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Some quick stats, not that you need to know these numbers but just to touch on the scope of the problem, and to be able to educate yourselves and your clients.

- Somewhere between 7-23% of US women are sexually abused by an intimate partner in their lifetime
- 7% of US women experience completed or attempted forced, vaginal, oral, or anal sex
- At least 1 out of 3 physically abused women also experienced sexual abuse
- Worldwide, 1 in 3 women will experience physical and/or sexual violence by a partner.

Above statistics from WHO

Average age for first time sex is around 16 or 17; average lifetime number of partners is 1-20; men have 1-7 orgasms a week (intercourse + masturbation); sex without marriage is common; and most see their first porn around the age of 10.

Statistics vary, but between 1 in 6 through 1 in 12 boys are sexually assaulted. This means there is likely one victim in every group your program runs.

According to the CDCP, as of 2008, there were 110 million Americans with an STI, with 20 million new infections each year. Many people can have and pass on an STI without showing any symptoms. STIs are on the rise, especially in Portland.
You can get pregnant the first time you have sex, while having your period, etc.

Pornography:

- Top 12 porn search phrases include bestiality, shemale, and dom/sub
- Pornhub.com (one popular website) had 16 million visitors per month
- 25% of visitors to top 5 porn sites are women

From A Billion Wicked Thoughts

For ALL DV OFFENDERS consider having:

- Questions about sexual history at intake/referral
- Any contact with partner/victim should include gentle questions about sexual abuse, where possible
- Direct talks about sexual issues 1-2 times a year
- Folding in sexual subjects to conventional DV topics, such as neglect, self-absorption, Coping/escapism/avoiding feelings, Needs vs wants, Male privilege/entitlement/act like a man box, intimacy/healthy relationships
- Signals throughout their program experience that sexual issues can be brought up and discussed: a sex-positive program environment.

If/when a DV offender appears to have some sexual issues, consider:

STIs

- Referring them to sex addiction 12-step groups
- Sexaholics Anonymous (SA) focuses on full sexual sobriety: any activity with 'other than spouse' is seen as progressively addictive and destructive, including masturbation
- Sex Addicts Anonymous SAA focuses on recognizing powerlessness over addictive sex behavior and discontinuing them.
- Developing a specialized DV group that offers additional topics related to sexual issues, as related to DV. There should be some focused attention to their sexual thoughts and behaviors.

If/when there is a clear pattern of significant sexual abuse, OR if he is required to complete both DV and SO treatment by law, refer him to a specialized program that covers both. Innovative Counseling Enterprises (ICE) and Sunset both offer this program currently.

How to know who is who? Journals, assessment scores, police reports, PSIs, victim input, group statements are all sources. Look for patterns as well as extremities. Consider both Intent and Impact of their actions (as with all abuse).

Consider: who is the victim of sexual abuse? If the victim is a current or ex-partner, they can probably remain in DV treatment. If it is a significant part of their abusive patterns they may need a DV specialty group and/or a 12 step meeting. If there are under age victims, stranger victims, multiple victims, refer them to SO treatment for consideration. If there is a high level of violence and callousness, you might have him evaluated for a High Risk/Criminally Oriented group.

Consider: is there something a little oddball? Are there signs of deviant arousal? Deviant sexual behavior is often marked by sexual urges, fantasies, and behavior involving objects, suffering or humiliation (such as BDSM without consent and safe word), or children or other non-consenting partners. Are there paraphilias that are of concern? I.e. is he stealing underwear, exposing himself, etc. Are they fantasizing obsessively, having thoughts or urges that interfere with their daily living?

Consider: is there information from a polygraph? A standard SO treatment requirement is a full-disclosure polygraph, which reviews the client's entire sexual history. If you have concerns you may be able to work with the PO to request this as a tool for ruling out additional treatment. You can also talk to the PO about their opinion, ask for other criminal background information, ask for a limited polygraph with specific questions, etc.

For more information, or training/consulting on this and a variety of other topics, contact Diana Groener at 971-229-1797 or at Diana@a-workinprogress.com.