

**SAN FRANCISCO FIRST OFFENDER PROSTITUTION PROGRAM**  
**Saturday, March 19, 2005**

- 8:00-8:45 Registration & Questionnaire:**  
*"STD and HIV Risk and Attitude Assessment Forms"*
- Session I District Attorney & Vice Crimes Division Presentation - Vice Laws:**  
*"Prostitution Laws & Street Facts"*  
Assistant District Attorney
- Session II San Francisco Department of Public Health:**  
*Sexually Transmitted Diseases, HIV Risk, Prevention, & Treatment:*  
Chuck Cloniger, Nurse Practitioner
- Session III Women and Prostitution:**  
*"Risks & Effects of Prostitution on Women's Lives"*  
Presenters: Female A, Female B, Female C.
- LUNCH**
- Session IV Dynamics of Pimping-Child Prostitution**  
Norma Hotaling, SAGE Project; Julia Guzman, SAGE Peer Case  
Manager; Marianne Barrett, Assistant District Attorney; and Inspector  
Lynne Atkinson, SF Police Dept.
- Session V Expectation of Service/Intimacy**  
David Sterry, Survivor and Author: *"Chicken: Memoirs of a Young Man for  
Rent"*
- Session VI Evaluation and Wrap-Up**  
SF Vice Crimes Unit

# SAN FRANCISCO FIRST OFFENDER PROSTITUTION PROGRAM

Saturday, July 31, 2004

- 8:00-8:45 Registration & Questionnaire:**  
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*"Prostitution Laws & Street Facts"*  
Assistant District Attorney
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*Sexually Transmitted Diseases, HIV Risk, Prevention, & Treatment:*  
Norma Hotaling, SAGE Project
- Session III Women and Prostitution:**  
*"Risks & Effects of Prostitution on Women's Lives, etc."*  
Presenters: Female A, Female B, Female C.

## LUNCH

- Session V Dynamics of Pimping-Child Prostitution:**  
Jennifer Harris, SAGE Project Case Manager
- Session VI Expectation of Service/Intimacy**  
David Sterry, Author of Chicken: Memoirs of a Young Man For Rent
- Session VII Evaluation and Wrap-Up**  
SF Vice Crimes Unit

# **SAN FRANCISCO FIRST OFFENDER PROSTITUTION PROGRAM**

**Date September 24, 2005**

- 8:00-8:45 Registration & Questionnaire:**  
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*"Prostitution Laws & Street Facts"*  
Assistant District Attorney
- Session II San Francisco Department of Public Health:**  
*Sexually Transmitted Diseases, HIV Risk, Prevention, & Treatment:*  
Norma Hotaling, SAGE Project
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Presenters: Female A, Female B, Female C.

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- Session V Dynamics of Pimping-Child Prostitution:**  
Norma Hotaling, SAGE Project
- Session VI Expectation of Service/Intimacy**  
Norma Hotaling
- Session VII Evaluation and Wrap-Up**  
SF Vice Crimes Unit

# Overview

# Educational Needs of the Customer

- Introduction
- Consequences of continued criminal activity
- Health education
- Effect of prostitution on the prostitutes
- Dynamics of pimping, recruiting and trafficking
- Effect of prostitution on the community
- Sexual addiction
- Evaluation: impact of John School on customer
- Materials

# Educational Needs of Customers

- A critical component of the First Offender Prostitution Program is the education of the customer. This education, which takes place during the 8-hour John School, is thought to be a key to lowering recidivism rates.
- The curriculum of the John School was developed in a deliberate way—to address the educational needs of the customer.

# Who are the customers?

- Male customers arrested for the first time, with no serious prior convictions.
- Majority are white, 25-40 years old, college educated, employed and earning over \$30,000/year.

# First time?

- Over two-thirds of participants have self-reported having had sex with a prostitute at least once in their lifetime.
- Of those, 23% had between 4 and 15 encounters with prostitutes within the last year and 52% had two or more sex partners over the previous three months.



# Consequences of continued criminal activity

- Assistant District Attorney explains:
  - the First Offender Prostitution Program will not be available to re-offenders
  - re-offenders will be charged and could face fines, jail time, etc.
  - consequences of being HIV positive and re-offending
  - consequences of being caught with prostitute under the age of 18
  - consequences of beating or raping a prostitute

# Consequence of continued criminal activity

- Re-offender could face other, less serious, charges like traffic tickets, car towing and/or seizure, loitering to commit prostitution, etc.
- Situations where John's become victims:
  - could be robbed, beaten or murdered
- Community action:
  - John's could be photographed, put on the news, turned into the police, etc.

# John School Curriculum

# Impact on the prostitutes

- Testimonial presentation about prostitution given by prostitute survivors of the sex industry.
- Discussion of childhood risk factors, violence, drugs, rehabilitation and reintegration.
- Gives the John's a sense of the prostitutes as people/victims.

# Dynamics of pimping and trafficking

- This session is used to educate customers about the tactics that pimps use to draw young girls into prostitution and bring attention to the worldwide exploitation of women and girls.
- 68% of 130 street prostitutes surveyed report having been raped
- 82% report having been assaulted

# Impact on the Community

- Community activists discuss:
  - impact of prostitution on their neighborhoods
  - drugs and violence associated with prostitution
  - impact on area businesses and what effect it has on quality of life
  - effect on children and other members of the community
  - increase in the level of “fear of crime” in the community

# San Francisco First Offenders Prostitution Program

## **“Prostitution Laws & Street Facts”**

### Course Outline

JERRY COLEMAN, Assistant DA, SF

[Prior to lecture, draw on blackboard the “Cycle” and the “Ripple” diagrams, attached] *[Put TITLE SLIDE up now]*

#### 1. INTRODUCTION

A. SFFOPP is carrot & stick approach: getting this arrest discharged is one carrot; learning, possibly for 1st time, your crime’s role in a much bigger picture affecting many others, is another carrot; I am the stick.

B. These laws apply not only in SF, but throughout California.

#### 2. YOUR NEXT ARREST

A. I assume this not your first solicitation; just 1st time caught in SF.

B. For next arrest, consider the following out in the street:

- 1) Anyone could be a cop (man or woman)
- 2) Whether you solicit or just go along: still a crime
- 3) Even if w/friends who negotiate for you all: still a crime
- 4) Everything you say is being tape recorded

C. You were cited this time; next time, you’ll be booked

[Let Joe Dutto give description of length/flavor of transport/booking]

D. The arraignment process in SF Muni Court:

- 1) You come from holding cell if can’t make bail [describe holding cell like bathroom in rear of our classroom]
- 2) Public courtroom filled with witnesses, victims, defendants
- 3) Simulated arraignment [you as judge, Joe as public def.]
- 4) Ask class for 1 word description of arraignment process

E. Next steps: pretrial & plead guilty, or trial; either way, costs \$

*[DOLLAR BILL SLIDE]*

### 3. FUTURE ARRESTS [PUNISHMENT RANGES SLIDE]

A. Possible diversion per PC 1001, if county allows (6 mos. community service, \$500 fine, 2 court appearances)

B. If no diversion, or if next arrest after diversion, 90/18/CTS/Test  
[Explain all terms of dispo]

C. Then 6/2/45/Test (unless HIV+, then see below)

D. Then 6/3/90/Test (unless HIV+, then see below)

E. Max on misdemeanor is 6 mos. CJ

F. If HIV+ on new arrest:

- 1) New felony in CA since 1990
- 2) You may be indicted, facing \$50,000 bail
- 3) Trial in Superior Court & max of 3 yrs State Prison

G. If prostitute under 18:

- 1) Minimum 272 PC (contributing): 1 yr. CJ & \$2500 fine
- 2) Wobbler 261.5 (stat.rape)
- 3) Possible 288 PC (lewd act) or 266i (pandering, w/8yr.SP max)
- 4) Likely SP or long probation w/huge fines, community srvc., jail

### 4. WHY CAN'T AVOID NEXT ARREST

A. If get real prost. (not cop), but do in public place: 647(a) & same Punishment ranges. (Hugh Grant example in LA)

B. You go to hotel w/prost., could wake up groggy, naked & w/o wallet and watch (or not wake up at all) [Joe Dutto to give examples of johns as victims who died] [Use Cycle diagram here]

C. You go w/prost. but beat her, cut her, rape her: now you are a felony assault, rape defendant [Use Cycle diagram here] and we will prosecute you (Teri Jackson examples)

D. You go to massage parlor [MESSAGE SLIDE HERE]: SFPD



regulates these, as magnet for crime, esp. Robbery of johns

E. Just blocking traffic to solicit will cause you problems:

- 1) Minimum traffic ticket, as SFPD traffic enforces, so \$ & insurance points
- 2) Could be 372 PC (criminal nuisance) & booking since we still have you on list from this offense [Joe describes]
- 3) Possible towing, and even forfeiture if SF passes local law (Case out of Michigan upheld forfeiture of car even against john's wife!; so said US Supreme Court)
- 4) New 1996 misdem.crime: PC 653.22 (loiter to commit prostitution) [Read 653.22(b)(4) to see if sounds familiar]

## 5. PUBLIC PRESSURE BEYOND POLICE

[Here, use Ripple diagram to show we started with "You" in this arrest; the last topic covered "You and prostitute" to show the cycle between defendant and victim. Next hour, DPH will scare you much more than I, with next ripple, "You and your family". Final ripple is "You and the community"; neighborhood citizens angry by your conduct will be here in the afternoon, but here is a preview of their concerns.

A. Neighbors will photograph or videotape you

B. They will note your license for the police (some police depts send a postcard home to warn the driver of loitering in high prostitution area)

C. [Read Elvin Reed's letter, on behalf of Capp seniors who can't come to program]

D. Some communities air the "John Hour" on radio or newspapers

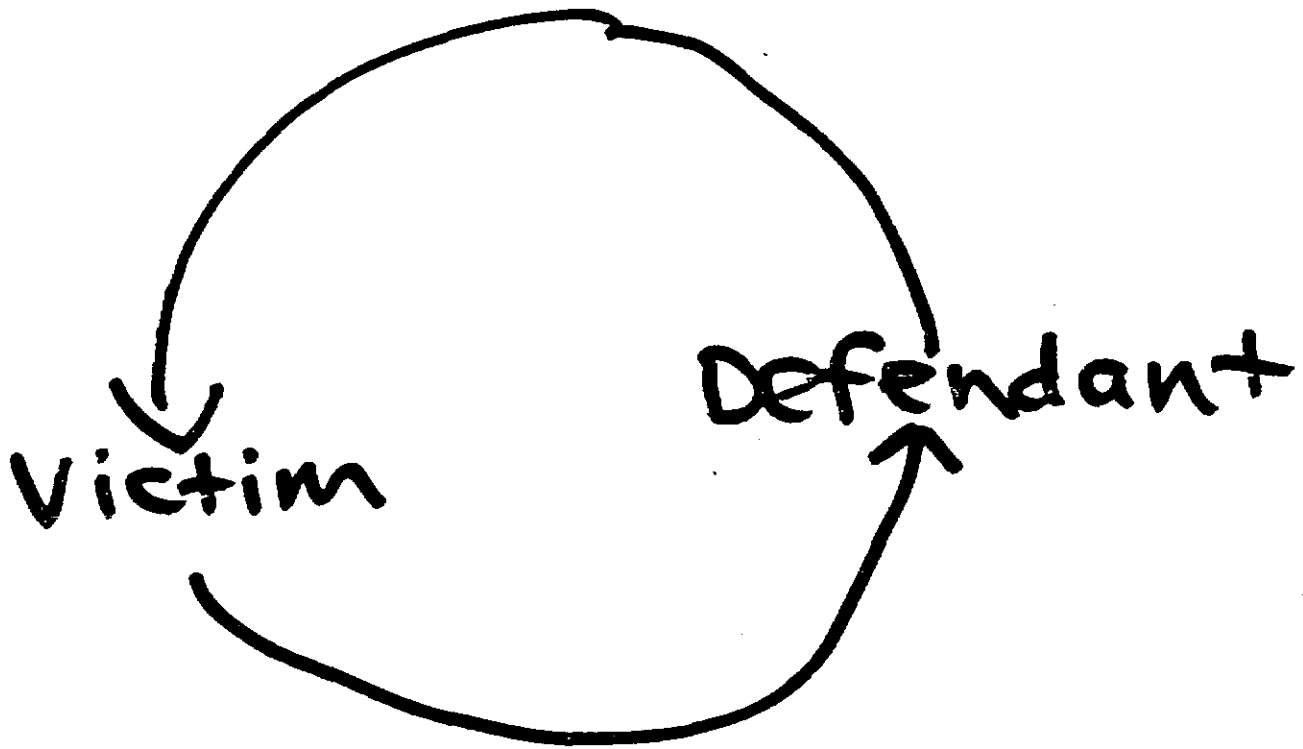
E. Regular TV footage of police sting operations (your face may be blocked, but maybe not your company's logo on the pickup's side)

F. Why all this community fuss:

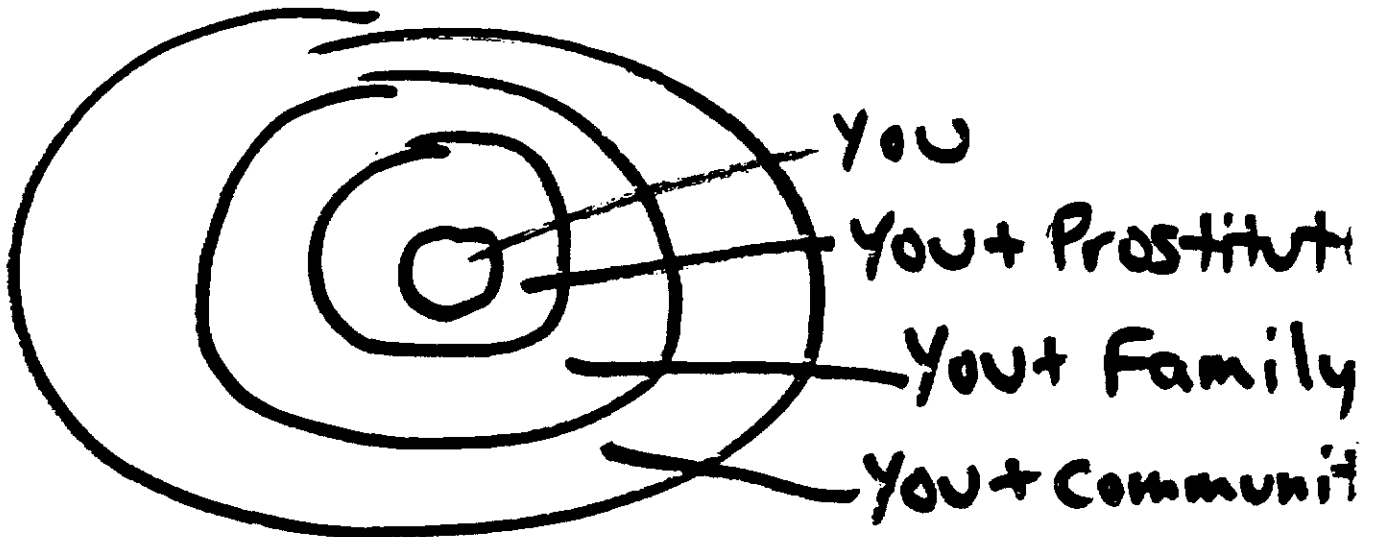
- 1) Seniors can't use bus stops, as prostitutes' "offices"
- 2) Parents angry that kids pick up used needles, condoms
- 3) Businesses in area lose business, send City fewer tax \$, and Complain to mayor, police chief, DA (who listen)

6. CONCLUSION: WHY WOULD YOU WANT TO RUN THIS GAUNTLET?  
Why would you want to run this gauntlet of angry neighbors, active police stings, media, court problems, certain embarrassment and possible injury or death to yourself? Use your head [CYBERPORN SLIDE] ; Use your hand if you must, but stay out of our neighborhoods. It is our duty to prosecute you. For some of us, it is a pleasure; it won't be for you.

# Cycle Diagram



# Ripple Diagram



# Health Education

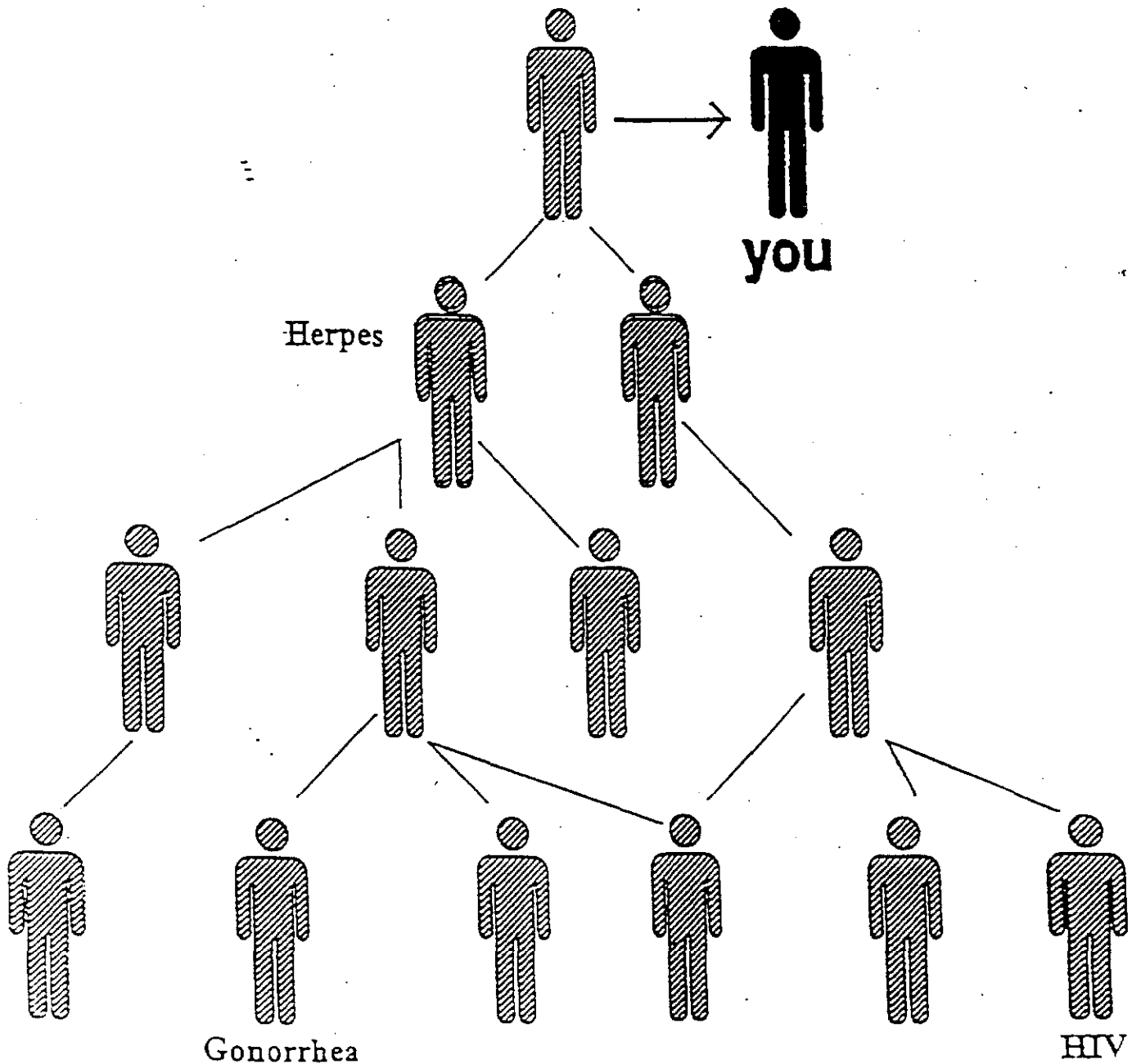
# Health Education—why it's critical.

- FOPP participants present a risk profile for STDs twice as high as the national average and are over five times more likely to have had two or more sexual partners over the past three months.
- Johns' mistakenly believe themselves to be at low risk for HIV and other STD infections”
- FOPP provides an opportunity to conduct STD/HIV risk reduction with a population of at-risk men not easily or conveniently accessed through conventional means of health education.

# Health education

- Health educators discuss:
  - increased risk of STDs and HIV
  - how STDs are transmitted
  - immediate and long-term effects of STDs
  - information about specific STDs
  - how STD transmission can be prevented
  - where people can go for STD/AIDS testing and/or treatment

When you have unsafe sex with someone-  
it's like you've had unsafe sex with  
each one of his/her sex partners-  
and each of their partners...etc.



## Score Your STD Risk

Have you had vaginal, anal, or oral sex without a condom with two or more different people in the last three months?  yes  don't know  no

Have you had sex without a condom with someone who may have had other sexual partners than you in the last three months?  
 yes  don't know  no

Have you had sex without a condom with someone without first discussing using condoms to protect each of you?  yes  don't know  no

Have you had sex with someone who may have used crack, cocaine, speed, or heroin in the last three years?  yes  don't know  no

Over the last three months, have you had sex with someone without asking them if they had any STD, including HIV?  yes  don't know  no

If you answered "yes" or "don't know" to one or more questions, you have had a good chance of being exposed to an STD.

Compared with persons who have had only one sex partner:

- \* Having 2-3 partners increases your chance of getting an STD by five times
- \* Having 4-6 partners increases your chance of getting an STD by ten times
- \* Having an STD increases your chances of getting infected by HIV by three to five times

### Who is "risky" to have sex with?

The person who doesn't use a condom during sex! The person who has more than one sex partner at the same time. If she/he will have unprotected sex with you - then she/he probably has had unprotected sex with others! Is this you? Is this typical of your sexual partners? *What might YOU be bringing "home" to the person you care most about?*



# Where can people go for STD testing and/or treatment?

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See your local referral list - or call the National  
STD Hotline 1-800-227-8922

- ◆ San Francisco City Clinic (356 7th Street, between Harrison and Folsom; call 487-5500)
- ◆ Berkeley Free Clinic call (510) 548-2745
- ◆ Planned Parenthood 815 Eddy Street, sliding scale, call 441-5454 for clinic hours
- ◆ Lyon-Martin Women's Clinic, 1748 Market, SF, 565-7667
- ◆ Cole Street Youth Clinic, 555 Cole Street, SF., 751-8181

**Common MYTHS among STD risk-takers:**

- ◆ "You can always tell if someone has an STD."
- ◆ "I don't have sex with people who are likely to have an STD."
- ◆ I don't have sex with people who are likely to have HIV."
- ◆ I don't have sex with 'unclean' people."
- ◆ "You can't get an STD from oral sex."

**Common Sexually Transmitted Diseases**

- |               |  |
|---------------|--|
| ◆ Syphilis    | ◆ (HSV) herpes simplex virus                       |
| ◆ Chancroid   | ◆ (HPV) human papilloma virus (genital wart virus) |
| ◆ Chlamydia   | ◆ (HIV) human immunodeficiency virus               |
| ◆ Gonorrhea   | ◆ (HBV) hepatitis b virus                          |
| ◆ P.I.D.      | ◆ (HAV) hepatitis a virus                          |
| ◆ NGU         |  |
| ◆ Trichomonas |  |

**Common Symptoms of STDs**

- |   |  |
|---|--|
| ◆ <i>No Symptoms</i>                                  | ◆ <i>No Symptoms</i>                           |
| ◆ itching/burning: genitals, genital-area             | ◆ discharge (genitals/anus)                    |
| ◆ blisters: genitals/anus/mouth                       | ◆ open sores (with/out pain)                   |
| ◆ pubic/groin swelling                                | ◆ warts (on genitals/anus)                     |
| ◆ abdominal pain                                      | ◆ painful intercourse                          |
| ◆ burning on urination                                | ◆ flu-like symptoms, fever                     |
| ◆ diarrhea, gas, cramping, nausea, lethargy, bloating | ◆ body, palmer, plantar rash                   |
|   | ◆ abnormal bleeding (during or between menses) |

**Sexually Transmitted Enteric Diseases**

- |            |                   |
|------------|-------------------|
| ◆ Shigella | ◆ Giardia         |
|            | ◆ Entamoeba       |
|            | ◆ Cryptosporidium |

**Common conditions *not always* sexually transmitted**

- ◆ Yeast (*Candida* fungus)
- ◆ "crabs" *Phthirus pubis*
- ◆ *Molluscum Contagiosum*
- ◆ "scabies" *Sarcoptes scabiei*.

## What are some of the long-term complications of STDs?

- ♦ sterility
- ♦ ectopic pregnancy
- ♦ stillbirth
- ♦ permanent birth defects
- ♦ neonatal pneumonia
- ♦ neonatal ophthalmia
- ♦ arthritis
- ♦ blindness
- ♦ aortic aneurysm
- ♦ meningitis/tabs dorsalis
- ♦ liver cancer/failure
- ♦ AIDS related opportunistic diseases
- ♦ cervical cancer
- ♦ death

## How are STDs transmitted?

STDs are passed from person to person via:

- ♦ lesion-to-skin, lesion to mucous membrane, skin-to-skin, mucous membrane-to-mucous membrane
- ♦ fluid (mucous) discharge to mucous membrane or open lesion
- ♦ Infected bits of feces taken into the mouth, vagina or urethra (NGU?)
- ♦ through kissing (lesion or blister), cunnilingus, analingus, vaginal intercourse, anal intercourse, digital sex, fisting, and sharing of sex toys with infected sexual fluids on them.

## What is P.I.D.? How does it occur?

### What are the consequences?

- ♦ Pelvic Inflammatory Disease occurs most frequently in women who have not been treated, or were inadequately treated, for gonorrhea or chlamydia.
- ♦ GC or CT bacteria ascend from the cervix through the os (often during menstruation or as a result of douching) into the uterus and up into the fallopian tubes or ovaries.
- ♦ Long-term, low-grade, infection can result in scar tissue, adhesions, and abscess formation, or peritonitis and can lead to sterility, ectopic pregnancy, dysmenorrhea, and painful intercourse.

## How is STD transmission prevented?

- ♦ Use of latex barriers (condoms, dental dams, and possibly clear plastic wrap) between sexual partners during the sexual activities listed above.
- ♦ Changing barriers between partners and activities.
- ♦ STDs can be transmitted in the absence of signs and symptoms
- ♦ STD organisms can be passed by direct contact of STD sores or lesions with skin or thin mucous membranes - or by passing infectious mucous discharge.

## HIGH-RISK LOVEMAKING

**A** few years ago, the National Survey of Men received a lot of media attention. Now comes the National Survey of Women. Based on a sample of close to 1,700 women ages 20 to 37, the study provides data on sexual behaviors that place people at risk for sexually transmitted diseases and allows researchers to compare women's behavior to men's, using information from the men's survey. One notable finding of the study—written by researchers at Battelle Memorial Institute—is the percentage of both women and men engaging in high-risk behaviors:

- Twenty-seven percent of women and 47 percent of men have had at least one one-night stand.
- Eighteen percent of women and 21 percent of men have engaged in anal sex.
- Two percent of women and 7 percent of

men report that they have paid for sex.

The major finding of the study: *Even though men are more likely to engage in risky sex, women are more than three times as likely to report having had an STD.* This striking gender difference is partly attributed to the fact that women have longer exposure to infected semen that remains in the vagina after intercourse, whereas men's exposure to vaginal fluids ends after sex. It is suspected, too, that the cervix is more susceptible to infection than a man's urethra. Regardless of gender, the link between number of sex partners and infection with an STD is clear. Compared with men and women who have had only one partner, those who have had two or three partners are five times as likely to have had an STD; those with four to six partners are ten times as likely to have had an STD.

### WOMEN, MEN AND LOVE

#### How many sexual partners they've had in their lives

NUMBER OF PARTNERS	WOMEN	MEN
One	19%	12%
Two to three	27%	15%
Four to six	26%	19%
Seven to fifteen	17%	26%
Sixteen or more	11%	28%

Source: From the National Survey of Women and the National Survey of Men, Battelle Memorial Institute.

## Are you really having safer sex?

**H**EALTH CAMPAIGNS PROMOTE "safer sex," which means using a condom during every act of intercourse, unless you're 100 percent sure that you and your partner are not infected with HIV. But do people understand what safer sex means? A new survey of 646 sexually active heterosexual adults, average age 25, revealed many misconceptions:

- More than one third said that they practiced safer sex with their latest partner, but more than half of those people had *not* used a condom during vaginal or anal sex.
- One third of these people who said they were having safer sex but weren't using a condom had only known their partner for one month or less; for nearly a quarter, the sexual

fourths of the respondents who did not have safer sex had not asked partners about their HIV status, 54 percent had not asked about intravenous drug use, and 53 percent had not asked about the number of prior sex partners.

In another study, college students reported that they based their decision whether or not to practice safer sex on their partner's familiarity and likability, rather than on anything related to risk. And according to other recent research, people who *do* ask a new partner about past risky behaviors are wrongly confident that they can tell whether or not the person is lying to them. In one study, each participant was paired with a person of the opposite sex and told to ask questions about his or her sexual history;

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If you answered "yes" or "don't know" to one or more questions, you have had a good chance of being exposed to an STD. Compared with persons who have had only one sex partner:

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- \* Having 4 - 6 partners increases your chance of getting an STD by 10 times!
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What might YOU be bringing "home" to the person you care most about?

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- \* ectopic pregnancy
- \* stillbirth
- \* permanent birth defects
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- \* neonatal ophthalmia
- \* arthritis
- \* blindness
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## How are STDs transmitted? STDs are passed from person to person via:

- \* lesion-to-skin, lesion to mucous membrane, skin-to-skin, mucous membrane-to-mucous membrane.
- \* fluid (mucous) discharge to mucous membrane or open lesion.
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# Sexual Addiction



# Sexual Addiction

- Sex therapist administers sexual addiction screening test.
- Sex therapist discusses:
  - signs/symptoms of sexual addiction
  - real needs of Johns' and how sex is used to in place of those needs
  - strategies for addressing and meeting real needs
  - goals of recovery
  - where to get treatment

# SEXUAL ADDICTION ISSUES

Mark Robinett, MFCC  
5028 Geary  
San Francisco, CA 94118  
(415) 221-3182

# NEEDS

## Real Needs

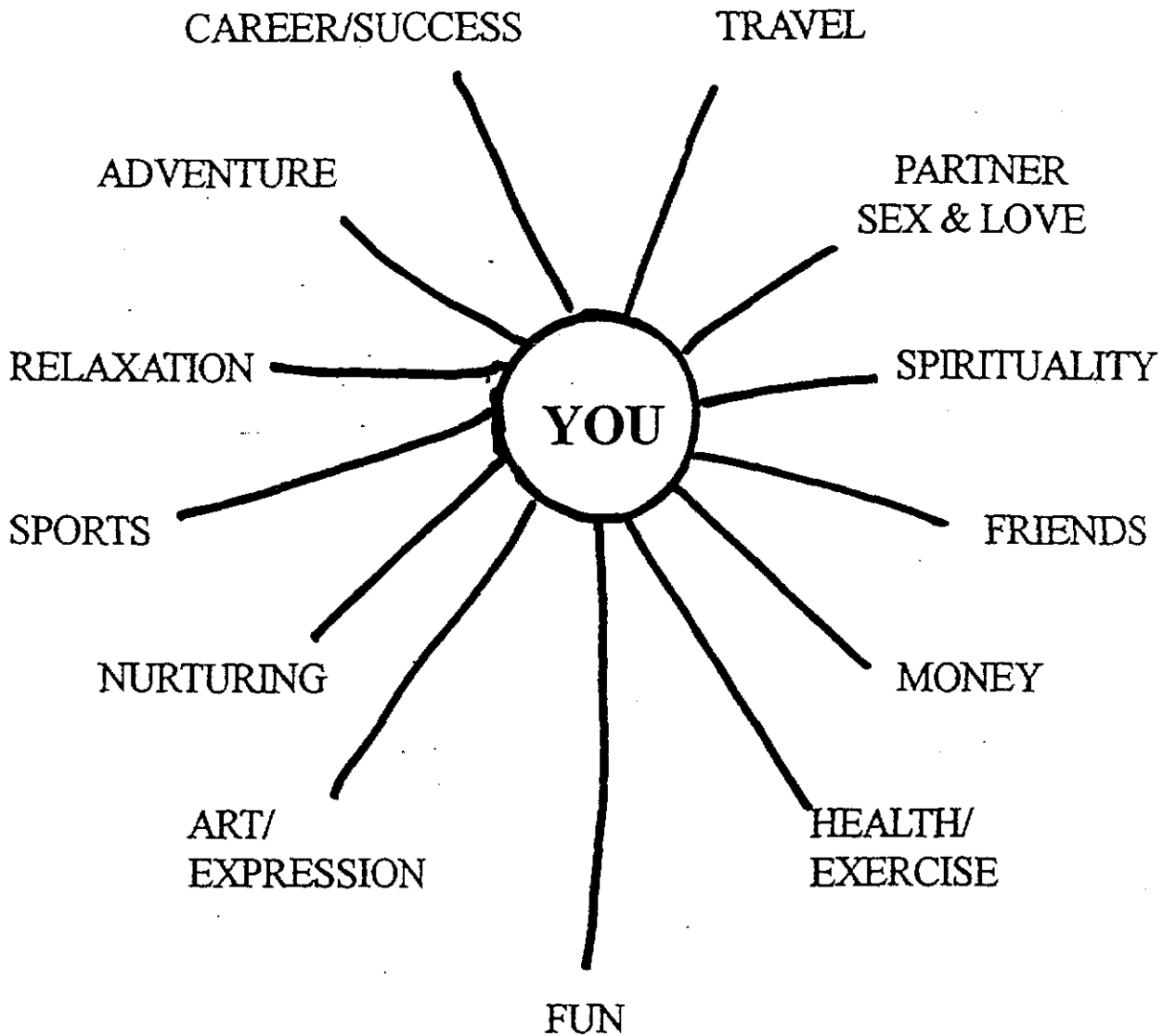
Love  
Intimacy  
Sex  
Friends  
Relationships  
Health  
Exercise  
Money  
Relaxation  
Career:Success  
Adventure  
Travel  
Spirituality



## Sex Addiction Used To Meet Needs

Sex  
Fantasies  
Affairs  
Masturbation  
Prostitution  
Voyeurism  
Exhibitionism  
Seductions  
AnonSex

# GETTING YOUR REAL NEEDS MET



WHEN YOU GET YOUR REAL NEEDS MET YOU CAN GROW

# GOALS OF RECOVERY

1. **Change the behaviors that are damaging your life.**
  - a. Work to understand how the behaviors developed.
  - b. Healing work on neglect and abuse trauma from childhood.
  - c. Develop new behaviors to meet real needs.
  - d. *Learn to be with your Feelings.*
2. **Sex and Love in one relationship.**
3. **Develop a Social Network** (more and/or better friends).
4. **Develop Spirituality in your life** (that which gives you a sense of meaning or purpose. Spirituality is also an opening to life).

## HOPE AND RECOVERY

We learn that the solution is **not about will power**...Its about something else.

Here are three steps to take in order to overcome addictive temptation;

### 1. Take an interest

One of first steps in making progress with this problem is to take an interest in **understanding** how it formed inside of you ?

Anyone have a sense of how this behavior developed in you?

How many of you have tried to stop your sexually addictive behaviors but have been unsuccessful??

What have you done to try and stop?

**Action:**    Read books on the subject  
                  Talk to a therapist  
                  Attend 12 step meetings

### 2. Another step: Identify your Needs

What are the real needs you are trying to get met?

Often we don't think that we have many needs - this rationalizes why we isolate. But most of us, simply as being human , have many needs.

(Slide?)

**Action:**    Start a journal  
                  Talk to friends in meaningful ways  
                  Plan an activity that you'd really like to do.

### 3. Get support from other people

This is where recovery begins, because when we begin to reach out to others, be they friends, family members, clergy, or professionals, we begin to reverse the process of isolation. (and shame and loneliness)

Not about willpower, about    **Honesty**  
  **Openness**  
  **Willingnes**

## TEN SIGNS INDICATING SEXUAL ADDICTION

1. A pattern of out-of-control behavior
2. Severe consequences due to sexual behavior
3. Inability to stop despite adverse consequences
4. Persistent pursuit of self-destructive or high-risk behavior
5. Ongoing desire or effort to limit sexual behavior
6. Sexual obsession and fantasy as a primary coping strategy
7. Increasing amounts of sexual experience because the current level of activity is no longer sufficient
8. Severe mood changes around sexual activity
9. Inordinate amounts of time spent in obtaining sex, being sexual, or recovering from sexual experience
10. Neglect of important social, occupational or recreational activities because of sexual behavior.

## The Sexual Addiction Screening Test (SAST)

The Sexual Addiction Screening Test (SAST) is designed to assist in the assessment of sexual compulsive or addictive behavior. Developed in cooperation with hospitals, treatment programs, private therapist and community groups. The SAST provides a profile of responses which help to discriminate between addictive and nonaddictive behavior. To complete the test answer each question by placing a check in the appropriate yes/no column. 13 or more yes answers means high probability of sex addiction. **Information provided by:** Robert O'Brien, MFCC, Psychotherapy Individuals and Couples - San Francisco California.

1. Were you sexually abused as a child or adolescent? yes no
2. Have you subscribed or regularly purchased sexually explicit magazines like Playboy or Penthouse? yes no
3. Did your parents have trouble with sexual behavior? yes no
4. Do you often find yourself preoccupied with sexual thoughts? yes no
5. Do you feel that your sexual behavior is not normal? yes no
6. Does your spouse or significant other(s) ever worry or complain about your sexual behavior? yes no
7. Do you have trouble stopping your sexual behavior when you know it is inappropriate? yes no
8. Do you ever feel bad about your sexual behavior? yes no
9. Has your sexual behavior ever created problems for you or your family? yes no
10. Have you ever sought help for sexual behavior you did not like? yes no
11. Have you ever worried about people finding out about your sexual activities? yes no
12. Has anyone been hurt emotionally because of your sexual behavior? yes no
13. Are any of your sexual activities against the law? yes no



Sexual Addiction Screening Test (SAST)

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14. Have you made promises to yourself to quite some aspect of your sexual behavior?  
yes no
15. Have you made efforts to quit a type of sexual activity and failed? yes no
16. Do you have to hide some of your sexual behavior from others? yes no
17. Have you attempted to stop some parts of your sexual activity? yes no
18. Have you ever felt degraded by your sexual behavior? yes no
19. Has sex been a way for you to escape your problems? yes no
20. When you have sex, do you feel depressed afterwards? yes no
21. Have you felt the need to discontinue a certain form of sexual activity?  
yes no
22. Has your sexual activity interfered with your family life? yes no
23. Have you been sexual with minors? yes no
24. Do you feel controlled by your sexual desire? yes no
25. Do you ever think your sexual desire is stronger than you are? yes no

## **GOALS OF RECOVERY**

- 1. Change the behavior that are damaging your life.**
  - a. Work to understand how the behavior developed.
  - b. Healing work on neglect and abuse trauma from childhood.
  - c. Develop new behaviors to meet real needs.
  
- 2. Sex and Love in one relationship.**
  
- 3. Develop a Social Network** (more and/or better friends).
  
- 4. Develop Spirituality in your life** (that which gives you a sense of meaning or purpose. Spirituality is also an opening to life).

# The Bubble

IMAGINE A LITTLE CHILD dipping a plastic paddle into a bottle of solution and blowing bubbles. The child keeps doing it over and over, and eventually blows so long and hard that a giant bubble emerges and engulfs the child. This is a powerful image for expressing what happens to us as sex addicts.

Being hit with the obsession to act out is like being engulfed in a bubble. We are powerless and carried away by the all-encompassing power of our compulsions. In the grip of our addiction, we see the outside world through a transparent wall, but we can't communicate with it realistically because the wall cuts us off.

The bubble was blown during those times when our minds were preoccupied with addictive thoughts and fantasies; it became full blown when we progressed to acting out our sexual rituals; and it burst only when the rituals ended in some kind of climax.

The exhibitionist who spent hours driving around in a car looking for victims is totally caught up in the bubble. The voyeur who waited outside a window hoping for a magical glimpse of a naked body, the addict who met someone and ended up quickly in bed with them, the addict who cruised the streets for hookers, or who hurried to an arcade to hide in a little booth and spend quarters to gaze at pornographic movies—all these addicts were helplessly in the grip of the bubble.

The bubble is an appropriate, poetic image for many reasons. It expresses the radical nature of the addict's isolation. When we were in the bubble acting out, we existed in a secret world of our own creation where we sought thrills and pleasure. Unfortunately, this was also a world of shame and guilt, though these feelings did not hit us until the bubble burst and we reentered the real world. Addicted, we then prepared to create the bubble once again in order not to have to live with feelings of shame and thus we were isolated prisoners within the addictive cycle.

The bubble is also an appropriate image to express the sense of liberation we usually felt while acting out, as though we floated above all the burdensome responsibilities of normal life. Life seemed as simple, symmetrical and unified as a bubble because all the great and overwhelming realities of life were reduced to a single

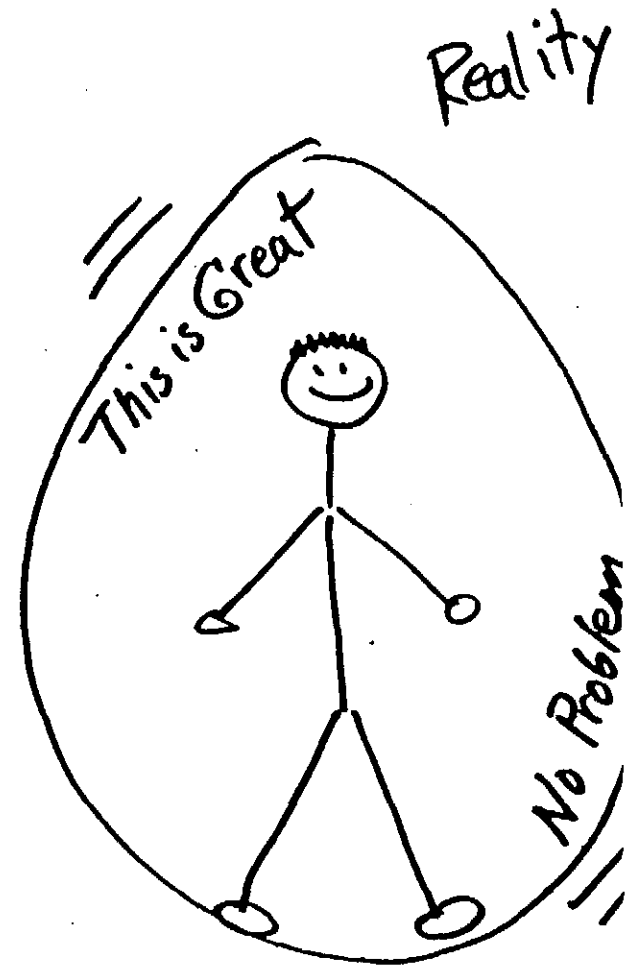
purpose. There was no meaning in our lives during those hours spent in the bubble—all thoughts and feelings were experienced only in relation to that one purpose. Life was immensely simplified in the bubble.

Life was also "safe" in the bubble, as though it were a womb. Ironically, the wall of the bubble surrounding us actually seemed protective even when it carried us into great danger, because we believed that as long as we stayed in our own isolated world nothing could really touch us. This is not to say that in the bubble we never experienced fear; on the contrary, fear of police, fear of discovery by a spouse, fear of disease—all these fears were felt in the bubble. The addict, however, found a way to turn these fears into sources of stimulation that became part of the very "fix" that was sought. In the meantime, the real fears of life which we did not face—losing a job, financial insecurities, death of a loved one, rejection by someone significant in our life—seemed far, far away, outside the bubble's wall. That is why, in an ironic way, we felt "safe" in the bubble, and further illustrates how the complexities of life became reduced in the bubble to single-minded simplicity. We never had to deal with the real, complex fears of life; instead, all feelings were experienced only in relation to sex. This simplicity and safety enabled us to feel in control when we were in the bubble; "I know how to hide from the police, and therefore my fear only pumps up my adrenaline, making me feel all the more in control and powerful." To deal with life's problems we often resorted to acting out in order to feel that reassuring simplicity, safety, and control that being in the bubble supplied.

The bubble is also an appropriate image for acting out because it expresses the irony that in this "liberation" from the realities of life, we were actually trapped. We may have felt as if we were flying to Mars, but actually we were trapped, engulfed in a bubble that felt like total freedom to go anywhere and do anything. The problem, however, is that the simplistic, single-minded obsessiveness which the bubble represents became more and more a restrictive space. Finally, we discovered that we no longer used the bubble—the bubble used us. Our freedom had become utter slavery.

Being compelled to enter the bubble is an expression of our powerlessness. When it burst, as it inevitably did, we felt the unmanageability as we crashed to the ground. The unmanageability was profound because our escapes into the bubble had prevented us from facing reality and learning the lessons necessary to effectively cope with life.

SEX ADDICTION  
BUBBLE



Reality "The Ground"

## RESOURCES FOR SEXUAL ADDICTION/COMPULSION

### 12 - STEP MEETINGS

Sex and Love Addicts Anonymous (SLAA) 979-4715 or (510)946-1496

Sex Addicts Anonymous (SAA) (713)869-4902 (ask for local numbers)

Sexaholics Anonymous (SA) (510)549-1795 or (615)331-6230

For partners of sex addicts looking for 12-step meeting for partners, write:

C.O.S.A., P.O. Box 14537, Minneapolis, Mn 55414

Co-Sex and Love Addicts Anonymous (Co-SLAA) (314)830-2600

Sexual Compulsives Anonymous (SCA) (212)430-1123 or (800)977-4325

Sexual Recovery Anonymous (SRA) (212)340-4650

S-ANON International; Family Groups, P.O. Box 111242, Nashville, Tenn. 37222-1242

### BOOKS

Don't Call It Love, Patrick Carnes

Out of the Shadows, " "

The Erotic Mind, Jack Morin

Looking for Love in all the Wrong Places, Jed Diamond

Hope and Recovery CompCare, 1987

Women and Sex Addiction: A Search for love and Power, C.D. Kasl

Back from Betrayal: Recovering from his Affairs, J. Schneider

### BOOKS ON INTIMACY

Constructing the Sexual Crucible, David Schnarch

The Passionate Marriage, " "

TREATMENT CENTERS (these centers provide excellent individual and group counseling often at a sliding scale)

The Impulse Treatment Center (East Bay) (510)680-4477

Del Amo Hospital (Torrance CA) (800)533-5266

The Meadows (Wickenburg, AZ) (520) 684-4001

### THERAPY GROUPS FOR SEXUAL ADDICTION & COMPULSION

All of the above listed Treatment Centers

Jack Morin, Ph.D. (Gay Men) (415)552-9560

Paul Slakey, MFCC (510)531-0948

Mark Robinett, MFCC (415)221-3182

Mary Beth McClure, MFCC (Women and Gay Men) (415)380-8495

Don Mathews, MFCC (510)680-4477

# Program Evaluation and Outcomes

# Evaluation/impact of program

- At the end of the class, Johns' are asked to complete a program evaluation form.
- The class has a profound effect on the participants. Of the 747 participants surveyed, the class was rated an average 4.8 out of 5. 95 % of participants felt that the class was beneficial and 100% stated that they learned new information. 97% state that it is highly unlikely or unlikely that they would solicit a prostitute again.

# Evaluation—participant comments

- Some participant comments include:
  - The program was balanced between shaming us and raising our consciousness, the shaming from the ex-prostitutes and the neighborhood people; the brass tacks of what can happen legally and physically; the background of who we're hurting, the resources, and ways to think about prostitution.
  - To hear from the prostitutes what they perceive as happening was very valuable. I will never be able to think of engaging the services of a prostitute without being stopped by the memory of hearing the pain in the voices of the women who spoke.

# Recidivism

- Belief changes expressed after the class are confirmed by dramatic changes in behavior. Of the 1,512 men completing the FOPP diversion class only 14 have been re-arrested for soliciting prostitution anywhere in California; a recidivism rate of under 1 percent.



# Prostitution data—customers

- There is scarce data on customers of prostitutes.
- Prevalence data is highly variable—one study indicating as few as 18% of U.S. men solicit a prostitute during their lifetime; and another indicating as many as 69%.
- An NIJ funded study examines customers of prostitution by collecting and analyzing questionnaires administered to 700 men attending educational workshops in San Francisco, Portland, Las Vegas and Santa Rosa. The researchers (Monto, Hotaling) found:

# Prostitution data—customers

- Ethnicity
  - 61% White
  - 18% Hispanic
  - 4% Black
- Age
  - ranged from 18 to 84, with a mean of 38 and a median of 37
- Marital Status
  - 41% married
  - 36% never married
  - 16% divorced

# Prostitution data—customers

- Level of education
  - 8% did not graduate from high school
  - 15% high school graduate
  - 35% received some college training
  - 42% received bachelors degree and/or graduate degree
- Work Status
  - 81% work full time

## Prostitution data—customers

- 34% reported having had their parents divorce when they were children, and a small proportion reported that they were physically hurt for no reason (14%) or touched sexually by an adult (14%) during childhood.

# Prostitution data—customers

- Sexual Preference
  - 94% strictly heterosexual
  - 5% experience with both
  - 1% strictly homosexual
- Number of sexual partners over past year
  - 44% one or two
  - 15% three or four
  - 15% five to ten
  - 8% 11 or more

# Prostitution data—customers

- Sexual encounter with prostitute
  - 17% never
  - 19% not within last year
  - 64% at least once within last year
    - 31% more than once but less than once/month
    - 9% one to three times per month
    - 3% once or more per week
- The average first age of first experience with a prostitute was 23.

# Prostitution data—customers

- Research reveals that there are many different reasons why men solicit prostitutes:
  - have more sexual partners
  - liked limited emotional involvement sex with a prostitute offers
  - illicit nature of the act
  - attraction to violence
  - desire for companionship
  - belief that prostitutes hold “exceptional sexual powers”
  - partners unwilling or unable to satisfy them sexually

# Prostitutes

- The average age (nationally) of entry into prostitution is 14 years old.
- 75% of prostitutes were sexually and/or physically abused as children.
- Up to 75% are under the control of a pimp.
- 70% of prostitutes have experienced multiple rapes by customers, pimps and strangers.
- The majority of prostitutes become addicted to alcohol or drugs.