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Challenging Dehumanization in U.S. Sex Offender Policy by Listening to Silenced Voices

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Introduction: Sex-Negativity and Ineffective Policy

Growing research in the area of sexual offending shows that current policy in America is very costly, yet ineffective. In a landmark review, Quinn, Forsythe, and Mullen-Quinn (2004) identified and traced the origins of common myths concerning sexual offending, which are widely believed among both lay people and professionals. These myths include: (a) that sexual offenders and their motivations are all the same; (b) that sexual offenders are “predators” and will nearly always re-offend; and (c) that sexual offender treatment is ineffective. A recent literature review by scholars from the Center for Positive Sexuality found that current policy is based largely on these myths and that these myths are rooted in widespread cultural sex-negativity and fear, which then contribute to the stigmatization and dehumanization of sexual offenders and their families (Williams et al., 2015). Unfortunately, we should reasonably expect that policy rooted in sex-negativity and myths, rather than scholarship, will be ineffective and perhaps increase offenders’ risk for re-offense, rather than decreasing it.

In this paper, I will begin by summarizing research on sexual offending issues and the trend to create harsher laws and policies, which then often contributes to dehumanization. Besides ethical implications around dehumanization, the process of dehumanization amplifies risk for future violence. Sexual offending is, obviously, a serious issue, and offenders must be accountable for their crimes and learn to manage specific risks for re-offense. However, the best way to effectively address sexual offending issues and reduce sexual violence is to draw heavily from scholarly research, theory, and principles of ethical practice in developing policy. In the U.S., we have yet to do this. After briefly summarizing the literature, I will address dehumanization directly by empowering the voices of treated sexual offenders and, in some cases, family members. The prioritization herein of voices that are frequently silenced is a significant contribution to the academic and professional literature.

Recidivism Rates and Treatment Effectiveness

Contrary to popular belief, a large and growing body of research suggests that sexual offenders generally reoffend at *lower* rates than other classifications of offenders and that well-designed treatment programs have a statistically and clinically significant effect on reducing recidivism. For example, a recent meta-analysis by Walton and Chou (2015) found an overall recidivism rate of 18.6% for untreated sexual offenders compared to 13.9% for those who received treatment. Other large reviews consistently have reported low recidivism rates for sexual offenders (i.e., Center for Sex Offender Management, 2001; Hanson & Bussiere, 1998; Soothill, 2010).

Thorough research reviews have also found evidence for sexual offender treatment effectiveness (Hanson et al., 2009; Losel & Schmucker, 2005; Marshall et al., 2007). Despite some methodological issues in evaluating treatment scientifically over long periods of time (Hanson, 2014), the large body of available research runs contrary to pervasive myths about sexual offending recidivism rates and treatment effectiveness.

Recent Policy Based on Rare, Horrific Cases

In the past two decades, sexual offender policy has become more expansive, punitive, and dehumanizing. Such harsh policy applied to sexual offenders broadly is driven by public anger following a very small number of the most tragic cases where children have been assaulted and murdered (Griffin & Stitt, 2010). Policy now has expanded to the point that some “sexual offenses” arguably are not sexual, such as urinating in public, and others are not conspicuously criminal, such as sexting, yet those convicted of such transgressions are subject to the same long-term legal ramifications as other sexual offenders (Williams et al., 2015). At the same time, there are large numbers of “offenders” who are 18 years of age or slightly older, but who had consensual sexual interactions with partners who were slightly under age 18. Such cases would not be crimes in many nations.

Sexual offenses of all varieties carry long prison sentences. For example, in Utah it was recently reported that sexual offenders now take up 42% more prison beds than a decade ago, which at this rate means that soon the Utah State Prison will only have room for those convicted of sexual offenses and murder (Lang, 2014). Furthermore, sexual offender policy has become so punitive that some states sought capital punishment for sexual (but non-homicidal) offenses (Gibeaut, 2007), though such legislation has been deemed unconstitutional by the United States Supreme Court (*Kennedy v. Louisiana*).

Increased Risk and Collateral Damage

Studies show that sexual offenders often face severe stigmatization, which leads to resentment, fear, and hopelessness (Jahnky et al., 2014; Tewksbury, 2012). Notification laws have also resulted to high percentages of sexual offenders experiencing property damage, threats, or assault (Brannon et al., 2007; Robbers, 2009). Sex offenders who experience isolation from their communities and violence are at higher risk for re-offense. Levenson and Tewksbury (2009) found that family members of sexual offenders are negatively impacted by sexual offender notification laws. Levenson and Tewksbury reported that family members are more likely to experience threats and harassment from neighbors, and that children of sexual offenders are very likely to experience negative effects in their relationships with other children and also adults. These researchers further reported that very high percentages of sexual offenders’ children exhibit anger, depression, anxiety, feeling left out by peers, and fear, while 13% of children in the study were reported to show suicidal tendencies. Despite these substantial problems, researchers have found that many policymakers and practitioners believe that current policy is effective in addressing sexual violence (Meloy et al., 2013).

Research strongly suggests that there is a critical need for sexual offending policy to become more inclusive and humanizing toward offenders, emphasize ethics and healing for all involved, and move away from legislation driven by fear (Williams et al., 2015). A more humanizing, inclusive stance rooted in restorative justice, rather than harsh retribution, lowers offenders' risk for recidivism; promotes healing for victims, offenders, and loved ones of those involved; while also reducing additional harm and injustice that many offenders and their families experience. Offenders certainly should be held accountable for their crimes, yet they should also be supported in their positive efforts to change with the goal to live crime free within their communities.

Human Identities and Simple Words from Silenced Voices

In the remainder of this paper, I will highlight the voices of successfully treated sexual offenders with whom I worked in clinical practice (aftercare program) and, in a few instances, their family members and colleagues. Permission was granted by these former clients to share excerpts from selected materials. Arditti (2002; Arditti et al., 2010) reported that it is important for academics and professionals to become more sensitive to the experiences and traumas of both offenders and their families, yet to date, these voices largely have been devalued and dismissed. This recommendation is consistent with the recent critical approach, *convict criminology*, in academia, which focuses on the needs and experiences of prisoners in order to improve correctional policy and reduce recidivism (for a review, see Richards, 2013). Judith Brink, who worked as a chaplain in prison, wrote, "Mothers, fathers, wives, husbands, sisters, brothers, and children of prisoners suffer the same isolation, discrimination, and financial and emotional burdens that prisoners do" (2003, p. 393). We should remember that sexual offenders have important human qualities and common identities, such as partners, fathers, sons, brothers, students, or employees (1).

"I've Missed Talking to You"

Many sexual offenders are fathers who love and miss their children, and their children love and miss them. The following words were written in a card sent by the adult, married daughter to her father, an older man who was convicted of a sexual offense 11 years earlier. Printed on the card are the words: *Been thinking about you, but that's nothing new...Anytime's perfect for thinking of you!* This thoughtful daughter clearly missed her father and wrote a long heartfelt note, including the words, *"Dad, I know you called on my birthday, but we weren't home. I've missed talking to you, and hope to talk to you soon. I miss and love you lots! Hope you enjoy this card"* (smile drawn in addition to her signature).

Many sexual offenders are also the parents of younger children. One of my former clients kept a picture of his three-year old daughter in his wallet. In a note, he wrote:

I last saw my little girl in 1991, when her mom brought her to visit me in prison. I miss my daughter very much! To cope, I've tried to convince myself that she has been better off with the family that has taken care of her since her mom left. I cry sometimes when I watch TV and see parents who have lost their children. The biggest reminder of the

consequences of my actions is to look at her picture and wonder what happened to my baby girl.

Another middle-aged man with no prior felony convictions became very angry after his two-year old daughter was accidentally run-over by a car and killed in a tragic accident. Following this horrific accident, he impulsively committed several crimes, including an unplanned, opportunistic rape. He was given a very long prison sentence, and I worked with him for several months when he finally was paroled. He, too, kept a picture of the happy-go-lucky two-year old daughter that he tragically lost in his wallet. He explained:

I keep dreaming of her playing in the sand out in back of the house. In my dream she's happy. She looks peaceful, just playing in the sand with her little toy bucket. Scooping up sand. Dumping it in the bucket. She'd come in the house with sand all over her clothes. Sand in her hair. Sand everywhere! In the dream she plays in the sand for hours. She plays forever. She doesn't get hurt. She's always alive. She looks at me and says, "I love you daddy." She's probably still playing in the sand somewhere. But, I'll never get it out of my head how when I came back home that day she was laying in the sand with her tiny hand clutching the toy shovel and seeing blood dripping from her lips.

"I'm Surviving, but I'm not Really Living"

A former client contacted me while I was working on my doctoral studies to inform me that his mother, with whom he was very close, had died. He mentioned that he was processing this loss in his aftercare group and with his therapist and parole officer. He wrote:

By all appearances I'm handling it pretty well, I guess. I've shared with my sister, my brother, my ex-wife, and other family members. I'm still out (of prison). Staying out of trouble. Finishing therapy next week. But I hurt every day. I'm still working—the same job even. I'm using all the (therapeutic) tools I know, and I'm surviving, but I'm not really living. So I guess in a nutshell, I'm struggling but not falling.

Another former client wrote a letter during that same time period telling me of his many unsuccessful struggles in trying to find employment, and also to inform me that his older brother, who many years earlier had reported him to the authorities for committing sexual abuse, had died of cancer. In his letter, my former client stated:

He was the one that I threatened to kill when he turned me in for abuse. There was a protective order in place and I could not talk to him. I feel so terrible and I can never take my words back. He didn't want to go through chemo again. And now he's dead and I still cry. I really did love him. He only wanted to love and protect me all of my life. He was always a person that everyone loved.

"He will go out of His Way to Help Others"

Another former client had completed treatment, finally landed a job, and was experiencing success at his employment. Finding employment is one of the most difficult aspects of trying to transition back into the community for sexual offenders. He proudly gave me a copy of a letter that his boss had written, which included the following:

N L has been in my employment for almost a year now. He is very dependable, and he will go out of his way to help others. I have seen development in his social skills. N L is very friendly with our customers and enjoys good conversation of the events of the day. He enjoys a good joke; we try to keep a happy, friendly atmosphere here. N L has fit in perfectly. There is a great deal of trust given to N L not only by myself, but from everyone that he works with.

Another former client had a long and very successful career making and repairing violins. He sent me an old catalog that mentioned his name as one of technicians who helped produce the instruments of some of the world's greatest violinists. Because of his specialized occupation and career success prior to his offense, this man was one of very few who had difficulty finding and maintaining employment following conviction.

“You will be Greatly Missed”

One former client, like virtually all of his peers, found it extremely difficult to transition from prison back into the community. He struggled to try to find employment, which was a condition of his parole, and he and his family seemed to face severe stigmatization in the community. This young man ended up re-incarcerated due to a parole violation, and I later learned that he had ended his life. When I learned of his death, I located a copy of his obituary, which I continue to keep along with the other items from former clients. The obituary is brief and includes only a few simple words. After mentioning his name, place of birth and the dates of his birth and death, it reads, “(He) is survived by his mother, a brother, his young son, grandmother, several aunts, uncles, cousins, and friends. Our beloved Son, Brother, Daddy, and Friend—You will be greatly missed.”

Conclusion

Despite the personal harms that many sexual offenders have caused, the rampant stigmatization, dehumanization, and exclusion of sexual offenders is unethical and likely amplifies risk for re-offense rather than decreases it. Dehumanization runs counter to research on effective offender rehabilitation, which emphasizes accountability, support in offenders' efforts to change, and community reintegration. Although many sexual offenders have committed serious crimes, they are not monsters—they are often members of our neighborhoods, our communities, and our families. Inclusion and humanization are important aspects of positive sexuality, and applying a positive sexuality framework to sexual offending policy is capable of promoting offender accountability, supporting risk-reduction, and reducing dehumanization, thus correcting major deficits of current policy (Williams, et al. 2015).

In understanding and responding to crime, it is important to acknowledge and address the difficult experiences and emotions of all people involved. Scholars have highlighted the need to bring a “qualitative consciousness” to the study of marginalized populations, which empowers the voices and perspectives of those being studied (Arditti, et al., 2010; Byrne, 2005). This is yet to happen with respect to sexual offenders and their loved ones, yet by doing so we may gain valuable insights into how to more effectively promote healing and reduce future victimization. Perhaps through a willingness to engage and listen to silenced voices, along with academic and professional voices, we may make greater strides in reducing and preventing violence, dehumanization, and injustices of multiple varieties.

Note

1. I use male nouns herein given that the vast majority of sexual offenders are males.

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Sadomasochism without Sex? Exploring the Parallels between BDSM and Extreme Rituals¹

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Introduction

BDSM (Bondage & Discipline, Dominance & Submission, Sadism & Masochism) is often defined solely as kinky sex. BDSM practitioners recognize, however, that BDSM can encompass more than just sexuality. In *SM 101*, for example, Jay Wiseman's (1996) definition of BDSM includes both sexual and non-sexual motivations:

The knowing use of psychological dominance and submission, and/or physical bondage, and/or pain, and/or related practices in a safe, legal, consensual manner in order for the participants to experience erotic arousal and/or personal growth. (p. 10)

Researchers have also begun recognizing non-sexual aspects of BDSM, with Newmahr (2010) conceptualizing BDSM as *serious leisure* (akin to mountain climbing and other activities that require investment, skill, and dedication to perform), Baumeister (1997) theorizing that masochism provides a method of temporarily escaping the burdens of selfhood, and Pitagora and Ophelian (in press) identifying therapeutic benefits of BDSM. Likewise, Hutson (2014) reviewed research on why we pursue unpleasant experiences, drawing parallels between the motivations for masochism and the motivations for a number of non-sexual activities such as eating chili peppers and riding roller coasters (Rozin et al., 2013), and climbing mountains (Loewenstein, 1999). Hutson also notes that sometimes we choose unpleasant activities over pleasant alternatives (e.g., an ice hotel versus a Marriot) in order to build our *experiential CV* (Keinan & Kivetz, 2011). We should note that many of these ideas, although compelling, still need empirical validation.

These non-sexual conceptualizations of BDSM suggest parallels with another type of intense physical activity: extreme rituals. Extreme rituals (e.g., body piercing, firewalking) have been documented historically (Catlin, 1867) and are widely practiced today (Fischer et al., 2014). As with BDSM, extreme rituals require skill and dedication to perform safely. Also as with BDSM, extreme rituals likely facilitate escape from the self, given the trances that some rituals are reported to produce (Pfaff & Simons, 1973; Xygalatas, 2014). Finally, it seems likely that some people participate in extreme rituals such as firewalking for the social and psychological benefits

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they get from being able to tell others (and themselves) that they have done so. Thus, people appear to pursue BDSM and extreme rituals, in part, for similar reasons, and they appear to anticipate similar benefits from both.

Parallels between BDSM and Extreme Rituals

Over the past several years, our research team has investigated the physiological and psychological effects of consensual BDSM activities and extreme rituals (see Table 1). Across these studies, certain patterns have begun to emerge. These patterns suggest that the parallels between BDSM and extreme rituals extend beyond the motivations and anticipated benefits of the activities to the role-specific effects of the activities. In this paper, we explore these parallels. Of necessity, we only briefly summarize the specifics of each study. Readers interested in the details are referred to the papers cited in Appendix 1.

The first parallel involves stress, particularly the disconnect between physiological and psychological stress observed in BDSM bottoms and in pierced ritual participants. We measured physiological stress using the hormone cortisol (assessed via saliva sample). Not surprisingly, given the physical pain and lack of control often involved, both BDSM bottoms and pierced ritual participants showed increases in cortisol from before to during the activities. At the same time, however, BDSM bottoms and pierced ritual participants reported decreases in the psychological experience of stress. We suspect this disconnect between the physiological and the psychological might be indicative of an altered state of consciousness achieved by BDSM bottoms and pierced ritual participants (see Xygalatas et al., 2013, for a similar disconnect regarding measured and experienced heart rate among firewalkers). BDSM tops and non-pierced ritual participants (ritual leaders, drummers, piercers, observers, etc.), in contrast, typically showed no change in cortisol and reported decreases in psychological stress. This reduction in psychological stress in BDSM tops and non-pierced ritual participants suggests that it may not be necessary for all participants to experience the same level of pain or intensity as bottoms or pierced individuals to psychologically benefit from the activity.

The second parallel involves altered states of consciousness. Anecdotally, both BDSM practitioners and ritual participants report that the activities sometimes induce altered states of consciousness (e.g., *topspace* and *subspace* in BDSM tops and bottoms; trances in ritual participants). We assessed two altered states: flow (Csikszentmihalyi, 1991) and transient hypofrontality (Dietrich, 2003), which we believed might be the states described as *topspace* and *subspace*, respectively. Flow is a highly pleasurable and satisfying mental state involving intense absorption and optimal performance on an activity such as sports or music. In our studies, BDSM tops, ritual piercers, and those supporting a specific pierced ritual participant reported the highest levels of flow, particularly on the optimal performance facets of flow. Likewise, BDSM bottoms and non-piercer ritual participants (pierced participants, ritual leaders, drummers, observers, etc., but not piercers) showed decrements in performance on the cognitive Stroop test (MacLeod, 1991), suggesting temporary impairment of the brain's executive function capability consistent with *subspace*/transient hypofrontality. It is notable that BDSM tops and ritual piercers showed no evidence of cognitive impairment, suggesting that they retained the cognitive capability to perform the technically precise actions required for their roles.

These results have important implications for safety within BDSM scenes and extreme rituals. In particular, the temporary cognitive impairment shown by BDSM bottoms and non-piercer ritual participants suggests that the altered state of consciousness achieved by these individuals might make recognizing personal limits more difficult. Fortunately, evidence from BDSM tops and ritual piercers suggests that these individuals retained the concentration and focus necessary to perform their roles and to monitor the well-being of their scene partners and fellow ritual participants. Furthermore, our data suggest that BDSM scenes and extreme rituals might represent multiple routes to achieving the same altered states of consciousness—in essence, different paths to the same place. Baumeister (1988) explored a similar question when he linked masochism to other methods of escaping the self:

The question of why someone comes to prefer masochism over mountain climbing may be comparable to the question of why someone comes to prefer skydiving over mountain climbing; accidents of habit, opportunity, and association may play key causal roles. (p. 54)

The third parallel involves intimacy. We measured intimacy using the Inclusion of Other in Self Scale (Aron et al., 1992), in which respondents indicate their relationship with another person (their scene partner; their fellow ritual participants) by selecting one of seven pairs of increasingly overlapping circles, one labeled “self”, the other labeled “other”. Across all our studies and across roles, BDSM practitioners and ritual participants reported increases in self-other overlap from before to after their activities. BDSM scenes and extreme rituals both appear to foster intimacy between participants. As with psychological stress, these findings suggest that experiencing pain during these activities may not be necessary to reap personal benefits.

The primary area of distinction we observed was participants’ conceptualization of the activities. After the activities were over, we asked participants how sexual, how sadomasochistic, and how spiritual they found the activities. For BDSM scenes, tops perceived the scenes as highest in sexuality, and bottoms perceived the scenes as highest in sadomasochism. In contrast, ritual participants perceived the ritual as highest in spirituality. Future work should investigate which elements of these activities contribute to these different conceptualizations.

Conclusion

The topics of BDSM and extreme rituals are disproportionately understudied within the scholarly literature and widely misunderstood by the general public. It is our hope that this research can help illuminate the reasons why people choose to engage in these types of activities and that this understanding might lead to greater acceptance. As noted above, people appear to pursue BDSM and extreme rituals, in part, for similar reasons, and they appear to anticipate similar benefits from both. And as the results of our studies illustrate, BDSM scenes and extreme rituals appear to have similar effects on participants. Indeed, even the primary area of distinction we observed—the conceptualization of the activities—might not represent a universal difference. As Easton and Hardy (2001) observe:

Today we are also seeing the emergence of S/M- often referred to in this context as "Sex Magic"- as a spiritual practice. The combination of ritual with S/M, and the use of strong

sensation and sometimes opening the skin to achieve transcendent states, have led to a potent combination of S/M practice with spiritual seeking. (Easton & Hardy, 2001, p. 8; see also Easton & Hardy's *Radical Ecstasy*, 2004)

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Appendix 1

Studies of BDSM Scenes and Extreme Rituals

Study	Summary	Host	Measures
Ambler et al. (under review)	14 BDSM practitioners randomly assigned to the top or bottom role for a scene	Arizona Power Exchange	Cortisol, testosterone, IOS, PANAS, self-reported stress, self-reported sexual arousal, Stroop, flow
Klement et al. (under review)	67 participants in the "Dance of Souls", a hook-pull/ball dance ritual	2012 Southwest Leather Conference	Cortisol, IOS, PANAS, self-reported stress, self-reported sexual arousal
Lee et al. (under review)	83 participants in the "Dance of Souls", a hook-pull/ball dance ritual	2014 Southwest Leather Conference	Cortisol, IOS, PANAS, self-reported stress, self-reported sexual arousal, Stroop, flow
Lee et al. (2014)	22 participants in a hook-pull	2013 Leather Levi Weekend	IOS, PANAS, self-reported stress, self-reported sexual arousal, flow
Sagarin et al. (2009) Study 1	13 BDSM practitioners participating in a scene	Arizona Power Exchange	Cortisol, testosterone, IOS
Sagarin et al. (2009) Study 2	45 BDSM practitioners participating in a scene	2002 Thunder in the Mountains	Cortisol, testosterone, IOS

Note. The Arizona Power Exchange is a Phoenix-based BDSM organization. The Southwest Leather Conference is an annual BDSM/Leather conference held in Phoenix, AZ. The Leather Levi Weekend is an annual weekend event held in Northern California. Thunder in the Mountains is an annual BDSM/Leather conference held in Denver, CO. Cortisol and testosterone are hormones measured via saliva sampling. The IOS is the Inclusion of Other in Self Scale (Aron et al., 1992), a measure of intimacy or relationship closeness. The PANAS is the Positive and Negative Affect Schedule (Watson et al., 1988), a measure of positive emotions (e.g., interested, alert) and negative emotions (e.g., distressed, upset).

BDSM as Sexual Orientation: A Comparison to Lesbian, Gay, and Bisexual Sexuality

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One less common and more stigmatized form of sexuality is BDSM, which is an umbrella term for consensual practices that involve, but are not limited to, bondage and discipline (B&D), dominance and submission (D&s), and sadomasochism (S&M). Focusing on one of many different conceptualizations, BDSM is comprised of a power dynamic between partners enacted through various activities (for an inclusive list, see Sandnabba et al., 1999; Weinberg et al., 1984). However, beyond being recently accepted as non-pathological, research has yet to reach consensus on BDSM's nature and development. Specifically, although theories describing its origin abound, it remains unclear whether BDSM is best conceptualized as a sexual behavior, sexual attraction, sexual identity, and/or sexual orientation for those who practice for sexual purposes. Accordingly, the present paper outlines a common framework of sexuality while presenting an alternative yet complementary theory: Consistent with a sex-positive framework, BDSM may be best conceptualized as another form of sexual orientation for a percentage of practitioners.

A Complementary Alternative Theory of BDSM Practice

Historically, sexual orientation has largely referred to the preferred gender or sex of potential sexual partners (i.e., preference for males and/or females [or neither]), although it has been recently extended to other target characteristics (e.g., for age: preference for children, adolescents, and/or adults; Seto, 2012). But, consistent with emerging theories, such as van Anders's (2015) Sexual Configurations Theory, we believe sexual orientation is more inclusive than currently considered. While a comprehensive discussion is not presented here, one area posed for incorporation is the preferred power dynamic between sexual partners (i.e., preference for dominance and/or submission [or neither]). To evaluate such applicability, we examine BDSM sexuality as a prime example within three expressions of sexual orientation – sexual behavior, sexual attraction, and sexual identity. Because sexual orientation has only been thoroughly analyzed in respect to lesbian, gay, bisexual, and other queer sexualities (for convenience, LGB), such will serve as the foundation for comparison.

Sexual Behavior

The most concrete aspect of sexuality is sexual behavior, which can be defined as engagement in a range of sexual activities (i.e., kissing to sexual intercourse), but is often limited to

“involvement in (minimally) genital contact” (Savin-Williams, 2009, p. 8). Below, three different aspects of sexual behavior are discussed: 1) onset, 2) consistency, and 3) stability.

Onset. While first sexual activity with other-sex individuals can occur simultaneously, before, or after first same-sex experience, LGB individuals’ first same-sex sexual experience often occurs in their late adolescence to early twenties (e.g., Calzo et al., 2011; Diamond, 1998; Floyd & Bakeman, 2006; Parks, 1999). In contrast, with first non-BDSM sex consistently arising beforehand, practitioners’ first BDSM experience frequently transpires in their early to mid-twenties (Moser & Levitt, 1987; Sandnabba et al., 1999).

Consistency. Same-sex sexual activity is highest among lesbian and gay individuals, intermediate among bisexual individuals, and lowest among heterosexual individuals (Ellis et al., 2005). However, a significant percentage of gay and lesbian individuals (e.g., 66.3% of gay men and 89% of lesbian women) report sexual experience with the other sex during their lifetimes (e.g., Diamond, 2000; Ellis et al., 2005; Matthews et al., 2006; Smiler et al., 2011). As expected, BDSM practitioners engage in BDSM-related activities at higher rates than non-practitioners (Gosselin & Wilson, 1980). However, the vast majority (e.g., 95.1%, 88.8%) of practitioners continually have, and enjoy, non-BDSM sex (Connolly, 2006; Sandnabba et al., 1999; Weinberg et al., 1984). Also, practitioners’ specific roles are often flexible by various circumstances (e.g., partner’s wishes, mood, partner’s gender), with a substantial minority of exclusively dominant (e.g., 25%) or submissive (e.g., 36.3%) practitioners stating they could take the other role on isolated occurrences (Sandnabba et al., 1999; Simula, 2012; Weinberg et al., 1984).

Stability. Across the years, a proportion of LGB individuals report changes in their sexual behavior (e.g., approximately half in a six-year period; Diamond, 2008; Dickson et al., 2013; Kinnish, 2003). Although no located literature examined the stability of BDSM vs. non-BDSM activities, behaviors within BDSM practice have received empirical attention. Just as same-sex sexual experience follows a general pattern (e.g., kissing then intercourse; Smiler et al., 2011), BDSM practice progresses in a common sequence, with practitioners appearing to move on a scale of intensity, beginning with less intense behaviors and advancing to more intense behaviors (Santtila et al., 2002).

Sexual Attraction

Also manifesting as other constructs such as arousal, interest or fantasy, sexual attraction can be conceptualized as an “intense, physiological, uncontrollable erotic or sexual desire” (Savin-Williams, 2009, p. 8). Below, three different aspects of sexual attraction are discussed: 1) onset, 2) exclusivity, and 3) stability.

Onset. For LGB individuals, becoming aware of same-sex attraction frequently arises during adolescence (e.g., Calzo et al., 2011; Diamond, 1998; Drasin et al., 2008; Floyd & Bakeman, 2006; Parks, 1999). In contrast, BDSM practitioners often become cognizant of their BDSM interests during their late teens or early twenties (Breslow et al., 1985; Levitt et al., 1994; Sandnabba et al., 1999; Spengler, 1977).

Exclusivity. As expected, rates of same-sex attraction are highest among lesbian and gay individuals, intermediate among bisexual individuals, and lowest among heterosexual individuals (e.g., Diamond, 2008; Ellis et al., 2005; Kinnish, 2003; Rust, 1992). But exclusivity in sexual

interest is not as common as may be expected (Diamond, 2000; Ellis et al., 2005; Matthews et al., 2006; Rust, 1992). Instead, collectively, gay and lesbian individuals experience largely predominant same-sex attraction with extremely minor other-sex attraction (Diamond, 2000; Kinnish, 2003). In comparison, various levels of exclusivity also exist in BDSM attraction: Approximately a fifth of BDSM practitioners report exclusive attraction to BDSM sex (Spengler, 1977; Taylor & Ussher, 2001). Slightly more than half of practitioners rate BDSM sexual activity as more satisfying and a tenth to third report only BDSM sexual activity can satisfy (Moser & Levitt, 1987; Sandnabba et al., 1999; Weinberg et al., 1984). Within roles, approximately a third to half of BDSM practitioners report exclusive attraction to dominance or submission (Breslow et al., 1985; Connolly, 2006; Sandnabba et al., 1999; Spengler, 1977).

Stability. Sexual attraction within LGB sexuality has shown instability, with more than half of LGB individuals reporting changes in their sexual or romantic attraction (Kinnish, 2003; Stokes et al., 1997). Regrettably, information on the stability of BDSM vs. non-BDSM interest was not located. However, fluctuation in role preference has been examined: Approximately half remained stable in their preference, while a fifth became more dominant and a fifth became more submissive (Sandnabba et al., 1999).

Sexual Identity

Sexual identity is the term individuals use to describe their own sexual orientation, but it often also incorporates beliefs, feelings, and actions associated with such identification (Martos et al., 2014; Mohr & Fassinger, 2000; Savin-Williams, 2009). Below, three different aspects of sexual identity are discussed: 1) onset, 2) development, and 3) stability.

Onset. Individuals usually first adopt an LGB identity during their late adolescence or early adulthood (Calzo et al., 2011; Drasin et al., 2008; Floyd & Bakeman, 2006; Parks, 1999). For BDSM, practitioners' first age of "recognizing the S/M inclination and adoption of an S/M-oriented identity" frequently occurs during their mid-twenties (Moser & Levitt, 1987, p. 328).

Development. Focusing on one of many possible theories, Mohr and Kendra (2011) identified eight dimensions of an LGB identity, which also appear in the BDSM literature: *Concealment motivation* (i.e., wanting to remain private about one's LGB identity) – BDSM practitioners engage in a range of concealment, from absolute concealment to absolute openness (Stiles & Clark, 2011). *Internalized homonegativity* (i.e., dismissing one's LGB identity through heterosexist views) – A small percentage (e.g., 5.8%, 12.5%, 20%) of practitioners wish to renounce their BDSM interests (Levitt et al., 1994; Moser & Levitt, 1987; Spengler, 1977). *Acceptance concerns* (i.e., anxiety concerning applicable social stigma) – Many practitioners have noted they fear harassment or disapproval for their BDSM interests and behaviors (Wright, 2008). *Identity centrality* (i.e., considering one's LGB identity to be central to general identity) – Practitioners can self-identify along a continuum, from weak identification to episodic identification to strong identification (Chaline, 2010).

Stability. Significant portions of LGB individuals experience changes in their sexual identity, although rates widely vary (e.g., 0-75% over 6-year, 10-year, or lifetime periods (Dickson et al., 2013; Kinnish et al., 2005; Mock & Eibach, 2012). Literature on BDSM identity stability was not located. Fluctuation has been identified (Newmahr, 2010), but it has yet to be quantified.

Correlations between Sexual Behavior, Attraction, and Identity

Although the previous discussion may present a disparate picture among sexual orientation components, correlations between sexual behavior, attraction, and identity are high (e.g., Pattatucci & Hamer, 1995; Savin-Williams, 2014). Further, apparent deviations from strong associations are often explained by certain patterns. For instance, within LGB sexuality, it is likely that lesbian-identified women who engage in sexual activity with men do so because they are attracted to males to a significant, but small, degree (Diamond, 2000). This same arrangement may arise for BDSM sexuality. Because BDSM practitioners do not frequently experience exclusive attraction to BDSM sex, engagement in non-BDSM sex is possibly explained by existing interest in such sexual activity. Accordingly, even when initially presenting as inconsistent, the combination of the factors often cleanly resolve when including all available information. The connections between the facets of LGB sexual orientation, and assumingly BDSM sexuality as well, are possibly best explained by the statement: “Fluidity in sexual identity is not random or arbitrary but reflects [...] attempts to fit a wide range of experiences into a comparatively narrow model of sexuality” (Diamond, 2000, p. 247).

BDSM as a Sexual Orientation

Even with the many similarities between the two, it is not suggested BDSM sexuality is equivalent to LGB sexuality. They are not the same for many reasons, but the utmost difference between the two sexualities is their focus. It may be that a LGB sexual orientation denotes a sexual orientation based on target gender (in other words, interest in males vs. females vs. both [or neither]) and a BDSM sexual orientation denotes a sexual orientation based on power dynamic (in other words, interest in dominance vs. submission vs. both [or neither]; Weinberg et al., 1984). Therefore, expressions of a BDSM sexual orientation would revolve around a particular power dynamic: engaging in behaviors that generate a certain power dynamic, experiencing attraction towards acts with a certain power dynamic, and adopting an identity that conveys a certain power dynamic. For many practitioners, if all three expressions are present, when the sexual interest is pervasive, it may be best to consider them oriented to their preferred power dynamic. However, such is likely to vary by specific individual (e.g., something best regarded as a sexual behavior by one person may be best regarded as a sexual orientation by another) and remain contingent on a variety of personal or social circumstances (e.g., being unable to locate a partner will bar enacting the orientation in behavior).

Importantly, a BDSM orientation and LGB orientation are not mutually exclusive. Instead, BDSM likely constitutes a distinct yet compatible sexual orientation that appears to be as complex and diverse as LGB sexuality when compared on behavior, attraction, and identity. Although different in subject, both aspects can be considered integral to an individual’s sexual functioning. It would be impractical to conceptualize sexuality without both included. Indeed, sexual orientation based on power dynamic may be more commonplace than presently discussed. Presumably, BDSM is only one manifestation of such an orientation. An orientation based on power dynamic is likely to exist outside the formal practice of BDSM in a number of disparate and diverse presentations. Further, BDSM, or power dynamic in general, is only one example of an expanded definition of sexual orientation. Many more variables may also constitute sexual orientations in their own right, no matter if they are characteristics of the target (e.g., gender), the interaction with the target (e.g., power dynamic), or anything else.

Practitioners' Perspective.

Complementing the research reviewed above, some of those who know the sexuality best, the practitioners themselves, have described their practice as a sexual orientation: “[BDSM] is definitely an orientation in the same way my sexual orientation is not a sexual choice, it’s just who I am” (Weiss, 2006, p. 235). “Kink is often so fundamental to our sexual identities that it has to be, at least in some cases, an orientation.” (Keenan, 2014, pp. 15). Further, one of the largest U.S. organizations for those with alternative sexual or romantic interests, the National Coalition for Sexual Freedom (NCSF), describes BDSM as a sexual orientation (or behavior) in their explanation of the sexuality (NCSF, n.d.).

Concluding Remarks

Yet, as always, more empirical and theoretical consideration is needed to support the presented theory. Further attention has implications for both science and society. A sounder framework for BDSM may answer outstanding empirical questions concerning the definition of BDSM practice. In turn, the enhanced knowledge may contribute to a more tolerant social climate for BDSM practitioners. In addition, the process of weighing the appropriateness of various labels (e.g., behavior, attraction, identity, orientation) can be repeated with other sexual facets to continue exploring the breath of sexual orientation. This, coupled with a sex-positive perspective, may create a more knowledgeable and, most importantly, more accepting world within sexuality.

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“Wait, Go Back, I Might Miss Something Important!”

Applying Leisure 101 to Simplify and Complicate BDSM

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Recently, there seems to be heightened discussion among academics and clinicians about what, theoretically, BDSM is. Historically, BDSM has long been understood from a psychopathological perspective as categorized by Richard von Krafft-Ebing (1886/1978) and further reified by Freud (1905/1953). Despite popular explanations of BDSM participation from a psychopathological perspective, a rapidly accumulating scholarly literature has severely discredited this perspective (for reviews, see Powls & Davies, 2012; Sandnabba, et al., 2002; Weinberg, 2006; Williams, 2006; 2013).

BDSM is also commonly interpreted from discourses focusing directly on sexuality, yet such an approach is limited given that many BDSM participants do not experience BDSM activities as being a part of sexual interaction (Dancer, Kleinplatz, & Moser, 2006; Newmahr, 2010). In fact, new research by Sloan (2015) found that some people with asexual identities are attracted to BDSM participation as a means of forming intimate, but nonsexual, relationships. In a somewhat different theoretical twist, Simula (2015) found in her research that a small percentage of people seemed to experience BDSM as a particular orientation, thus she suggested that traditional understandings of sexual orientation should be expanded.

Scholars recognize that BDSM is extremely complex and that existing explanations are, and perhaps always will be, incomplete. However, in considering the many academic and non-academic accounts of BDSM, our focus in this paper is to suggest that a broad leisure perspective currently offers the best theoretical approach to begin making sense of BDSM. We will briefly discuss scholarship on BDSM as potential serious or casual leisure before then backtracking a bit to redirect focus on BDSM as leisure, more broadly.

Continuum of Casual to Serious Leisure

Leisure activities are often classified as being more or less casual or serious leisure according to a continuum, with casual leisure at one end and serious leisure at the other. Scholars have documented that BDSM seems to qualify as serious leisure (Newmahr, 2010; Williams, 2006, 2009), based on the concept and criteria for serious leisure developed by Stebbins (1999, 2007). Stebbins' criteria for serious leisure are: requires perseverance; requires the acquisition of specialized knowledge, training, and skill; the leisure pursuit is career-like; the activity has durable benefits and rewards; participants identify with the leisure activity; and the leisure pursuit is associated with a unique ethos.

In contrast to BDSM as serious leisure, Prior and Williams (2015) found in a small, exploratory study of female participants that BDSM reflected attributes of what Stebbins (1997) described as casual leisure which, in contrast to serious leisure, is spontaneous, short-lived, playful, and does not require specialized skill. Furthermore, BDSM participants in other studies have sometimes used terms consistent with casual leisure to describe their BDSM experiences, such as “fun,” “playful,” “escape from ordinariness of life,” “being yourself,” and “freedom from day-to-day roles” (Hebert & Weaver, 2015; Taylor & Ussher, 2001).

Stebbins (2007) has also described “project-based” leisure, which he defined as a one-time, or occasional creative undertaking that occurs during free-time. Project-based leisure requires considerable planning and has elements of serious and casual leisure, and may include hosting events or fundraising activities.

These observations generate several interesting questions for leisure scholars: Is BDSM primarily serious leisure or casual leisure? Is it an interesting mixture of both? Or, is it sometimes more or less of one of the other at different times? Or does it vary according to specific BDSM identities or perhaps moderated by demographic variables? Specific events, such as fundraising efforts for charities that are hosted by BDSM communities can be understood as project-based leisure.

While the above questions are provocative for scholars, the possibility that BDSM may at times be both serious and casual leisure, and specific events sometimes may be understood as project-based leisure, is a strong reminder that, for practical purposes, it may more helpful, at least for now, to refocus on the concept and many attributes of leisure more broadly. Leisure itself, along with the field of leisure science, is not well understood among non-academics and leisure is often assumed by many to be simple free time. Curiously, too, is the fact that although scholars have discussed BDSM in terms of serious or casual leisure, little discussion has been devoted to BDSM as leisure in a much more general sense. In short, we may have missed the expansive forest due to our focus on a few select trees.

Back to Basics: Leisure 101 and BDSM

Common Definitional, Conceptual, and Theoretical Issues

Leisure is often interpreted by lay people as a rather simplistic concept, yet leisure scholars do not agree on a precise definition or the ways to best measure it. Leisure experience may be approached as activity, setting, or time, and thus can be studied as behavior, setting (context), or psychological state (Kleiber, et al. 2011). Because leisure can be approached in such different ways, leisure science, in addition to being its own unique field, also draws from several relevant fields and disciplines, including sociology, social psychology, anthropology, biology, and health sciences (see Walker, et al. in press/2015). Not surprisingly, leisure also applies a variety of theories that are found in other social and behavioral sciences, including classic psychological and macro sociological theories. Leisure scholars also utilize robust contemporary theories that are particularly well-suited for exploring leisure subject matter, such as self-determination theory (Deci & Ryan, 1985) and flow theory (Csikszentmihalyi & Csikszentmihalyi, 1988). Constraint

theory (Jackson, 2005) is specific to leisure and focuses on intrapersonal, interpersonal, and structural barriers that prevent people from experiencing desired leisure.

Leisure preferences have strong roots in one's biological make-up and early socialization experiences and are also shaped by the social environment and situational influences (Iso-Ahola, 1980). Several leisure scholars have applied the "Big Five" personality factor model (McCrae & Costa, 1999), which includes dimensions of extroversion, agreeableness, conscientiousness, neuroticism, and openness to experience, to help explain individuals' leisure preferences (Kleiber, et al., 2011). Interestingly, Wismeijer and van Assen (2013) recently assessed psychological functioning of BDSM practitioners via the "Big Five" model and subsequently suggested that BDSM did not fit a psychopathological perspective but instead seemed to be a form of "recreational leisure" (p. 1951).

Although scholars do not agree on a precise definition of leisure, there is a consensus that leisure experience must be intrinsically motivated, freely chosen, and thus personally meaningful. There is an incredibly wide range of potential activities, both personal and social, that if freely chosen and intrinsically motivated, can qualify as legitimate leisure, including all sorts of hobbies, artistic endeavors, cultural events, sports, outdoor activities, and social activities. The possibilities for leisure are seemingly endless. There are, of course, also a wide range of diverse potential activities that fall under the umbrella of BDSM.

As with common leisure, BDSM scholars recognize that while there have been well-known descriptions of BDSM (i.e., Weinberg, et al. 1984) a precise definition has remained elusive (Moser & Kleinplatz, 2006). Also like leisure, generally, BDSM is often approached as freely chosen, genuinely desired and intrinsically motivated *activity*, yet BDSM can also be approached primarily as play *time* or space (*setting*). Experts and participants alike recognize the multidisciplinary approach that is necessary in attempting to understand BDSM phenomena, including knowledge of the biological, psychological, and social forces that impact personal desires, motivations, and meanings. When considering basic definitional, conceptual and multidisciplinary commonalities, BDSM is strikingly consistent with leisure.

Common Leisure Properties and Benefits

Leisure scholars have discussed common properties associated with diverse forms of leisure experience, including a sense of personal freedom; positive feelings, such as adventure, excitement, fun, happiness, pleasure or enjoyment; sense that time is altered (participants often feel like time has passed more quickly than actual clock time); and reduced stress or relaxation (Kleiber, et al. 2011). Participants in BDSM research frequently describe these same leisure properties experienced in their BDSM play (i.e., Hebert & Weaver, 2015; Prior & Williams, 2015; Taylor & Ussher, 2001; Weiss, 2015).

Indeed, leisure is associated with positive physical and psychological benefits and is thus therapeutic (for reviews, see Caldwell, 2005; Mannell, 2007). BDSM also seems to be therapeutic for the same reasons, and there are three chapters devoted to the therapeutic possibilities of BDSM participation in the edited collection *Safe, Sane and Consensual* (Langdridge & Barker, 2007). Regarding professional BDSM, Lindemann (2011) reported that

dominatrices understand their occupation as providing a unique form of psychological therapy to clients, while Williams and Storm (2012) described commonalities of professional BDSM with other helping professions, including leisure education / therapeutic recreation and psychotherapy. Also, scholars have also found that leisure is frequently a salient part of one's overall identity (Kleiber, et al. 2011), and research suggests that leisure can promote personal growth, transcendence, and personal transformation (Kleiber, et al. 2002). Personal growth and transcendence are common themes found in research on BDSM experience (i.e., Hebert & Weaver, 2015; Taylor & Ussher, 2001). Personal growth is specifically mentioned along with erotic arousal, naturally linked with pleasure (another common leisure attribute), in Jay Wiseman's (1996) classic definition of BDSM:

(BDSM is) the knowing use of psychological dominance and submission, and/or physical bondage, and/or pain, and/or related practices in a safe, legal, and consensual manner in order for the participants to experience erotic arousal and/or personal growth (p. 10).

It appears from this definition that BDSM is a form of legitimate leisure activity.

Conclusion

Words like “play,” “fantasy,” “games,” and “toys” are ubiquitous in the language of BDSM—so much so that their meanings and theoretical implications are assumed to be self-evident. Such words are rarely, if ever, defined in BDSM texts, yet these are the focus of leisure science. At the same time, scholars have casually noted that BDSM may be a form of recreational leisure (Weiss, 2015, Wismeijer & van Assen, 2013) and a few have focused directly on BDSM as casual or serious leisure, specifically (Newmahr, 2010; Prior & Williams, 2015; Williams, 2006, 2009). However, it seems that in our preoccupation with casual or serious leisure, we have skipped past many of the basics of leisure more broadly. By refocusing on the basics of leisure, generally, non-academics may gain a better understanding of how and why BDSM functions as attractive leisure for very large numbers of people. For scholars, this return to “Leisure 101” can stir interesting new questions. Perhaps more importantly, it can help connect BDSM researchers who may be unfamiliar with leisure science with curious leisure scholars who are unfamiliar with BDSM research. In discussing the future of leisure science, Stebbins (2011) noted that leisure is the “happy science” with much to contribute, and thus it needs to expand into other disciplines and practices. We hope that this short paper is sufficiently provocative to encourage scholars and professionals to build more bridges across disciplines and occupations.

BDSM seems to fit very nicely within a broad leisure framework, which accounts for sexually-motivated BDSM (sexual activities can be a form of leisure), but a leisure perspective also helps explain desired BDSM practices that are not experienced as sexual or erotic. Leisure scholars focus on what, when, why, how, and for whom freely chosen and intrinsically motivated experiences are meaningful and enjoyable to various individuals, and scholars recognize the complexity and diversity of leisure practices. Additionally, considering BDSM as a specific orientation or identity is not at all in opposition to a leisure approach, and there is considerable leisure science that addresses leisure as it relates to gender, sexual minorities, age, culture, and other demographic variables.

There are undoubtedly some cases where people consensually participate in BDSM, but their participation is instrumental and not intrinsically motivated or particularly enjoyable. For

example, there may be cases where agreed-upon participation occurs due to compromise from a romantic partner. Such cases can be of interest from a leisure perspective through questions of lifestyle and activity selection, perhaps including how and why these people devote time in ways that they do. However such indifferent or extrinsically motivated experience itself, though consensual but not freely chosen, probably does not qualify as genuine leisure experience for that individual. Nevertheless, in considering both the material of leisure science and the broad literature on BDSM, a general leisure framework seems to offer a cohesive, yet sufficiently flexible, perspective for understanding and exploring the complexities of BDSM.

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Sexual Activity and Older Adults: Stigma, Overall Health, and Research

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Introduction

With the growing population of older adults (age 65+), there remains a significant lack of understanding and research within this group. Specifically, data regarding sexual activity of older adults is quite limited (Kleinplatz, 2008). This gap in research remains with no clear strategy to improve sexual health for older adults in the United States (Swartzendruber & Zenilman, 2010). Thus myths and stigma regarding older adult sexuality exist due to this lack of knowledge (Butler, 1969; Nelson, 2005; Robb, Chen, & Haley, 2002).

These false beliefs are prevalent, and are often endorsed by older adults. In laboratory (Hausdorff, Levy, & Wei, 1999), cross-sectional (Stewart, Chipperfield, Perry, & Weiner, 2012) and longitudinal (Levy, Slade, & Kasl, 2002; Levy & Meyers, 2004) research, associations between negative self-directed stereotypes and adverse health behaviors have been consistently established. Providers holding negative stereotypes about aging often miss important information regarding sexual health (Hillman, 2012). Specifically, providers may assume older adults are not sexually active thus missing diagnoses related to sexually transmitted infections (STIs). Incorrect assumptions lead to avoidance of discussing sex in a positive or normative manner, resulting in reduced quality of sexual health and quality of life (QoL). The purpose of this paper is to provide a summary of current empirical research on older adult sexuality. The goal is to challenge misunderstandings, stereotypes, and stigma associated with older adults to promote an open dialogue about an important aspect of life with several treatment and assessment implications.

Myths and Their Health Implications

Prevalent stereotypes such as “older adults are not interested in sex” or “older adults should not be concerned with STIs” are salient examples of myths serving as barriers to proper healthcare. The Center for Disease Control and Prevention (CDC) 2015 screening guidelines recommend screening adults aged 13 to 64 years old (Center for Disease Control and Prevention [CDC], 2015). However, older adults rarely receive comprehensive health screens. Adults aged 50 and older accounted for an estimated 18% of the HIV diagnoses in 2013 and “accounted for 27% of the 26, 688 AIDS diagnoses in the United States” (CDC, 2015; HIV and AIDS Diagnoses and Deaths section, para. 3). Chlamydia, syphilis, herpes simplex virus, and gonorrhea are also frequently identified within this population (Jena et al., 2010). Unfortunately, many older adults go untested, and if diagnosed it is often in the later stages of the illness. As with most illnesses, later diagnoses often results in poorer prognosis. Improper education regarding the aging

process is a core reason why myths and stereotypes continue to perpetuate and often result in exacerbation of other symptoms and variables such as depression, anxiety, infections, and other chronic health conditions. Ignored symptoms such as sexual dysfunction or lack of interest may be a sign of an underlying illness, disorder, or infection.

Why might these issues exist and go unnoticed? Stereotypes regarding aging processes and associated stigma of sexual activity are often to blame. For example, providers frequently do not discuss sexual activity with older adults (Gott & Hinchliff, 2003; Tessler et al. 2007). Older adults, more often than not, will not broach the topic with their provider (Gott & Hinchliff, 2003). Reasons for not bringing their concerns to the provider are assumptions that sexual activity past a “certain age” is disparaged, or that sexual dysfunction is expected with aging. Research has shown that 72.6% of men and 70.8% of women believe sexual dysfunction is part of aging, and many believe it is not treatable (Moreira et al., 2005).

Kaas (1981) suggested older adults might internalize stereotypes and conform in a self-fulfilling prophecy (cited in Hillman, 2012). Thus, if older adults are expected to not talk about sex, they won't. However, it is not as if patients hope providers will avoid the question. An interesting discovery by Moreira and colleagues (2005) was that 54.2% of men and 44.7% of women surveyed reported wishing their provider would routinely ask about sexual function. Yet another study identified only 38% of men and 22% of women had conversed with their provider about sexual activity after the age of 50 (Tessler-Lindau et al., 2007). The stereotype that older adults are not sexually active, or the stigma that they should not be, has resulted in exclusion from sexual health studies (Gott & Hinchliff, 2003). A pervasive misunderstanding of aging may perpetuate older adult sexual stigma in clinical, research, and general public domains. Dissemination of empirically supported findings regarding aging sexual activity is the first step to facilitate needed change.

Facts about Aging Sexual Activity

Aging is a gradual process. The changes are not abrupt and with close monitoring are rarely unforeseen. Even in advanced age, intimacy and sexual activity remain an important component of health and QoL (Camacho & Reyes-Ortiz, 2005). Gott and Hinchliff (2003) noted that adults aged 70 and older rated sexual activity as less important than those 60 and younger; however, this was due to barriers (e.g., untreated conditions, medication interactions) and not age (Gott & Hinchliff, 2003). In fact, according to Tessler-Lindau and colleagues (2007), of the adults aged 75 to 85 years old surveyed, 54% were sexually active, often engaging in some form of sexual activity two to three times a month. Surprising to many, of those older adults, 23% were sexually active once a week or more. Of those without a sexual partner, 55% of men and 23% of women reported masturbating. Regarding those with a sexual partner, 52% of men and 25% of women reported masturbating. Of the older adults who reported being single, 22% of the men and 4% of the women remained sexually active despite their single status (Tessler-Lindau et al., 2007). Further, Tessler-Lindau and colleagues (2007) uncovered an interesting finding that older adults reported sexual activity similar to adults aged 18 to 59, contradicting the long-standing stereotype “older adults have less sex.”

It is important to note health issues are associated with a reduction in interest and ability to engage in sexual activity (Hillman, 2012). Older adults may avoid sexual activity, due to a

variety of reasons. Diabetes, heart conditions, and cancer are all common conditions associated with decreased sexual activity (Laumann, Paik, & Rosen, 1999), as well as inaccurate fears of injury, heart attack, or lacking desire associated with medication use. Tessler-Lindau and colleagues (2007) estimated 50% of older adults have at least one sexual problem, and 33% have at least two (Tessler-Lindau et al., 2007). In addition, 25% of older adults with sexual related difficulties avoid all sexual activity, rather than seeking assistance (Tessler-Lindau et al., 2007).

Assessment and Treatment Considerations

It is imperative that providers obtain ongoing education regarding older adult sexual activity, as well as appropriate assessments and interventions. Inquiring about sexual activity provides insight into a variety of different physiological, psychological, and social concerns of the patient. Including how the patient perceives their body, social expectations regarding sexual activity, health, and knowledge regarding aging (Hillman, 2012). It is often the case that sexual activity and health are inextricably linked. By acknowledging this link, stigma regarding sexual activity can be reduced. Further, this conversation allows the provider to discuss safer sex practices, as many older adults frequently forgo the use of contraceptives for various reasons. However, the two most common reasons are that females are postmenopausal (lack of pregnancy risk), and many have not obtained safer sex education. Yet older adults are at heightened risk for STIs due to decreased immune functioning, thinning of the vaginal wall tissue, and an increase in vaginal tears due to decreased lubrication (Hillman, 2012).

Asking patients about their sexual activity would allow for prevention, identification, and treatment of STIs. Further, this discussion would be a step towards dissolving myths surrounding older adult sexual activity and aging processes, as well as identifying potential underlying health issues. The majority of older adults stated they have either reduced or stopped sexual activity due to barriers relating to function (Laumann et al., 2005). Identification of these barriers would assist intervention efforts. This may foster increased QoL, improve intimate relationships, and overall health outcomes.

Taking these recommendations into account, each interaction with older adult patients should include a respectful and non-judgmental assessment of current and historical sexual health. It is recommended to ask direct questions to avoid uncertainty of how one “should” answer. It is also important to educate patients about sexual health and aging. A provider should take into consideration how to appropriately discuss sexual health with a patient if another individual is present (e.g., adult child, or friend). To protect privacy and provide a safe environment the patient should be asked questions regarding their health (and specifically sexual health) in privacy. When a patient is asked private information with someone present they may be less inclined to speak honestly and ask questions (Hillman, 2012).

Future Research

Many negative stereotypes regarding aging pertain to older adult sexuality (e.g., older adults do not/should not engage in sexual activity). Research has demonstrated that individuals that hold negative self-perceptions of aging tend to engage in less health maintenance behaviors such as

regular health check-ups (Stewart et al., 2012). From a clinician perspective, holding stereotypical views impacts the level of care and may result in omitting important sexuality-relevant factors in case conceptualization. From an intervention standpoint, clinicians should be trained to provide sexual education regarding accurate information on the topic of older adult sexuality as a means to replace address negative aging-related stereotypes. Healthcare providers should be encouraged to engage in open conversations regarding sexuality in a positive way. Future research should focus on the physiological, psychological, and social impact of promoting sexual health and challenging negative stereotypes for older adults. Further empirical inquiries should determine whether older adults favor clinicians that broach topics of sexuality in a positive way, and whether this influences future sexual health screening.

Current research on older adult sexuality has primarily focused on cross-sectional methods. There is a paucity of research that focuses on cohort effects or change in sexual attitudes over time. Thus, longitudinal studies are needed to determine to what extent sexual attitudes and behaviors change. Given that sexual satisfaction has been associated with QoL (Chao, et al., 2011), interventions for older adults should aim not only to reduce risky sexual behavior, but also improve life satisfaction.

A vast majority of empirical research on older adult sexuality focuses on heterosexual relationships, but research is also needed on homosexual relationships. Sexual minorities are vastly underrepresented in most empirical literature, and the same can be said for the older adult population. Another important aspect of sexual activity is the role of sexual dysfunction as a drug side effect. As many as 36% of older adults age 75 to 85 take five or more prescription medications with 46% concurrently using over-the-counter medications (Qato et al., 2008). Further research is needed to determine how prescription drug use affects older adult sexual behavior, and appropriate remedies.

With regard to assessment and treatment, more extensive training regarding sexual health is needed. A recent study revealed that providers that held negative attitudes and lacked sexuality education were less likely to assess sexual health (Flaget-Greener, Gonzalez, & Sprankle, 2015). Therefore, future research should compare differing levels of professional education and training in sexual health to determine if this lack of training is associated with patient satisfaction and proper care. This could potentially lead to promotion of better training programs to ensure sexual health is addressed.

Conclusion

Older adult sexual stigma is a concern for providers due to the negative impact on overall health and QoL. Education regarding sexuality is needed for adequate care and ideally would reduce, if not remove, ageism from assessment and treatment. Providers are encouraged to adopt a positive sexuality perspective and initiate conversations about sexual health, regardless of age. In addition, educating patients regarding the aging process is one mechanism to avoid internalization of stereotypes. Normalizing sexuality and providing a positive perspective toward older adult sexual health could potentially prevent, as well as reduce, STIs in this population and increase sexual satisfaction and QoL.

Research is another avenue to break down stereotypes and further educate about aging and sexual health. Older adults need to be included in samples to increase knowledge for this population. This is important for several reasons, but in particular the older adult population is on the rise, and living longer healthier lives. Eradication of stereotypes may assist the need for education and promoting high QoL within the older adult population.

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We invite original submissions from diverse epistemological and methodological approaches on any topic that explicitly pertains to positive sexuality. A full range of qualitative and quantitative methods are acceptable. We also encourage nonacademic professionals and graduate students to submit original work. Please follow these guidelines as you prepare your work for submission:

- All manuscripts should be written in American Psychological Association (APA) 6th edition format and should be up to eight double-spaced pages, including references.
- Given the diverse readership of the journal, authors should try to avoid using highly technical jargon whenever possible. As best as possible, strive for a manuscript that can easily be understood by scholars and professionals outside of your field.
- For traditional research manuscripts, authors should provide a short summary of the current literature, briefly explain the methods used, and clearly report findings and implications.
- Theoretical, conceptual, and creative analytic (narrative, poetic representation, etc.) submissions also should reflect appropriate scholarly criteria and aesthetic presentation. Case reports and creative essays may also be submitted for review.
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