

CHAPTER 1

SEXUAL ADDICTION A CALIFORNIA STUDY

(CORRELATIONAL - NON-PREDICTIVE)

Only during the last 2 decades has information on sexual dependency been formally gathered. Research indicates that the consequences of sexual addiction are severe for both the addict and those around him or her. Some of the repercussions include: Loss of a partner or spouse or severe marital or relationship problems; Severe financial difficulties; Loss of career opportunities in the field of their choice and significant loss of productivity; Unwanted pregnancies and abortions; Suicidal obsession and suicide attempts; Exposure to HIV and other sexually transmitted diseases; Loss of right to their children; Legal consequences ranging from offenses such as prostitution, exhibitionism and lewd conduct to more serious offenses such as sexual harassment, molestation, incest and rape (Peck, 1993). Research shows other factors associated with sexual addiction include sexual abuse, substance abuse, eating disorders and addictive family members (Del Amo Hospital, 1994).

With the relative new awareness of this problem come doubt, confusion, questions, suspicions and disbelief. California is a leading state in the study, diagnosis and treatment of sexual addiction, therefore, information might be easily obtainable.

STATEMENT OF THE PROBLEM

Because sexual addiction is a relatively new area being treated in the scope of addictive personalities, research regarding the problem is minimal. Therefore, the general public's opinion concerning sexual addiction is skeptical. There is much controversy related to sexual addiction even among professionals (Griffen-Shelly, 1993). So, research in this field is needed to identify the clients, educate the public and synthesis the professionals. *WHAT DO YOU MEAN BY THIS?*

There has been much speculation concerning aspects which could be related to sex addicts, many of which have been researched. One aspect where further research is needed is early onset of consenting sexual experience. *OK... BUT WHAT IS THE PROBLEM?*

YOU HAVEN'T MADE CLEAR THE PROBLEM YOU WILL BE STUDYING.

PURPOSE OF THE STUDY

The purpose of this study will be to determine if a relationship exist^s_a and the degree of that relationship between age at first consenting sexual experience and sexual addiction of adults being treated in hospitals, clinics and addictive programs in California.

THE AGE VARIABLE IS CLEARLY STATED. BUT WHAT IS THE OTHER VARIABLE BEING CORRELATED? IT IS NOT CLEARLY DEFINED HERE.

SIGNIFICANCE OF THE STUDY

In Eric Griffin-Shelly's Sex and Love Addiction, Treatment, and Recovery (1991), he refers to sexual addiction as the "disease of the 90's." Meaning that as the next decade progresses, increasing amounts of evidence will surface to confirm and expand our understanding of this complex and hurtful "disease" (p. 3). Until recently, most people had trouble considering love and sex addiction as potentially fatal problems. Now, especially with HIV, people are beginning to respect the potential lethality of unsafe sexual activity. The threats of sexually transmitted diseases are real and frightening to the sex addicts. Many become suicidal or place their lives in dangerous situations, hoping that they will somehow be removed from their tortured existence (Bakos, 1992). As professionals and as a society, we need to be sensitive to their pain and to find more and better ways to help those who are suffering from a sexual addiction.

In the cycle of addiction a number of impaired systems combine to create comprehensive behavior (Jenish, 1991). In order to effectively intervene in the problems of the addictive, the behaviors must be effectively identified so that treatment and prevention may be fully addressed. This study is important because it is one of many which is needed to identify

factors related to treatment of the sexual addict. The results of this study might provide valuable information for counselors, psychiatrist, psychologists, physicians, parents, general public and addictive disorder programs.

*GOOD SIGNIFICANCE SECTION.
YOU CLEARLY LAID OUT THE IMPORTANCE
OF THIS STUDY.*

LIMITATIONS OF THE STUDY

Random selection of participants for this study is not feasible because of the nature of the problem, i.e., some may be suffering from the disorder and not be aware that sexual addiction is the problem. Sample populations will be reported from hospitals, clinics and programs who treat sexual addicts which are presently under treatment and who have been in treatment. These facilities have vast amounts of readily available data concerning sexually addictive clients.

*NO SUCH
THING! →
IT'S EITHER
A SAMPLE
OR A POPULATION.
CHOOSE ONE.*

Most treatment centers for the sexually addictive are privately owned, so this would tend to lean toward clients with a higher socioeconomic background. But, California's population is extremely diverse in racial-ethnic origin with high numbers of military families and government employees. Efforts have been planned to obtain a wide variety of subjects regarding race, ethnicity and socioeconomic background. So, findings of this study will be limited to those responding from

California since the majority of treatment centers are located there.

The following is a list of unresolved weaknesses that need to be considered when evaluating the usefulness of the proposed study.

1. Volunteer sampling. [Although many of the clinics, hospitals and treatment programs in California will be ask^{ed} to participateⁱⁿ the study will be conducted in a survey allowing for a possible high rate of non-response.] Information received will be collected from records by doctors and administrators, insuring anonymity of the clients.

AWKWARD SENTENCE

2. Non-respondents. Because of the voluntary nature of the study there is the possibility that those who do not volunteer to complete the survey will decrease the projected size of the ^{SAMPLE.} ~~study~~. This will be minimized by a follow-up reminder postcard and then a phone call.

3. Population Validity. Restriction to California clinics, hospitals, and treatment programs is due to the fact that the majority of treatment facilities originated there and are in increased abundance as compared to other states where treatment is limited or may not be recognized as a problem. Hopefully if response with demographic data is adequate results may be generalized to the California area.

DEPENDS ON THE TYPE AND AMOUNT OF DEMOGRAPHIC DATA YOU COLLECT.

4. Information Access. Restriction to client's records may not furnish desirable data concerning age of first

consenting sexual experience. But enough demographic data will hopefully be gathered to consider correlation of other factors associated with sex addicts.

DEFINITIONS OF TERMS

Sex Addict. "A pattern of repeated sexual conquests or other forms of nonparaphilic sexual addiction, involving a succession of people who exist only as things to be used" (American Psychiatric Association, 1987, p. 169). "Engaging in sexually compulsive behavior which interferes with healthy living and results in significant stress to both the addicted individual and the family or partner" (Del Amo Hospital, 1994, p. 2).

Sexual Experience. A consenting sexual activity, with or without intercourse or orgasm, resulting in pleasure.

PROCEDURES

This correlation study will involve clients treated or being treated at dependence programs, clinics and hospitals which specialize in sexual addictive problems in California.

A letter describing the study, it's purpose and the significance will be sent to the hospitals, programs

and clinics in California. Non-respondents to the first letter will be contacted a second time by a reminder postcard. Non-response of the postcards will be contacted by phone.

HOW CAN IT
BE ANONYMOUS IF
YOU CALL THEM BY
PHONE?

The study will be conducted on an anonymous basis to assure client confidentiality. Respondent's will be ask to give demographic data and the age of client's first consenting sexual experience. Results will be used to determine if there is a relationship and the degree of that relationship between age of first consenting sexual relationship and addiction.

After the participating subjects (Doctors and Administrators) have been identified each will receive a survey form for which they will complete for each client diagnosed as a sexual addict. The survey will ask for age of first consenting sexual experience and approximate age of that partner. The survey will also ask for demographic data such as age, race, sex, socioeconomic status, religion, educational background, marital status, occupation, number of siblings, number of children, marital status of parents, other addictions, and major physical disorders. Strict instructions will be given not to include name or identifying information of clients. Participants will be given 6 weeks to complete the survey. At the end of the 6 week period the data analysis will begin.

Inferential statistics will be used to draw

inferences about the relationship between the dependent variable, which is sexual addiction, and the independent variable, which is age of first consenting sexual experience. Non-parametric methods will be used for data analysis. Because both variables are categorical, the bivariate correlational technique used to analyze the data will be contingency coefficient **OK.** (Borg, Gall & Gall, 1981), ~~This is followed by the~~ ~~Chi-Square test~~ to determine the degree of relationship between two variables (Renckly, 1992). The statistical significance of the correlation will be determined and the analysis will be completed.

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