

ASSERT NSW CONFERENCE

***"Sexual Health, Pleasure & Rights:
The Australian Response"***

***29-30th November, 2008
Education Lecture Theatre, Camperdown
Campus, University of Sydney***



A conference for all professionals and students working in sexuality and sexual health.

Presented by ASSERT NSW and the Graduate Program in Sexual Health (Faculty of Health Sciences) University of Sydney.

Keynote Speakers:

- Dr Kevan Wylie (Adjunct Associate Professor, Faculty of Medicine), Lead Clinician Porterbrook Clinic Sheffield, Chairman of the International Scientific Committee for the World Association for Sexual Health (WAS).
- Professor Patricia Bartholow Koch, Professor of Biobehavioural Health, Pennsylvania State University.

Day One:

Male and Female sexual function and dysfunction.
HIV/AIDS/STI: Sexual Health and Prevention
Talking Sex with Clients.

Day Two:

Women's Health in Australia
Sexuality and People with a Disability
Sexology and Positive Psychology
Alternate Sexual Lifestyles

To register an expression of interest email ASSERT NSW on info@assertnsw.org.au

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Next ASSERT NSW Education Meeting

**Tuesday 8 July 2008
6.30 pm for 7.00**

**Albion St Centre, Cnr of
Albion and Crown St,
Surry Hills**

\$10 members.

**Light refreshments
available**

John Brown MSc, MHSc, Counsellor/Consultant for the Five Islands Clinic in Port Kembla will give an overview of **child internet pornography** and present 2 case studies relating to different aspects of internet use. The first one relates to a man convicted of accessing images of children and the second involves a gay man who suffers from a severe disability who came into contact with a 14 year old boy who was accessing adult gay chat room sites.

ASSERT NATIONAL UPDATE

The issue of surrogate therapy as an ASSERT validated therapeutic option and the inclusion of surrogate therapists, body work therapists and sex workers as members of ASSERT has been raised by WASS. WASS wants a neutral wording in our ethics policy to allow members to touch and have sexual contact with clients/patients (when appropriate). The national committee is looking at this issue which had devastating consequences for the ASSERT Victoria branch several years ago when attempts were made to introduce this.

The therapy is controversial and only fully recognised in Israel where it was professionally developed to help the young soldiers who had been injured. In Australia it is not recognised by any professional organisation. Physical contact with a client/patient is specifically forbidden by medical, psychological and counselling accrediting bodies. Procurement for sexual activity is illegal in Australia.

The way in which Surrogate Therapy is advertised on the net is problematic. Huge unsubstantiated success rates are quoted and it is recommended for interesting conditions. The fees that are charged really take it out of the reasonable treatment option for most socially or physically disabled persons with sexual disabilities, a group that it is highly recommended for.

There is no accredited training program for surrogates in Australia and ASSERT is not in a position to be responsible for this training or supervision.

Both WAS and ASSECT acknowledge that it is a controversial treatment option and do not openly support it.

Here are some references for those of you interested in reading about this option. Could not find more recent ones.

<http://news.ninemsn.com.au/article.aspx?id=261819>

Boynton ' Spotlight on Sex Surrogacy'. **www.drpetra.co.uk**

Surrogate versus couple therapy in vaginismus. (eng; includes abstract) By Ben-Zion I, Rothschild S, Chudakov B, Aloni R, The Journal Of Sexual Medicine [J Sex Med], ISSN: 1743-6095, 2007 May; Vol. 4 (3), pp. 728-33; PMID: 17433089; <http://news.ninemsn.com.au/article.aspx?id=261819>

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Zion I, Rothschild S, Chudakov B, Aloni R. J Of Sexual Medicine, ISSN: 1743-6095, 2007 May; Vol. 4 (3), pp. 728-33; PMID: 17433089;

The Myth of the Surrogate. Bernard Apfelbaum . J of Sex Research, Vol. 13, No. 4, (Nov., 1977), pp. 238-249

URL: <http://www.jstor.org/stable/3812180>

Evaluating the Effectiveness of the SECS' Surrogate-Assisted Sex Therapy Model. Dean C.

Dauw . J of Sex Research, Vol. 24, (1988), pp. 269-275

URL: <http://www.jstor.org/stable/3812847>

Utilization of surrogate partners: A survey of health professionals. Neil Malamuth et al. J Behav Ther & Exp Psychiat. 1976;7:149-150

Psychological Treatment of Men with Erectile Dysfunction in Men Without Partners. J of Sex and Marital Therapy. 1991; 17/2:135-146

Skype Conference

Date: 5th May 2008, 8-9pm

Topic: case presentation: Idiopathic masturbation styles and sexual dysfunction

4 cases of men masturbating in prone position and subsequent development of ED or intravaginal anorgasmia.

A summary of the interesting points of discussion follows.

Case 1. 33yr old male learnt to masturbate when young on a pole, then transferred this to his bed. Did not masturbate with hand. First sexual intercourse at age 28. Anxious. Aroused enough for erection to occur however lost erection during

intercourse as insufficient stimulation. ED subsequent.

Treatment: learn hand stimulation of penis with highly arousing erotica. Learn to tap into sexual sensations when with partner. Transfer new skills when with partner. Relaxation strategies.

Case 2. 34 yr old male learnt to masturbate prone on bed. Did not masturbate with hand. Anorgasmic with partner. Able to orgasm by self. Says penetration is mechanical.

Treatment: learn hand stimulation of penis with

lubricant, experiment with different no-genital sensations. Enhance access to sexual state. Open sexual communication with partner, increase variety of sexual activities.

Case 3. 33yr old male learnt to masturbate prone on bed. Never used hand. Does not get an erection when masturbating on bed. First sexual intercourse on marriage night age 27. ED with first marriage and continues now with 2nd marriage. Negative attitudes towards touching self. Low desire.

Treatment: open discussion about positive sexuality, psycho-

education on need for touch for arousal and intimacy. Learn hand stimulation of penis, experiment with sensual touch. Identified with Internet site Healthy Strokes

Case 4. 56yr old male learnt to masturbate using sink in bathroom. ED with wife.

Treatment: partner holds him whilst he masturbates using sink, learning to share a sexual state with partner. Use of constriction device to increase sexual sensations in the penis when with wife.

Discussion

- Theory of sexual dysfunction from prone masturbation termed Traumatic Masturbatory Syndrome by Dr Lawrence I Sank, published in Journal of Sex and Marital Therapy. Heavy pressure on the base

of the penis can not be replicated with conventional masturbation or with sexual intercourse

- Internet site **www.healthystrokes.com** developed subsequent to this article. Has treatment plan for learning to masturbate penis with hand. Has many case studies, testimonials, and internet research from site users. 4 000 000 since 2001. Reports that ED 5 times more likely and intravaginal anorgasmia or delayed orgasm 12 times more likely than in men who learn to masturbate using their hand.
- Men's relationships with their bodies can be tense, hard, unloving and have a genital focus.
- Give permission to masturbate

- Reassure female partner that it is not their fault and normal behaviour.
- Retrain masturbatory style, encourage exploration of sensual touch, use of lubricant
- Encourage self stimulation in presence of partner or mutual masturbation
- Points for encouraging masturbation: avoid anoxic fibrosis; improved sexual function, teach partner and self what is pleasurable, enhance intimacy
- Expand focus from genital and intercourse to pleasurable activities.
- Discuss negative attitudes and religious beliefs
- Anxiety due to late sexual intercourse, anxiety management strategies

Menopause

by Jo-Anne Baker

Email: pleaspot@ozeamil.com.au

Products: www.pleasurespot.com.au

Slide 2

- major cultural, psychological & physiological milestone for women.
- Average age of onset is between 45-55 years, only 5% before 40 years-median age 50.8 years.
- early menopause can also be brought on by hysterectomy with or without removal of ovaries or tubes. As well as any Chemotherapy for cancer or radiation to the pelvis.
- periods alter due to hormonal changes.
- menopause age can be related to body size, heavier women have a later menopause due to storage of oestrogen in their fatty tissue.

Slide 3

Oestrogen withdrawal symptoms

Physical symptoms

hot flushes night sweats, vaginal dryness, loss of libido,

urinary symptoms, palpitations skin changes, itchiness, rashes, thinning or loss of skin elasticity, aches and pains irritable bowel syndrome, constipation, fatigue, migraines and headaches, weight gain periods alter & cease

Mental Symptoms

Anxiety, irritability, aggressive feelings, mood swings, depression and confusion memory loss

Slide 4

Estrogen and progesterone are produced by the ovaries as well as androgens, such as DHEA & testosterone. Adrenal & pineal glands produce androgenic hormones.

In a healthy women, after menopause the adrenal glands will be able to gradually take over hormonal production from the ovaries.

- Depletion of adrenals is due to emotional & nutritional stress.

The symptoms of poor adrenal function is foggy thinking, insomnia, hypoglycaemia, recurrent infections, depression, poor memory, headaches & sweet cravings.

Slide 5 & 6

Canadian study 2002 found a 26% increase in breast cancer on HRT this was a relative risk, instead of 8% in 10,000 it was 10% 10,000. In 2004 the continuation of the study showed that women who were kept on oestrogen had a slight decrease in breast cancer.

Scientists are now saying that breast cancer is a genetic mutation, which is accelerated by oestrogen. A tumour in the breast grows locally, and by taking oestrogen it will grow faster possible leading to diagnosis earlier.

According to Sydney Gynaecologist Dr Barry Wren he has used studies of Prof Thomas Clarkson on monkeys to show that if oestrogen was taken within 2 years castration it was the most beneficial. With regards to humans there is a window of opportunity up to 6 years immediately following menopause.

Slide 7 physical & Emotional Issues as we age

- the feeling of invisibility in a world focused on youthful sexiness.

Research published by Psychology & Aging in 2002 (Hummert, M.L.) & Journal of Counselling & Development in 2004 showed that middle aged women receive a cultural message that they need to maintain their youthful image and outlook. It was interesting that when women felt younger than their actual age their wellness and life satisfaction increased. At the same time women who engaged in health-promoting activities and who had a positive attitude expressed greater life satisfaction.

A recent book called Going Gray by Anne Kreamer is good for confronting the message to stay young.

It is not about trying to turn back the clock, it is about empowerment that midlife can be a time of new development or interests to enhance life satisfaction.

As oestrogen reduces in a women's body sexual response becomes slower, which can affect arousal and orgasmic response. The skin of vaginal walls also becomes finer and can lead to penetrative sex becoming painful. Olfactory sensation can also be affected with a women's sense of smell disappearing. This can impact

on her no longer enjoying the same sexual arousal.

I have worked with many menopausal and post-menopausal women who have found that the intensity of their orgasms changed as they aged. For some as their libido diminished they were no longer able to have an orgasm. This led me as a counsellor to look for alternatives to help them find pleasure with their partners. I have advised them to focus on intimacy exercises, around sensual touch and expanding on closeness they already have. Sometimes they have found helpful drawing on visual stimulation by watching erotic DVD's designed for couples (Candida Royalle) or reading erotic literature. For others it has been about exploring sex toys.

Health issues also become part of the general ageing process that can affect not only a couple's sex life but the general quality of an individual life.

Midlife re-evaluation

The focus for many people has been building up financial assets and when they reach middle age they realise they are not happy, have no close loving relationships or interests.

Hence a midlife crisis often follows.

Removing oneself from stressful situations is also playing a significant part in societal changes. According to Social Demographer Bernard Salt the Australian population of early baby boomers, those in their 40s and 50s, and older are on the move. 4.1 million are down shifting, sea changing or packing up everything to hit the road and become middle aged grey nomads. The focus is on simplifying their lifestyle and reducing conflict and stress.

Priorities are changing as people reject being 'time poor', and over worked to choosing to become 'time rich'. For some this means shifting career direction, moving to a less demanding job, or changing hours. With this chosen voluntary simplicity creating a new found peace of mind in the ageing process.

Dr Clive Hamilton, University NSW whose research (2003) on Downshifting in Australia: A sea-change in the pursuit of happiness found that 92% of people were happy with their downshifting decision. This had a flow-on effect to their primary

relationship and quality of life, improving their total well-being.

Slide 7 Client Psychological Issues

- Difficulty accepting body changes
- Accepting loss of fertility & libido changes.
- Change of female identity of wife (partner, mother, grandmother).
- change of life focus-from others to self.

Research by Prof Lorraine Dennerstein at the University of Melbourne followed more than 400 women over a 15 year period through menopause found that women's overall mood improves as they become post menopausal. Mood symptoms and depression peak between 35 and 40 and then improve. Following from this US study from the University of Washington showed that women's stress levels dropped as they went through their 50's and 60's.

Slide 8 Helpful Approaches Recommendations

- *Developing & expanding interests.*
- *focusing on healthy life-style.*

Regular aerobic and weight bearing exercise to help ward off osteoporosis. According to research adults never lose the capacity to regain strength and muscle tissue with exercise training using barbells and dumbbells. The mechanism responsible for generating strength and muscle development do not diminish with ageing; even the frail elderly (90+) respond robustly to correct exercise stimulation with strength increases of up to 400% improvements have been shown to be beneficial by devoting less than 1% of the entire week to weight bearing exercise. (Matthew Cooke AST Sports Sciences and the Exercise Metabolism Unit, Victoria University)

Research on Japanese women has shown that because they eat foods high in plant oestrogen they have fewer symptoms.

Soya beans & their products- soya milk, tofu, miso, tamari, soya bean oil, Green tea, Blinseed or flaxseed, herbs like red clover (tablets or sprouts), dong quai, black cohosh, ginseng (dried to eat, tea or in tablet form), alfalfa, celery, fennel and other green and yellow vegetables, rhubarb, anise, liquorice

To help hot flushing Soak 6 fresh sage leaves overnight with some lemon juice, drink juice for 2 weeks, sage tea also helpful.

mitzvah therapy – a Hebrew word meaning good deed, encouraging people to make some sort of social or charitable contribution to help resolve their problems.

- **Forgiveness**, gratitude exercises or meditation.

Anger & resentment drain our energy.

According to Zalman Schachter-Shalomi, who offers techniques on expanding Sageing or Wisdom, says that forgiveness is a central element to developing happiness in older age.

Dr Jon Kabat-Zinn developed Mindfulness-based stress reduction programs used in schools, corporations, prisons and hospitals world wide. Through the University of Massachusetts Medical School, Kabat-Zinn has researched mind-body interaction for more than 25 years, focusing on the applications of meditation in the treatment of stress-related disorders. The MBSR program is an 8 week course that combines meditation and

yoga practices to assist people in coping with illness, stress and pain by focusing on the present. Their studies have found that deep meditation and spiritual experiences slow down metabolic rate and increases longevity.

Slide 9 – Ways to focus on healthy ageing

This counseling model is designed to look at different areas that make-up overall wellness.

Physical Wellness – diet, nutrition & exercise

Cognitive Wellness – intellectual stimulation, creativity, work, leisure, stress, management.

Spiritual Wellness – value system, activities that have religious, cultural or self-identifying meaning.

Slide 10. Healthy Interactive Model

An exercise I use with clients is getting them to write down their name and next to each letter define it as an aspect of themselves. eg E for energetic or expressive.

Then to find how they can improve aspects of their life by taking this into a circle.

Eg. If someone wants to improve their sex life they could take the energetic or expressive into their love and relationship circle & describe how they would express this.

This worked successfully with a client Alex who found it difficult to focus on what needed attention in her life. Over the past few months she has used this every week as a way to feel more empowered in her relationship by reminding her self of her attributes.

Useful Websites

www.menopauseinstitute.com.au

www.stenlake.com.au

References

Hotz Steven 2005, *Hormones, Health, and Happiness* Warner Wellness NY, USA.

Northrup Christine 2006, *Women's Bodies women's Wisdom* Bantam Books NY, USA.

O'Hanlon Bill 2006, *Pathways To Spirituality, Connection, Wholeness and Possibility for Therapist and Client* W.W. Norton & Company NY, London.

Ojeda, Linda 2003, *Menopause Without Medicine* Hunter House CA, USA.

Zalman Schachter-Shalomi 1997 *From Age-ing to Sage-ing* Warner Books NY, USA.

MEDIA SNIPPETS THAT OUR CLIENTS/ PATIENTS ARE READING

Third of men still want virgins

Caroline Marcus **June 1, 2008**
Sun-Herald



Romancing the stone age...a significant number of young Australian men want virgin

Almost one in three Australian men want the reality of their bride wearing a white dress down the aisle to reflect the

symbolism it's supposed to represent.

Of 57,000 men polled by men's magazine FHM, 28 per cent hoped to marry a virgin, while 41 per cent wanted a bride who had five partners or fewer, and just 5 per cent wanted a bride who had slept with more than 15 men.

The survey, which ran on the magazine's website for two weeks last month, attracted mostly men in their late 20s, who had jobs and were university educated.

But the ideal may be far from reality, with 2005 research from the Australian Longitudinal Study of Health and Relationships showing that only 11 per cent of women and 5 per cent of men aged 16 to 35 had only slept with their current partner.

The same study showed Australian men aged 30 to 39 had on average 9.5 sexual partners and women in that age group, 4.7.

University of New England sexuality expert Dr Gail

Hawkes said the response was "astounding". "You would not be surprised if we saw that in 1960, not 2008," Dr Hawkes said.

"We've got a suggestion in popular representations of sexuality that there aren't these restrictions and double standards in sexuality any more, and yet men are telling us there are."

Australian Women's Health magazine April 2008 p29

1 Strut for sex: high heels may improve your sex life

Italian urologist Dr Maria Cerruto studied 66 women under 50. She found those who held their feet at a 15 degree angle to the ground – the equivalent of a 2inch (5cm) heel – had the same good posture as those who wore flat shoes but showed less electrical activity in their pelvic floor muscles. This suggests the muscles are at an optimum position to improve their strength and ability to contract. Therefore, heel wearers may orgasm more easily. MORE research is needed to prove this interesting tidbit!

2 Night blight

A study reported in the Journal of Sexual Medicine showed that obstructive sleep apnoea can also affect female sexual response. Research with 25 women showed that 33% experienced less desire, 20% less lubrication, 30% fewer orgasms and they rated their relationship quality as 29% poorer.

3 Sexual healing

No research quoted but these interesting for regular sexual activity:

a) Immunity

Having sex once or twice a week increases levels of antibody immunoglobulin A by 30%, boosting immune response.

b) Reduced depression

Endorphins and prostaglandin (from the semen) may help with depression.

c) Pain relief

The part of the brain activated during sexual activity is also the body's pain-killing centre. During orgasm a woman can

withstand 110% more pain.

d) Weight loss

A rigorous sex romp uses about 840KJ and doubles the heart rate. Sex twice a week will shed nearly 3 kilos a year.

e) Bladder control

Strong pelvic floor muscles mean not only stronger orgasms but also better bladder control.

Medicare Rebates for Counsellors???

Meeting with PACFA, ACA and the Department of Health and Ageing on 27 May 2008.

The outcomes of the meeting were minimal.

The departmental representative Mr Nathan Smyth (Mental Health Reform Branch) did not attend the full meeting "Issues relating to Medicare benefits Schedule access" as scheduled. Mr Smyth turned up at the meeting 4 minutes before its scheduled finish. His primary response to questions in regard to the current situation and counsellors negotiating for Medicare Rebates was "the Department was not reviewing

any further access to Medicare rebates until 2010". In effect this would mean no real outcomes until 2012.

Colin Benjamin (CEO PACFA) asked Mr Smyth why the issue had to wait till 2010 considering COAG were meeting later this year on this subject. Mr Smyth replied he was not familiar with this and had not updated himself with the documents ACA has produced on this. Therefore, he was unable to move beyond any rhetoric that a review was to be held in 2010.

However, Ms Rose Marimom attended the meeting from the Private Health Insurance branch

and has informed us that ACA is likely to be recognised under the new legislation, in respect to meeting the new criteria for eligibility for Private Health Fund provider numbers. Unfortunately, PACFA will not be recognised under the new draft rules as it is not an individual membership body like ACA. This issue will be addressed through the independent register once it is finalised.

ACA and PACFA are now working on a combined strategy for lobbying through the public and media should the response from the Ministers office not be satisfactory.

Upcoming Conferences

AUSTRALASIAN SEXUAL HEALTH CONFERENCE 2008

15-17 September 2008

Perth Convention Centre, Perth, Western Australia

www.sexualhealthconference.com.au

24TH NATIONAL CONFERENCE OF SEXOLOGY

19-21 September 2008

Jaipur, India

Organized by Council of Sex Education and Parenthood
International

www.paradisehotels.in

10th ASIA_OCEANIA CONFERENCE FOR SEXOLOGY

16-20 October 2008

Beijing, China

www.sexo-beijing.com

Technical Document for the Declaration Sexual Health for The Millennium Released



Sexual Health for the
Millennium

A Declaration and Technical Document



WORLD ASSOCIATION FOR SEXUAL HEALTH

[http://www.
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index.asp](http://www.worldsexualhealth.org/index.asp)