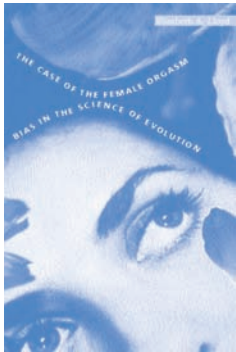


The international resource for educators, researchers and therapists

## In this issue...

From the Executive Director . . . . .2  
*Congratulations to newly certified members*



Book Reviews . . .6  
*Our reviewer examines Elizabeth Lloyd's new book, "The Case of the Female Orgasm"*

Quick Hits: Sex in the News . . . . .9  
*Kansas, Georgia set new ages for marriage*

Educational Opportunities . .11  
*Understanding Bestiality and Zoophilia, Oct. 21 in San Francisco*

# When clients turn violent

**T**HE ROOM WAS TINY. It had just enough space for a sliver of a window, a door, two chairs and the narrowest of tables, which separated therapist from client.

On this morning, Stephen Braveman and a 12-year-old boy had retreated there for an 8:15 a.m. counseling session. Located in a San Francisco school, the room was one of the few quiet places in the building.

As the pair settled in, the boy reached into his jacket pocket and pulled out a gun. He pointed it at Braveman's chest.

"I can't decide," the boy said, "if I should kill you right now or have you hold my gun for me until the end of the day."

Braveman "stopped breathing for a second," but otherwise remained calm. He quietly asked the boy to think about what his day would be like if he touched the trigger.

If he shot Braveman, the boy said, he'd be arrested and go to jail. But the boy also noted that he wouldn't have to return to a group home, a place he hated.

As he talked, the boy continued to focus the gun at Braveman's heart.

"Now let's talk about what happens if you put the gun down," Braveman said.

It was Braveman's turn to talk. While the boy would surely be punished for bringing a gun to school, his life still offered promise. And part of that rested in Braveman's ability to help the boy find a new place to live.

The boy placed the gun on the table.

The pair continued talking, prompted by Braveman's gentle questions about the boy's thoughts and actions that day. When the session ended, the boy returned to class and Braveman turned over the gun to the school's principal.

Memories of that 1990 incident came flood-

## Working with potentially unstable patients

ing back to Braveman when he recently learned that Jay Bloombecker, a new AASECT member, had been murdered.

Police say a 46-year-old man fatally shot Bloombecker in his Live Oak, California office on June 15. Bloombecker, a graduate of Harvard Law School, had spent

most of his career working as an attorney, but had recently begun training in human sexuality.

At age 61, Bloombecker was beginning a new chapter in his life. A few days before his death, he had attended a new student orientation at the Institute for the Advanced Study of Human Sexuality in San Francisco. Bloombecker had also begun working under the supervision of Braveman, MA, LMFT, DST in an attempt to earn AASECT sex counselor certification.

Although the man accused of killing Bloombecker was a former legal client, the case caused a stir on the AASECT listserv about the dangers of working with potentially unstable patients.

### Incidence and prevalence

The U.S. government doesn't track assaults on mental health professionals, but several academic studies suggest that many therapists and social workers are victims of physical violence during their careers.

Academic studies in several countries have addressed the topic. A few highlights:

- After a teenage girl fired an arrow at him during therapy (he ducked, the arrow missed), Howard Bernstein, MD surveyed 422 psychotherapists on patient violence for an article published in the *American Journal of Psychotherapy*. About 60 percent of respondents feared becoming the victim of a client attack.

- Gary L. Arthur and Stacy Quiroz, Georgia

*continued on page 4*

## From the Executive Director



Mark your calendar now for our 2007 conference in Charlotte, North Carolina from June 21-24, 2007. In Charlotte, we will be back to the standard AASECT conference schedule with the kick-off on Thursday night and the final workshops on Sunday morning.

- We hosted the AASECT Summer Institute on Training in Foundations of Sexuality here in Richmond, Virginia in July. The turnout was fantastic. Participants earned 40 continuing education credits in basic requirements for AASECT certification. This unique learning opportunity will happen again next year. Check *Contemporary Sexuality* and the website for more information in coming months.

- Congratulations to the following newly certified members:

### Counselor:

Samadhi Carol Long-Disse, MDiv, STM, PhD of Lemon Grove, Calif.

### Educators:

Nancy E. Harrington, BA, MA of DeSoto, Kan.  
Jodi Zieverink, MPH, DHS, ACS of Belmont, N.C.  
Jacqueline Daugherty of Cincinnati, Ohio

### Supervisors:

Mary McGinn Clark, PhD of San Diego, Calif.  
Stephen A. Braveman, MA, LMFT, DST of Monterey, Calif.

### Therapists:

Gregory DeClue, PhD of Sarasota, Fla.  
Stephanie Buehler, PsyD of Irvine, Calif.  
Joseph B. Nelson, MA, LP of Coon Rapids, Mich.  
Denise Stapley, LMHC, NCC, LMSW of Cedar Rapids, Iowa  
Christopher F. Fariello, PhD, MA, LMFT of Media, Pa.  
Suzanne Hillegass, RN, LCSW of Alexandria, Va.  
Bren Manaugh of Maryville, Mo.  
Sara E. Rosenquist, PhD of Chapel Hill, N.C.

# contemporary sexuality

AASECT Executive Director: Stephen Conley, PhD

Founder: Patricia Schiller, MA, JD

### AASECT Board of Directors

President	Patti Britton, PhD
President Elect	Helen "Ginger" Bush, MSW
Immediate Past President	Barnaby Barrett, PhD, DHS
Secretary	Annette Owens, MD, PhD
Treasurer	Russell Stambaugh, PhD
Western Region	Stephen Braveman, MA, LMFT, DST
Midcontinent Region	Gretchen Fincke, MSSW
International Region	David S. Ribner, DSW
Eastern Region	Judith Steinhart, EDD
PESC Chair	Libby Bennett, PsyD
Certification Steering Chair	Peggy Kleinplatz, PhD
Communications Steering Chair	Steve B. Chandler, PhD, MSW

Membership Steering Chair	Hani Miletski, MSW, PhD
Outreach Steering Chair	P. Michele Sugg, MSW
Development Committee Chair	Dagmar O'Connor, PhD
Public Relations Media & Advocacy Steering Committee	Joy Davidson, PhD
Newsletter Editor-in-Chief	Annette Owens, MD, PhD
Editor for Book Reviews	Yvonne K. Fulbright, MSEd
Editorial Advisors	Marianne Brandon, PhD; Yvonne K. Fulbright, MSEd; Steve Griffin, PsyD; Marty Klein, PhD; Gina Ogden, PhD; Annette Owens, MD, PhD; Beverly Whipple, PhD, RN, FAAN.
Senior Writer/Production Manager	Todd Melby, MSJ

*Contemporary Sexuality* is a monthly publication of the American Association of Sexuality Educators, Counselors and Therapists, P.O. Box 1960, Ashland, VA 23005-1960; phone (804) 752-0026; fax (804) 752-0056. Please address all membership and subscription queries and editorial correspondence to this address. If you have comments, please contact Editor-in-Chief Annette Owens, [info@cvillewellness.com](mailto:info@cvillewellness.com).

© 2006 The American Association of Sexuality Educators, Counselors and Therapists. All rights reserved. The views expressed in *Contemporary Sexuality* represent individual opinions; they do not represent the official opinions of AASECT, its Board of Directors or its staff.

**COPYRIGHTS AND PERMISSIONS:** Written permission must be obtained from the Copyright Clearance Center (CCC), UMI Company, or UnCover Company for copying articles/parts of articles. Contact: CCC, (508) 750-8400; UMI, (800) 521-0600; or UnCover (800) 787-7979. Those desiring to use articles for classroom use should contact CCC. Permissions for republication of quotes, charts, tables, figures and pages of text are normally granted contingent upon similar permission from the author(s), inclusion of acknowledgment of the original source, and payment to CCC of the appropriate fee. Queries regarding permissions and fees should be directed to Copyright Clearance Center, Inc., 222 Rosewood Drive, Danver, MA 01923, U.S.A., phone (508) 750-8400, fax (508) 750-4744, e-mail: [trcns@copyright.com](mailto:trcns@copyright.com).

# Her Life. Her K-Y.<sup>®</sup>



"I'm worried how my sensitive skin might react to a lubricant. Can you recommend something gentle?"

-Lisa, 30



"Sex has become too painful because of my vaginal dryness. What can I use?"

-Rachel, 62



"I need a new solution that's less messy and more convenient. Is there a mistable form available?"

-Karen, 25



"My husband and I have been sleeping together for over 15 years. We need some sort of new sensation."

-Jane, 41



**WHEN YOUR PATIENT HAS AN INTIMACY QUESTION, LET K-Y<sup>®</sup> BRAND MAKE THE HOUSE CALL.**

You can trust K-Y<sup>®</sup> Brand to offer the most personal solutions for the most personal questions. Recommend the K-Y<sup>®</sup> Brand family of products.



## When clients turn violent

continued from page 1

A survey of 1,131 mental health professionals found that 6 in 10 respondents “had been victimized in violent acts of a psychological or physical nature.”

State University professors, and Joel Brende of Mercer University wrote about the subject in a 2003 issue of *The Journal of General Psychology*. Their survey of 1,131 mental health professionals found that 6 in 10 respondents “had been victimized in violent acts of a psychological or physical nature.” In addition, 3 in 10 people had “feared for their lives” at least once in their career.

“No group of mental health professionals has been immune from violence,” Arthur and co-authors wrote.

The survey included responses from clinical social workers, marriage and family therapists, professional counselors, psychiatrists, psychologists and social workers.

- Meanwhile, a 1996 U.S. study of 660 social workers found higher levels of violence. Of those surveyed by Chirstina Newhill, PhD, LCSW, 1 in 2 reported threats, 1 in 4 reported property damage and 1 in 4 had actually been the victims of physical violence.

“I told the client I would have to hospitalize him,” one respondent wrote in response to Newhill’s survey. “Without warning he leaped across the room, jumped on me, and began to strangle me. The police pulled him off before I got badly hurt. I did have bruises on my neck, though, and I was really freaked out about it.”

Details of the study appear in Newhill’s book, “Client Violence in Social Work Practice: Prevention, Intervention and Research” (The Guilford Press, 2003). Newhill, a professor of Social Work at the University of Pittsburgh, believes social workers and therapists aren’t well trained at detecting which clients are likely perpetrators.

“Agencies assume it’s not a problem,” Newhill told *Contemporary Sexuality*. “And most therapists don’t even think about asking about a past history of violence. When it happens, we’re often caught unaware.”

That seems to have been the case in Kentucky.

On March 2, someone fired shots at a State of Kentucky vehicle with social workers inside. No one was hurt. No arrests have been made in the case.

Patricia Pregliasco, a state social worker, didn’t believe officials were acting fast enough to communicate news of the event to employees. So on March 24, she sent an email to colleagues warning of possible danger. As a result, the state has begun taking precautions, such as increasing the number of security guards at buildings, to protect its workers.



Janet Nelson, LCSW

Janet Nelson, LCSW, the author of “Everyday Self-Defense for Social Workers,” believes those working in the profession are often at risk of attack.

“They’re defenseless,” Nelson said. “They go into places the police wouldn’t even go. They are not allowed to carry weapons. They go into homes with a lot

of unknowns.”

Social workers making home visits aren’t the only ones at risk. Clinicians working in residential treatment facilities, prisons and therapists working alone in private practice are also susceptible to violence, Nelson said.

However, the most common incidents of intimidation and violence are relatively minor, according to “Violence: Incidence and Frequency of Physical and Psychological Assaults Affecting Mental Health Providers in Georgia,” the study conducted by Arthur, Quiroz and Brende.

That study found that the most common assaults were pushing, grabbing and property damage, holding and slapping. Violent assaults, such as being locked in a room, shot at, knifed, raped and attempted rape were extremely rare.

### How to predict which clients may turn violent

Knowing which clients are likely candidates for violence would help mental health professionals take defensive measures.

Unfortunately, a 1981 study (“Predicting Violent Behavior: An Assessment of Clinical Techniques”) by John Monahan concluded that social workers were poor at predicting which clients might turn violent.

Newhill, the University of Pittsburgh professor, says there’s a reason for that.

“Clinicians want to avoid false negatives at all cost — that is, predicting that a client will not be violent when in fact the client does behave violently,” she wrote. Newhill argues that it is possible to correctly predict which patients are candidates for future violence, at least in the near term.

“The most powerful predictor of future violence is a history of recent, repetitive past violence,” Newhill said.



**Christina Newhill, PhD, LCSW**

While Newhill admits that violence is a “low base-rate phenomenon,” i.e., the least likely of several scenarios, it does happen. Predicting anything with certainty is tricky, but in patients with a possibility for physical assaults, Newhill advises social workers and therapists to look for “warning flags.”

The more “warning flags” a client has, the greater the risk of violence against the clinician.

To uncover such signs, Newhill recommends a risk assessment of the client that includes collecting background information from official sources, completing a thorough clinical assessment and a comprehensive environmental assessment. Newhill details what should be included in a risk assessment of the potentially violent clients in her book.

The National Association of Social Workers (NASW) Committee for the Study and Prevention of Violence Against Social Workers also endorses risk assessment as a tool toward preventing violence.

### Creating a safer work environment

There are several steps therapists — or anyone working in a solo practice — can take to make their working environment safer. The following tips are from Newhill, Nelson and Braveman:

- Rent an office away from home.
- Rent an office with others nearby.
- Keep your home address and phone number unlisted.
- Don’t display personal photographs.
- Remove heavy objects that could be used as weapons.
- If possible, get an office with two doors — one so you can escape and one for the client so he/she can leave when angry or upset.
- Report threats to the police.
- Don’t wear jewelry that can be easily grabbed or yanked.
- Don’t dress suggestively.
- Do consider enrolling in a personal safety class.

After Lisa Putnam, a social worker, was murdered by a client, Michigan passed a 2001 law mandating training for state mental health workers on “how to defuse threatening behavior and how to ... recognize potentially dangerous situations.” At least three other states are considering similar legislation.

“Nobody want to take self-defense classes because no one thinks it will happen to them,” said Nelson, the martial arts expert.

Yet the tide may be turning. Newhill’s academic book lists specific actions people can take if attacked, including this: “If a client gets you in a choke hold or headlock, tuck your chin as close to the chest as possible. This protects critical blood and air circulation to avoid loss of consciousness.”

### Role of the mental health professional

While the discussion of client violence is necessary, one expert worries about its impact on the profession.

“It presents a dilemma,” says Susan Weinger, a Western Michigan University professor of social work. “On one hand, we want social workers to value and respect clients and then we give them the message that some clients are potentially violent.”

Viewing people as potential perpetrators undermines the profession, she argues.

That’s why Weinger, the author of “Security Risk: Preventing Client Violence Against Social Workers” (NASW Press, 2001), encourages students and practitioners to “listen and value” those they serve, not only because it’s the right thing to do, but also because “those skills help prevent violence.”

Sixteen years after his brush with death, Braveman agrees.

“If at all possible, we don’t want patients to lose sight of the fact that we are there for them,” he said.

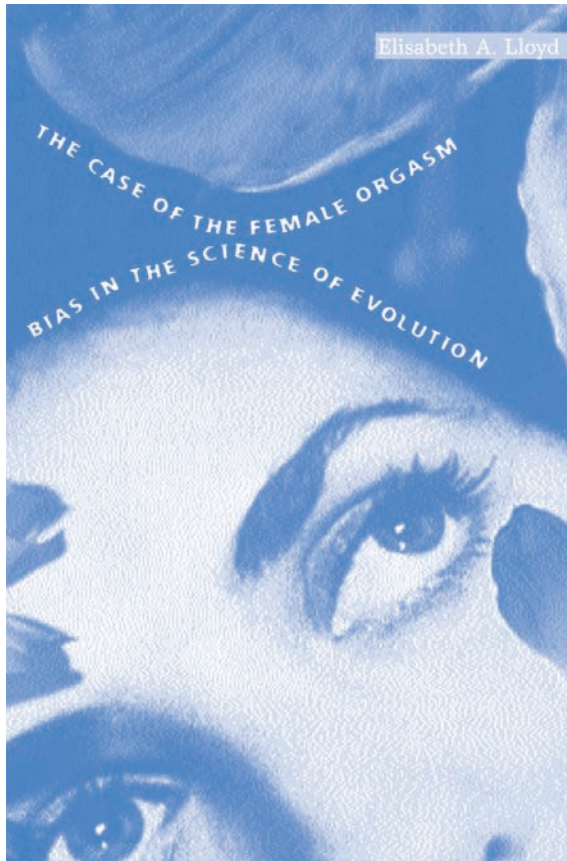
“I’m not going to bulletproof my door or windows,” Braveman said. “I’m not going to move, but I am going to take precautions and use common sense.”

— *Todd Melby*

Susan Weinger of Western Michigan University encourages students and practitioners to “listen and value” those they serve, not only because it’s the right thing to do, but also because “those skills help prevent violence.”

## Book Reviews

Elisabeth Lloyd seeks to liberate the female orgasm from any theories of reproductive necessity which consequently infer, “...those many women who do not experience orgasm regularly from intercourse are seen as unnatural or, in Masters and Johnson’s terms, ‘dysfunctional.’”



**The Case of the Female Orgasm: Bias in the Science of Evolution.** By Elisabeth A. Lloyd. Harvard University Press, 2005. \$27.95.

In her provocative book, *The Case of The Female Orgasm: Bias in the Science of Evolution*, Elisabeth Lloyd, PhD examines whether or not the female orgasm is indeed an adaptation resulting from the process of natural selection, making it crucial to human reproduction, or an evolutionary by-product, a happy accident of sorts.

Lloyd rigorously examines 21 well-established theories that seek to promote the female orgasm as a Darwinian adaptation — from its role in helping to facilitate stable pair bonding to “upsucking” (the idea that during orgasm the uterus experiences a drop in pressure, making it like a Hoover in sucking up any sperm) to its role in sperm competition (the idea that orgasm expels the sperm of other sexual partners) — and finds each of these theories woefully lacking. Instead, she offers an explanation for the origin of the female orgasm based on what is known by evolutionists as the “by-product” theory, which holds that orgasm is a trait heavily selected in males, and that as men and women are undifferentiated during the first eight weeks of gestation, the clitoris is homologous to the penis and there-

by retains the capacity for orgasm. The same by-product theory also seeks to explain the origin of male nipples: the biological necessity of nursing our young makes the nipple so highly selected in females that males develop their own immature structures, which retain erotic sensitivity, but not evolutionary function.

Lloyd argues persuasively, and counter-intuitively, that the female orgasm should not be seen an evolutionary adaptation (as is widely argued) since it occurs so inconsistently during intercourse, and that clitoral stimulation — typically a significant factor in the female orgasm — is not a consistent feature of intercourse.

She refers to this as the “orgasm/intercourse discrepancy” and seeks to liberate the female orgasm from any theories of reproductive necessity which consequently infer, “...those many women who do not experience orgasm regularly from intercourse are seen as unnatural or, in Masters and Johnson’s terms, ‘dysfunctional.’” But if one embraces the by-product theory, as Lloyd has, “these same women are seen as functioning normally, and there is no social or psychological judgment against them.” From an evolutionary point of view, they are not “not normal” for not having orgasms during intercourse. In this sense, Lloyd is an evolutionary feminist and stands at odd in a largely male-dominated field.

Whether or not you agree with Lloyd’s underlying assumptions or those of evolutionary biology, or her belief that a proper evolutionary account of the female orgasm is so important because “...it affects how women’s sexuality is socially and personally perceived and categorized today,” the book provides an entertaining roundup of much of the thinking that is dominating current evolutionary debate and examines the prevalent theories, as well as the people behind those theories, through the specific lens of the female orgasm.

*Reviewed by Ian Kerner, PhD, AASECT certified sexuality counselor. He can be contacted at [ian@iankerner.com](mailto:ian@iankerner.com).*

**Sexual Healing: The Complete Guide to Overcoming Common Sexual Problems.** By Barbara Keesling. Hunter House, 2006. \$17.95.

I am a believer in self-help, so any tool that may empower an individual or couple to improve relationship issues has my solid support. *Sexual Healing*, now in its third edition, is a self-help book, whose primary audience is “people who suffer from specific sexual problems.” And its

author, Barbara Keesling, is passionate about her subject matter. At 384 pages, including the index, *Sexual Healing* takes the reader through five parts encompassing 37 chapters. All that said, I wanted to like this book, but did not find it the best choice for self-help purposes. While a well-intended effort to educate those suffering with sexual problems, I had issues with its poor editing and layout, writing style and complexity. Overall, I found it “user unfriendly.”

The hallmark of a good self-help book is one in which information is concise, accessible and clearly laid out. Such a book has a very solid list of resources, recommended readings and references. Thus, I was perplexed at the mere 13 references cited for this book. Contrast this with *Coping with Erectile Dysfunction* by Michael E. Metz and Barry W. McCarthy (New Harbinger Publications, 2004), in which there are 27 references, for a book of less than half the length.

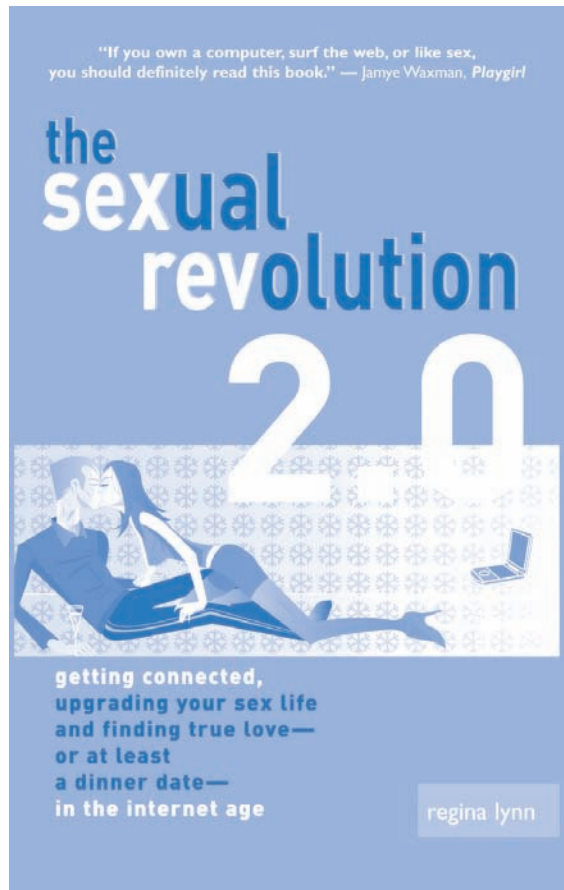
Inaccuracies are peppered throughout, causing me to wonder whether this book had been peer reviewed. Suggesting that replacement hormones can help after testicular cancer is one example. Another inaccuracy, under the heading “Outdated Treatments for Premature Ejaculation,” concerns Keesling’s reference of Masters and Johnson, who “also developed the ‘squeeze technique.’” Keesling states, “The woman stimulates her partner, and when he says he is close to ejaculation, she puts her thumbs and the first two fingers of both hands under the head of his penis and squeezes as hard as she can.” An accurate description of the squeeze technique can be found in *Human Sexual Inadequacy* by William H. Masters, M.D. and Virginia E. Johnson (1970) on page 97.

Despite its shortcomings, this book does have some hidden gems. There are many wonderful exercises for individuals and couples to increase intimacy and sexual awareness. Keesling has some good ideas and helpful exercises, but this book cries out for serious editing and more accurate illustrations. I would, however, recommend this book to those who have a solid knowledge base in the causes and correlations of sexual problems and who would like to expand their library of individual and couples exercises.

*Reviewed by P. Michele Sugg, MSW, LCSW, CST. She can be reached at msuggcsw@mac.com.*

**Sexual Revolution 2.0.** By Regina Lynn. Ulysses Press, 2005. \$14.95.

*Sexual Revolution 2.0* by Regina Lynn is a fun and flirty book about sex on the Internet. From sexy emails to teledildonics, this book seeks to open your eyes and widen your vocabulary about some of the high-tech ways couples,



*Sexual Healing*, now in its third edition, is a self-help book, whose primary audience is “people who suffer from specific sexual problems.”

acquaintances and strangers are becoming intimate. Not a how-to book, this manual helps readers to navigate their way through the Internet and to discover new, exciting and provocative ways to communicate.

The author, a vet in the world of cybersex, does a great job outlining the pros and cons of the sexual technological world. 2.0 does a great job exploring improved communication skills (both with a partner or with strangers), boosting self-esteem, using your imagination, and finding out what really turns you on — all while in the safety of your own home.

This book is a treasure trove of online titillation for straight and same-sex couples alike. One aspect of cybersex that I learned about was the use of simulators, a vibrator attached to a computer, whose speed can be adjusted by another web browser on a different computer — a super tool for online or long-distance relationships. The fleshlight, which looks like a flashlight but has a head with a hole for male masturbation use, was yet another find. During cybersex, the pressure of a sucking sensation can be controlled by someone else at another computer. All in all, cybersex toys can be used by one partner on one end of the globe, and the speed can be controlled by the other partner on the other end of the globe!

*continued on page 8*

2.0 does a great job exploring improved communication skills (both with a partner or with strangers), boosting self-esteem, using your imagination, and finding out what really turns you on — all while in the safety of your own home.



**Regina Lynn**

One interesting tidbit the author shares is the way cybersex helped her cope with her own sexual abuse, making the work even more intriguing for professionals who treat clients coping with such issues. Lynn writes, “After writing about oral sex — among many other activities I had yet to feel comfortable about during actual sex — I found that I began to lose the fear, and in fact to develop an interest in the real thing.” Cybersex is also an excellent tool for women who desire intimacy, as Lynn puts it, “What we find in cybersex is what many of us want in actual life even if we don’t know how to ask for it: pre-, during- and post-coital conversation.”

All in all, I enjoyed *Sexual Revolution 2.0*. The book is a very easy read and the topics were very interesting. An excellent guidebook for beginners in the cyber world who want to start dating online, it is also of value in referencing websites that are a little less “vanilla.” Overall, I thought the book was great and I will be passing my copy along to my single and looking friends.

*Reviewed by Elizabeth Ehrmann. She can be reached at sillywizzay@yahoo.com.*

## Lawmakers set new ages for marriage in Kansas, Georgia

In Kansas, the impetus was a 14-year-old pregnant girl who married her 22-year-old boyfriend. In Georgia, it was a 37-year-old woman who married her son’s 15-year-old friend and then bore his child. Both times, the older newlyweds landed in jail for having sex with a minor.

Their stories spurred legislators in Georgia and Kansas this spring to change their marriage laws to prevent teens from marrying so young.

But raising the legal marrying age for teens too young to vote or even drive proved challenging as legislators struggled with the possible effects on abortion rates, welfare rolls, citizens’ privacy and the nature of marriage itself.

Georgia settled on a minimum age of 16, provided a judge approves, while Kansas set the floor at 15 under the same conditions. Kansas’ new minimum age is younger than Kansas’ governor recommended and still younger than the vast majority of states, which set a minimum age of 16 with a parent’s permission. But the age standard brings Kansas in line with its neighbor Missouri.

State laws make various exceptions for when a teen can marry before the legal age of adulthood at 18. The state with the lowest marriage age is New Hampshire, which allows 13-year-old girls and 14-year-old boys to marry, although parents can annul their children’s marriages until the children reach 18, according to the National Conference of State Legislatures.

Until the story of 37-year-old Lisa Lynnette Clark marrying a 15-year-old boy in Georgia made headlines last November, Brandon Balch of Boynton Beach, Fla. had no luck lobbying lawmakers to close a loophole in Georgia law that allowed teens under age 16 to marry if there were a pregnancy.

Balch took up the cause after his 13-year-old daughter presented a Georgia judge with a pregnancy test and won permission to marry her 14-year-old boyfriend.

Balch said his daughter had a miscarriage shortly after the ceremony. But the marriage changed his daughter’s legal status. She was now considered an adult, costing him his chance in court to try to win custody of her from his ex-wife.

The Florida man said lawmakers were more receptive to his cause after they were “embarrassed on national TV” over the Clark case. Clark had married the 15-year-old boy in the

driveway of a retired judge's house last fall. Normally, the boy would have been too young to marry, but Clark was pregnant. She delivered a baby boy while serving time for having sex with a minor.

"My daughter's life fell apart. I think she's already divorced at age 15. It was a pretty good legal maneuver, but it ruined my life," Balch said in a telephone interview. He pointed to a 2002 study by the Center for Law and Social Policy that found young mothers who marry are more likely to have a second child quickly, to stop attending school, to get divorced and to experience domestic abuse.

Jamie Self, the director of public policy for the Georgia Family Council, said trying to convince the Legislature to revamp the marriage law and drop the pregnancy exception was harder than expected. "We really expected it to be absolutely uncontroversial," he said. "But some legislators were adamant about the illegitimacy issue. ... By preventing someone who's 14 or 15 from marrying, you're guaranteeing illegitimacy for the child."

Concerns also were raised that barring young teens from marrying might lead more young girls to obtain an abortion.

Eventually, Georgia lawmakers settled on allowing 16- and 17-year-olds to tie the knot with the permission of either their parents or a judge.

Kansas, too, retooled its marital code in response to a notorious case in which 22-year-old Matthew Koso of Nebraska took his pregnant 14-year-old girlfriend to Kansas to wed.

The minimum marrying age in Nebraska is 16. Kansas law had no minimum age for marrying, as long as the youth's parents approved of the union. In Koso's case, the girl's mother permitted her to marry because of the pregnancy.

Nebraska prosecutors charged Koso with sexual assault. He was convicted and sentenced to 18-30 months in prison.

The ruckus led Kansas Governor Kathleen Sebelius (D) to call on legislators to require teenagers to be 16 before they could marry, even with parental consent. But lawmakers instead set the minimum at 15. Fifteen-year-olds now need judicial approval; 16- and 17-year-olds can get married with approval from a judge or their parents.

Sebelius' plan would have brought Kansas in line with Georgia and most other states; instead, Kansas is now one of 10 states that allow children under 16 to marry, according to NCSL.

Alabama, Minnesota, Missouri, New Hampshire and Utah set lower limits when parents approve. Mississippi and South Carolina allow girls younger than 16 to marry, but not boys. California and Massachusetts specify no

minimum age, but they require court approval for teens under 18.

Kansas State Sen. Kay O'Connor (R), who voiced concerns about setting the marriage age too high, said it made sense to give males who get young girls pregnant a way to take responsibility by marrying.

"If you're 14 and you're pregnant, generally speaking, the young man who did it is running over the nearest hill. He knows it's statutory rape, and he's running. (In the Koso case) the 22-year-old young man was trying to do the right thing," she said.

O'Connor said she objected to politicians dictating how people should handle a bad situation, although she said policies should be in place to make sure young girls weren't being raped.

"The problem with all of these discussions is we assume that we are smarter than the individuals involved," she said.

O'Connor raised concerns that too many barriers to marriage could lead to more single mothers on welfare or more abortions.

Balch, the Florida father, also tried to get his home state to tighten up its marriage laws. Florida requires 16- and 17-year-olds to secure their parents' permission before marrying. Pregnant teens 15 or younger can get married with a judge's approval.

Balch wants Florida to set an absolute minimum, but his efforts fell flat in Tallahassee this spring. Legislation passed the House and received a brief hearing — but no committee vote — in the Senate during the hectic last week of session. The senators said they needed more time to examine the proposal. (Daniel C. Vock, Stateline.org, June 1)

## New York ponders comprehensive sex education legislation

As the New York General Assembly debated whether to adopt comprehensive sex education in public schools, girls at a Bronx junior high school decided to act.

Ashley Reyes, 13, and her friends gathered 206 signatures from classmates demanding that the school begin teaching sex education.

"The only sex education we have is music videos, the Internet and books because our parents don't talk about it with us and we don't get it in school," Reyes said.

New York law requires schools to teach students about HIV/AIDS, but PS 218 in the Bronx hasn't done that. More than one in 10 teenage girls in the Bronx become pregnant.

State legislators in Albany failed to pass a

"Some legislators were adamant about the illegitimacy issue. ... By preventing someone who's 14 or 15 from marrying, you're guaranteeing illegitimacy for the child."

*continued on page 10*

---

## Quick Hits: Sex in the News

continued from page 9

---

comprehensive sex ed bill known as the Healthy Teens Act. Democrats in the House approved the measure, but Republicans in the Senate didn't put the proposal to members for a vote. (*New York Post*, June 19 and *Rochester Democrat and Chronicle*, July 5)

“It’s unclear why a DoD document would classify homosexuality as a mental disorder over 30 years after the psychiatric community acknowledged this is a mistake.”

### Kansas swept up in ‘prairie fire’ of abstinence-only sex education

Kansas schools will be urged to teach abstinence-only sex education to students.

“Marriage between a man and a woman is the best way to raise families,” said state board member Kathy Martin. “That is what I would like to promote in schools.”

Although schools won't be forced to adopt abstinence-only curricula, the vote by the State Board of Education encourages such instruction.

Debra Rukes, director of a Topeka teen pregnancy prevention program, lobbied against the move. “Young people need facts to make responsible decisions,” she said, noting that pregnancy rates among teens have dropped by 40 percent since the comprehensive program began in 1991.

Kansas becomes the 27th state to urge schools to adopt abstinence-only sex education; 20 states require it. Rebecca Fox of the Sexuality Information and Education Council of the United States points to \$1 billion in federal spending on abstinence as the reason for its popularity.

Leslee Unruh, president of Abstinence Clearinghouse, was encouraged by the vote. “Have you seen a prairie fire? That's what's happening.” (*The Capitol-Journal* and Associated Press, June 15)

### Rape declines in U.S.; experts debate significance of data

There are two sets of data on U.S. crime statistics: the FBI's Uniform Crime Reports and the U.S. Department of Justice's National Crime Victimization Survey. The FBI data are based on crimes reported to police, while the Justice Department data come from random-sample surveys of Americans.

Both sources report that rape is falling nationwide.

According to the FBI, the incidence of rape has been declining since 1992. That year, there were reports of about 0.4 rapes per 1,000 people. In 2004, the most recent year for available statistics, there were 0.3 rapes per 1,000 people.

The Justice Department reports even sharper declines. In 1979, nearly 3 in every 1,000 people told interviewers they had been raped. By 2004, there were just 0.4 rapes per 1,000 people, according to the survey.

Both surveys count attempted rape as rape; the FBI data do not include males as rape victims.

Kim Grandy, National Organization for Women president, is encouraged by the findings. “It's very liberating for women, in terms of now being able to be more free and more safe,” she said.

Some criminologists believe there are fewer rapes because of the same reason there are fewer murders, assaults and other violent crime: declining number of youth, more people in jail and a crackdown on drug-related offenses.

Others hope education has made a difference. Young men are far “more aware that ‘no’ means no,” said Scott Berkowitz of the Rape, Abuse and Incest National Network.

Despite the good news, Justice Department experts believe that 61 percent of rapes go unreported, down from 69 percent a decade ago. (*Washington Post*, June 19)

### Homosexuality a mental disorder, Pentagon says

In 1973, the American Psychiatric Association declared that homosexuality was not a mental disorder. Thirty-four years later, the U.S. military hasn't changed its position.

Internal Pentagon documents reveal that the Department of Defense (DoD) classifies homosexuality as a mental disorder, along with mental retardation and personality disorders.

“It's unclear why a DoD document would classify homosexuality as a mental disorder over 30 years after the psychiatric community acknowledged this is a mistake,” said Aaron Belkin, MD, director of the Center for the Study of Sexual Minorities in the Military at the University of California-Santa Barbara.

Nine of the 62 members of the U.S. House Armed Services committee have asked that the military change the designation.

The Center for the Study of Sexual Minorities in the Military has issued a report card evaluating the military's treatment of its gay and lesbian service members. The military earned F's in four out of five categories, including “Mental Health Classification,” “Anti-gay Harassment and Command Climate,” “Evidence-Based Assessment of ‘Don't Ask, Don't Tell’” and “Family Support,” and it scored a D in “Suicide Prevention.” (*Associated Press*, June 19 and U.S. Newswire, June 20)

continued on page 12

---

## Educational Opportunities

---

### “Trauma Oppression vs. Trauma Recovery: Fearlessness in Traumatic Times”

Sponsored by the New Orleans Institute  
Sept. 15 - 16, Coral Gables, Fla.  
Dec. 1, Charleston, S.C.  
More info: Barbara Bolognaro at (800) 598-2040 or visit [www.riveroakshospital.com](http://www.riveroakshospital.com)  
*AASECT approved for 3 CEs in the morning session.*

### SSTAR — Society for Sex Therapy and Research Fall Clinical Meeting

Sept. 15, The Penn Club of New York  
SSTAR is an AASECT-approved provider of CEs  
More info: Yvonnada Cousins at (202) 863-1644 or [ycousins@acog.org](mailto:ycousins@acog.org)  
*AASECT approved for 6 CEs*

### “Sex and Sexuality in Contemporary Psychotherapy”

Nine-month program from September 2006 - May 2007  
Sponsored by the Metro Washington Center of the International Psychotherapy Institute  
More info: Kate Scharff or Jane Prelinger at (301) 951-3782 or email at [katescharff.com](mailto:katescharff.com)  
*AASECT approval pending*

### Sexual Attitude Reassessment (SAR)

Sept. 15 - 17, Hotel Maritime Plaza, Montreal, Quebec  
More info: Catherine Korah at (514) 793-2558 or by email at [catherine@sexpressions.ca](mailto:catherine@sexpressions.ca)  
Successful completion of a SAR is a basic requirement for all AASECT certifications  
*AASECT approved for 26 CEs*

### “Integration of Sexuality and Psychotherapy”

Sept. 16, 2006 - May 4, 2007, Atlanta  
Series of 9 workshop sessions, featuring William and Lynda Talmadge  
More info: William Talmadge at (404) 261-9325 or visit [www.talmdageandtalmadge.com](http://www.talmdageandtalmadge.com)  
*Entire series approved by AASECT for 26 CEs*

### “Failures in Sex Therapy: What Do You Do When You Have Tried Everything You Know and It Doesn't Work?”

Oct. 14, Dedham, Mass.  
Featuring Barry McCarthy, Terry Hunt, and Mark Proctor  
More info: Andrea Mattisen at (617) 742-2270 or [amattisen@comcast.net](mailto:amattisen@comcast.net)  
*AASECT approved for 6 CEs*

### 22nd Annual Midwest Conference on Child Sexual Abuse and Incest

October 16 - 19, Middleton, Wisc.  
Marriott-Madison West Hotel  
More info: <http://www.dcs.wisc.edu/pda/hh/midwest/>  
*AASECT approved for 23 CEs*

### Understanding Bestiality and Zoophilia

Sponsored by the AASECT Western Region  
October 21, Center for Sex and Culture, San Francisco  
Featuring Hani Miletski and special guests  
More info: Stephen L. Braveman at (831) 375-7553 or [stephen@bravemantherapy.com](mailto:stephen@bravemantherapy.com)  
*AASECT approval expected for 8 CEs*

### Sexual Fantasies vs. Realities: Implications for Sexual Research and Practice

SSSS 47th Annual Meeting  
November 9-12, Las Vegas  
More info: [www.sexscience.org](http://www.sexscience.org)  
Plenaries by Jankowiak, Resnick, Britton, Grant, Brents, Hausbeck, DiMauro, Whipple, Meana, Rubio-Auroliles, Norris, Masters, Zawacki and Gordon  
*AASECT approved for 20+ CEs*

### SSTAR — Society for Sex Therapy and Research 32nd annual meeting

March 8 - 11, 2007, Atlanta  
SSTAR is an AASECT-approved provider of continuing education  
More info: Yvonnada Cousins at 202-863-1644 or [ycousins@acog.org](mailto:ycousins@acog.org)  
*CEs TBA after scientific program is completed*

### Eastern Conference on Child Sexual Abuse

March 2007, Arlington, Va.  
More info: <http://www.dcs.wisc.edu/pda/hh/midwest/>  
*AASECT application expected*

### “Love, Sex, and Intimacy: Working More Effectively with Individuals and Couples”

May 13 - 19, 2007, Sorrento, Italy  
Featuring Marty Klein, PhD  
Sponsored by Italy Seminars  
More info: (415) 337-0805, write [info@italyseminars.com](mailto:info@italyseminars.com) or visit [www.italyseminars.com](http://www.italyseminars.com)  
*AASECT approved for 20 CEs*

### AASECT's 39th annual conference

#### "The Soul of Sexuality: Exploring the Depth and Dimensions of Pleasure"

Hilton Hotel at University Place in Charlotte, N.C.  
June 21 - 24, 2007  
Visit [www.aasect.org](http://www.aasect.org) for the call for papers and frequently updated information

### World Association for Sexual Health (WAS)

April 15 - 19, 2007, Sydney, Australia  
Achieving Health, Pleasure and Respect  
More info and call for papers visit <http://www.sexo-sydney-2007.com/> or [http://www.worldsexology.org/tnks\\_questions.asp](http://www.worldsexology.org/tnks_questions.asp)

## Canada considers raising age of consent to 16-years-old

Canada's newly elected conservative government wants to raise the age of consent in the country from 14- to 16-years-old.

"Adults who sexually prey upon young children are the targets of these reforms, not consenting teenagers," said Vic Toews, Minister of Justice and Attorney General.

The proposal wouldn't criminalize sex between teens, allowing for "close-in-age exception," which would permit 14- and 15-year-olds to have sex with a partner who is less than five years older.

Cheryl Milne, Justice for Children and Youth attorney, is opposed to the bill. "The big concern is the criminalization of normal teenage behavior," she said. "This is the same government that wants young people to be charged as adults in court, but doesn't want them to be treated as adults when it comes to sexual matters."

Beyond Borders — an anti-sexual exploitation group — and Canadian Centre for Abuse Awareness support the Tory proposal. The president of Beyond Borders prefers calling such laws the "age of protection." (*Toronto Star*, June 19, CBC News and Department of Justice, Canada, June 22)

## Use condoms, prevent HPV

Until recently, researchers couldn't conclusively say that condoms protected men and women from the human papillomavirus (HPV), which sometimes causes cancer.

A new study by Rachel Winer, MD, published in the *New England Journal of Medicine*, solved methodological problems in past studies to conclude that condoms, when used properly and consistently, prevent HPV.

James Allen, MD, president of the American Social Health Association, called the findings "definitive." Patricia Kloser, MD, an infectious disease specialist at the University of Medicine and Dentistry of New Jersey, noted that "there aren't too many times when you can have an intervention that would offer so much protection."

Researchers at the University of Washington recruited 82 women from the Seattle campus to participate in the study. All were virgins who volunteered to have pelvic exams, HPV tests and Pap tests regularly and keep an online journal about their sexual activity every other week.

During the four-and-a-half year, \$685,000 study (paid for by the National Institute of Allergy and Infectious Diseases), researchers found that "no malignant or precancerous cervical lesions were detected in 32 patient years at risk among women reporting 100 percent condom use by their partners," according to the *New York Times*.

However, women whose partners didn't use a condoms or used a condom only occasionally, had "14 such lesions in 97 years." (*New York Times* and Associated Press, June 22, *USA Today*, June 21)



american association of sexuality educators, counselors and therapists  
P.O. Box 1960 • Ashland, VA 23005-1960

Nonprofit Organization U.S. Postage PAID Permit #2808 Richmond, VA
---