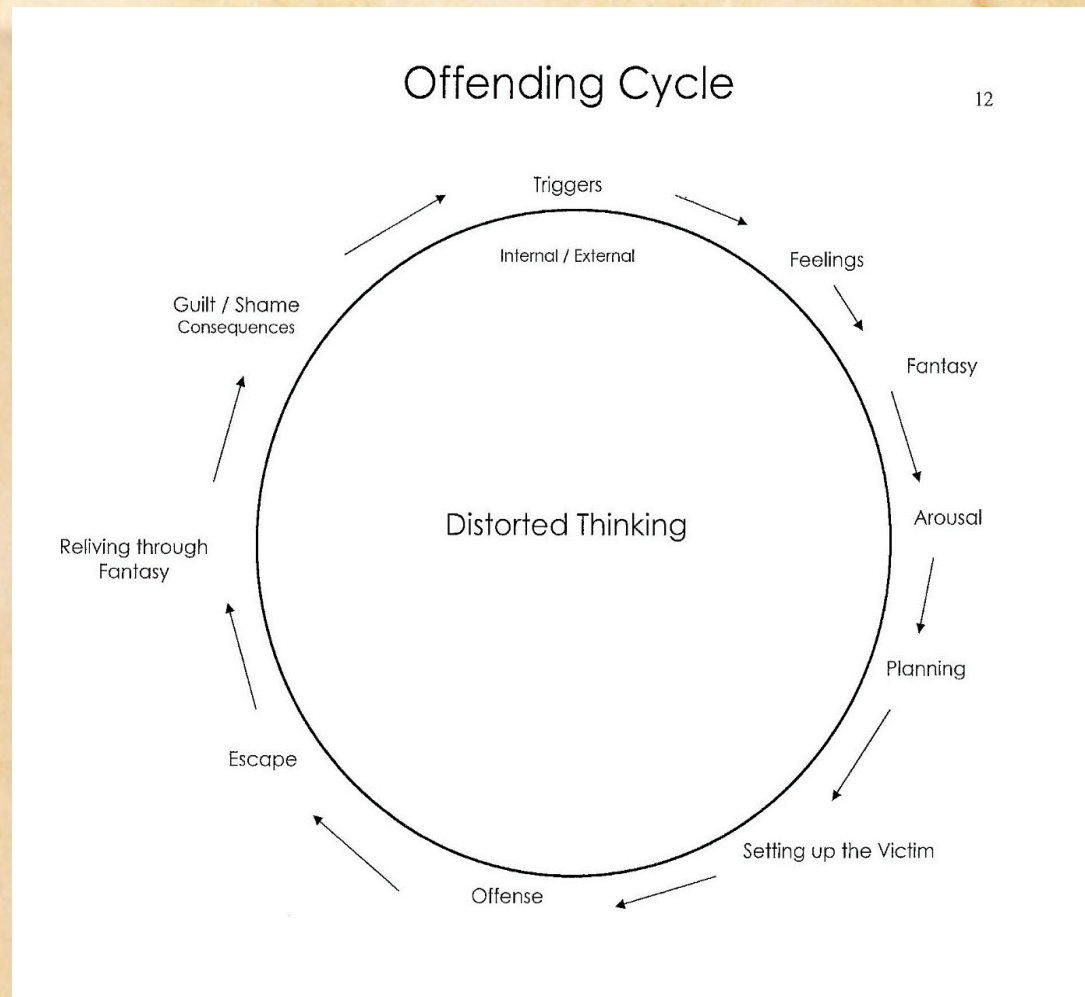
- Traumatic Brain Injury
- Substance Abuse Disorder / Substance Induced Disorder
- Bi-polar Disorder
- Autism Spectrum Disorder
- Fetish (vs Kink)
  - object / behavior is “needed” in order to have orgasm and involves non-living objects,
  - kink is a behavior or practice that provides extra pleasure when having sex but is not mandatory for orgasm and use can vary
- Sexual / Emotional Anorexia

# Identifying / Treating SA Treatment

## Treatment Considerations:

- **Shame Reduction and Offending Cycle**
  - Triggers
  - Shame vs Guilt
  - Learning Coping Strategies
  - Empathy
  - Justification, Entitlement, Denial, Downplaying

# Identifying / Treating SA Treatment – Offending Cycle



# Identifying / Treating SA Treatment

## Treatment Considerations:

- Suicidal / Homicidal Ideation
- Substance Abuse Treatment
- Inpatient vs Outpatient Treatment
  - Expense
  - Time Commitment
  - Emotional Intensity
  - Geographical Location

# Identifying / Treating SA Treatment

## Treatment Considerations:

- Legal Representation
- Getting Tested for STIs
- Disclosure – Staggered, Forced, Therapeutic
  - Wife / Spouse / Partner
  - Job
- Change of Environment
- Use of Electronics and Blockers
- Financial Management

# Identifying / Treating SA Treatment

## Treatment Considerations: 12-Step Model

- 12-Step Meetings (90 in 90)
  - SA – Sexaholics Anonymous
  - Sex Addicts Anonymous
  - Sex and Love Addicts Anonymous
  - Sexual Compulsives Anonymous
  - ACA, AA, et al.
- Step Work
- Sponsor
- Developing a Supportive Social Network

# Identifying / Treating SA Treatment

## Treatment Considerations: 12-Step Model

- **H.O.W. (W.H.O.)**
  - **Honesty** – Being truthful with oneself and others about one's addictive behavior and its impact. Admitting mistakes and taking responsibility
  - **Open-mindedness** – Being receptive to new ideas and perspectives, especially regarding recovery and healing and new approaches to recovery.
  - **Willingness** – Having a positive attitude, desire and motivation to change. Being open to do what is necessary to heal.

# Identifying / Treating SA Treatment

## Treatment Considerations:

- The sex addiction model is careful not to prescribe what is "normal" or "healthy" sex practice, recognizing and celebrating the diversity of human sexual expression.
- Unlike sex therapy, improvement of sexual function or satisfaction is seen as a benefit of treatment, but the focus of treatment is on dependence, compulsion, and trauma.

# Identifying / Treating SA Treatment

## Treatment Considerations - Therapy Options:

- Individual Therapy
- Group Counseling
- Family Therapy
- Marriage Counseling
- Offender Specific

# Identifying / Treating SA Treatment

## Treatment Considerations:

### Certified Sex Addiction Therapist (vs Sex Therapist)

- **Certified Sex Addiction Therapists (CSATs)** are trained to recognize and respond to individuals whose sexual behavior **causes themselves or others severe stress** and is continued or repeated despite the **progressive negative effects** it has on their quality of life or daily functioning.

# Treating SA

## Carnes' Approach

### Goals:

- Decrease Shame
- Increase Empathy
  - For Victims
  - For Self
- Increase Understanding
  - Scope of Victims
  - Breadth of Negative Consequences

# Treating SA

## Practical Approach

### Clinical and Peer Feedback

- Emphasis on Peer Feedback
- Constructive Criticism
- Nonjudgmental
- Emphasis on Entitlement, Downplaying, Justification, Minimizing
- Detailed, e.g., Financial, Volume, Time
- **Take Responsibility**

# Identifying / Treating SA Treatment

## Written Assignments Presented in Group:

- Life History
- Inventory of Offending, Compulsive and Deviant Behavior
- Victims List
- Statement(s) of Responsibility
  - “I take responsibility for (behavior)”
  - “I take responsibility for (negative consequences)”
  - “I take responsibility for (not engaging in behavior again)”
- Grief and Loss Letter, Disclosure (as Appropriate)

# Identifying / Treating SA Trauma

## Trauma Work

- Childhood Trauma:
  - 72% physically abused
  - 81% sexually abused – (physical vs emotional aspects)
  - 97% emotionally abuse
- Acknowledging and Accepting Trauma (big T and little t)
- Grief and Loss
- Teaching Coping Skills

# Identifying / Treating SA Trauma

## ACEs – Adverse Childhood Experiences

Comprised of 10 questions:

- 3 referring to emotional, physical and sexual abuse
- 2 assessing emotional and physical neglect
- 4 referring to household dysfunction.

Adverse Childhood Experiences Questionnaire  
Traumadissociation.com.  
<http://traumadissociation.com/ace>

# Identifying / Treating SA Trauma

## Trauma Work Techniques:

- Eye Movement Desensitization and Reprocessing (EMDR)
- Trauma Egg (Marilyn Murray, PhD )
- Grief and Loss Letter
- Mindfulness
- Journaling
- Art

# Identifying / Treating SA Treatment

## Written Exercises:

- **Cognitive Behavior Chain**
  - 16 Steps (Impulsivity)
- **Pre-Disclosure Decision Matrix**
  - Pros and Cons of Continuing and Discontinuing Problematic Behavior

# Identifying / Treating SA Treatment

## Coping Techniques:

- Mindfulness
  - Box Breathing
  - Calm / Safe Space
  - 5-4-3-2-1 Exercise
- 3 Second Rule
- Play the Tape Forward
- Giving Me / Taking Away Questions
- Half Life
- Relapse Prevention Plan
- Guided Imagery
- Cognitive Behavioral Therapy

## Identifying / Treating SA Quote

“They are survivors. If you don’t have respect for their strength you can’t be of any help. It’s a privilege that they let you in – there’s no reason they should trust you – none. You can’t know their terror – it’s your worst nightmare come true – a nightmare from which you never awaken. It’s unrelenting. There has been **no safety: no one, no time, no place no thing** – All was tainted. Hope was obliterated – time and time again. That they are in your office is in itself a supreme act of valor.

- **Banner at River Oaks Hospital, New Orleans, LA**

# Identifying / Treating SA Reading List

## Sources / Reading List

- *Out of the Shadows* Patrick Carnes, PhD Third Edition
- *Don't Call it Love: Recovery from Sexual Addiction*, Patrick Carnes, PhD 1991
- *A Gentle Path Through the Twelve Steps*, Patrick Carnes
- *Mending a Shattered Heart*, Stephanie Carnes
- Weiss R. "Sexual Addiction, Hypersexual Disorder and the DSM-5: Myth or Legitimate Diagnosis?"

# Identifying / Treating SA

## About the ECU

- Located in Chester, PA - 20 Minutes from Downtown Philadelphia
- 16 Bed Inpatient Facility - All Male
- Treatment of Sexual Addiction and Trauma
- Founded by Patrick Carnes, PhD in 1996
- Minimum 30 Days of Treatment, 42 for Legal Issues or Significant Trauma
- 2 Psychotherapy Groups Daily, Weekly Individual and Family Therapy and 12-Step Counseling
- Daily 12-Step Meetings Including SLAA, SAA, AA, and ACA

# Contact Information

**Presenter:** Dr. David Pellack, PhD, LPC, CSAT

**To Refer a patient to Keystone Center ECU call:**

(833) 632-6840



[Keystonecenterecu.com](http://Keystonecenterecu.com)



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