

# A Sexual-Health-Focused Approach to Reduce Risk and Promote Safer, Healthier Behavior

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# Hi, I'm Meg



Disclaimer: The views relayed today are my own and not intended to represent the professional communities I am or have been associated with.

# My Focus

Conventional sexual offense-specific treatment has emphasized the restriction or suppression of sexual behaviors. In contrast, contemporary research and clinical perspectives increasingly stress the value of developing healthy sexuality as a rehabilitative aim. For people with a history of sexual offending, therapeutic work that includes attention to sexual functioning difficulties, poor (sexual) self-concept, intimacy challenges, and problematic sexual scripts may contribute to lowering the likelihood of re-offense.

Clinicians often experience discomfort when addressing sexual content in therapy, along with other barriers that can lead to avoidance or an overly negative framing of sexuality. When this happens, clients may be less likely to receive adequate support in exploring their sexual identity, building adaptive and consensual sexual expression, and engaging in treatment that supports sexual safety.

# Objectives

- ▶ Define sexual health and wellness
- ▶ Reflect on one's own comfort level and professional readiness to discuss sexual topics
- ▶ Explain how sexual health frameworks can support the prevention of sexual violence
- ▶ Identify ways sexual health interventions can be integrated into treatment for individuals who have committed sexual offense
- ▶ Describe practical skills or strategies to promote healthy sexuality



# My Influences & Perspectives

## Professional Camps

- Sex offense-specific treatment (SOT)
- The “sex addiction” model (SA)
- Sex Therapy
- The Out of Control Sexual Behavior model (OCSB)

## Guiding Principles and Approaches

- Existential, humanistic lens
- Value-driven decision making and behavior change
- Client-centered, culturally responsive assessment, support and therapy

# Why Focus on Sexual Health?

# Why Focus on Sexual Health?

- Improved sexual health, as a component of overall psychological wellbeing, reduces risk for sexual offending (Ward & Stewart, 2003; Yates, P.M., 2016).
- Greater attention should be given to the experience of living with a sexual attraction to children including elements of self-esteem, stigma, and hopelessness (Nematy et al., 2025).
- Clients report that addressing shame and stigma, including developing effective coping strategies, was a treatment priority (Levenson et al., 2024).
- Without the understanding of one's own sexuality and the ability to have effective conversations about sex, clients "often find consensual sex with a partner to be anxiety provoking and unsatisfying" (Watter & Hall, 2020).

# Why Focus on Sexual Health?

## Professional Benefits

- Professionals are motivated by seeing clients personal progress and knowing that their efforts support safer communities (Prescott, Zolondek Ginesin, & Haskell, 2025).
- Professionals feel more resilient and less prone to burnout when experiencing professional growth (Prescott et al., 2025).
- Counter-therapeutic settings are a source of “moral injury” and stress for professionals (Prescott et al., 2025).
- Counter-therapeutic settings include both:
  - Systemic/structural components
  - Personal/professional components

# The case for integrating sexual health with SOT and prevention services

## The benefits

- Provides primary prevention for individuals whose behaviors are risky/problematic, but not necessarily illegal or reaching a threshold for formal charges.
- It (very likely) enhances sex offense-specific treatment.
- It supports professionals, attending to motivations and burnout
- Sex negativity is more likely to result in stalled or limited client progress due to both client and professional factors
- There is no evidence that a sexual health focus increases risk or recidivism

## It blends naturally with current treatment models/programs

- R-N-R
- Therapeutic rapport as essential
- Motivational Interviewing (MI)
- The Good Lives Model (GLM)
- Mindfulness
- Trauma-informed care/services (TIC)
- Feedback-informed Treatment (FIT)
- ATSA's Practice Guidelines for Men, 6<sup>th</sup> Edition (2025)



To date, with some improvements over time, sex offense-specific treatment has focused on the suppression of sexual interests as opposed to the development of healthy sexuality (Watter, 2022).

The sex positive perspective/approach, borrowed from sex therapy, can be used to promote healthy sexuality within sex offender-specific treatment (Watter & Hall, 2020).

# Sex Therapy + SOT

“Unfortunately, sex therapy and [sex offense-specific] therapy are considered to be distinct therapeutic modalities. Sex therapists, who claim expertise in helping people overcome sexual difficulties such that they can have more fulfilling sex lives are reluctant to work with sex offenders, while [sex offense] specialists likely lack the requisite training and expertise in therapeutic approaches to improving sexual pleasure. [Sex offense-specific] therapists often come from training backgrounds more forensic in nature. The dominant discourse in [sex offense-specific] therapy training is that of sex as deviant or pathological and in need of control. We would hope that sex therapy and [sex offense-specific] therapy could unite in a shared mission to expand their treatment focus to help traumatized individuals, regardless of their legal status, experience, and express their sexuality in positive and healthy (legal) ways . . . Our attention to the management of sexual behaviors has led to a diminished, and perhaps impoverished, curiosity and understanding of what it is that is driving problematic sexual behavior and also moves us further from an understanding of what leads to “healthy” sexual behavior. [Sex offense-specific] therapy has become such a specialized field that it may have become isolated from the larger world of psychotherapy, and its useful conceptualizations of human behavior and existence. If healthy sexuality is a goal for [sex offense-specific] therapy such isolation must give way to integration. . . Incorporating concepts and techniques from sex therapy offers a pathway to expand the experience of sexual pleasure by targeted interventions that help individuals alleviate the anxiety, emotional dysregulation and dissociation that that may disrupt sexual pleasure (Watter & Hall, 2020).”

“The most common failure of therapists is to avoid sexual issues all together”

(Harris and Hays, 2008)

# Defining Sexual Health

## World Health Organization (WHO)

“...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”  
(WHO, 2006a)

## American Sexual Health Association (ASHA)

Sexual health is the ability to embrace and enjoy our sexuality throughout our lives. It is an important part of our physical and emotional health. Being sexually healthy means:

- Understanding that sexuality is a natural part of life and involves more than sexual behavior.
- Recognizing and respecting the sexual rights we all share.
- Having access to sexual health information, education, and care.
- Making an effort to prevent unintended pregnancies and STIs and seek care and treatment when needed.
- Being able to experience sexual pleasure, satisfaction, and intimacy when desired.
- Being able to communicate about sexual health with others including sexual partners and health care providers.

# Two Key Components

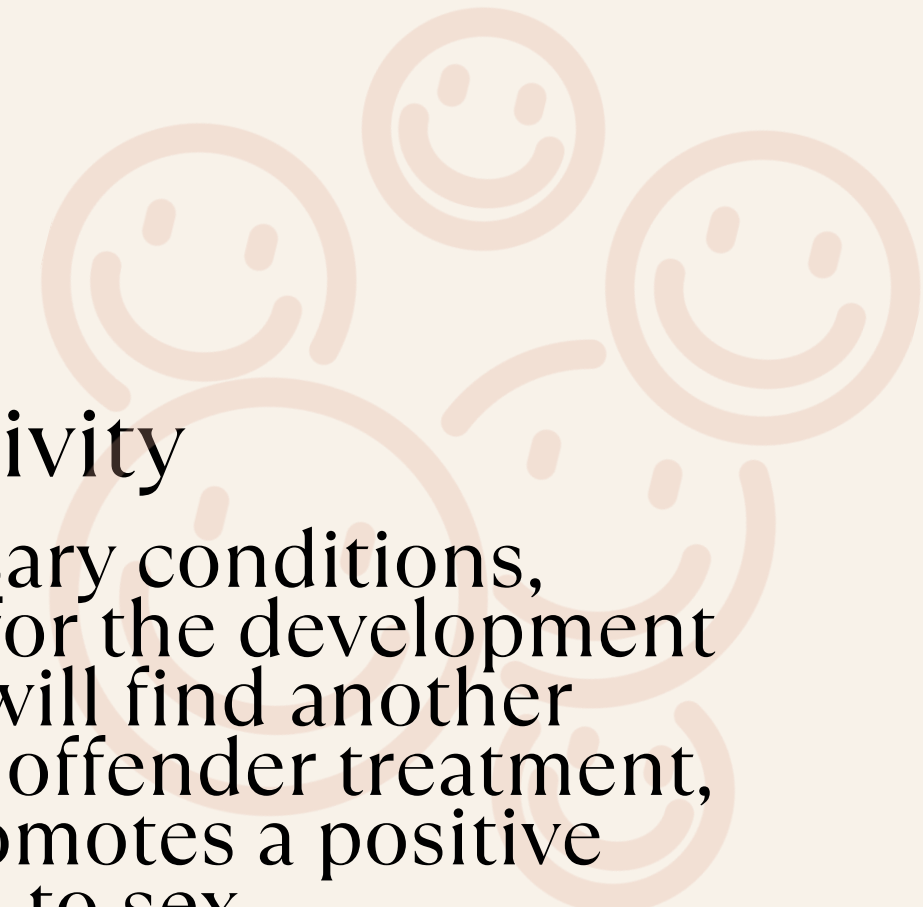
## Sexual Rights

"Under international human rights law, all persons have the right to control and decide freely on matters related to their sexuality; to be free from violence, coercion, or intimidation in their sexual lives; to have access to sexual and reproductive health care information, education, and services; and to be protected from discrimination based on the exercise of their sexuality (WHO, 2006a)."



## Sex Positivity

"If we look to the necessary conditions, according to the WHO, for the development of healthy sexuality we will find another key aspect to add to sex offender treatment, an environment that promotes a positive and respectful approach to sex. Philosophically, sex therapists would describe their approach to understanding sexuality and sexual behavior as "sex-positive." That is, they approach sexuality through the lens of sex being a positive force and they advocate freedom of sexual expression. This is not to say that they encourage illegal or harmful sexual behavior but they do focus on sexuality as something to be celebrated, expressed, and enjoyed in a positive manner. This stands in contrast to the often punitive or sex negative approach of many [sex offense-specific] treatments (Watter & Hall, 2020)."



# Defining Sexual Health

Watter & Hall, 2020

“We are left with the vague definition that a sexual interest is healthy if it does not cause distress, and sexual behavior is healthy if it does not involve inflicting harm on a non-consenting person.”

+

Six principles  
of sexual health

(Braun-Harvey & Vigorito, 2015)

# Developing Healthy Sexuality Requires:

## **William L. Marshall et al. (2011)**

- Good sexual communication
- The ability to express sexual needs
- The ability to initiate wanted sex
- The ability to decline unwanted sex/touch

## **Watter & Hall (2020)**

- The ability to see one's self and others as sexual beings with sexual rights
- A trauma-informed approach to understanding maladaptive sexual behaviors
- The ability to form intimate relationships free from exploitation/avoidable harm

## **The World Health Organization**

- Conditions, environments, or systems that emphasizes healthy sexuality and model sex positivity
- Programs that contrast negative/shameful/punitive approaches with the perspective that sexuality, when healthy, is to be expressed, enjoyed and celebrated.

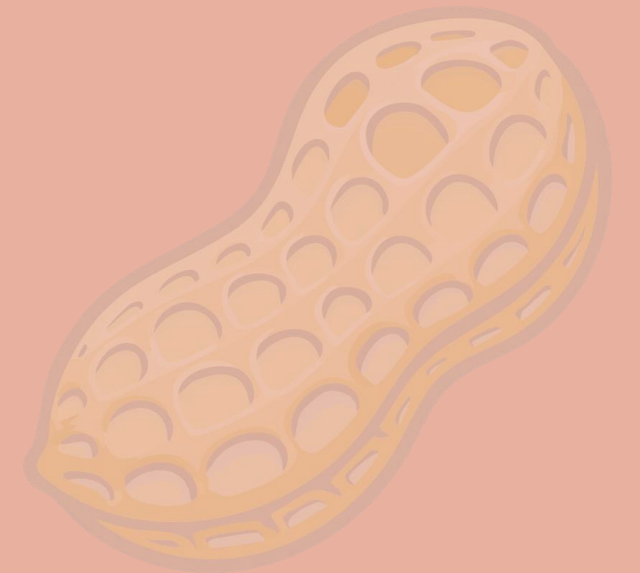
# Historical sources of sex negativity



- Religion as the original definer of healthy sexuality
- The absence of a formalized, scientific understanding of sexuality allowed for the spread of misinformation and solidified social stigmas
  - Example: lust/libido as contagious
- Moved toward a medical model with the publication of *Psychopathia Sexualis* by Krafft-Ebing in 1886
  - Still completely focused on sexual pathology and establishing right from wrong with a limited view of “right.”
- Freud
  - legitimized sexuality as an important part of human existence
  - but continued to focus on pathology and saw *uncommon* sexual interests/behaviors as a sign of psychological illness to be corrected

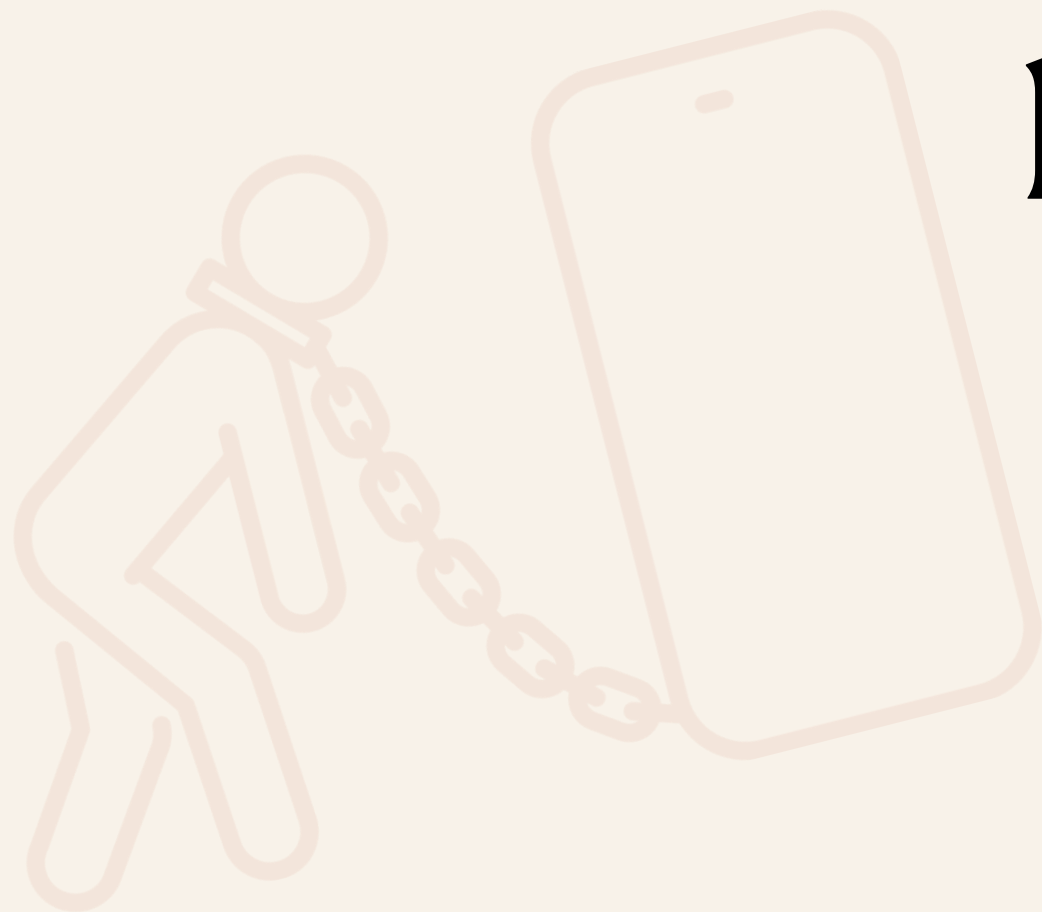
# More modern contributors to sex negativity

- Diagnosis and attempts to diagnose
- Establishing rules/laws about sexual behaviors
  - Sodomy, polygamy, polyamory, non-monogamy
- Dress codes
- Slut-shaming, victim blaming
- Little concern for violence toward trans folks and sex workers



# The most popular current source of sex negativity?

(Prause & Binnie, 2024)







# Being Sex-positive!

(Willis, G. M., Ward, T., & Levenson, J. S., 2014)

- Sexuality is a normal part of human development that should be approached, as opposed to avoided
- Avoiding, suppressing sexuality is harmful
- Emphasizes validation, guidance, and support
- Sexuality is integrated with overall well-being, both individually and relationally
- Emphasizes emotional awareness and intentional behaviors
- Boundaries are respected, behaviors are non-coercive
- Education should be proactive and comprehensive beyond unwanted pregnancy and STI prevention



## **Negativity**

- Fear-based, consequences
- Avoidant
- Secretive
- Pathology focused
- Disease and dysfunction
- Closed, limited
- Adults only

## **Positivity**

- Natural and healthy
- Across the lifespan
- Unique, individual
- Diverse and inclusive
- Validating and accepting
- Communication
- Pleasure and safety

“The most common failure of therapists is to avoid sexual issues all together”

(Harris & Hays, 2008)

# Talking about sexuality

Are you an under-responder?  
Where's your comfort level?



# Professional Comfort and Confidence

- Clinicians and other professionals are not immune to cultural messages about sex and inherited norms about how sex is conceptualized, talked about, or avoided.
- Clients observe and feel:
  - Facial expressions
  - Changes in rate of speech
  - Stumbling over words or stuttering
  - Blushing
  - Hives
  - Joking, deflecting
  - Steering the conversation to a different, nonsexual focus

# Steering Away

- Marcus is a 38-year-old client on parole following a conviction for a sexual offense. As part of his supervision conditions, he is expected to notify and obtain approval from his DOC agent before beginning any new sexual or romantic relationship. During a therapy session, Marcus reports that he has recently become interested in a coworker. He describes looking forward to brief conversations with this person and acknowledges that he has been intentionally arriving at work 15 to 20 minutes early in hopes of spending time with them before their shift begins. Marcus reports that the interactions have consisted of friendly conversation and flirting, and he believes the interest is mutual. He expresses excitement about the possibility of pursuing a relationship but is uncertain whether his current interactions fall within the scope of activities that should be disclosed to his supervising agent.
- The therapist chooses to focus on rules and potential consequences to rule violations with a clear focus on making responsible choices that align with the expectations of supervision and avoids talking about the sexual, both individual and relational, components of the client's current situation. The therapist chooses to focus on clarifying rules and collaborating with the DOC agent over focusing on attraction, sexual desires, and relationships.

# Steering Away

- Alex is a 32-year-old client who experiences a persistent sexual attraction to children and is attending therapy to better understand and manage the impact this has on their life. During a recent session, Alex shared that they declined an invitation to their nephew's eighth birthday party, which was being held at a local splash pad. They explained that attending the event would likely have been emotionally uncomfortable and anxiety-provoking because of the large number of children who would be present and wearing swimsuits. Alex described feeling disappointed about missing an important family event but believed that staying away was the most responsible decision. They expressed feelings of isolation and sadness about the ways their attractions have affected their relationships and participation in family activities.
- Rather than asking questions about arousal and specifics (e.g. erections, gazing, distracted by internal thoughts), the professional moves to talking about other opportunities for family connection and socialization.

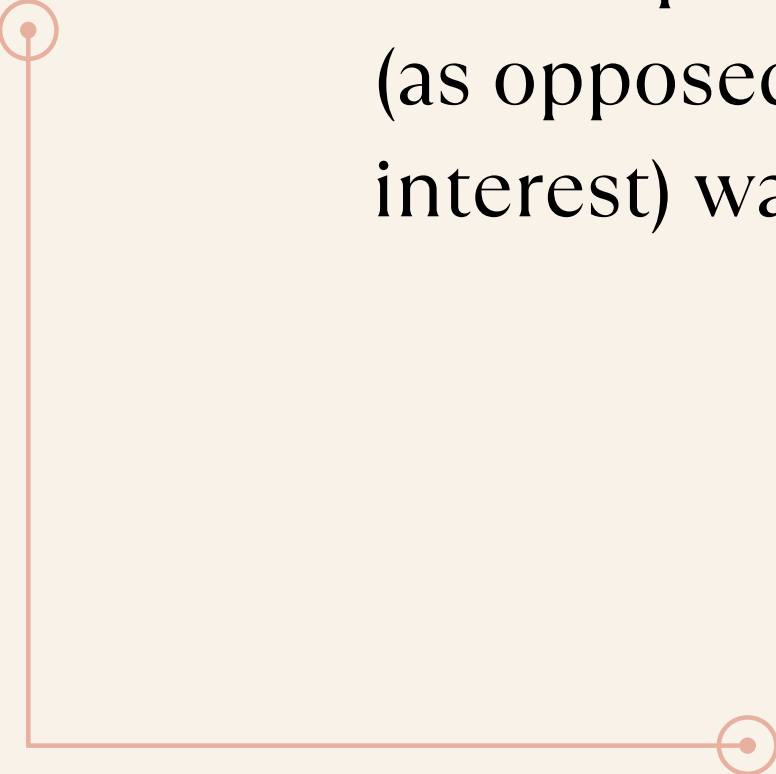
# Professional Comfort and Confidence

- How comfortable am I talking about sex when it is not about sexual offending?
- Where is my comfort with discussing sexual pleasure?
- What sexual topics create discomfort in me?
- Are some sexual conversation “okay” to discuss, while others are not?
- What’s “too personal?”
- What level or kind of detail is “too much?”






# Your comfort with sexual conversations can improve treatment outcomes

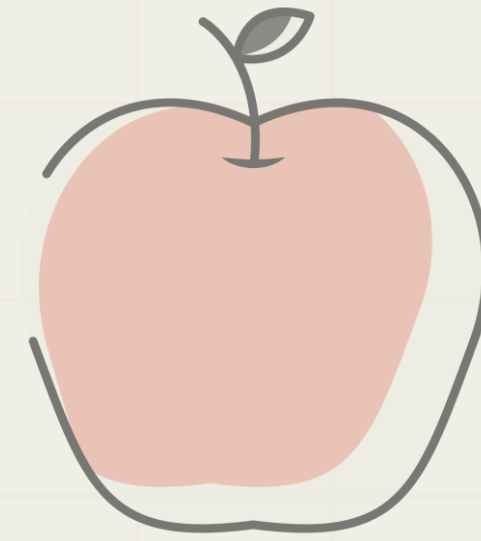


Blagden et al. (2018) found that emphasizing acceptance of pedophilia and adaptive behavior/lifestyle options (as opposed to change in sexual interest) was most helpful.

Jahnke et al. (2023) found that disclosing sexual histories was not what made a difference. It was about how the provider reacted. If the provider was able to sit, handle the conversation clients found therapy to be helpful.



Bringing healthy  
sexuality and sex  
positivity to  
primary prevention  
and sex offense-  
specific treatment



# Bringing healthy sexuality and sex positivity to primary prevention and sex offense-specific treatment

- Start talking about sex from day 1
- Approach sexual conversations/content
- Practice neutral curiosity
- Ask, ask, and ask some more – there's no room for assumptions
- Ask, clarify, confirm
- Understand, then identify relevant dynamic risk factors
- Use inclusive language
- No shame, no judgement
- Setting aside personal beliefs about what is sexually healthy
- Focusing on the 6 principles of sexual health, approach goals

# But your hesitant . . . and that makes sense

## Personal Reasons

- Mandated reporting uncertainty
- Transference & countertransference
- Paraphilias produce discomfort
- Too niche, feeling unprepared
- Lack of practice, feels foreign

## Systemic Reasons

- Mandated reporting uncertainty
- Program culture/norms
- Hierarchy of needs/priorities
- Lack of integration and time
- Limited privacy, documentation

# Informed consent and limits to confidentiality

## Preparing Clients

- What to expect from individual sessions and group sessions
- What to expect as treatment progresses
- Informal and formal tasks/assignments
- What to do if they experience attraction to a group member or a helping professional

## Limits to confidentiality

- Documentation
- Professional collaboration
- Mandated reporting

# Informed consent and limits to confidentiality

Stephens et al., 2021

## Findings

- Clinicians viewed pedophilia as inherently dangerous
- Pedophilia = future CSA
- Clinicians with higher stigma toward pedophilia were more likely to report their client
- Limited understanding of mandated reporting requirements, only 47%

## Conclusions and Concerns

- Reporting was largely driven by bias, stigma, and fear
  - Fear both for CSA and professional liability
- Discourages seeking help for primary prevention
- Discourages treatment engagement
- Leads to over-reporting
- Clients' rights to privacy are violated

# Informed consent and limits to confidentiality

In practice...

- Early
- Transparent
- Thorough
- Questions are welcomed
- Confirm understanding
- Rinse and repeat


The goal...

- Everybody feels as prepared (as possible) to participate
- Foster trust/rapport/alliance
- Nobody feels tricked or blind sighted

# Boundary Considerations

## Transference

- Concerns about maintaining boundaries with clients.
- Therapists who are attentive, warm, empathic, and have positive regard are more likely to have a client express attraction toward them (Rabasco, et al., 2023).



How can I respond  
in a way that advances  
this client's  
sexual health?

## Countertransference

- Positive or negative
- You might feel more comfort in talking about unhealthy sexual behaviors/events than healthy sexuality
- You can distance yourself from people or behaviors who you see as obviously different from yourself
- Sexual health conversations may be personally relevant
- May be like you, once like you, or something you desire

# Boundaries and Transference

Nikole Nassen, PhD

## Erotic Transference

- When a client projects onto the helper a past erotic interest or experience.
- For example, the therapist reminds them of a past partner. This might make the client more agreeable, open, or conforming (which would be problematic if they don't disagree openly) but they clearly see the transference and know that any express of attraction is not relevant to their treatment and would not occur within the relationship.
- “I feel something toward you, and I want to understand it.”

## Eroticized Transference

- When the client distorts/eroticizes the therapeutic relationship as a psychological defense mechanism.
- The client may be trying to manage an internal state.
- It often shows up as boundary testing and pressure for reciprocation.
- “I need this to be real, immediate, or acted upon to regulate something inside of me.”

# Primary Prevention & Child Sexual Abuse

Nematy et al., 2025

- Interviewed 10 practitioners with experience of providing primary prevention treatment to adults attracted to children.
- Practitioners struggled with competing perspectives:
  - Is pedophilia modifiable or not and/or for who could it be amenable to change
  - Is acceptance of pedophilia motivating or discouraging
- Practitioners emphasized identifying safe alternative sexual interests
- Practitioners struggled with a lack of evidenced-based information when determining what alternative sexual behaviors are safe (e.g. sex dolls).
- Practitioners expressed concern that “safe” alternatives could unintentionally strengthen arousal to children and/or undermine interventions that address offense-supportive beliefs.

# Practitioner Perspectives on Pedophilia

Nematy et al., 2025

## Unmodifiable

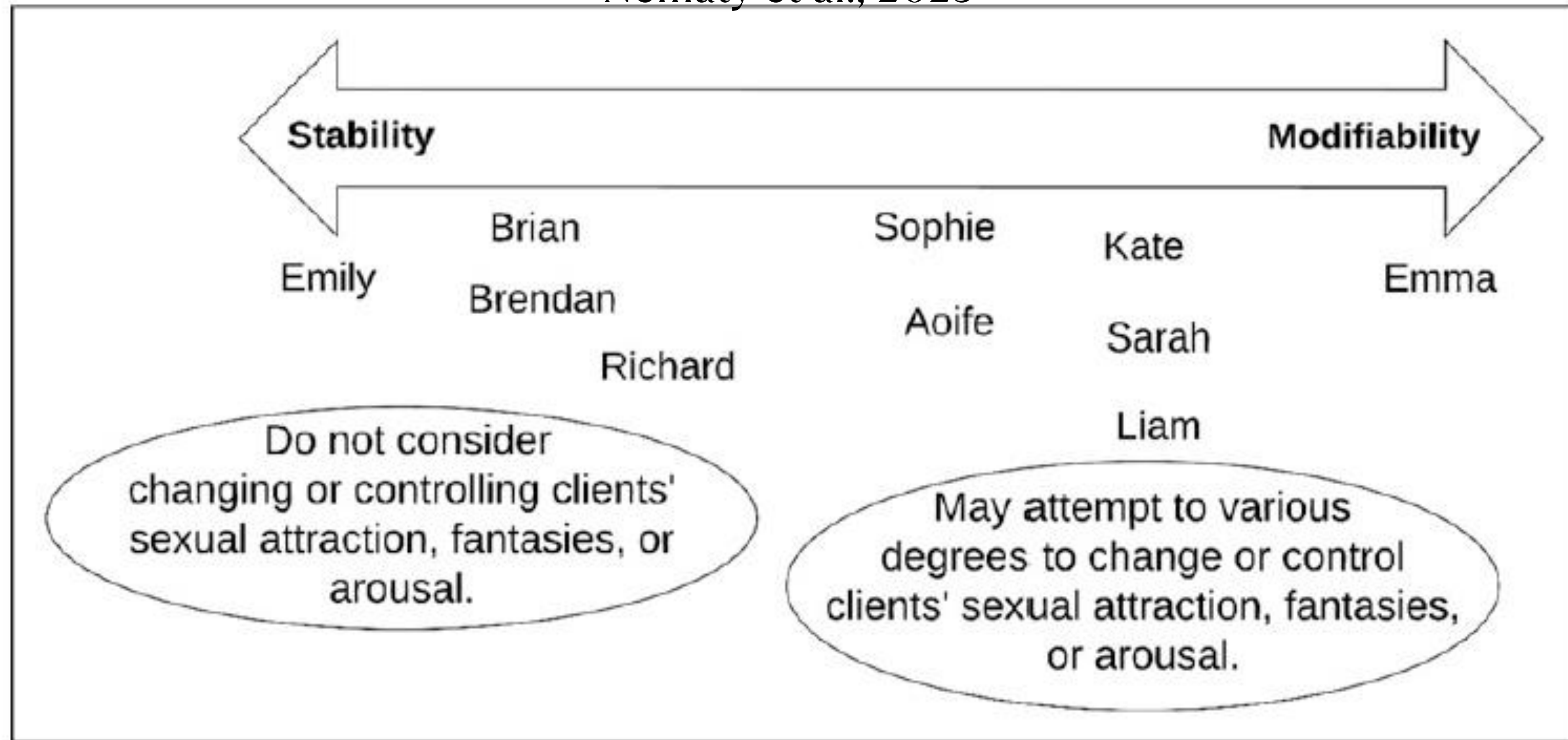
“See [by using arousal reconditioning methods], you are getting dangerously close to conversion therapy. That is conversion therapy, and in my professional body, it is definitely not allowed. Ok? So, I think it would be unethical. I don't use that because you are getting close to the thought police. We have certainly, in the [academic institution name], where I am involved, a sex-positive view. So long as someone's sexual thoughts or fantasies and even behaviour don't hurt or upset anybody else, as long as consensual, so long as they stay in the areas that are legal, they can do what they want.”

## Modifiable

“Pedophilia is a sexual interest, but not a sexual orientation. Sexual orientation is who you fall in love with, whereas sexual interest is what you enjoy doing. So, a sexual interest is easier to change than a sexual orientation. Like saying, “I am gay,” it's hard to change. But to say, “I have a pedophilic interest”, it's easier to change my pedophilic interest than to change my orientation from being gay to being straight. So, it's kind of like comparing apples and oranges. I think it [pedophilia] is more conditioned than ingrained in the brain.”

# Practitioners Perspectives & Resulting Approach to Treatment

Nematy et al., 2025



**Figure 1.** Schematic position of participants regarding modifiability of minor attraction.

# Confusion, a lack of direction, and competing priorities

Nematy et al., 2025

## Confusion

“I think... I don't know what I would do, but... I think what I might suggest to such an individual... they might...I mean, you know, there are... adult sex dolls...they might use...not as a sex doll, I mean, they could use it as a sex doll but...but they would...I don't think there are any... [Hesitation, deep thinking, and a long stop].”

## Lack of direction and room for bias

“I think it's just so distasteful to the psyche to think of that, and the kind of knee-jerk response is to think no! because you're just feeling something that's really unhealthy. But... I don't know. I mean, we would always ask about fantasy, and if people are even fantasizing about a child, a child-based thing, I don't know if you can really change somebody, so finding a safe outlet is important. You'd have to do a lot of quantitative based research to ensure that those things didn't condition people or discourage them from maybe more healthy attachments. I suppose what we would consider a healthy sexual attachment is one that has some level of emotional attachment, even if it's only brief, but there is a kind of respect, and no one goes away feeling horrible. That's why we're trying to encourage that act should feel good, and it shouldn't be a wave afterwards of shaming.”

# Confusion, a lack of direction, and competing priorities

Nematy et al., 2025

## Confusion

“It’s controversial. I wouldn’t like to come down hard on one side or the other at the moment because I just don’t know. I’ve thought of that all the time. It’s hard to know what effect that would have. I’m probably a little bit more on the “Let them do it” as it might satisfy that urge and allow them to have a relatively healthy sex life. I don’t know. I’d love to see some research on it.”

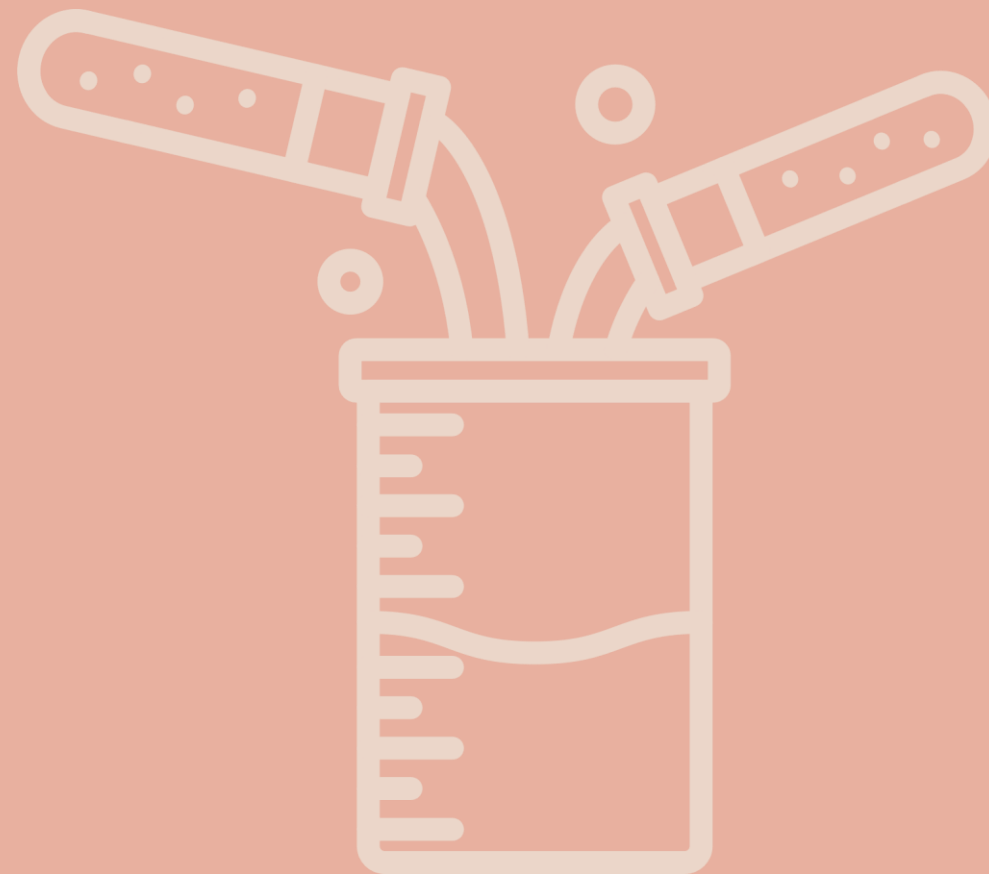
## Hope and the “slippery slope” concern

“I’m not opposed to that, to be honest with you, and anything that keeps children safe, I think, is positive. So, if they’re going to use that doll rather than looking for an actual child, I would see that as being a really good safety feature. The only caveat I would talk with that is if the person is being monitored by a probation officer or a therapist because my fear would be that... I know from working with other clients that it’s like, you use that for a while, and that’s another rises you and then, you’re able to climax easier...and then, after a while, you’re looking for something different, So, it’s like, that’s not enough anymore. Then you go looking online on, then you go ... possibly you find yourself then on playgrounds and things like that.”

# The Upshot

- There's a lot we don't know about the most effective interventions for pedophilia:
  - Are "safer" alternatives actually safer?
  - For some, but not others?
  - Is the slope slippery?
- But, we do know that sexual suppression, sexual shame degrades overall-wellness and individuals benefit from sex positive helpers and systems.
- The lack of treatment direction, confusion within professionals, and disagreements between professionals leaves much room for stigma and bias to drive clinical decisions. It's reasonable to conclude that from this context sexual suppression will continue to dominate sex offense-specific treatment and undermine client progress.
- Despite confusion, we can provide acceptance of the person. We can focus on the integration of sexual health with overall-wellness and effective coping strategies without adding to stigma or hopelessness.

# Integrating Sexual Health with SOT



# Borrowing from Sex Therapy & Sex “Addiction” Therapy

- Proceed with caution
- Apply your expertise in sexual offending and dynamic risk factors
- Highly individualized care



# Sex Education and Sex Therapy

Sex therapy helps individuals and relationships address concerns related to sexuality, intimacy, relationships, sexual functioning, and sexual well-being. Sex therapy promotes healthy, consensual, and satisfying sexual experiences while addressing the relevant biological, psychological, relational, and social factors.

## What does it treat?

- Sexual dysfunctions (e.g., desire, arousal, orgasm, pain concerns)
- Erectile and ejaculation difficulties
- Relationship and intimacy challenges
- Sexual anxiety, shame, or performance concerns
- Sexual trauma recovery
- Sexual identity and orientation concerns
- Compulsive or problematic sexual behaviors
- Sexual health concerns related to medical, psychological, or life changes

## What are the benefits?

- Improved sexual satisfaction and functioning
- Enhanced communication and intimacy
- Reduced anxiety, distress, and shame
- Greater self-awareness and sexual confidence
- Stronger relationships and emotional connection
- Healthier expression and sexuality and personal values

# Borrowing from Sex Therapy

## The Approach

- Emphasis on acceptance and trust
- Trauma-informed
- Inclusive
- Emphasis on pleasure and safety
- Approach goals

## Interventions

- Sexual values clarification
- Practicing communication, written and spoken
- Planning, rehearsing change goals
- Sensate Therapy
- Mindfulness, body scans
- Sexual menu
- Desire and arousal models
- Sexual dysfunction (ED, PE, anorgasmia, pain)
- Trauma treatment
- OCSB approach and protocol

# Sex and Pornography “Addiction” Therapy

Sex and pornography addiction therapy is a specialized form of treatment that helps individuals understand, manage, and change problematic sexual behaviors that are causing distress, impairment, or harm to themselves or others.

## What does it treat?

- Compulsive pornography use
- Compulsive sexual behaviors
- Repeated sexual behaviors that conflict with personal values
- Secrecy, deception, and relationship betrayal
- Sexual behavior used to cope with stress, trauma, loneliness, or emotional pain
- Intimacy and attachment difficulties
- Co-occurring trauma, anxiety, depression, or substance use concerns
- Recovery following problematic sexual behavior or sexual misconduct

## What are the benefits?

- Increased self-awareness and emotional regulation
- Improved control over problematic sexual behaviors
- Reduced shame and secrecy
- Development of healthy coping skills
- Improved intimacy, trust, and relationship functioning
- Identification and treatment of underlying trauma and attachment wounds
- Alignment of behavior with personal values and goals

# Borrowing from Sex and Pornography “Addiction”

## The Approach

- CBT
- Task-model, highly manualized
- Highly organized with accessible resources
- Emphasis on control and desistance
- Establishing “sobriety”

## Interventions

- Breaking through denial
- Past and current consequences
- Disclosures
- The “Addiction” cycle
- Relapse prevention and safety plans
- Circles
- Personal Crazyness Index
- Arousal Templates

# Sex Education

Counterfeit Deviance  
Michie et al. (2006)

- There is not clear, empirically supported evidence that sex education is effective primary prevention or that it enhances sex offense-specific treatment.
- There is not clear, empirically supported evidence that knowing more about sexuality correlates with desistance from sexual offending.

However, there's more to consider

- Sex education alone, is unlikely to significantly help
- Sex education as a form of sex positivity and integrated with an individual's treatment of dynamic risk factors holds MUCH promise.

# Working with Fantasies

Lehmiller, 2018

- Common sexual fantasies are often conceptualized and discussed as “deviant” or abnormal.
- Power, control, physical restraint
- Non-monogamy
- Gender bending

Joyal & Carpentier, 2017

- They concluded that a very small number of fantasies can be described as uncommon/deviant
- 45% reported fantasies of a paraphilias (at least one)
- 34% acted out a paraphilia

# Working with Fantasies

María Riberas-Gutiérrez et al. (2025)

- 26 Men convicted of a sexual offense against a minor
- 22 Men convicted of a sexual offense against an adult
- Both groups illustrated similar offense-supportive beliefs
- Each group had significantly more fantasies which reflect their crime
- Men who had sexual fantasies about minors illustrated significantly more beliefs which justify child abuse
- Men with sadomasochistic fantasies did not have more rape-supportive beliefs
- Finding: Individual's sexual fantasies were directly related to their sex crime
- Conclusion: Emphasized the importance of addressing sexual fantasies in sex-offense specific treatment AND differentiate treatment specific to the content (child, adult) of the individual's fantasies

# Applying your expertise in sexual offending

(Sexuality) Knowledge is power!  
How could that power be used or misused?

1. Sexual development across the lifespan, including childhood
2. Early sexual experiences and touch, trauma
3. The sexual response cycle and responsive desire
4. Desire as variable across time and context
5. The intersection of sexuality and substances
6. Arousal as disinhibiting
7. Consent

# Applying your expertise in sexual offending

When drawing from Sex Therapy literature,  
please adapt the language.

- Sex
- Partner
- Every body is a sexy body
- Pleasure is the measure
- Young man, young woman
- No right/wrong, good/bad, should/shouldn't

# Consent, consent, and more consent!

## Developing an understanding of consent

- What is consent?
- What do you want to know about consent?
- How do you make consent attractive/sexy/fun?
- How would you know if your partner is consenting?
- How will you communicate your sexual interests and learn about theirs?
- What are your concerns/frustrations about consent?
- What is “cheating” or “infidelity”
- How do you know if you and your partner(s) are honoring agreements about sex or the relationship?

# Consent, consent, and more consent

## Statements for building consent

- Is touch/sex important to you?
- Are you a touchy person or do you usually like your space?
- Is *this* okay? Is *now* okay?
- What are you in the mood for?
- We can stop any time.
- I understand if you're not sure. Let's think on it.
- I'd rather ask than assume. You matter to me.
- It's always okay to stop. I won't be mad.
- I like knowing what to expect. I don't want to play it by ear.
- We can talk more about it.
- Please let me what you need from me. I'll listen.
- If you don't like something, please tell me. I'll stop.
- What is "good sex" to you? What is "bad sex" to you?

# Consent, consent, and more consent

Sexual truths and sexual contexts are often not conducive to maintaining consent

- Arousal changes/expands interests
- Sexual interest is variable across time and contexts
- Lights off
- Positioning
- Location
- Who drove?

Recidivism rates are not the  
measure of sexual health.

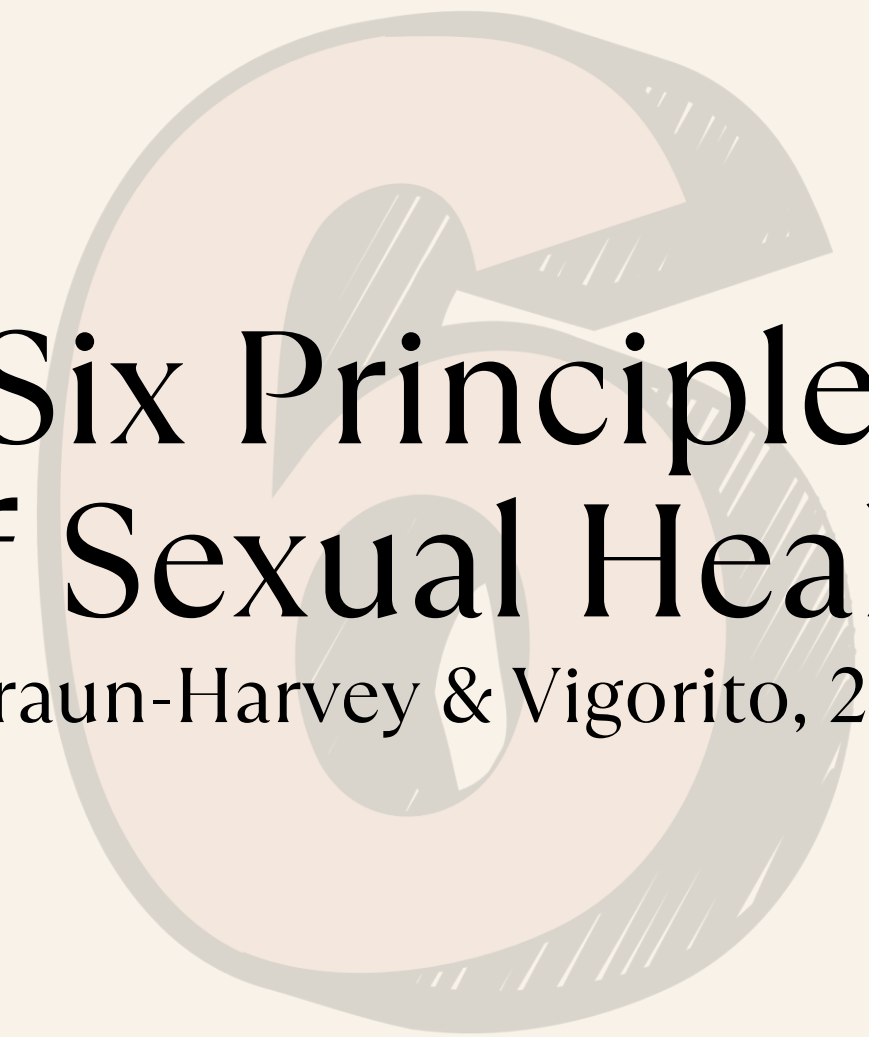
# Defining Sexual Health

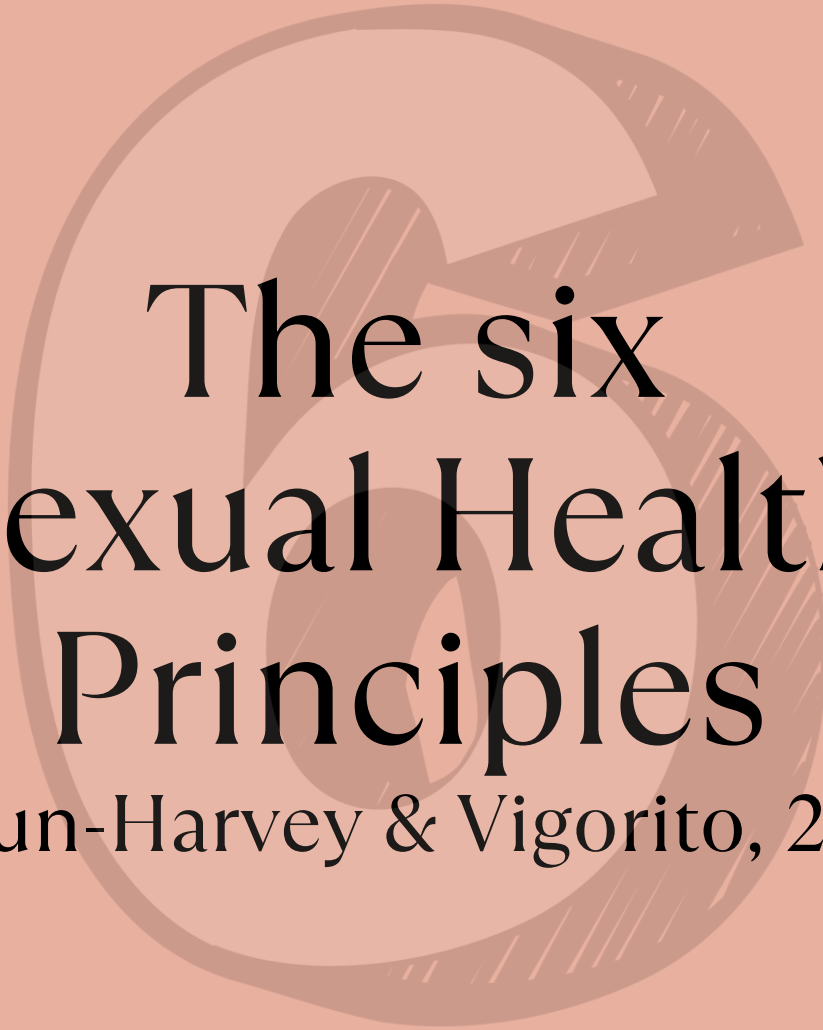
Watter & Hall, 2020

“We are left with the vague definition that a sexual interest is healthy if it does not cause distress, and sexual behavior is healthy if it does not involve inflicting harm on a non-consenting person.”

+

**Six Principles  
of Sexual Health**  
(Braun-Harvey & Vigorito, 2015)





# The six Sexual Health Principles

(Braun-Harvey & Vigorito, 2015)

1. Consent
2. Nonexploitation
3. Protection from HIV/STIs & unintended pregnancy
4. Honesty
5. Shared values
6. Mutual pleasure

There's time. Right?

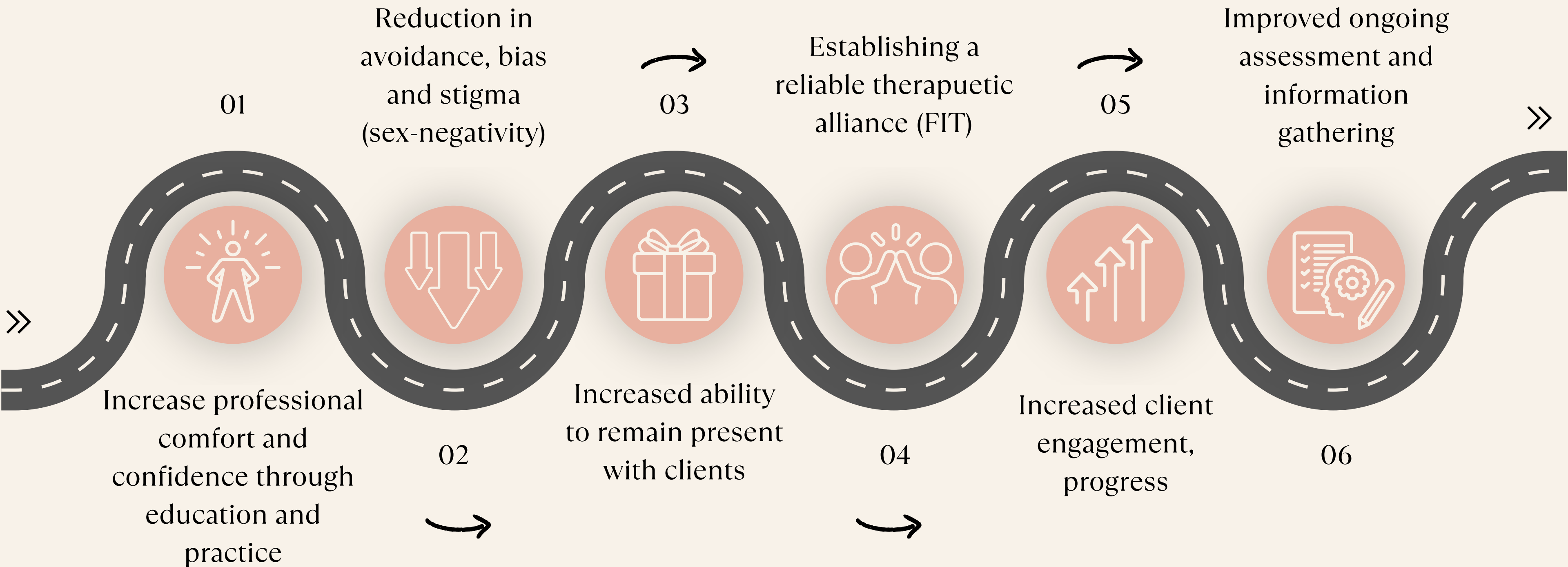


# Additional areas for consideration

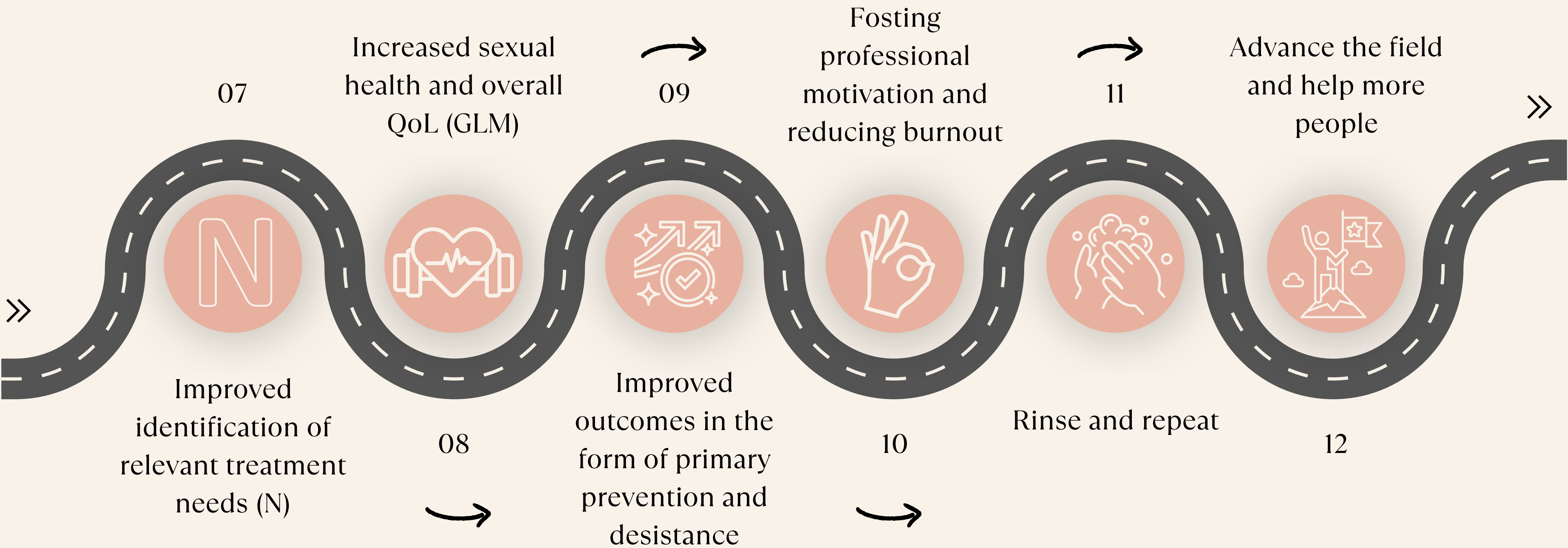
- Existential sex therapy, male sexuality
- ADHD, sex, and relationships
- Autism, sex, and relationships
- Sex aids/toys
- Use of AI
- Digisexuality
- Sex surrogates
- Out of Control Sexual Behaviors (OCSB) assessment and treatment
- The Manosphere



# My “If, then” Rationale



# My “If, then” Rationale



# What To Do

1. Reflect on your comfort level with approaching sexual topics
2. Increase comfort and confidence
3. Start talking about sex from day one
4. Stay sex positive
5. Attend to the 6 sexual health principles
6. Apply your expertise in sexual offending
7. Examine your practice for structural or cultural barriers

# My Message

- Sex offense-specific therapy should include, from day 1, an emphasis on healthy sexuality.
- People can be hypersexual, sexually out of control, or have engaged in harmful sexual behaviors (legal, illegal, observed or unobserved) AND their sexuality is still important.
- Sexual shame and suppression are ubiquitous. Clinicians have their own complex sexualities and are undoubtedly impacted by current events.
- Finding comfort and confidence in expanding sexual conversation with a sex positive attitude protects professionals from burnout and enhances therapy.

thank you!

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You are normal  
(Shared) pleasure is the measure  
May you be (sexually) well



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# Reflection Questions

1. What steps can be taken to create more sex-positive sex offense-specific therapy and programs?
2. How could healthy sexuality be integrated on day one?
3. How can you increase your comfort or confidence when approaching conversations about healthy sexuality and sexual pleasure?