

The international resource for educators, researchers and therapists

## In this issue...

SIG Notice ..... 6

Letter from the  
 President ..... 7

Quick Hits ..... 9

News of Members 11  
*Congratulations  
 to newly certified  
 members*

Member Profiles ... 12

Reviews ..... 14

Continuing  
 Education  
 Opportunities ..... 15



# Unpacking the Sex Trafficking Panic

“Chosen” centers on a 22-minute video, telling the story of eighteen-year old Brianna, introduced to exotic dancing by an older man who began by flirting with her. In the video trailer promoting the program, footage of small children dancing is juxtaposed with empty playground swings and strip club signage. A voice asks, “How old are you, Brianna?” A police officer appears on camera and warns, “It could be any girl.”

Middle and high school students across the United States will soon be introduced to “Chosen,” a curriculum meant to educate young people about how to avoid being “trafficked” for sex. Produced by the well-known anti-sex trafficking charity, Shared Hope International, it’s currently being piloted in seventeen middle schools in Washington State by the Washington State Catholic Diocese, with the hopes for a national roll out in the future.

No one contests there are young people like Brianna involved in sex work – whether through coercion, circumstance, or choice. But when Shared Hope International suggests that 100,000 children are “exploited” every year, while representing a white teenage girl they claim was lured from her own community as typical, they engage in the kind of misrepresentation and over-reporting that has come to dominate public discussion of the troubling and fuzzy phenomenon known as “sex trafficking.”

### What Is Sex Trafficking?

Shared Hope is just one of hundreds of organizations to crop up over the last fifteen years, tackling what they call sex trafficking. Different people and organizations define sex trafficking in their own ways. Law enforcement in the United States considers sex trafficking a crime that occurs when an adult is forced – physically, or through fraud or coercion – into the sex trade. Anyone under the

age of eighteen is automatically considered a victim of sex trafficking if they are involved in the sex trade, whether or not force, fraud, or coercion occur. What used to be called “child prostitution” or “commercial sexual exploitation of children” by a range of governmental and non-governmental organizations, has now been reframed as “sex trafficking,” although other groups (like Shared Hope) use terms like “domestic minor sex trafficking,” often changing language to meet their own political agendas without clarifying whether the differences are meaningful beyond the politics of fundraising and fear mongering.

Anti-sex trafficking activists come from across the political and cultural spectrum: from young, social-justice minded Evangelicals to dyed-in-the-wool culture war conservatives. They have been joined by anti-porn and anti-prostitution feminists (like the Coalition Against Trafficking in Women and Equality Now) and their millennial counterparts on college campuses and the blogosphere. These disparate groups enjoy support from American politicians on the left and the right, and received Federal and state funding to support their campaigns to eradicate all forms of sex work in the name of ending sex trafficking. While it could be said that anti-sex trafficking activists and organizations have their hearts in the right places, the same cannot be said of their scant evidence base – and the “rescue” projects and policies they support.

## What We Publish

*Contemporary Sexuality* publishes information under the following categories. Deadline for submission is the 5<sup>th</sup> of the month. Please note that due to space constraints, we might not always have room to publish every announcement.

### News of Members

Related-content book and journal article publications, degrees conferred, significant awards, members who have taken on positions in other related organizations, death of a member.

Send news of members to: [jason@jasonkae-smith.com](mailto:jason@jasonkae-smith.com)

### Regional News

Talks, presentations, keynotes, regional get-togethers. Individual announcements should not exceed 100 words.

Send regional news to: [jason@jasonkae-smith.com](mailto:jason@jasonkae-smith.com)

### Continuing Education

AASECT sponsored and AASECT approved CE activities.

Send to CE opportunities to AASECT office: [info@aasect.org](mailto:info@aasect.org)

### How to contact AASECT board members

*Can't find what you're looking for on the website? Can't get a question answered through your section leader or regional representative? Listserv members don't have the answers? Feel free to contact a board member directly at:*

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# contemporary sexuality

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# Unpacking The Sex Trafficking Panic

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Take the oft-cited figure that sex trafficking is a “\$32 billion dollar a year business, or 87 million dollars a day.” This figure comes from a 2005 estimate by the International Labor Organization (ILO) regarding the possible total market value for human trafficking. Human trafficking in this case refers to any forced labor in which people are moved across borders. This includes people brought to a country for work in legal businesses like hotels, restaurants, and even domestic labor in our homes. The nanny who comes from the Philippines, expected to work around the clock without time off, could be a trafficked person. So could be the day laborer picked up for construction work, then denied pay and threatened with calls to immigration authorities if he protests. When it comes to sex trafficking in particular, reliable statistics are hard to come by, to an extent, because there is not an agreed upon definition for sex trafficking. How you define sex trafficking depends in part on whether you believe anyone could choose to work in the sex trade.

The ILO estimates that of the nearly 21 million people forced into some form of labor, 4.5 million – less than one-quarter of all forced laborers, are involved in what it calls “forced sexual exploitation.” Compare this to the 2.2 million people engaged in forced labor in prisons or the military, around which there is considerably less public outcry. But what fuels the sex trafficking panic isn’t moral outrage at the lives of people forced into labor. It may be rooted in far older fears and prejudices about people who work in the sex industry.

## The Face of Trafficking

You’ve probably seen the headlines: about “sex trafficking rings,” or “sex slaves.” MSNBC and CNN give considerable airtime to stories about young women, forced to sell sex, and the police and charities wanting to “rescue” them. New York Times op-ed columnist, Nicholas Kristof, regularly invites readers to join his outrage at websites like Backpage.com, where sex ads are common, and unite to end what anti-sex trafficking activists call the “fastest growing business of organized crime.” The problem is, it’s likely not. The panic created around sex trafficking potentially stands to harm the same people anti-sex trafficking campaigners claim they want to protect, by relying on law enforcement raids as a form of “rescue.”

Sex panics need only the slightest rooting in reality to grow out of control. Journalist Debbie Nathan, who reported on the mass accusations of “Satanic ritual abuse” in child care centers in the 1980’s,

reflected on the difference between sex trafficking and that earlier wave of sex panic. “It seemed so completely reasonable to believe the satanic abuse stuff,” said Nathan, “and actually, this is much easier to believe, because it’s not that insane. There are actually people practicing prostitution. So if people could believe all that about satanic ritual abuse, they could certainly believe this about sex trafficking. On some level, this is equally destructive.”

This outsized fear of sex trafficking, who it impacts, and what it looks like unites the activists who fight against it, despite their disparate beliefs on other issues of women’s rights, gay rights, and sexuality in general.

Consider Shared Hope International’s founder, former Congresswoman Linda Smith (R-Wash.). She worked alongside feminist organizations like Equality Now and the Coalition Against Trafficking in Women to demand Backpage.com cease sex work ads, claiming these ads are actually for “sex slavery.” But Smith’s opposition to sex work is a product of her extreme sexual politics. While holding state and national offices, Smith opposed abortion even in cases of rape or incest, blocked anti-discrimination measures for people living with HIV/AIDS, and attempted to outlaw “sexual contact” between people under the age of eighteen.

Still, Shared Hope became a credible organization when it comes to protecting the welfare of people they claim are sex trafficked. Under Smith’s influence, Shared Hope received Federal funding to research “domestic minor sex trafficking” and presented findings in several Congressional briefings. Despite Shared Hope’s picture of trafficking departing significantly from what more rigorous research demonstrated, they continue to train local, state, and Federal law enforcement to identify “sex trafficking victims.” Since 2011 Shared Hope introduced 240 state laws drawn on their model anti-sex trafficking legislation, now adopted by 33 states.

Smith’s reactionary moral agenda still runs through Shared Hope. In order to get their “Chosen” curriculum into middle and high schools as a “sex trafficking prevention” program, they partnered with the Family Research Council, recognized by the Southern Poverty Law Center as an anti-gay hate group.

At a recent press conference, Smith also said she’d like to introduce the program into “crisis pregnancy centers,” – sites where anti-abortion activists offer “counseling” to pregnant young people, suggesting an abortion will lead to increased cancer risks, or to committing suicide. The religious right has substantially invested in opening

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## Unpacking The Sex Trafficking Panic

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crisis pregnancy centers in communities across the United States. They provide a captive audience for Smith's new cause.

### Some More Complicated Truths of Trafficking

The statistics presented by sex trafficking opponents could be inflated for any number of reasons – most often faulty methods and bias on the part of those who designed or carried out the research. The numbers may also include those who chose to do sex work, or people who became involved in the sex trade as minors but are now adults. The competing definitions of sex trafficking also make it difficult to know exactly to which population a given study might refer. Official criminal justice statistics, such as those issued by the FBI, are also incomplete, as they only count those people who have come into contact with law enforcement.

To date, the most reputable study looking at the population on which Shared Hope focuses – youth in the United States, – was commissioned by the Department of Justice, conducted by researchers at the John Jay College, and published in 2008. They concluded that based on their own count and cross-referenced with available arrest data, “the estimated CSEC (commercially sexually exploited child) population for New York City is 3,946.”

There is also the question of who these youth are. In television exposés and the “Chosen” curriculum, the face of sex trafficking is predominantly young, female, and white. The John Jay study offers the best estimate of the population of youth involved in the sex trade (whether or not their involvement is by coercion, choice, or circumstance): only 42% are female; 53.5% are male and 4.5% are transgender. The John Jay researchers who study youth involved in the sex trade agree that due to under-sampling of transgender youth, the 4.5% figure is most likely an under-estimate. Black youth are estimated to be 29% of this population, with white youth at 23%.

Then there's the question of force and coercion. Of the hundreds of youth the John Jay research team interviewed, one third “described adults taking advantage of vulnerable youth, including accounts of youth initiated by a relative, recruited by a pimp, or simply approached and propositioned by customers on the street.” Though researchers made extra effort to interview pimped girls, knowing they may be harder to reach, only 16% of the girls they interviewed were recruited by a pimp figure, even one whom they might describe as a boyfriend. Also striking, when it came to ongoing coercion, 55% of the youth interviewed reported they

didn't share their money with anyone. Thus, when we turn to researchers studying young people in the sex trade, who are by definition considered sex trafficked, a very different picture emerges. Here the most commonly sex trafficked person is male, black, and in control of his money. Not the profile of someone you find in the sex trafficking awareness campaigns.

### Who Are The Real Targets?

With such a critical disconnect between awareness and reality, it's fair to ask, to what are the anti-sex trafficking activists really opposed? At first their cause seems both clear and reasonable. They want to stop the practice of commercial sexual exploitation of people (well, mostly women) by other people (mostly men).

But scratch the surface of most anti-sex trafficking organizations and two things become immediately clear. They are less focused on the so-called traffickers than they are on the young women they claim are trafficked, and they are not interested in distinctions between coercion and choice.

Most anti-sex trafficking campaigns characterize any involvement in the sex trade as coercive and violent. And most characterize women who engage in sex work as, by definition, victims of violence in need of saving.

If this position sounds familiar to you, it should. The anti-sex trafficking movement draws heavily on earlier anti-prostitution campaigns from the 1970's and 1980's, such as Women Against Pornography, and related campaigns, in which protesters marched through urban red light districts to shame customers and destroy porn displays. Today's anti-sex trafficking activists redefined all sex work as sexual exploitation, even when performed by adults and by choice.

This opposition to all sex work explains the many ways in which anti-sex trafficking activists and their campaigns treat sex work and sex trafficking as the same phenomenon. And while the anti-sex trafficking activists claim to be most concerned with the “victims” it's hard not to notice how their position leaves little room for differentiating the different experiences by the many different kinds of people who are, or have been, involved in the sex trade.

This stands in stark contrast to the last four decades of community organizing, research, and policy advocacy advanced by sex workers themselves, who define their work in prostitution, porn, stripping, BDSM, and other forms of sexual entertainment and fantasy as real work. Around the world,

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# Unpacking The Sex Trafficking Panic

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sex workers organized their own health projects and formed unions and collectives – from Cambodia to California, from South Africa to Scotland – to challenge discrimination and violence, and to assert their rights.

Given this social and legal climate in which sex workers are not trusted, it should not be a surprise that sex workers are the first to face the damage from panics about sex trafficking. Anti-sex trafficking campaigns led to calls for increases in stings, arrests, and jail time for anyone involved in the sex trade. And sex workers suffer even when anti-sex trafficking campaigns call for increased arrests of “johns,” which they claim will keep police attention off vulnerable people in the sex trade.

At the forefront of this approach is the national clearinghouse, Demand Abolition, pressuring policymakers and law enforcement to conduct more prostitution arrests and publicize the names and photographs of those they arrest on billboards and websites, believing that shaming people out of buying sex will prevent violence. Instead, it gives police more reason to arrest people who do sex work. Over the three-year period that the anti-sex trafficking organization, Chicago Alliance Against Sexual Exploitation (CAASE), worked with Demand Abolition to lobby for increased penalties for sex trafficking to target “johns,” 97% of these new charges were brought against sex workers.

## Where Do Sexuality Professionals Fit In?

Sexuality professionals can question efforts made ostensibly to reduce violence against people in the sex trade, to ensure they don't put the people they are meant to help further at risk. While questionable data can support those initiatives, our prejudices also play a role in how we approach and understand sex workers. Megan Andelloux, sexologist and founder the Center for Sexual Health and Pleasure, says,

*“I think our community might look at the sex industry with a very negative connotation, and it would be beneficial for us to accept people where they are at, and to figure out how to help people lead healthy lives in whatever ways work for them.”*

Sex workers do not believe that it is inevitable that they will experience abuse or violence in the course of their work. They think it's something that they can collectively change. This requires their supporters to accept that sex workers are the experts in their own lives. At a recent global gathering of sex workers in Kolkata, India, as part of the International AIDS Conference, sex workers

marched under the banners “Save Us From Savivors” and “Rights, Not Rescues.” By empowering sex workers in their own workplaces, and removing the criminal penalties against sex work that isolate them from seeking legal aid and reporting violence, sex workers will be safer at work and have greater access to health care and other kinds of support.

Andelloux urges sexuality professionals to support sex workers by starting with the evidence. “We need to be more critical in accepting the numbers we're presented with, and look at actual data that isn't put forth by organizations with a clear agenda against sex work.” When it comes to sex workers' sexual health and rights, she says,

*“If we sincerely want to reduce HIV transmission and trafficking, let's talk to people who know the most – the people who are living those lives – not just people telling us their stories. In a lot of cases, we might not know, because we aren't listening. The people with the PhDs and who make the most noise on these issues are listened to, because they are the most respected in society – not sex workers.”*

Speaking in Washington last July, also as part of the International AIDS Conference, Naomi Akers, former sex worker and executive director of the sex worker health clinic St. James Infirmary, underscored the differences between sex work and trafficking. “The anti-trafficking movement, it's a slap in the face in a way because all of us in the community, in the sex workers' activism movement, we are all against trafficking – it's horrible,” said Akers.

*“Then when it's conflated with the work that we're doing or when we see all of these anti-trafficking funds going to local police departments to make raids and rescues on adult workers who are engaging in consenting behavior, to justify that as some kind of rehabilitation and it's for our own good is really insulting. If you've ever had a problem in your life how would you feel if the police came and arrested you and threw you in jail to help you with your problem?”*

In addition to over-reliance on the criminal justice system as a solution, the anti-sex trafficking movement isn't equipped to address the needs of the people we know are involved in the sex trade and need support to leave. Of the youth interviewed in the John Jay study, 87% said they did want to leave the life, but they could not unless they found stable employment and housing. Anti-sex trafficking organizations focus on fear-based awareness campaigns

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## Unpacking The Sex Trafficking Panic

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and increased policing, which results primarily in increased arrests of sex workers, but do nothing to create jobs or safe shelter. In fact, criminal prosecution of sex workers may make future employment more difficult.

Switching the focus of prosecution from sex workers to “johns” isn’t helpful either, since it only increases the sex workers’ exposure to arrest. This makes getting critical needs met more difficult and more dangerous. Said Akers, “The problem is the policies, and for most sex workers they’re either working illegally so we can’t organize, we’re living shadows, we’re living in secret. We can’t talk to our healthcare professionals about what we do so we’re not getting adequate occupational health and safety care. We can’t talk about what we do, or our work, without a tremendous backlash.”

This article was written by Melissa Gira Grant.

Melissa Gira Grant is a freelance writer and former sex worker. She’s a contributing editor to *Jacobin*, and her work has appeared in *The Nation*, *Reason*, *Glamour*, *Dissent*, *Jezebel*, and others. Her website is [postwhoreamerica.com](http://postwhoreamerica.com).

Further Reading:

[John Jay College Study: Commercial Sexual Exploitation of Children in New York City](#)

[Sex Workers Project: The Use of Raids to Fight Trafficking in Persons](#)

[Rights Work: Human Trafficking, HIV/AIDS and the Sex Sector](#)

[Reason Magazine: The War on Sex Workers](#)

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## AASECT Special Interest Groups (SIGs)

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*AASECT SIGs are entirely volunteer run. Some maintain active listservs; all groups meet at the annual AASECT conference. If you are interested in joining one of the SIGs, contact information is below. If you are interested in proposing a new SIG, contact Membership Steering Chair Stephanie Buehler at [dr.stephaniebuehler@gmail.com](mailto:dr.stephaniebuehler@gmail.com)*

### Alt Sexuality

A forum for discussing educational and treatment issues relating to ‘alternate sexualities’ and sexual variability. Discussion threads address BDSM and Poly topics and organizational issues, with some case discussions. In Austin our members also facilitated two munches. Contact: Russell Stambaugh, [russell.stambaugh@gmail.com](mailto:russell.stambaugh@gmail.com)

### Aging and Sexuality

We are interested in discussions of research into sexual functioning, response, and quality of life, professional development, issues of medicalization all in the context of sexuality for older adults. Contact: Peggy Brick, [peggybrick@verizon.net](mailto:peggybrick@verizon.net)

### Disability and Sexuality

Discussion of theory, research, and clinical work in the area of disability. Group members may or may not be working primarily with clients with disabilities. Our group is cross-disability and open to all regardless of experience in the area. Contact: Sorah Stein, [steinsorah@yahoo.com](mailto:steinsorah@yahoo.com)

### Medical Sexology

Our goal is to help members gain a better understand some of the complex medical issues and underpinnings involved in sexuality, from the impact of illness and medications on sexual functioning to understanding the biology of gender and medical interventions for compulsive sexual behavior. Contact: Larry Siegel, [larry.siegel@sageinstitute.org](mailto:larry.siegel@sageinstitute.org)

### Sexual Dysfunctions

Discussions of rare and common sexual dysfunctions, discussions about book recommendations, and other issues of interest to SIG members. Contact: Heidi Woodruff, [miz\\_woody@yahoo.com](mailto:miz_woody@yahoo.com)

### Tantra

Provides a forum for members to discuss, explore, learn, and share experiences practicing Tantra and other Sacred Sexualities. Also to network with other practitioners and learn what, where, and how others are teaching, educating, and researching new developments in these areas. Contact: Sally Valentine, [drsallyvalentine@me.com](mailto:drsallyvalentine@me.com)

# Not So Random Thoughts on Diversity, Cultural Competence, and Sexual Eufunction

*“Oh no! Here goes that Sugg woman again about diversity!” - Overheard in many an AASECT member’s home.*

I know, I know, some of you tune me out when I discuss diversity. I discuss it a lot. In part that’s because as I see it, diversity has everything to do with the future of AASECT. AASECT has not been known for its diversity. But the times they are a-changing.

AASECT is undergoing a positive shift, striving for inclusivity and cultural competence, moving beyond diversity as a buzzword for race; when we talk about diversity we’re talking about socio-economic status, ethnicity, nationality, religion, gender, abilities and disabilities, sexual orientation, age, and more. And you are part of that shift. As we push for more diversity within our organization and membership, there is tremendous energy generated from our new members and conference attendees.

*So, what are the ways we can encourage this shift? One option is to invest some time in becoming more culturally competent.*

The U.S. Department of Health and Human Services Office of Minority Health (OMH) website defines cultural competence as follows:

“Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. ‘Culture’ refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. ‘Competence’ implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from Cross, 1989).”

As sexuality educators, counselors, and therapists, it is imperative we develop and maintain a keen awareness of our cultural competence. AASECT’s increasing global presence and our outreach efforts call for continuing education in this regard. If we expect to be able to help others, we need to look outside of ourselves and expand our knowledge and comfort zones.

Our 45<sup>th</sup> annual conference presents these themes. This June 5-9, in Miami, FL. “Embracing the Sensuality of Diversity in Identities and Cultures” is a conference you should not miss. Register now and don’t miss out!

*From “Dys” to “Eu”...*

Many years ago, I had a fascinating conversation with Peggy Kleinplatz, PhD. She shared with me her work on optimal sexuality and I talked about the pervasive use of “dysfunction” in our field, and how wonderful it would be if we started framing sexual functioning instead in terms of *eufunction*. Eufunction is borrowed from sociology; “eu” is from the Greek for well. The idea of sexual eufunction is one that centers our unique needs for a happy, healthy, fulfilling sex life. It doesn’t make sense to me that we must get to a place of sickness before attending to our sexuality. Instead we should focus our efforts and attention to well functioning.

*Turning to a Board update:*

AASECT’s board continues to work on Bylaws revisions and updated Policies and Procedures. The SAR Task Force is gathering data, the Professional Education Steering Committee is drafting training institutes, and the Certification Steering Committee continues to work on clarifying procedures. (Please visit our website to see how we’re doing, and send comments on how to improve the clarity of these processes. We’re working on them!)

There is a membership drive to follow up with folks who forgot to renew. New renewal dates are in effect now and it might be confusing for those who were used to the old renewal dates. If you experience problems with renewals, please contact Stephanie Buehler, Membership Services Steering Committee Chair, at: [dr.stephaniebuehler@gmail.com](mailto:dr.stephaniebuehler@gmail.com).

Thanks again to all of AASECT’s tireless volunteers and thanks especially to you, our membership. I am so proud of the work we all do and the changes we make in people’s lives, every day.

Yours in diversity,  
Michele  
Contact me at: [msugglcsw@gmail.com](mailto:msugglcsw@gmail.com)



AASECT is undergoing a positive shift, striving for inclusivity and cultural competence, moving beyond diversity as a buzzword for race; when we talk about diversity we’re talking about socio-economic status, ethnicity, nationality, religion, gender, abilities and disabilities, sexual orientation, age, and more. And you are part of that shift.

### New U.S. National Data on Sexual Violence Includes Orientation for the First Time

With so much media attention being paid to the sexual assault and murder of a young woman in India, it is timely that the CDC released data from their National Intimate Partner and Sexual Violence Survey, serving as a stark reminder that sexual violence isn't just something that happens "over there" but is a part of every day life for many Americans.

According to the data, gathered in 2010 using a random digit dial telephone survey conducted over both land lines and cell phones, of the 18,049 interviews conducted:

Nearly 1 in 2 women (44.6%) and 1 in 5 men (22.2%) experienced "sexual violence victimization" at some point in their lives. When respondents were asked about rape (distinguished as involving forced penetration/being forced to penetrate), nearly 1 in 5 women (18.3%) and 1 in 71 men (1.4%) report having been raped in their lifetime.

The data released in January also provide, for the first time ever, a set of national prevalence data on intimate partner violence (IPV), sexual violence (SV), and stalking victimization by sexual orientation.

The study found that lesbians and gay men reported IPV and SV over their lifetimes at levels equal to or higher than those of heterosexuals; sexual orientation was based on respondents' identification at the time of the survey. The survey also found that bisexual women (61.1 percent) report a higher incidence of rape, physical violence, and/or stalking by an intimate partner compared to both lesbian (43.8 percent) and heterosexual women (35 percent). Of the bisexual women who experienced IPV, approximately 90 percent reported having only male perpetrators, while two-thirds of lesbians reported having only female perpetrators of IPV.

The authors note that as a result of their methods, they do not report whether sexual violence occurs over time more frequently in same-sex or opposite sex couples.

Access the Full Report:

[CDC: National Intimate Partner and Sexual Violence Survey](#)

### Severity of Erectile Dysfunction a Marker for Cardiovascular Disease and Early Death

Previous research established a link between erectile dysfunction (ED) and risk of cardiovascular disease. ED is understood as a symptom, not a cause, of cardiovascular disease, and several studies already suggest that men presenting with ED be assessed for heart disease as it may be an early warning sign of a problem down the road.

An Australian study, the largest of its kind ever conducted, linked questionnaire data from 2006 – 2009 with hospitalization and death data in 2010 for over 95,000 men aged 45 years and up, to explore not only the connection between erectile function and cardiovascular health, but the severity of ED and how it might serve as a warning sign of so-called "silent" heart disease.

The questionnaire asked men to rate their experiences of ED as none, mild, moderate, or severe. The researchers analyzed those responses against the 7,855 hospital admissions and 2,304 deaths related to cardiovascular disease from the same group of participants.

In a prepared statement, Professor Emily Banks, lead author on the study, explains:

*"The risks of future heart disease and premature death increased steadily with severity of erectile dysfunction, both in men with and without a history of cardiovascular disease. The large number of men in the study meant we could also look at the risks in relation to different types of cardiovascular disease," Professor Banks said. "We found men with erectile dysfunction were at higher risk of heart attack, heart failure, peripheral vascular disease and heart conduction problems."*

Read the Full Article:

[PLoS Medicine: Erectile Dysfunction Severity as a Risk Marker for Cardiovascular Disease Hospitalisation and All-Cause Mortality: A Prospective Cohort Study](#)

### Editorial Omission

In February's Regional News the International entry omitted the participation of Hani Miletski, who offered to run a supervision group, and Talli Rosenbaum, as International Membership Chair, at the first Israel AASECT meeting. Contemporary Sexuality regrets the error.

### Setting Research Priorities for Adolescent Sexual and Reproductive Health

Adolescents comprise 17.5% of the global population and 23% of the population in the least developed nations. Of the 2.6 million adolescents who died in 2004, 97% lived in low- and middle-income countries. And while health of younger children globally is improving, the same gains are not being met for the world's adolescent population. One likely cause of this is that about 40% of all new HIV infections occur in people between 15 and 24 years of age.

Sexual health and reproductive health are essential components of overall health. But they also represent a broad range of issues, and even among countries with a stated commitment to address health problems of adolescents, knowing where to direct increasingly limited research resources is a challenge.

In an effort to address this challenge, a team of researchers from the Johns Hopkins Bloomberg School of Public Health led a project to identify research priorities for adolescent sexual and reproductive health in low- and middle-income countries. The goal was to provide public health policy makers with some direction towards the areas to prioritize for research funding.

Their work was conducted in three phases. They began by asking almost 300 researchers and program experts in adolescent health to rank 10 priority areas of research for adolescents (defined as people 10-19 years of age). The ten areas were based on a literature review of known causes of adolescent illness and death, linked to sexual and reproductive practices. Next, they asked the participants to propose research questions for each area. Finally they had participants prioritize the research questions. The top five research areas prioritized by participants were:

1. Preventing unintended pregnancy
2. Improving access to family planning services
3. Improving family planning and HIV service integration
4. Preventing gender based violence
5. Preventing unsafe abortion

You can read the full summary report in the January issue of the Bulletin of the World Health Organization:

[WHO: Setting research priorities for adolescent sexual and reproductive health in low- and middle-income countries](#)

### Navy Tries to Address Unintended Pregnancy Rate

According to CDC data from 2011, almost 49% of all pregnancies in the U.S. were classified as unplanned. Among service members across all branches of the military, that number increases to 65%. And according to Stars and Stripes, nearly three quarters of all Navy pregnancies (74%) were unplanned.

The Navy decided to try to do something about it by increasing their education efforts through a peer-mentoring program called Coalition of Sailors Against Destructive Decisions.

But education and awareness are unlikely to be enough. A recent report by the American College of Obstetricians and Gynecologists highlighted the lack of consistently available contraception for deployed service members. Nancy Duff Campbell, co-president of the National Women's Law Center in Washington, which advocates for health care rights for military women, was quoted in the Stars and Stripes article as saying that any effort which doesn't include increased access to birth control will fail.

Read More:

[Stars and Stripes: Navy seeks to combat high rate of unplanned pregnancies](#)

### Revised Tennessee Bill Would Require Teachers to Disclose LGB Students

Tennessee State Sen. Stacey Campfield (R) who failed in his attempt to pass a bill that would, essentially, prohibit any mention of sexual orientation other than heterosexual (dubbed the "Don't Say Gay Bill"), is having another go at it. This time the revised bill, SB 234, which he calls the Classroom Protection Act, includes the following wording regarding classroom discussions:

*"At grade levels pre-K through eight, any such classroom instruction, course materials or other informational resources that are inconsistent with natural human reproduction shall be*

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## Quick Hits

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*classified as inappropriate for the intended student audience and, therefore, shall be prohibited.”*

So again, it's don't say gay. But SB 234 goes a step further. While acknowledging that a teacher, nurse, school counselor, or assistant principal may provide counseling to a student “who is engaging in, or who may be at risk of engaging in, behavior injurious to the physical or mental health and well-

being of the student or another person” (read: any behavior deemed risky and any behavior that is not heterosexual) the act requires that professional to inform the parents of the student.

Read More:

ThinkProgress: Tennessee ‘Don’t Say Gay’ Bill Now Requires Teachers To Inform Parents If Their Child Is Gay

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## News of Members

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Alexzandria Baker recently earned a Master of Science degree in Mind-Body Medicine from Saybrook University.

Certified Sexuality Educator Michael McGee recently earned a Ph.D. from the Center for Sexual Health Studies at Widener University. His dissertation is titled An Exploratory Study of Computer Mediated Communication and Perceptions of Intimacy, Relationship and Sexual Satisfaction in Emerging Adults.

Sally Valentine, certified sex therapist, recently completed certification in Imago Relational Therapy.

Member Rev. Debra Haffner shares news of a memorial in D.C. for Douglas Kirby. It will take place at The Kaiser Family Foundation, Barbara Jordan Conference Center, 1220 G St. NW, Washington, DC on Wednesday March 27<sup>th</sup> at 3:30pm. RSVP by March 11<sup>th</sup> to communications@thenc.org

### We're thrilled to welcome the following newly certified members to AASECT:

*Sex Therapists:* Sara Barthol, MSW; Jennifer L. Gardner; Elizabeth Haas, LMSW, ACSW; Jessa Zimmerman, MA

*Supervisors:* Susan Menahem, LCSW; Brian D. Zamboni, PhD; Gail Guttman, LCSW, MSW, MA; Nora E. Kaplan, LICSW; Esther Perel, MA, LMFT; Frederick L. Peterson, PsyD

*\*\* Please note, we do our best to welcome all new members and certified members by listing them here. If we missed you we apologize and please let us know so we can add you in the next issue. Contact Jason Kae-Smith, jason@jasonkae-smith.com*

## Writing SEX for Success!

WS4S

All-Day Workshop Intensive  
& VIP Reception

Wednesday, June 5, 2013 • 9 am - 8 pm  
9 AASECT-Approved CEs  
Miami Hilton, Florida  
Hosted by: Gina Ogden and Patti Britton

From inspiration to royalty check...by day's end you will....

- Discover a unique genre and niche for your next book
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<http://www.writesexforsuccess.com/>

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## Member Profiles

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**E**ach month we sit down (virtually) with AASECT members to find out about how they came to their work, what their current passions are in the field of human sexuality, and what they love most about being a sexuality professional. If you are interested in being profiled in a future *Contemporary Sexuality* let us know!



### Elisabeth Sheff

A sociologist and certified sexuality educator, Elisabeth Sheff is passionate about speaking out. Elisabeth's work involves research, education, and advocacy

for sexual and gender minorities, and their families. Her particular area of expertise is polyamory and especially poly families with children. While hardly new to the field, Elisabeth chose to be certified in 2012. Elisabeth lives and works in Atlanta, Georgia. Find out more about Elisabeth's work and consulting practice at: <http://elisabethsheff.com>

*CS: When you meet someone new at a dinner party how do you describe what you do?*

ES: I usually begin by saying I am a sociologist who studies alternative families. Sometimes that is enough.

*CS: Can you tell us something about where you learned what you know, professionally? What education, training, and/or life experience brought you to work as a sexuality professional?*

ES: Personally, I grew up with a second-wave feminist mom who was a heterosexual hippie with tons of lesbian friends and the only single parent in our suburban Denver neighborhood, so I got used to being a bit of an outsider because we had "weird friends" and considerably less money than most of the people around us. While my mother was widowed by the Viet Nam war and so was technically not one of those "bad divorcees," she still had two small children and no husband at the very beginning of the 1970s and so was an unwilling social pioneer of single parenting.

Professionally, my training has been primarily academic and self-conducted. I got my PhD in sociology from the University of Colorado (Boulder)

in 2005 and spent much of my graduate education crossing disciplinary boundaries in to women's studies and social psychology.

*CS: What's the biggest challenge you are struggling with right now professionally?*

ES: Currently I am transitioning from academia to private consulting work and the shift has been a little uneven. While people are very interested in my work, I have not found a way to easily translate that into income. My new business, the Sheff Consulting Group, is a think tank composed of academicians and professionals who are experts in unconventional and underserved populations, from sex work, medical marijuana, and drug policy, to homebirth and holistic healing or polyamorists and kinksters.

*CS: Tell us something you do when you aren't working.*

ES: I am currently a volunteer for the Fulton County Court Appointed Special Advocates in Georgia, or CASA. CASAs provide assistance to neglected or abused children who are involved in the foster care or family court adjudication. CASA is a nationwide organization providing at-risk children with a voice and a source of advocacy. While serving such a vulnerable population is laudable, it is not particularly profitable, so the nationwide CASA program is always looking for funding and volunteers. To find out more about CASA, visit their national website at <http://www.casaforchildren.org>.

*CS: What's one thing you particularly love about your work?*

ES: I love to help people learn about, and come to grips with, things that they find compelling but may also think of as pathological or dangerous. As an intellectual, I intellectualize things that frighten me. Sexuality always seemed big and scary, kind of mushy, and potentially awkward (I am strangely prudish for a sexuality educator).

So while I might not want to do all of the things I heard about from respondents in my "Are You Kinky?" or "Overlapping Identities" studies, it was very interesting to hear about them and I can see how the respondents found them so engaging. Finding out about what people actually do and how they feel about it makes unusual sex much more relatable to me, less frightening, and more approachable. I hope that through my work, greater understanding of a wide variety of sexualities can contribute to greater acceptance and reduce stigma against sexual non-conformists.

I've been asked to collaborate or provide sexuality education to many communities of color locally, as they don't have a member of their community to talk to about sexuality, from their perspective. I'm honored that I've been able to cross those bridges and be a resource to them.

## Member Profiles



### Natalie Elliott

Moving from the insurance industry to sex therapy may not seem like an obvious progression, but for Natalie Elliott it made perfect sense. Her ability to connect with

people and create a space of safety and non-judgment meant clients would talk to her, sharing parts of themselves they felt most uncomfortable or ashamed to disclose. It was those experiences, and a desire to be able to support people professionally, that led to a Masters in counseling, several years of training and internships, and eventually AASECT sex therapy certification. Now, as a member of the [Atlanta Counseling Institute](#), Natalie works with individuals and couples as a Licensed Marriage and Family Therapist. She also teaches Human Sexuality at her alma mater, Argosy University.

*CS: When you meet someone new how do you describe your work?*

NE: I love to tell people that I help Christians get heaven on earth in the bedroom. That always gets a look.

*CS: Who are some of the people you work with?*

NE: I love working with anybody who really wants to get this sex thing figured out. Right now one of my biggest challenges is focusing on where to build my practice. I love working with veterans, many of whom have a PTSD diagnosis, I also love my work with transgender clients, especially the ones with military backgrounds, plus the Christians of world who (in my humble opinion) really need somebody to boldly lead them to the promised land of Guilt Free Sex (or at least guilt free masturbation). In terms of my Christian clients I'm mostly seeing married couples, middle class, between 25 and 50, and who believe that God views sexuality negatively - as sinful.

*CS: There's one line of thinking that religious beliefs get in the way of people exploring their sexuality, but are there also strengths that you find in your religious clients that help them in the process of sex therapy?*

NE: The majority of my clients have been in their relationships over 10 years. The strength that I see and admire most is their dedication to stay in the relationship despite the pain. It is a joy to be able to give them hope when they've almost given up.

*CS: Can you tell us something about where you learned what you know, professionally? What educational, training, and/or life experience brought you to work as a sexuality professional?*

NE: I learned 80% of what I know from 3 places: the ever-so-wonderful AASECT Conferences, supervision with the amazing Dr. William Stayton, and The Florida Sex Therapy Institute workshops hosted by the brilliantly wonderful team of Dr. Lee and the Siegel Brothers. The other 20% came from various local/community trainings and events.

*CS: What are three things you love about your work?*

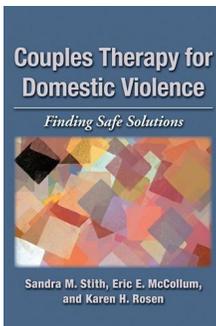
NE: I love that my work **requires** me to grow as a person.

I love that my work helps people obtain peace with their sexual selves.

Lastly, I love that my work has introduced me to the great community of AASECT. You all have been such a huge blessing to my life. I have developed friendships here that will last a lifetime. Thank You AASECT!

There has been little discussion of ethics and sex therapy in recent years. Most of the writings and workshops on ethics that sex therapists (and most mental health professionals receive) is really about "compliance," which is a low bar for ethical discussion.

### Couples Therapy for Domestic Violence: Finding Safe Solutions.



By Sandra M. Stith, Eric E. McCollum, and Karen H. Rosen. Washington, D.C.: American Psychological Association, 2011. Hardcover, ISBN 1433809826, \$50.00

As a victim advocate in South Carolina, I have worked with victims of domestic violence for years. In court, many of the victims request couples therapy but this is not a current option. Often, victims explain that they intend to remain in the relationship despite the abuse. These victims describe a good life with their partner with the exception of the abuse. The current default is to send the offender to a batterer's treatment program, the prevailing model for treating domestic violence; this model treats the obvious symptoms but not the systemic causes since the couples don't have conjoint treatment. Accustomed to the dynamics of abuse, I was eager to review this book. It presents couples focused therapy as an alternative to current modes of treatment.

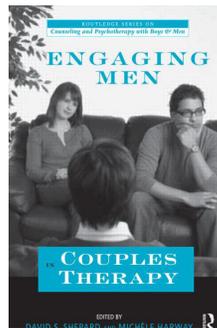
*Domestic Violence Focused Couples Therapy* has a primary emphasis on safety and is based on a solution-focused model. The 13 chapters present the various facets of treatment as well as the characteristics of clients who may benefit from this therapy. The reader is taken through each step of the program in great detail and with an emphasis on conjoint therapy with the couple and in groups. Given that the model is safety focused, it is not appropriate for every couple. The book concludes with first-hand accounts from couples who have participated in the program; their stories provide deeper insights into the experience of domestic violence – and these add depth to the statistics often presented in other media.

This book is easy to read and is a great resource for students and clinicians who wish to better understand the dynamics of domestic violence from

a systemic perspective. The authors recognize that there may be varying degrees of abuse in many relationships and that couples may want to work through the abuse towards reconciliation. The book notes that failing to assess for abuse may cause domestic violence to go untreated. All who read this book can benefit from the therapeutic experiences of the authors and their years of research and development of a model for conjoint treatment of domestic violence.

Reviewed by Melissa Craven, M.A., Marriage and Family Therapy, Domestic Violence Court Advocate, Charleston, South Carolina. Craven. melissa6@gmail.com

### Engaging Men in Couples Therapy.



By David S. Shepard and Michele Harway. New York: Routledge, 2012. 324 pages. Paperback, 978-0-415-87587-5, \$34.95.

*Engaging Men in Couples Therapy* is the 11th volume in the Routledge Series on Counseling and Psychotherapy with Boys and Men. Shepard and Harway contribute the first two chapters of the book and present contributions from notable therapists addressing the various challenges of engaging men in couples work. The first section of the book begins by examining why engaging men in the therapeutic process is an issue. It explores ways to successfully create involvement and to join with male clients along with identifying common pitfalls and makes clinical recommendations to avoid these traps. This is followed by looking at the therapeutic process from a male perspective.

The second section of the book presents a male sensitive version of seven popular theoretical models including psychodynamic (Early Life Memories), Adlerian therapy, Imago, Emotionally Focused Therapy, Integrative Behavior Couple Therapy, the Gottman method, and the PAIRS (Practical Application of Intimate Relationship Skills) program. Each chapter walks through applying the model in a way specifically tailored to connect with men and to avoid unintentionally keeping them out of the therapeutic process. The

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## Reviews

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final section of the book looks specifically at special issues of male affirmation, infidelity, race and racism, veterans, and fatherhood. Each chapter works to presents the male perspective, followed by strategies to address it.

Directed at therapists, this book does an excellent job of highlighting the challenges and implications for a male choosing to participate in couples therapy. As a male who has participated in therapy as both a client and a therapist, much of what was presented resonated with me. I've felt the discomfort of being a man participating in therapy and I have watched male clients struggle to engage in couples therapy in a way that we consider "doing therapy well." For those of us who are immersed in and wholeheartedly believe in therapeutic process, it is a stark reminder that much of what we

have learned might not be the best approach for our male clients.

Beyond the fact that most males have not been socialized to be emotionally expressive, the book considers factors such as therapist's gender expression, under-appreciation of males' contribution to relationships and the stereotypical male desire to focus on outcome rather than process. The book also considers how depression, which often goes undiagnosed, affects the success of therapy. When we consider that simply participating in therapy can create feelings of shame by asking for help, it is easy to see why this is an important contribution for anyone working with men in couples therapy.

Reviewed by: W. Jay Blevins, LMFT, Awen Therapy. [jay@awentherapy.com](mailto:jay@awentherapy.com)

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# Continuing Education Opportunities

In order to have your approved program listed on the AASECT website and in Contemporary Sexuality, it must be submitted using the Program Event Form to [info@aasect.org](mailto:info@aasect.org), by the 5th of the month.

In the event that regularly scheduled posting day falls on a weekend or holiday, all programs must be received by the office the day before.

## **Beyond The Puritanical: A Cross Cultural Perspective for Public Sexual Health Education**

Date: Ongoing, Online Course  
Presenter: Mark Schoen  
More info: (626) 660-5823, [drmark@SexSmartFilms.com](mailto:drmark@SexSmartFilms.com), [www.sexsmartfilms.com/articles/new-online-course-beyond-the-puritanical-a-cross-cultural-perspective-for-public-sexual-health-education](http://www.sexsmartfilms.com/articles/new-online-course-beyond-the-puritanical-a-cross-cultural-perspective-for-public-sexual-health-education)  
*AASECT approved for 2 CE credits*

## **Holistic Sex Educator Certificate Program**

Date: Ongoing  
Location: Hartford, CT  
Presenter: Roz Dischiavo  
More info: (860) 319-0966 x107, [info@iseee.co](mailto:info@iseee.co), [www.instituteforsexuality.com](http://www.instituteforsexuality.com)  
*AASECT approved for 185 CE credits*

## **Holistic Sex Therapy Education Certificate Program**

Date: Ongoing  
Location: Hartford, CT  
Presenter: Roz Dischiavo  
More info: (860) 319-0966 x107, [info@iseee.co](mailto:info@iseee.co), [www.instituteforsexuality.com](http://www.instituteforsexuality.com)  
*AASECT approved for 234 CE credits*

## **Sex Therapy Training**

Date: Ongoing  
Location: Miami, FL  
Presenter: Carol L. Clark  
Sponsor: Sex Therapy Training Institute  
More info: (305) 891-1896, [DrClark@SexTherapyTrainingInstitute.com](mailto:DrClark@SexTherapyTrainingInstitute.com), [www.SexTherapyTrainingInstitute.com](http://www.SexTherapyTrainingInstitute.com)  
*AASECT approved for 5 CE credits*

## **Sex Therapy Postgraduate Training A One-Year Program**

Date: Present-June 2013  
Location: Philadelphia, PA  
Presenter: Nancy Gambescia  
More info: (610) 525-1978, [Ngambescia@aol.com](mailto:Ngambescia@aol.com), [www.councilforrelationships.org](http://www.councilforrelationships.org)  
*AASECT approved for 150 CE credits*

## **Comprehensive Program in Human Sexuality & Sex Therapy**

Dates: Present- June 2013  
Location: New York, NY  
Presenter: Virginia Sadock  
More info: (212) 535-3271, [Program.humansexuality@nyumc.org](mailto:humansexuality@nyumc.org), [www.Human-sexuality.med.nyu.edu](http://www.Human-sexuality.med.nyu.edu)  
*AASECT approved for 32 CE credits*

## **Florida Postgraduate Sex Therapy Training Institute: A One Year Program, Meets One Day a Month**

Date: Present-December 16, 2013  
Location: Palm Beach, FL  
Presenter: Ricky Siegel, Susan Lee  
More info: (561) 833-0066, [drsusanlee@mac.com](mailto:drsusanlee@mac.com), [www.floridasextherapyinstitute.org](http://www.floridasextherapyinstitute.org)  
*AASECT approved for 120 CE credits*

## **Sexual Attitude Reassessment (SAR)**

Date: March 8-10, 2013  
Location: Windsor Locks, CT  
Presenter: Rosalyn Dischiavo, Joleen Nevers, Liam Snowdon  
More info: 860-319-0966 x107, [info@iseee.co](mailto:info@iseee.co), [www.instituteforsexuality.com](http://www.instituteforsexuality.com)  
*AASECT approved for 18 CE credits*

## **Institute for Sexuality Education & Enlightenment**

Date: March 8-15, 2013  
Location: Windsor Locks, CT  
Presenter: Multiple Presenters  
More info: (860) 319-0966 x107, [info@iseee.co](mailto:info@iseee.co), [www.instituteforsexuality.com](http://www.instituteforsexuality.com)  
*AASECT approved for 60 CE credits*

## **Extra-Marital Affairs: A New Model for Assessment, Treatment & Relapse Prevention**

Date: March 8, 2013, May 3, 2013  
Location: Mobile, AL, Portland, ME  
Presenter: Barry McCarthy  
Sponsor: HEALTH-ED  
More info: (800) 839-4584, [custserv@health-ed.com](mailto:custserv@health-ed.com), <http://www.health-ed.com>  
*AASECT approved for 6 CE credits*

## **Sex and Couples Therapy: Interventions for Sexual Pathology, Infidelity and Divorce**

Date: March 15, 2013  
Location: Arlington, VA  
Presenter: Tammy Nelson  
More info: <http://catalystcon.com/register/>  
*AASECT approved for 4 CE credits*

## **Restoring & Revitalizing Marital Sexuality**

March 15, 2013 in Dayton, OH  
April 12, 2013 in Indianapolis, IN  
April 19, 2013 Louisville, KY  
Presenter: Barry McCarthy  
Sponsor: HEALTH-ED  
More info: (800) 839-4584, [custserv@health-ed.com](mailto:custserv@health-ed.com), <http://www.health-ed.com>  
*AASECT approved for 6 CE credits*

## **A New Approach to Treating Female Sexual Disorders**

Date: March 21, 2013  
Location: Philadelphia, PA  
Presenter: Stephen Betchen  
Sponsor: Council for Relationships  
More info: (610) 525-1978, [drnancygambescia@gmail.com](mailto:drnancygambescia@gmail.com)  
*AASECT approved for 2 CE credits*

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## Continuing Education Opportunities

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### Sex Therapy Postgraduate Training

#### Institute of New York: 2013-2014

Date: March 23, 2013-October 19, 2014

Location: New York, NY

Presenters: Susan Lee, Ricky Siegel

More info: (561) 833-0066,

drsusanlee@mac.com,

www.nypostgradsextherapy.com

*AASECT approved for 120 CE credits*

### Legal & Ethical Considerations in Colorado for Sexuality Educators, Counselors & Therapists

Date: April 1, 2013

Location: Denver, CO

Presenter: Laurence James,

Attorney at Law

More info: Dr. Neil Cannon

(neil@doctorcannon.com)

*AASECT approved for 1 CE credit*

### SSTAR 38th Annual Meeting: Sex Therapy and Research in Transition: Advances and Developments

Date: April 4-7, 2013

Location: Baltimore, MD

Presenters: Multiple Presenters

More info: (204) 787-4495,

anne.katz@cancercare.mb.ca,

www.sstarnet.org

*AASECT approved for 24 CE credits*

### When Sex Gets Complicated: Affairs, Pornography, Low Desire, Dysfunctions, Dissatisfaction, and Everything Else

Date: April 12-13, 2013

Location: Calgary, Canada

Presenters: Marty Klein

Sponsor: Alberta Association of

Marriage & Family Therapists

(AAMFT)

More info: (403) 519-2198,

http://alturl.com/rw53e

*AASECT CE credits pending for approval*

### Amazing SAR Experience

Date: April 12-14, 2013

Location: Reno, NV

Presenter: Patti Britton

Sponsor: University of Nevada/Reno

More info: (775) 843-9593,

toryclark@hotmail.com,

www.Renosar.weebly.com

*AASECT approved for 15 CE credits*

### A New Approach to Treating Hypoactive Sexual Desire Disorder

Date: April 18, 2013

Location: Philadelphia PA

Presenter: Stephen Betchen

Sponsor: Council for Relationships

More info: (610) 525-1978,

drnancygambescia@gmail.com

*AASECT approved for 2 CE credits*

### Challenging Clients in Sex Therapy

Date: April 23, 30, May 7, 21, 28, 2013

Location: Teleseminar

Presenter: Tammy Nelson, Gina Ogden

More info: (203) 438-3007,

http://www.drtaammynelson.com/live\_teleclasses/

*AASECT approved for 5 CE credits*

### Sex Issues in Couple Counseling

Date: April 26, 2013

Location: Reston, VA

Presenter: Barry McCarthy

Sponsor: HEALTH-ED

More info: (800) 839-4584,

custserv@health-ed.com,

http://www.health-ed.com

*AASECT approved for 6 CE credits*

*E cCT approved for Maryland*

### Institute for Sexuality Education & Enlightenment

Date: April 26 – May 5, 2013

Location: Windsor Locks, CT

Presenter: Multiple Presenters

More info: (860) 319-0966 x107,

info@iseee.co,

www.instituteforsexuality.com

*AASECT approved for 60 CE credits*

### Erotic Recovery after Infidelity—Creating a New Monogamy

Date: May 4, 2013

Location: Rockville, MD

Presenter: Tammy Nelson

More info: ckraft@jhmi.edu

*AASECT approved for 3 CE credits*

### Sexual Intelligence: Cybersex, Kinky Sex, Pornography and Sex Addiction

Date: May 10, 2013

Location: New York, NY

Presenter: Marty Klein

Sponsor: Ackerman Institute

More info: (650) 856-6533,

http://alturl.com/gomwa

*AASECT CE credits pending for approval*

### Ultimate SAR Experience

Date: May 10-12, 2013

Location: Prague, Czech Republic

Presenter: Patti Britton

More info: (323) 791-7801,

drpattiox@gmail.com,

http://theissr.com/SAR\_trainings.html

*AASECT approved for 15 CE credits*

### Cancer & Sexuality

Date: May 13, 2013

Location: Philadelphia PA

Presenter: Sabitha Pillai-Friedman

More info: (610) 525-1978,

drnancygambescia@gmail.com

*AASECT approved for 5.5 CE credits*

### Treating the Sexually Unusual

Date: May 16, 2013

Location: Philadelphia, PA

Presenter Stephen Betchen

More info: (610) 525-1978,

drnancygambescia@gmail.com

*AASECT approved for 2 CE credits*

### Attachment, Sexuality and the Body: An Integrated Approach to Comprehensive Couples and Sex Therapy

Date: May 18, 2013

Location: Los Angeles, CA

Presenter: Stella Resnick

More info: (310) 855-7565,

www.drstellaresnick.com

*AASECT approved for 6 CE credits*

### Writing Sex for Success

Date: June 5, 2013

Location: Miami, FL

Presenter: Patti Britton, Gina Ogden

Contact: Patti Britton

More info: (323) 791-7801,

drpattiox@gmail.com,

www.WriteSexForSuccess.com

*AASECT approved for 9 CE credits*

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## Continuing Education Opportunities

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### University of Michigan Sexual Health Certificate Program

Date: July 2013-October 2014  
Location: Ann Arbor, MI  
Presenter: 8 AASECT Certified Sex Therapists & Sexuality Educators  
Sponsor: University of Michigan  
More info: (734) 764-4074, smfoley@umich.edu, www.ssw.umich.edu/programs/ce/UMSHC/  
*AASECT approved for 195 CE credits*

### Sexual Attitude Reassessment (SAR)

Date: July 12-14, 2013  
Location: Windsor Locks, CT  
Presenter: Rosalyn Dischiavo, Joleen Nevers, Liam Snowdon  
More info: (860) 319-0966 x107, info@iseee.co, www.instituteforsexuality.com  
*AASECT approved for 18 CE credits*

### Institute for Sexuality Education & Enlightenment

Date: July 12-19, 2013  
Location: Windsor Locks, CT  
Presenter: Multiple Presenters  
More info: (860) 319-0966 x107, info@iseee.co, www.instituteforsexuality.com  
*AASECT approved for 60 CE credits*

### Clinical Sexology Weeklong Intensive

Date: July 22-26, 2013  
Location: Culver City, CA  
Presenter: Patti Britton  
Sponsor: www.theissr.com  
More info: (323) 791-7801, drpattixox@gmail.com, www.drpattibritton.com, www.theissr.com  
*AASECT approved for 40 CE credits*

### Amazing SAR Experience

Date: July 26-28, 2013  
Location: Culver City, CA  
Presenter: Patti Britton  
Sponsor: www.theissr.com  
More info: (323) 791-7801, drpattixox@gmail.com, www.drpattibritton.com, www.theissr.com  
*AASECT approved for 15 CE credits*

### The Embodiment of Love and Pleasure: Enrichment and Replenishment for Couples

Date: August 18-23, 2013  
Location: Big Sur, CA  
Presenters: Stella Resnick, Alan Kishbaugh  
More info: (310) 855-7565, www.drstellaresnick.com  
*AASECT approved for 26 CE credits*

### Full-Spectrum Training Integrating Couples and Sex Therapy: A Comprehensive Approach to Sexual and Relational Concerns

Dates: September 2013  
Locations: Beverly Hills, CA and Big Sur, CA  
Presenter: Stella Resnick  
More info: (310) 855-7565, www.drstellaresnick.com  
*AASECT approved for 75 CE credits*

### Sexual Attitude Reassessment (SAR)

Date: September 13-15, 2013  
Location: Windsor Locks, CT  
Presenter: Rosalyn Dischiavo, Joleen Nevers, Liam Snowdon  
More info: (860) 319-0966 x107, info@iseee.co, www.instituteforsexuality.com  
*AASECT approved for 18 CE credits*

### Institute for Sexuality Education & Enlightenment

Date: September 13-20, 2013  
Location: Windsor Locks, CT  
Presenter: Multiple Presenters  
More info: (860) 319-0966 x107, info@iseee.co, www.instituteforsexuality.com  
*AASECT approved for 60 CE credits*

### Clinical Sexology Weeklong Intensive

Date: October 7-11, 2013  
Location: Culver City, CA  
Presenter: Patti Britton  
Sponsor: www.theissr.com  
More info: (323) 791-7801, drpattixox@gmail.com, www.drpattibritton.com, www.theissr.com  
*AASECT approved for 40 CE credits*

### Amazing SAR Experience

Date: October 11-13, 2013  
Location: Culver City, CA  
Presenter: Patti Britton  
Sponsor: www.theissr.com  
More info: (323) 791-7801, drpattixox@gmail.com, www.drpattibritton.com, www.theissr.com  
*AASECT approved for 15 CE credits*

### Medical Sex Therapy

Date: November 9-16, 2013  
Presenter: Michael Krychman, Susan Lee  
Location: Palm Beach, FL  
Sponsor: Florida Postgraduate Sex Therapy Training Institute  
More info: (561) 833-0066, drsusanlee@mac.com  
*AASECT approved for 60 CE credits*

### The Clinical Sexual Interview: Taking a Sex History

Date: TBA  
Online Course  
Presenter: David Hersh,  
Sponsor: Hersh Centre for Sexual Wellness  
More info: (250) 352-0151, dr.davidhersh@sexualwellness.ca, http://sexualwellness.ca/clinical-sexual-interview.pdf  
*AASECT approved for 12 CE credits*