Former Buyers:
Why and How They Stop

A Preliminary Study of
Men with Long-Term Abstinence from Paying for Sex

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The author greatly appreciates the honesty, courage, and wisdom of the men who participated in this study, giving generously of their time and energy with the goal of helping others to learn from their experience.

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Overview of the study

The data from this study provides information from men who have successfully maintained abstinence from paying for sex behaviors, insights with regard to what motivated them to make the decision to stop paying for sex behaviors, and identification of the strategies that have enabled them to maintain abstinence.

Data was collected through an online questionnaire and a focus group of 12 high-frequency former buyers in a major metropolitan area who have stopped engagement in illegal commercial sex.

While it is not possible, from this study, to assess the proportion of demand for illegal commercial sex that is due to high-frequency buyers, successful efforts to motivate high-frequency buyers to stop purchasing illegal commercial sex seemingly will have a relatively greater impact on reducing overall demand than focus on occasional buyers.

The former buyers who participated in this study have successfully stopped engaging in paying for sex behavior despite the fact that they previously had been high-frequency buyers. All participants in this study have maintained a minimum of one year of abstinence from the purchase of illegal commercial sex. Two-thirds have maintained three or more years of abstinence from the purchase of illegal commercial sex. The methods these former buyers used for making this dramatic change have been effective for them and may also be effective for others.

The initial decision to stop paying for sex behaviors

A specific crisis motivated most of these former buyers to make the decision to stop buying illegal commercial sex. The crisis resulted from discovery by spouses, health or mental health issues, discovery by employers, legal problems, social consequences, and/or internal distress such as shame or anxiety. Strategies that target buyers at moments of crisis may increase the effectiveness of interventions to motivate the decision to stop paying for sex behaviors.

The study participants were queried concerning their occurrence of a variety of societal consequences including: personal disclosure, medical trauma, conscientious awareness, and legal repercussions. The participants were also asked, regardless of actual previous occurrence, how significant actual or potential manifestation of each type of consequence was in their personal decision to stop purchasing illegal commercial sex. Many participants experienced a variety of consequences prior to stopping. Some consequences occurred very frequently but were not significant in motivating the participant to make the decision to stop paying for sex behaviors. Other consequences never actually occurred but were nonetheless highly motivating due to the anxiety of potential occurrence. The consequences that were highly motivating for most participants were those resulting from discovery by spouses and the impact upon children. All consequences were highly motivating for some participants. Legal repercussions were not reported as highly motivating for almost all of the participants in this particular study.

Based on these results, the effort to reduce demand for the purchase of illegal commercial sex can be strengthened by providing resources to the people in all contexts in which discovery may occur so that they can intervene effectively to motivate the buyers to make the decision to stop these behaviors and commit to a program that will enable them to succeed in doing so.

Maintaining long-term abstinence from paying for sex behaviors

An integrated approach is needed for buyers to maintain long-term abstinence that takes into account the underlying problems and obstacles. The process of stopping paying for sex behaviors requires a variety of methods and sustained effort over time. Consequences are necessary but not sufficient to maintain long-term abstinence. Also necessary for these former buyers is a supportive environment in which they can be

honest without fear of judgment or violation of their privacy while they work to achieve long-term abstinence.

Each participant in this study developed a unique program for maintaining long-term abstinence based upon his specific pattern of behaviors and associated problems. A comprehensive program for maintaining long-term abstinence may include support from others, accountability and consequences, treatment for underlying psychological and medical problems, abstention from other addictions (e.g., alcohol, drugs, food, etc.), cessation of other problematic sexual behaviors (e.g., pornography, strip clubs, compulsive masturbation, etc.), and/or correction cognitive distortions used to rationalize and justify the behavior (denying and minimizing risks and consequences).

Recommendations

Based on years of clinical counseling and insights attained from this specific research mechanism, the following recommendations are proposed to most skillfully apply limited societal resources to reduce the purchase of illegal commercial sex.

Recommendation #1 – Strengthen current demand reduction initiatives in the criminal justice system. The former buyers in this study most frequently made contact with prostitutes via the Internet and in locations such as strip clubs and massage parlors. Increasing arrest and prosecution of buyers who make contact with prostitutes through these methods may enhance the effectiveness of current initiatives in the criminal justice system.

Current demand reduction strategies have primarily focused on increasing consequences for buyers, though some first offender prostitution programs, – 'John Schools', do exist. For the former buyers in this study, the effectiveness of consequences is limited, especially for maintaining long-term abstinence. The effectiveness of initiatives in the criminal justice system may be enhanced by refining and expanding programs for first-time offenders, utilizing a comprehensive approach that includes consequences, education, assessment and treatment, ongoing monitoring and follow-up, and support services for spouses. In addition, the legal consequences may be more effective to the extent that they not only include arrest and prosecution, but also include incentives to participate in educational programs, agree to comprehensive assessment, and commit to following treatment recommendations.

As a first step, it will be important to collect best practices data regarding existing first offender prostitution programs that contain effective compulsivity orientation modules as a foundation for developing a pilot project to design, implement, and evaluate a comprehensive, integrated program.

Recommendation #2 - Develop pilot projects in other contexts where discovery is likely to occur – with spouses, by employers, by medical providers, and by mental health practitioners. The crises that motivated these buyers to make a decision to stop paying for sex behaviors resulted from discovery and consequences occurring in a variety of contexts. Increasing awareness and accountability and developing protocols for intervention in each of these contexts may significantly increase the success of efforts to motivate buyers to stop paying for sex behaviors, both because larger numbers of buyers are likely to be held accountable and they are also more likely to experience consequences that will motivate them to stop paying for sex activities. Pilot projects might include the following:

Outreach to spouses - Since consequences that occur in intimate relationships are highly significant in making the decision to stop, efforts to reduce demand for prostitution are likely to be enhanced by initiatives that increase support to spouses of buyers. When spouses become aware of paying for sex behavior, they may seek help from clergy, from their physician, or from a mental health provider. Those who are asked to provide support to spouses will benefit from having information and training so they can help spouses respond effectively. Since spouses may also search for information on the Internet, increasing the quality and

accessibility of online information may also be effective. Educational campaigns using mass media may also be helpful.

Screening by medical and mental health providers – Buyers who experience medical, psychological, or spiritual consequences may seek guidance. Providing training and information to medical practitioners and mental health providers is likely to improve the effectiveness of their responses to the buyers who seek their guidance. There is a need for education and training of these caregivers to enable them to screen for and provide resources of assessment and treatment for problems of sexual addiction and/or compulsivity in the same way that patients are now screened with regard to alcohol and drug abuse, smoking, diet, being victims of physical abuse, etc.

Workplace initiatives – Working with a corporate partner, educational initiatives can be designed to strengthen corporate norms to insure that offending sexual behavior is not tolerated, accepted or encouraged. Policies and protocols also can be developed for monitoring and for accountability. Support services can be provided to employees who acknowledge that they have problems and are willing to undergo assessment, commit to following treatment recommendations, and are willing to participate in programs to monitor compliance.

Pilot projects provide an efficient method for assessing the potential effectiveness of initiatives in a variety of contexts. They facilitate development of materials, protocols, and practices that can be tested, refined, and then used by others. Pilot projects will also provide a source of data with regard to various profiles of buyers and the unique approach that is needed for each sub-group.

Recommendation #3 – Provide information to parents, youth, and adolescents regarding the potential risks and consequences of paying for sex and other destructive sexual behaviors. For the majority of the participants in this study, problematic compulsive sexual behaviors began in childhood or adolescence. All of the participants reported that use of pornography was a gateway to paying for sex behaviors. A high percentage of children are exposed to online pornography prior to adolescence. The ease of access to sexual content on the Internet has created a significant risk that children may develop sexual compulsivity or addiction that can escalate into paying for sex behaviors. Programs have been implemented to educate children and families regarding alcohol, drugs, cigarettes, eating disorders, bullying, and date abuse. Similarly, initiatives to raise awareness of the risks of developing unhealthy sexual behaviors may also be a crucial part of the overall strategy to create a society that stops paying for sex behaviors, focusing not only on motivating those who pay for sex to stop those behaviors, but working to prevent development of these behaviors in future generations.

Educational initiatives targeting children, teens, and parents can be conducted using mass media, social networking, and the Internet, through age-appropriate high school curriculum**,** college counseling centers, and materials and resources provided directly to parents.

Recommendation #4 – Conduct research to validate and extend the findings of this preliminary study. Conducting this research study has provided valuable insights, but due to the small number of participants in this study, further larger-scale research is needed to validate the reliability of this preliminary study. In addition, this study has focused specifically on reformed buyers who partake in a formal 12-step program to maintain their abstinence from purchasing illegal commercial sex. Other buyers, buyers who have made a decision to stop but having difficulty maintaining abstinence, reformed buyers, and potential future buyers who comprise other sub-groups may be influenced by a greater or lesser degree by a different set of consequences and support mechanisms.

Rationale

In recent years, efforts to reduce demand for illegal commercial sex have focused on increasing prosecution and other consequences for those who pay for illegal sex. The focus on increased prosecution, consequences, and education of purchasers may be effective with users who behave rationally. These buyers are likely to stop these behaviors when there is increased prosecution, consequences, and education. However, there is another sub-group of buyers whose behavior is impulsive and /or compulsive. These buyers continue engaging in these behaviors regardless of education, consequences, and prosecution; moreover, the frequency of use of these buyers may be higher than those of rational, recreational purchasers. To the extent that engagement in commercial sex occurs at a higher frequency by buyers who are compulsive, policies and programs that help these buyers to stop their behaviors may result in proportionally greater reduction of total demand.

The purpose of this study is to gather information from high-frequency users who have stopped these behaviors. This information will provide the foundation for developing hypotheses concerning effective deterrents for a significant, high-volume sector of the sex buyer population.

This study was developed in consultation with several researchers who specialize in investigation of sexual compulsivity, whose guidance and support has been invaluable in completion of this study: Mary Setterholm, Martin Kafka, MD; Rory Reid, PhD; Susan Campling, PhD; Stefanie Carnes, PhD; David Delmonico, PhD; and Brad Green, PhD; and Jeff B., member of Sex and Love Addicts Anonymous (SLAA).

Research design

IRB certification

This study has been certified by an Institutional Review Board, SolutionsIRB, as meeting ethical and safety standards for research using human subjects.

Study participants

Participants in the study were former high-frequency buyers with a minimum of one year of abstinence from paying for sex behaviors.

Participants in the study were recruited from a major metropolitan area through:
- Referrals from mental health practitioners specializing in treatment of compulsive sexual behavior, and
- Outreach to men involved in 12-step recovery programs for people who self-identify as having problems with sexual compulsivity.

Discussion of limitations regarding study participants

- This is a preliminary study with a small number of participants. The sample size is too small to be able to apply the results with statistical significance to the larger population of former buyers.
- The focus of this study is on the sub-group of former buyers who have self-identified as having issues with compulsivity. There are likely to be other sub-groups of former buyers who do not have issues with compulsivity. The results of this study may not be fully applicable to other sub-groups.
- In addition, the participants in this study were recruited through referrals from mental health practitioners specializing in treatment of sexual compulsivity and through outreach to members of 12-step recovery programs for sexual addiction. There may be other sub-groups of former buyers who also identify themselves as compulsive but who have achieved long-term abstinence without reliance on therapy and/or 12-step recovery programs.

- It is not yet possible to assess the relative proportion of former buyers who are in the sub-group of participants in this study – former buyers who self-identify as having issues with regard to compulsivity and who participate in 12-step programs and/or psychotherapy.

Positive value of the study

- The data from this study provides information from men who have successfully maintained long-term abstinence from paying for sex behaviors, insights with regard to what motivated them to make the decision to stop paying for sex behaviors, and identification of the strategies that have enabled them to maintain long-term abstinence.
- This information provides a basis for more extensive studies to validate and expand upon the data from this preliminary study for this particular sub-group; moreover, the methods used successfully by these former buyers may also be useful for other sub-groups.
- The results of this study may also provide a basis for enhancing the effectiveness of current programs for motivating and supporting buyers to stop paying for sex activities as well as design and implementation of pilot projects for new deterrent initiatives.

Data collection

Online questionnaire

Each participant completed a survey for self-reporting of:
- Past frequency and extent of engagement in commercial sex activities,
- Current frequency and extent of engagement in commercial sex activities,
- Assessment of sexual compulsivity,
- The range of factors that motivated the participant to initially stop the behaviors, and
- The range of factors that have aided the participant sustaining abstinence from the behaviors.

The online questionnaire was implemented using the surveymonkey.com platform. A copy of a print version of the online questionnaire is included in the Appendix.

Focus group

Participants met for a two-hour focus group session. During this time, there was an opportunity to discuss the extent and frequency of engagement in commercial sex activities, their understanding of the causes of and reasons for engagement, the factors that motivated them to initially stop, and the factors that have enabled them to maintain abstinence from the behaviors. An audio recording was made of the focus group that was then transcribed. The protocol for the focus group discussion is included in the Appendix.

Results

Demographic data

Twelve men completed the online survey, eleven of whom also participated in the focus group.

Following is a summary of demographic data regarding the survey participants:
- All participants were Caucasian males,
- Participants in the study ranged in age from 40-70,
- 91.7% (11) of participants were heterosexual in their gender preferences,
- 83.3% (10) were married or in committed relationships,
- 83.3% (10) had two or more children,
- 58.3% (7) identified themselves as Christian or Jewish; the others had no formal religious affiliation,
- 91.7% (11) were from two-parent families,

- All participants had graduated college; 58.3% (7) had advanced degrees,
- 58.3% (7) of participants made from $100,000 to more than $250,000; 33.3% (4) did not respond to this question concerning annual salary,
- 91.7% (11) of participants were professionals including physicians, software engineers, attorneys, an engineer, a musician and an architect,
- More than half the participants identified themselves as having other addictions, including alcohol, substance abuse, food, and money,
- All but two of the participants identified themselves as having mental health issues, including depression, bi-polar, attention deficit disorder, obsessive compulsive disorder and post-traumatic stress disorder, and
- All but three of the participants are taking medications for mental health problems.

Table 1: Age of participants

Age	Percent	Count
40-49	41.7%	5
50-59	33.3%	4
60-69	25.0%	3

Table 2: Race/Ethnicity of participants

Race/Ethnicity	Percent	Count
Caucasian	100%	12

Table 3: Sexual orientation of participants

Sexual Orientation	Percent	Count
Heterosexual	91.7%	11
Homosexual	8.3%	1

Table 4: Marital status of participants

Marital Status	Percent	Count
Married/Committed Relationship	83.3%	10
Separated	8.3%	1
Divorced	8.3%	1

Table 5: Number of children of participants

Number of Children	Percent	Count
None	16.7%	2
Two	50.0%	6
Three	25.0%	3
More than three	8.3%	1

Table 6: Religion of participants

Religion	Percent	Count
Christian	25.0%	3
Jewish	33.3%	4
No Affiliation	41.7%	5

Table 7: Family of origin of participants

Family of Origin	Percent	Count
Two parent family	91.7%	11
Single Parent Family	8.3%	1

Table 8: Education of participants

Education	Percent	Count
College	41.7%	5
Graduate School	58.3%	7

Table 9: Annual income of participants

Annual Income	Percent	Count
Less than $50K	8.3%	1
$50K - $100K	0%	0
$100K - $200K	25.0%	3
$200K+	33.3%	4
Prefer not to respond	33.3%	4

Table 10: Profession of participants

Profession	Percent	Count
Physician/Dentist	25.0%	3
IT/Software engineer	16.7%	2
Lawyer	16.7%	2
Engineer	8.3%	1
Musician/Teacher	8.3%	1
Residential contractor	8.3%	1
Architect	8.3%	1
Unemployed	8.3%	1

Pre-abstinence and post-abstinence frequency of paying for sex behaviors

Pre-abstinence - frequency of paying for sex behaviors

58.3% (7) participants estimated the number of meetings with prostitutes to be more than 200 during the course of their lifetime prior to make the decision to abstain from these behaviors.

Table 11: Lifetime number of meetings with prostitutes

Lifetime # of meetings with prostitutes			
21-50	51-100	100-200	200+
16.7% (2)	16.7% (2)	8.3% (1)	58.3% (7)

During the one year period of highest frequency, 58.3% (7) of former buyers engaged with prostitutes from 1 time per month to 5-8 times per week.

Table 12: Maximum frequency of meetings with prostitutes

Maximum frequency of meetings with prostitutes				
1-6 times per year	7-11 times per year	1-3 times per month	2-4 times per week	5-8 times per week
33.3% (4)	8.3% (1)	16.7% (2)	33.3% (4)	8.3% (1)

Participants in this study can be characterized as high-frequency buyers. Successful efforts to motivate high-frequency buyers to stop purchasing illegal commercial sex may have a relatively greater impact on reducing overall demand than focus on occasional buyers. While it is not possible, from this study, to assess the proportion of demand for illegal commercial sex that is due to high-frequency users, the findings of this preliminary study provide a foundation for further research to make that assessment.

Length of abstinence from paying for sex behaviors

Table 13: Length of abstinence from paying for sex

Length of abstinence from paying for sex			
1-2 Years	3-5 Years	6-10 Years	10+ Years
33.3% (4)	33.3% (4)	25.0% (3)	8.3% (1)

- All participants in this study have maintained a minimum of one year of abstinence from the purchase of illegal commercial sex.
- Two-thirds have maintained three or more years of abstinence from the purchase of illegal commercial sex.

The former buyers who participated in this study have successfully stopped engaging in paying for sex behavior despite the fact that they previously had been high-frequency buyers. The methods these former buyers used for making this dramatic change have been effective for them and may also be effective for others.

The initial decision to stop paying for sex behaviors

Extent to which the decision resulted from a specific crisis

Table 14: Extent to which the decision resulted from a specific crisis

	Percent	Count*
There was a specific crisis or event that resulted in my decision to stop paying for sex activities	**83.3%**	**11**
I gradually decided to stop paying for sex activities over a period of time.	**16.7%**	**2**

*Note: This total exceeded the number of participants in the study because one person checked both choices.

Types of crises

Participants identified a variety of crises that provided the immediate motivation to make a decision to stop paying for sex activities. The types of crises (with specific descriptions by the participants) include the following:

- Marital Crisis
  - *Couple's counselor became aware of my escort use.*
  - *I sexually assaulted my wife in bed while I was asleep. That hurt and scared her. That terrified me. How could I do that in my sleep?! Then she got a restraining order and it felt like my life was over.*
  - *Discovery by my wife after she contracted a sexually transmitted disease (STD).*
  - *Caught by wife and the death of the prostitute I was seeing.*
  - *I was found out by my spouse.*
  - *Collapse of marriage and family.*
- Consequences due to loss of control
  - *Developing feelings ("falling in love with") sex worker.*
  - *An escort I had feelings for was going to blackmail me.*
- Work
  - *Lost job with awful public shame.*
- Personal Crisis
  - *I had just had enough.*

Frequency of consequences and significance in making the decision to stop paying for sex behaviors

Participants in the study were asked to rate the frequency with which they experienced a variety of consequences. They were also asked to assess the significance of each consequence in making the decision to stop paying for sex behaviors. The consequences occur in several contexts including:
- Intimate relationships,
- Children,
- Psychological and spiritual
- Legal,
- Social,
- Medical, and
- Work.

The following tables summarize the significance of consequences that occurred or could have occurred for each participant. There may be consequences that occurred very frequently but that were not significant in

motivating the participant to make the decision to stop by illegal commercial sex. There may be other consequences that never actually occurred that were nonetheless highly motivating due to the anxiety of potential occurrence. The data presented below provides information that will be helpful in defining strategies for education and initiatives focused on the consequences that are both likely to occur and also are highly significant to the perception of these former buyers.

Table 15: Significance of consequences in intimate relationships

Significance of consequences in intimate relationship	Highly significant	Occurred 1 to 10+ times	Could have occurred
	Percent (Count)	Percent (Count)	Percent (Count)
I have emotionally hurt someone I care about because of my sexual activities.	83.3% (10)	91.7% (11)	8.3% (1)
I have betrayed trust in a significant relationship because of my sexual activities.	83.3% (10)	91.7% (11)	8.3% (1)
My marriage ended because of my sexual activities.	66.7% (8)	25% (3)	75% (9)
A romantic relationship has ended because of my sexual activities.	50% (6)	41.7% (5)	50% (6)
I physically hurt someone I cared about because of my sexual activities.	16.7% (2)	16.7% (2)	33% (4)
I caused an unplanned and/or unwanted pregnancy because of my sexual activities.	8.3% (1)	8.3% (1)	41.7% (5)

Table 16: Significance of consequences with children

Significance of consequences with children	Highly significant	Occurred 1 to 10+ times	Could have occurred
	Percent (Count)	Percent (Count)	Percent (Count)
My relationship with my child(ren) was/were damaged because of my sexual activities.	75% (9)	50% (6)	25% (3)

Table 17: Significance of psychological, behavioral and spiritual consequences

Significance of psychological, behavioral and spiritual consequences	Highly significant	Occurred 1 to 10+ times	Could have occurred
	Percent (Count)	Percent (Count)	Percent (Count)
My self-respect, self-esteem, or self-confidence, has been negatively impacted by my sexual activities.	66.7% (8)	83.3% (10)	0% (0)
My sexual activities have negatively affected my mental health (e.g. depression, stress).	58.3% (7)	83.3% (10)	8.3% (1)
My sexual activities have interfered with my ability to become my best self.	58.3% (7)	91.7% (11)	0% (0)
My sexual activities negatively affected my mental health (e.g. depression, stress).	50% (6)	83.3% (10)	16.7% (2)
Important goals have been sacrificed because of my sexual activities.	41.7% (5)	58.3% (7)	33% (4)
The way I think about sex has been negatively distorted because of my sexual activities.	41.7% (5)	91.7% (11)	0% (0)
My sexual activities have interfered with my ability to experience healthy sex.	33.3% (4)	91.7% (11)	0% (0)
My spiritual well-being has suffered because of my sexual activities.	33.3% (4)	91.7% (11)	0% (0)
I have failed to keep an important commitment because of my sexual activities.	33.3% (4)	83.3% (10)	8.3% (1)

Table 18: Significance of legal consequences

Significance of legal consequences	Highly significant	Occurred 1 to 10+ times	Could have occurred
	Percent (Count)	Percent (Count)	Percent (Count)
I have had legal problems because of my sexual activities.	66.7% (8)	16.7% (2)	75% (9)
I have been arrested because of my sexual activities.	41.7% (5)	0% (0)	58.3% (7)

Table 19: Significance of social consequences

Significance of social consequences	Highly significant	Occurred 1 to 10+ times	Could have occurred
	Percent (Count)	Percent (Count)	Percent (Count)
I have been humiliated or disgraced because of my sexual activities.	58.3% (7)	75% (9)	25% (3)
I have lost the respect of people I care about because of my sexual activities.	58.3% (7)	58.3% (7)	33% (4)
My ability to connect and feel close to others has been impaired by my sexual activities.	58.3% (7)	83.3% (10)	0% (0)
The quality of my personal relationships has suffered because of my sexual activities.	41.7% (5)	91.7% (11)	8.3% (1)
I have become socially isolated and withdrawn from others because of my sexual activities.	33.3% (4)	75% (9)	8.3% (1)
My membership in an organization was restricted or revoked because of my sexual activities.	0% (0)	0% (0)	50% (6)

Table 20: Significance of medical consequences

Significance of medical consequences	Highly significant	Occurred 1 to 10+ times	Could have occurred
	Percent (Count)	Percent (Count)	Percent (Count)
I have gotten a sexually transmitted disease or infection because of my sexual activities.	50% (6)	41.7% (5)	58.3% (7)
I have infected someone else with a sexually transmitted disease or infection.	41.7% (5)	25% (3)	58.3% (7)

Table 21: Significance of work and financial consequences

Work and financial consequences	Highly significant	Occurred 1 to 10+ times	Could have occurred
	Percent (Count)	Percent (Count)	Percent (Count)
My sexual activities have interfered with my work or schooling.	41.7% (5)	75% (9)	25% (3)
My sexual activities at work have been discovered by my employer, supervisor, or colleague.	41.7% (5)	33% (4)	50% (6)
My sexual activities at work have resulted in disciplinary action or loss of opportunities.	33.3% (4)	33% (4)	50% (6)
My sexual activities have negatively impacted my ability to be successful at work.	25% (3)	58.3% (7))	41.7% (5)
I have experienced unwanted financial losses because of my sexual activities.	25% (3)	66.7% (8)	16.7% (2)
I have lost a job because of my sexual activities.	25% (3)	8.3% (1)	58.3% (7)

Summary and discussion of results – The initial decision to stop paying for sex behaviors

A specific crisis motivated most of the former buyers to make the decision to stop (83.7% 10). Strategies that target buyers at moments of crisis may increase the effectiveness of interventions to motivate the decision to stop paying for sex behaviors. By identifying the contexts in which discovery is likely to occur, resources can be provided to the people who are the most likely to become aware of these behaviors to intervene effectively to motivate the buyers to make the decision to stop these behaviors and commit to a program that will enable them to succeed in doing so. The contexts include the following:

Intimate relationships - All of the former buyers who participated in this study experienced consequences in intimate relationships, and, for almost all (83.3% - 10) of the participants, these consequences were highly significant in making the decision to stop.

Since consequences that occur in intimate relationships are highly significant in making the decision to stop, efforts to reduce demand for prostitution are likely to be enhanced by initiatives that increase support to spouses of buyers. When spouses become aware of paying for sex behavior, they may seek help from clergy, from their physician, or from a mental health provider. Those who are asked to provide support to spouses will benefit from having information and training so they can help spouses respond effectively. Since spouses may also search for information on the Internet, increasing the quality and accessibility of online information may also be effective.

Children – Although consequences with children occurred for only 50% (6) of the participants, for the majority of former buyers (75% - 9), consequences or the possibility of consequences was highly significant in making the decision to stop paying for sex activities.

Since consequences with regard to children may be highly significant in influencing buyers to stop paying for sex activities, educational initiatives to motivate buyers to stop paying for sex activities may be enhanced by focusing on the impact on children.

Personal – psychological, behavioral and spiritual - These consequences were highly significant for most former buyers (66.7% - 8) in making the decision to stop. Buyers who do experience personal consequences may also seek guidance from clergy or from mental health providers. Providing training and information to clergy and mental health providers is likely to improve the effectiveness of their responses to the buyers who seek their guidance.

These consequences are important for some buyers, but, for others, they may not result in a severe, immediate crisis that disrupts day-to-day life. For many former buyers, although they experienced adverse consequences, the repercussions were not as significant in making the decision to stop. Many former buyers reported that they were not highly motivated to stop in spite of failing to keep important commitments, or experiencing psychological, spiritual or sexual problems. Although initiatives focusing on these consequences may be effective for some, for others they may not result in a decision to change behavior.

Legal – Potential legal problems were rated as highly significant for most former buyers (66.7% - 8) even though only 16.7% (2) actually experienced those consequences. However, none of the former buyers was arrested as a result of their paying for sex behaviors, and only slightly more than half (58% - 7) believed that they were at risk for being arrested.

Although legal consequences were highly motivating for the majority of participants, the results also indicate that many former buyers did not regard themselves as personally being at risk of arrest. The former buyers' perspective may reflect the reality of the current policing and prosecutorial activity against buyers of illegal commercial sex; it may also be due to the assessments that buyers make with regard to the risk of being arrested. Efforts to increase prosecution and awareness of consequences may help to enhance the effectiveness of initiatives to motivate buyers to stop.

In addition, the legal consequences may be more effective to the extent that they not only include arrest and prosecution, but also include incentives to participate in educational programs, agree to comprehensive assessment, and commit to following treatment recommendations.

Social – These consequences were highly motivating for a majority of participants in this study (58.3% - 7). They may also seek support from clergy and mental health providers. Providing training and information to those who provide support services may enable them to provide more effective guidance.

Social consequences are highly motivating for some, but some were not motivated to make the decision to stop, despite experiencing consequences of isolation that result from paying for sex activities. There were some participants who experienced – or could have experienced - social consequences but were not motivated by those consequences to stop their behaviors.

Work – These consequences were highly significant for some former buyers (41.7% - 5); however, there were some former buyers who experienced consequences – or could have experienced consequences at work, but who were not motivated to stop. More than half of the participants reported that they could have had consequences at work that never occurred – loss of a job, disciplinary action, loss of opportunities, etc. However, there were also some participants who, despite actually having experienced consequences, nonetheless were not highly motivated as a result of those consequences to make the decision to stop those behaviors.

Initiatives to increase monitoring, accountability and consequences in work environments may be helpful in increasing motivation of buyers to stop these activities. Training and information for employers may also be helpful in developing policies for encouraging buyers to participate in educational programs, agree to comprehensive assessments, commit to treatment recommendations.

Comments from focus group regarding what motivated the decision to stop

Participants in the focus group were asked to describe how they made the decision to stop. Their stories illustrate the complexity of the process, with buyers often experiencing many consequences, sometimes having thoughts about stopping or experiencing shame about their behavior but not making a decision to stop until a major crisis actually occurred.

Comment #1 -*What really got me to stop was I went to a funeral of my wife's aunt, who my wife and I were very close to, and she had died after a long illness with Alzheimer's. And as a result of her disease, her husband was her sole, primary caregiver. And the incredible sacrifice that her husband had made just really woke me up.*

Comment #2 -*I came very close one night to killing a prostitute, and that was it. There was no more after that. Just it was too close, and it was too real. That's what stopped me. Fear of conscience.*

Comment #3 - *I stopped, after I was called down to Washington, DC, to talk to a federal investigator. I have a security clearance, and they kind of put some things together and wanted to talk to me about what was going on. I decided in the interviewer's office that there's no point in lying. If I tried to lie or deny or omit, they would find out, and then for sure I would lose my clearance, and therefore I would lose my job. I told this person all the stuff I had done, and listening to myself say these things, it became clear even to me that there was a serious problem, and I needed to take some steps. I came home from that trip, and I told my wife. …the thing that really made it crystal clear and very concrete was the certainty of dramatic consequences if I continued. And so I made arrangements and went to an inpatient program.*

Comment #4 - *And I had really been able to dodge a lot of consequences for a really long time. I had almost been arrested a couple of times. Often I would have unprotected sex. And someone had told me they were pregnant and extorted money from me because they wanted an abortion. And I had fear from a lot of these things, but the fear was very short-lived. I had contracted STDs. There were times that really scared me, when*

I picked up what I thought was a woman, but it was actually a man. And I had transmitted an STD to my wife. And I had also contracted herpes and transmitted that to her, and that's not curable. And so I was devising a plan in my head to crush up the medication and put it in her tea. And then that night it just became too much, and I disclosed to her what I was doing. And that led me to realize I had an addiction, and that led me into a 12 step program.

Comment #5 - *My wife made a serious suicide attempt and ended up in the mental hospital. That didn't stop me. My son, 18-year-old son, didn't speak to me at all. That didn't stop me. I was having a very intense affair with one of the strippers, and giving her just enormous amounts of money. And I was embezzling it from my own business, and I was embezzling it to hide it from my wife. I was facing bankruptcy, and I owed millions of dollars, and I continued to give money away and spend money, enormous amounts of money. And then I realized it would be a serious legal consequence that would not only potentially have jail time, but would also basically excommunicate me from my community and eliminate my ability to make a living. And when I realized all this, it was terrifying, but I continued to go to strip clubs and have sexual relations with strippers. And it wasn't until my wife ended up in a treatment facility, an inpatient treatment facility, after her suicide attempt. I went there for a family week and started learning about addiction, and suddenly counted up all the encounters and all the women I had paid money to have sexual relationship with over the last year, and it was just unbelievable to me that I'd been doing this. I was talking to the intake counselor, and she told me I had to stop. And for some reason it stuck with me, and I believed her.*

Comment #6 - *I just couldn't stand the anxiety over the thought that I had given my wife a disease, and it was just unbelievably terrifying. And that's what ultimately led me to seek help.*

Comment #7 - *I was certainly afraid of external consequences, but they were absolutely not enough. I knew there were legal, medical risks, concerns about my relationship. I was very concerned about work. I was looking at a lot of porn at work. I was leaving work in the middle of the day to meet up with prostitutes. I was planning business trips around meeting with prostitutes. And I think ultimately what really did it was the depression, because at times I was suicidal. But I think it was fear that I might end up dead if I didn't get some help that ultimately got me to stop.*

Frequency and significance of demand reduction consequences

Frequency

The following consequences occurred one or more times for 8.3% of the former buyers:
- Driver's license suspended
- Other people or the public were informed
- Restraining order

The following consequences did not occur for any of the former buyers:
- Car impounded
- Photographed by a surveillance camera
- Ordered to perform community service
- Ordered to attend a first offender prostitution program, – 'John Schools'
- Letter sent to the home by police or other authorities
- Arrested as a result of a 'sting' operation
- Activities reported to the authorities by someone in the community

Significance

The following consequences were highly significant for 8.3% (1) of the former buyers in making the decision to stop:

- Other people or the public were informed
- Restraining order

The following consequences had no significance for any of the buyers:

- Driver's license suspended
- Car impounded
- Photographed by a surveillance camera
- Ordered to perform community service
- Ordered to attend a 'John' school educational program
- Letter sent to the home by police or other authorities
- Arrested as a result of a 'sting' operation

Summary of results

The law enforcement-oriented demand reduction consequences did not occur and were not perceived as significant for almost all of the former buyers who participated in this study. 91.7% (11). At the same time, 66.7% (8) reported that legal consequences were highly significant in the decision to stop paying for sex behaviors, and 41.7% (5) reported arrests due to their sexual behaviors.

Discussion of results

There is an unexplained discrepancy between the low significance of the specific demand reduction consequences compared to the relatively high significance attributed to legal consequences and moderately high significance of arrests. Further research will be needed to assess the extent to which this discrepancy is due to participants having experienced legal consequences other than other demand related deterrents. This seemingly incongruent combination may be a reflection of the cognitive distortions, exaggerated or irrational thought patterns, exhibited by many sex buyers.

Working to increase the frequency of other legal consequences may strengthen the effectiveness of current demand reduction programs.

Characteristics of paying for sex behaviors – pre-abstinence

Frequency of paying for sex behaviors in the workplace

Participants in the study were asked to respond to questions regarding the frequency with which paying for sex behaviors occurred in the workplace. Responses are summarized in the following table:

Table 22: Frequency of paying for sex behaviors in the workplace

Paying for sex behaviors in the workplace	Never	Rarely	Sometimes	Frequently
I was distracted from my work as a result of spending time thinking about, fantasizing about, and/or planning paying for sex activities.	8.3% (1)	16.7% (2)	0.0% (0)	75.0% (9)
I engaged in paying for sex activities during times when I was traveling for work.	0.0% (0)	16.7% (2)	25% (3)	50% (6)
I spent time while at my workplace searching for prostitutes or other types of commercial sex using the Internet and/or the phone.	33.3% (4)	8.3% (1)	8.3% (1)	50.0% (6)
I engaged in other problematic sexual behaviors while at work.	25.0% (3)	25.0% (3)	16.7% (2)	33.3% (4)
I left my workplace to engage in paying for sex activities during times I was supposed to be working.	16.7% (2)	41.7% (5)	16.7% (2)	25.0% (3)
I used funds from my employer to pay for sex (e.g., by charging it as a business expense)	75.0% (9)	8.3% (1)	8.3% (1)	8.3% (1)
I engaged in sexual activity with prostitutes at my workplace.	91.7% (11)	0.0% (0)	8.3% (1)	0.0% (0)

Summary of results

- 91.7% of former buyers reported that they were distracted from work as a result of spending time thinking or planning paying for sex activities; 75% (9) of former buyers reported that they did so frequently.
- 100% (12) of former buyers reported that they engaged in paying for sex activities while traveling for work; 50% (6) of former buyers reported that they did so frequently.
- 75% (9) of former buyers engaged in other problematic sexual behaviors at work.

Discussion of results

The high frequency with which the participants in this study engaged in paying for sex behaviors in the workplace contrasts with the relatively lower level of consequences resulting from these behaviors, as noted previously in this report.

The results from this study suggest that there is a significant loss of productivity in the workplace due to paying for sex behaviors. Employers may be motivated to develop programs for intervention similar to programs for helping employees overcome problems of substance abuse. Initiatives to increase education, monitoring, accountability and opportunities for treatment may enhance the effectiveness of programs to reduce demand for prostitution.

Method for contacting prostitutes

Participants in the study were asked to identify the method by which they made contact with prostitutes. Results are summarized in the following table:

Table 23: Method for contacting prostitutes

Method for contacting prostitutes	Never	Rarely	Often	Usually
Internet	**8.3% (1)**	**0.0% (0)**	**25.0% (3)**	**66.7% (8)**
Went to a location known as a place to find a prostitute	**25.0% (3)**	**33.3% (4)**	**0.0% (0)**	**41.7% (5)**
Newspaper or other publication*	**16.7% (2)**	**41.7% (5)**	**33.3% (4)**	**0.0% (0)**
Someone else *	**66.7% (8)**	**16.7% (2)**	**8.3% (1)**	**0.0% (0)**

*Note: one participant did not respond to this item

Summary and discussion of results

- **Internet** - Most former buyers usually or often made contact with prostitutes through the Internet (92.7% - 11).
- **Going to a location** – Some former buyers made contact by going to a location known to be a place to contact a prostitute (41.7% - 5).
- **Newspaper** – Some former buyers often made contact through a newspaper (33.3% - 4) but none usually made contact in this manner.

Based on this data, the effectiveness of efforts to reduce demand by increasing arrest and prosecution of buyers may be enhanced if they include initiatives that focus on buyers who make contact with prostitutes through the Internet.

Locations of meetings with prostitutes

Participants were asked to identify the locations at which they met with prostitutes. Results are summarized in this table:

Table 24: Locations of meetings with prostitutes

Locations of meetings with prostitutes	Never	Rarely	Often	Usually
'Indoor' prostitute or escort	**0% (0)**	**33.3% (4)**	**25.0% (3)**	**41.7% (5)**
Strip club	**25.0% (3)**	**33.3% (4)**	**8.3% (1)**	**33.3% (4)**
Massage parlor	**25.0% (3)**	**25.0% (3)**	**41.7% (5)**	**8.3% (1)**
'Street' prostitute	**66.7% (8)**	**16.7% (2)**	**0.0% (0)**	**16.7% (2)**
Peep show*	**72.7% (8)**	**18.2% (2)**	**0.0% (0)**	**9.1% (1)**

*Note: One person did not respond to this item.

- **'Indoor' prostitutes** (66.7% - 8) **–** Most former buyers usually or often met with prostitutes in 'indoor' locations
- **Massage parlors** (50% - 6) and Strip Clubs (41.7% - 5) **–** These locations accounted for the next most frequent venues for purchasing sex following 'indoor' prostitution.
- **'Street' prostitutes** (16.7%- 2) **–** Few buyers usually met with prostitutes in outdoor locations

Discussion of results

Based on these results, initiatives to arrest and prosecute buyers may be more effective to the extent that they focus on 'indoor' prostitutes. Initiatives targeting strip clubs and massage parlors may also enhance

effectiveness to some extent. Initiatives to further target buyers who pay 'street' prostitutes may have limited effectiveness based on the habits of this group of former buyers.

Achieving long-term abstinence

The process of stopping

Making the decision to stop paying for sex behavior does not always result in immediate long-term abstinence from purchasing illegal commercial sex. Participants in the study were asked to describe the process of stopping, the number of relapses, and the length of time required to achieve long-term abstinence.

Pattern of problematic sexual behavior

For some participants the pattern of problematic sexual behaviors was continuous and persistent without any significant period of time in which they abstained from these behaviors. For others, the behaviors were episodic or cyclical, with periods of abstinence followed by resumption and escalation of the behaviors.

Table 25: Pattern of problematic sexual behavior

Pattern of your problematic sexual behaviors most accurately?	Percent	Count
Continuous and persistent	50%	6
Episodic or cyclical	50%	6

Some of the participants described this process as follows:

- *I would periodically want to stop what I was doing, but my resolve never lasted more than a few days. So it WAS periodic, but to an outsider it would have appeared that my acting out was continuous and escalating.*
- *There have been long episodic periods of both problematic sexual behavior (2-3 years) and also abstinence. Sometimes the abstinence lasted years and years only to be re-triggered and the downward spiral of problematic sexual behavior began again.*

Length of time required to achieve long-term abstinence

Former buyers who participated in this study were asked to report the length of time from when the initial decision was made until beginning the long-term abstinence that they had now achieved.

Table 26: Length of time to achieve long-term abstinence

Length of time from making the decision to beginning long-term abstinence	Percent	Count
Immediately	25.0%	3
1-3 months	16.7%	2
4-6 months	0.0%	0
7 months – 1 year	16.7%	2
1-2 years	16.7%	2
More than two years	25.0%	3

Number of relapses

Participants were asked to estimate the number of times they engaged in paying for sex behavior from the time they first made the decision to stop those behaviors until beginning the current period of long-term abstinence. Their responses are summarized below:

Table 27: Number of relapses

	None	1-10	11-20	21-50	51-100	100-200	200+
Estimated total number of pay-for-sex experiences since the time you first decided to stop these behaviors	**41.7% (5)**	**33.3% (4)**	**8.3% (1)**	**8.3% (1)**	**0.0% (0)**	**0.0% (0)**	**8.3% (1)**

Summary of results: The process of stopping, length of time required to achieve long-term abstinence, and relapses

- 50% of former buyers (6) described the process of stopping as being episodic or cyclic.
- While many former buyers (41.7% - 5) were able to achieve long-term abstinence from paying for sex behaviors immediately or within 3 months, many former buyers (41.7% - 5) required one to more than two years to do so.
- 50% (6) former buyers had 1 to 50 pay-for-sex experiences after making the decision to stop until they were able to attain long-term abstinence; 8.3% (1) former buyer had more than 200 experiences until attaining long-term abstinence.

Discussion of results: The process of stopping

Making a decision to stop paying for sex activities may not result in immediate success in achieving long-term abstinence. Understanding the challenges and difficulties may be helpful in designing programs to improve the likelihood of long-term abstinence.
The effectiveness of efforts to reduce demand may be strengthened to the extent that they are not limited to a single intervention but include on-going programs designed to ensure that long-term abstinence is achieved rather focusing only on the immediate decision to stop engaging in these behaviors.

How former buyers maintained abstinence from paying for sex behaviors

There are a variety of practices and methods that former buyers identified as important in helping them succeed in maintaining long-term abstinence from paying for sex activities. Some of these include:

- Fear of consequences
- Support from others
- Making internal changes
- Medication
- Abstaining from other problematic sexual behaviors
- Recognizing and correcting cognitive distortions such as minimizing the risk of discovery and/or of consequences, rationalizing behaviors as necessary, as justifiable, and as not having an impact on others, etc.
- Understanding and overcoming the impact of childhood and other trauma

Fear of consequences

Participants were asked to identify the extent to which fear of a variety of consequences motivated them to maintain long-term abstinence.

Following are the participants' responses with regard to consequences that they rated as very important in helping them maintain long-term abstinence.

Table 28: Fear of consequences as a motivator for maintaining long-term abstinence

Consequences	Percent	Count
Fear of loss of or damage to my primary relationship if I acted out again	75.0%	9
Fear of loss of or damage to other relationship(s) that were important to me if I acted out again	41.7%	5
Fear of health consequences if I acted out again	33.3%	4
Fear of damage to my spiritual life if I acted out again	16.7%	2
Fear of consequences to my work and professional life if I acted out again	16.7%	2
Fear of exposure in my community if I acted out again	16.7%	2
Fear of legal consequences if I acted out again	8.3%	1

Comparative importance of fear of consequences in making the initial decision to stop and in maintaining long-term abstinence from paying for sex behaviors

The following table shows the relative importance of fear of consequences in making the initial decision to stop compared to the importance of the fear of these consequences as important in maintaining long-term abstinence from paying for sex activities.

Table 29: Relative importance of fear of consequences as a motivator for the initial decision to abstain and for maintaining long-term abstinence

Fear of consequences with regard to	Initial Decision	Maintaining Abstinence
Primary relationship	83.3% (10)	75.0% (9)
Other relationships	58.3% (7)	41.7% (5)
Medical problems	50% (6)	33.3% (4)
Psychological, emotional, spiritual	66.7% (8)	16.7% (2)
Work	41.7% (5)	16.7% (2)
Legal	66.7% (8)	8.3% (1)

Comments from focus group participant regarding fear of consequences in maintaining long-term abstinence

Most recently, Thursday night, I had an urge to go hire a dominatrix, and I got through it without carrying that out. I did take a bunch of money out of my bank account in preparation, then I made some phone calls and I prayed. But the thing that did it for me was to say, I know I'm going to have to tell my wife about this eventually, and that's going to be painful. It's going to be the end of my marriage. And, my kids will eventually find out.

Summary of results: fear of consequences

- For most former buyers, fear of loss of intimate relationships was very important (75% - 9)
- For some former buyers, fear of consequences was very important with regard to
    - Impact on other relationships – 41.7% (5)
    - Medical problems – 33.3% (4)
- For few former buyers, fear of consequences was very important with regard to
    - Spiritual consequences – 16.7% (2)
    - Work and financial consequences – 16.7% (2)
    - Legal consequences – 16.7% (2)
    - Exposure in the community – 8.3% (1)
- Based upon the responses of former buyers, fear of consequences is more significant in making the initial decision to stop paying for sex behaviors than it is in maintaining long-term abstinence.

Supportive factors in maintaining long-term abstinence

The former buyers who participated in the study were asked to identify supportive factors that helped them maintain long-term abstinence and to rate the importance of each. Following are the responses with regard to factors that were rated as highly important by the participants in the study:

Table 30: Supportive factors in maintaining long-term abstinence: Support from other people

Support from other people	Percent	Count
Having people with whom I felt safe speaking honestly about my behaviors and difficulties, knowing they would not judge me and would respect and protect my privacy	91.7%	11
Outpatient psychotherapy	75.0%	9
12-step or other similar programs	75.0%	9
Information and support provided by someone else who had similar problematic behaviors	66.7%	8
Information and support provided by my psychotherapist or other mental health provider	58.3%	7
Support from spouse	33.3%	4
Inpatient treatment	16.7%	2
Information and support provided by a close friend, a mentor, or family member	8.3%	1

Table 31: Supportive factors in maintaining long-term abstinence: Internal changes

Internal changes	Percent	Count
Something inside me that made me realize I needed to stop these problematic behaviors	66.7%	8
Recognition that my behaviors were hurting others	66.7%	8

Table 32: Supportive factors in maintaining long-term abstinence: Other factors

Other factors	Percent	Count
Medication	**25.0%**	**3**
Information I learned through reading books, websites, television, or other media	**25.0%**	**3**
Information and support services provided by my medical doctor, clinic, or other medical setting	**8.3%**	**1**
Religious practices	**8.3%**	**1**
Accountability arrangements	**8.3%**	**1**
Information and support services provided at my workplace	**8.3%**	**1**
Information and support provided by clergy or spiritual guide	**8.3%**	**1**

Comment from a focus group participant regarding medication

One of the things that helped get me out of my depression was starting antidepressants, and as a side effect of the antidepressants, I found myself not ruminating about anything the way I had once ruminated, including prostitutes. I might have a passing thought, but it wouldn't go into this cycle of searching.

Summary of results: Supportive factors

In maintaining abstinence, factors rated as very important by the former buyers are summarized as follows:

- Support people with whom one could speak honestly about behaviors and difficulties without fear of judgment or risk of loss of privacy – 91.7% (11)
    - 12-step programs – 75% (9)
    - Outpatient psychotherapy - 75% (9)
    - Others who have similar problems – 66.7% (8)
    - Information or support from mental health providers – 58.3% (7)
    - Spouses – 33% (4)
- Internal changes – 66.7% (8)
    - Recognition that behaviors were hurting others
    - An internal realization that it was necessary to stop these behaviors
- Medications – 25% (3)

Comparative significance of fear of consequences and supportive factors in maintaining long-term abstinence

The following table shows participants' responses with regard to fear of consequences and supportive factors that were rated as very important in helping them maintain long-term abstinence:

Table 33: Comparative significance of supportive factors and fear of consequences in maintaining long-term abstinence

Type	Factor	Percent	Count
Support	From others	91.7%	11
Fear	Primary relationship	75.0%	9
Support	Internal changes	66.7%	8
Fear	Other relationships	41.7%	5
Fear	Medical problems	33.3%	4
Support	Medications	25%	3
Fear	Personal – Psycho-Spiritual	16.7%	2
Fear	Work	16.7%	2
Fear	Legal	8.3%	1

Summary of results: Comparative importance of fear of consequences vs. supportive factors in maintaining long-term abstinence

For the former buyers who participated in this study, the initial decision to stop paying for sex behaviors was motivated by consequences resulting from a crisis, most frequently due to discovery by a spouse or partner in an intimate relationship. Although the fear of loss of an intimate relationship was rated as very important by most former buyers, what has been most important for the most buyers in maintaining long-term abstinence are supportive factors, especially having others with whom one can speak honestly, without fear of judgment. This support was most frequently provided through participation in 12-step recovery programs and/or psychotherapy.

These results may be somewhat unique to this sub-group of reformed buyers due to the method for recruiting participants in this study. Since participants were recruited through outreach to 12-step programs and from psychotherapists specializing in treatment of sexual compulsivity and addiction, it is understandable that this sub-group of former buyers could be likely to rate involvement in 12-step program and/or psychotherapy as very important in maintaining long-term abstinence.
Further research is needed to assess the extent to which other sub-groups of former buyers are able to maintain long-term abstinence without participation in 12-step programs and/or psychotherapy. Based on these results, it is possible to conclude that participation in 12-step programs and/or psychotherapy is very important for helping some former buyers to maintain long-term abstinence.

Maintaining long-term abstinence from paying for sex behavior: Abstaining from other problematic sexual behaviors

Participants responded to questions with regard to other problematic sexual behaviors that may be correlated with paying for sex, including use of pornography and going to strip clubs.

Use of pornography

Following is a summary of participants' responses with regard to use of pornography prior to achieving long-term abstinence

Table 34: Frequency of use of pornography prior to achieving long-term abstinence

Frequency of use of pornography prior to achieving long term abstinence				
1-3 times Per month	2-4 times Per week	5-8 times Per week	9-14 times Per week	2+ times Per day
8.3% (1)	8.3% (1)	25.0% (3)	16.7% (2)	41.7% (5)

Following is a summary of participants' responses with regard to use of pornography during the period in which they have maintained long-term abstinence:

Table 35: Length of abstinence from use of pornography during period of long-term abstinence

Length of abstinence from use of pornography during period of long-term abstinence						
Do not abstain	1-4 weeks	1-5 months	6-9 months	1-2 years	3-5 years	10+ years
8.3% (1)	8.3% (1)	16.7% (2)	8.3% (1)	33.3% (4)	8.3% (1)	8.3% (1)

Comments from focus group regarding use of pornography

Comment #1 - *I had a very stressful job, and I was in a relationship. Sex was almost nonexistent; I was just looking at a lot of porn. And I didn't have time or any particular interest in having an affair. So it seemed like kind of an efficient way of dealing with a lot of things at the same time. And it kind of escalated with escalating use of porn.*

Comment #2 - *I was exposed to pornography at a very young age by my father, and was always fascinated with pornography. And I'm also compulsively attracted to teenage girls, so when you're 50, the only way you can have access to that type of woman that's at that age is in a strip club or a prostitute. It went from pornography to – I was traveling in France, and I went into a strip club and had a pretty intense sexual interaction with a stripper. And then it went to a masseuse at a hotel in New York, and then it just snowballed from there.*

Summary of results: Use of pornography

- Almost all former buyers used pornography extensively during the time of greatest frequency of paying for sex activities – from 2 times per week to 2 times per day. (91.7% - 11)
- Almost all former buyers who used pornography have made the decision to abstain from this behavior. (91.7% - 11)
- More than half the buyers who made the decision to abstain from use of pornography have one to more than 10 years of abstinence. (58.3% - 7)

Strip clubs

Following are participants' responses regarding the frequency of going to strip clubs prior to achieving long-term abstinence:

Table 36: Frequency of going to strip clubs prior to achieving long-term abstinence

Frequency of use of pornography prior to achieving long-term abstinence						
Did not engage in this activity	1-6 times per year	7-11 times per year	1-3 times per month	1 time per week	2-4 times per week	5-8 times per week
8.3% (1)	33.3% (4)	25.0% (3)	16.7% (2)	0.0% (0)	8.3% (1)	8.3% (1)

Following are the results of participants' responses regarding the frequency of going to strip clubs during the time they have maintained long-term abstinence:

Table 37: Frequency of going to strip clubs during period of long-term abstinence

Frequency of use of pornography during period of long-term abstinence						
Did not engage	Do not abstain	10-12 months	1-2 years	3-5 years	6-10 years	10+ years
8.3% (1)	0.0% (0)	8.3% (1)	16.7% (2)	33.3% (4)	25.0% (3)	8.3% (1)

- Almost all former buyers visited strip clubs prior to making the decision to abstain from paying for sex activities. (91.7% - 11)
- All former buyers who engaged in this behavior also made the decision to abstain from visiting strip clubs.
- All former buyers who engaged in this behavior have 10 months to more than 10 years abstinence from visiting strip clubs.

Discussion of results: Use of pornography and strip clubs

Almost all former buyers have identified visiting strip clubs and using pornography as problematic and are committed to abstaining from this behavior. Visiting strip clubs and use of pornography is likely to be a gateway for paying for sex behaviors: strip clubs are often venues for meeting prostitutes, and online use of pornography can easily lead to online searches for prostitutes.

Problematic masturbation

For many people, masturbation may be one aspect of normal healthy sexual activity; however, for others who have difficulty with sexual compulsivity and/or addiction, masturbation may be problematic insofar as a high frequency of engagement in this activity results in negative consequences – causing medical problems, distracting one from other commitments or healthy activities, or serving as a gateway that leads to paying for sex or other destructive behaviors. Participants in the study were asked to provide information with regard to their frequency of masturbation during the year of highest frequency of paying for sex activities, the extent to which masturbation was regarded as a problematic behavior, and current frequency during the period of long-term abstinence.

Participants in the study were asked to estimate the number of times per week that they engaged in masturbation during the year of maximum frequency of paying for sex behaviors. Results are summarized in this table:

Table 38: Frequency of masturbation prior to achieving long-term abstinence

Frequency of masturbation	Percent	Count
1 time per week	16.7%	2
2-4 times per week	16.7%	2
5-8 times per week	25.0%	3
9-14 times per week	8.3%	1
More than 2 times per day	33.3%	4

The following table summarizes participants' responses with regard to masturbation during the time in which they have maintained long-term abstinence from paying for sex behaviors.

Table 39: Frequency of masturbation during period of long-term abstinence

Frequency of masturbation	Percent	Count
Masturbation is not a problematic behavior for me	0.0%	0
I have not engaged in masturbation	16.7%	2
My goal is to abstain from masturbation	16.7%	2
I have reduced the frequency but do not have a goal of abstinence from masturbation	66.7%	8
I do not have a goal of reducing the frequency of or abstaining from masturbation	0.0%	0

Summary of results: Problematic masturbation

Most (66.7% - 8) participants engaged in masturbation 5 to more than 14 times per week, prior to making the decision to abstain from paying for sex behaviors. All (100% - 12) former buyers regarded masturbation as a problematic behavior, and all (100% - 12) former buyers have abstained, are working to abstain, or have reduced the frequency of masturbation.

Other problematic sexual behaviors

Former buyers who participated in the study were asked to identify other problematic sexual behaviors in which they engaged; behaviors from which they now abstained.

- 66.7% (8) of former buyers had no other problematic sexual behaviors.
- 33.3% (4) of former buyers had other problematic sexual behaviors.
- Some of the behaviors involved did not involve other people directly, e.g., fantasy, cross-dressing. Others involved other people but were not illegal including objectification of women and flirting.
- Some of the behaviors involved serious offending activities such as voyeurism, frotteurism, and theft for sexual purposes, and stalking.
- Frequency - 25% (3) of former buyers with other problematic sexual behavior engaged in these behaviors 1 to more than 9 times per week.

Discussion: Other problematic sexual activities

Paying for sex behavior may be an indicator of other and even more serious offending behaviors. Assessment of buyers must include screening for those even more seriously offending behaviors. Within society, each person may have a variety of sexual behaviors, some of which may be normal and healthy for the population at large, but, for some, these same activities may be problematic and a gateway activity for offending behavior. Assessment needs to be done to identify the specific sexual behaviors for each person in question. If necessary, the construction of an abstinence and treatment plan must be individualized to fit the profile of each person.

Maintaining long-term abstinence: Cognitive distortions

The study collected data from the former buyers with regard to cognitive distortions used to justify or rationalize their behaviors as well as minimize the risks. These distortions may enable the buyer not to experience fear, shame, or guilt that might otherwise motivate a rational person to stop and the ability to maintain abstinence.

Following are the participants' responses with regard to rationalizations and other cognitive distortions:

Table 40: Cognitive distortions: Denial of exploitation

Denial of exploitation	Percent	Count
What I am doing does not hurt anyone.	91.7%	11
Sex workers are professionals who have chosen to do this work.	75.0%	9
Sex workers enjoy what they do.	25.0%	3

Table 41: Cognitive distortions: Justified as necessary

Justified as necessary	Percent	Count
My needs are not getting met in my primary relationship.	91.7%	11
I deserve to reward myself.	83.3%	10
I need to do this for stress relief.	75.0%	9
This is an effective way to medicate myself when I feel depressed or anxious.	50.0%	6
I can't stop.	50.0%	6
I can't get sex in any other way.	41.7%	5
No one wants me so I have to pay for sex.	16.7%	2

Table 42: Cognitive distortions: Minimizing/denial of consequences

Minimizing/denial of consequences	Percent	Count
No one will find out what I am doing.	75.0%	9
I don't need to worry about getting any diseases.	33.3%	4
I don't need to worry about getting arrested or having any legal problems.	25.0%	3
I didn't think about it.	25.0%	3

Comments from focus group participants regarding denial of exploitation:

Comment #1 - *I knew that they were exploited, but I had this fantasy that I wasn't exploiting them, that I was actually treating them better than anybody else was.*

Comment #2 - *I also had a fantasy that they were enjoying what they were doing.*

Comment #3 –*I had seen a documentary movie about women who were blackmailed, their families were threatened and they were threatened, and they were forced to do what they did. And in the active addiction, that didn't bother me. It almost made it more exciting, and that kind of exploitation did not stop me. In fact, when I went to see the movie after the documentary, I was watching it to get excited.*

Comment #4 - *And at one point in my treatment program, one of the patients there had a two daughters [who] turned out to work in prostitution. And a joke was going around in treatment about one of the patients, who was with two prostitutes in one night for a total of $1,700, and then at one of the meetings, this guy*

pulled out a picture of his daughter, and he says, you're joking about her. And it really hit home that it's somebody's daughter. It's somebody – this is a person.

Comment #5 – *She said she was legal. But I doubt it. And I think that she wasn't a willing participant. And I told her, you don't have to do this. You can give my money back and I'll leave. Oh, I can't do that. I have to do this. And, so we had sex. I felt like crap. But then, I just forgot about it. It was much easier to forget about it and not have to deal with it than to think that I just exploited this young Asian girl who was forced to do this.*

Comment #6 - *Knowing that the women were in exploited situations didn't really bother me. I just blocked it out.*

Summary of results: Cognitive distortions

Almost all former buyers described themselves as having a variety of cognitive distortions they used to justify and rationalize their behavior as well as to minimize the risks. These included the following:

- Denial of exploitation (91.7% - 11)
- Justified the behavior as necessary (91.7% - 11)
- Minimizing or denying consequences (75% - 9)

Discussion of results: Cognitive distortions

Initiatives to correct cognitive distortions are necessary as part of the program for maintaining long-term abstinence. These educational efforts may be most effective to the extent that they help buyers identify and correct the specific distortions that characterize their thinking processes and are likely to include distortions with regard to denial of exploitation, viewing the behavior as necessary, and minimizing risks.

Mental health and developmental issues

Development and escalation of problematic sexual behaviors

In developing effective programs for ensuring that former buyers maintain long-term abstinence, increased understanding of when behaviors began and how they formed and escalated may provide important information with regard to best ways for preventing the development of paying for sex behaviors to the extent that is possible and to intervene to stop behaviors as soon as possible, prior to their escalating.

Following are charts showing participants' responses with regard to when problematic sexual behavior began and how it escalated. Note that problematic sexual behavior refers to any behavior the respondent self-identified as problematic:

Table 43: Origin of problematic sexual behaviors

Origin of problematic sexual behaviors	Percent	Count
Prior to reaching puberty	25.0%	3
At puberty	25.0%	3
Prior to age 18 but after puberty	25.0%	3
After age 18 but before I was 25 years old	8.3%	1
After I was 25 years old	16.7%	2

Table 44: Progression of problematic sexual behaviors

Progression of problematic sexual behaviors	Percent	Count
Manifestations of problematic sexual behavior are increased. Examples: movement from exclusive solo-sex behavior to both solo-sex and relational-sex behavior; or movement from pornography to both pornography and telephone sex, and so forth	**91.7%**	**11**
Amount of time consumed by sexual thoughts, urges, or behaviors significantly increased	**83.3%**	**10**
Risk associated with problematic sexual behavior increased; Examples: protected sex to unprotected sex; an increase in spending money for sex beyond financial means; a movement from solo-sex to sexual activity where you cheat on a partner; sexually activities that previously occurred only at home, now also occur in the workplace	**83.3%**	**10**
Frequency or intensity of sexual thoughts, urges, or behaviors significantly increases	**75.0%**	**9**
Increasing variety of experiences. From women only to less exclusive	**16.7%**	**2**
Amount of time consumed and frequency or intensity went from off to full-throttle one day when I was 10 years old.	**8.3%**	**1**

Comments from focus group participants regarding the development and progression of problematic sexual behavior

Comment #1 - *The seeds to how it started were implanted by being exposed to porn at a young age.*

Comment #2 - *For me, it was a very gradual evolution or disintegration. As an adolescent, I loved pornography and X-rated movies, and that just gradually intensified over the years.*

Comment #3 -*I was a victim of incest, that I realize now, and I mistook sex with love. My first experience with a prostitute [was] when I was 13. And nothing happened until I went to a college in a border town. I used to go into Mexico, and saw prostitutes very regularly there. And then nothing happened for years. And I got married, and I became frequent in strip clubs, on a very compulsive nature. And when I discovered that that wasn't enough, I discovered the Internet, and I realized how easy escorts were able to be found on the Internet. And it became extraordinarily compulsive after that, just from once a month to once a week to at my worst point, it was literally daily. And I quit a very high paying job in order to pursue prostitutes, and it became my job.*

Comment #4 - *My experience with prostitutes started in college. I also had a problem with compulsive masturbation for a long time, since I was a preteen, And there was a ton of pornography. The first time, I had gotten off a bus at a bus station, and went to one of these newsstands, and I found a publication there that wasn't a magazine. I saw there were advertisements for a sexual encounter with another woman. It didn't say prostitutes. But I was very intrigued by it, and I was scared of it at the same time, and it took me a while to get the nerve to pick up the phone and call. And the person that answered on the other line asked me if I was involved with law enforcement, and I got immediately scared and hung up. I took up some more nerve, and it probably took over a few days to a week of having that, until I decided to actually do it. And when I left there, I was on such a high, and I was completely hooked from there. And I would go into very dangerous situations, into very risky things, and that kind of escalated and escalated, almost like the excitement wasn't enough. I needed to add another layer to it, just to get the same high as there was before.*

Summary of results: Development and escalation

- Most former buyers began problematic sexual behaviors during childhood and adolescence. (66.7% - 8)
- For all but one of the former buyers, problematic sexual behaviors got worse over a period of months and years. (91.3% - 11)
- Frequency, level of risk, and intensity of problematic behaviors increased over time for all former buyers.

Discussion of results: Development and escalation

The difficulty in maintaining long-term abstinence may be due, to some extent, to the fact that behaviors that begin in childhood and have continued through adult life, often for decades, may be especially difficult to stop. Education and early intervention beginning in childhood and adolescence may prevent more serious problematic sexual behavior in adult life.

Underlying psychiatric disorders

Participants were asked to identify underlying psychiatric disorders. Following is a summary of their responses:

Table 45: Underlying psychiatric disorders

Psychiatric Disorders	Percent	Count
None	16.7%	2
Obsessive-Compulsive Disorder (OCD)	25.0%	3
Bi-Polar Disorder	33.3%	4
Depression	16.7%	2
Attention Deficit Disorders (ADD/ADHD)	41.7%	5
Dissociative Identity Disorder (DID)	8.3%	1
Post-Traumatic Stress Disorder	25%	3

Participants were also asked to identify psychopharmacological medications that had been prescribed for them. 75% (9) were taking psychopharmacological medications for these disorders.

Discussion of results: Underlying psychiatric disorders

The ability to maintain long-term abstinence from paying for sex behaviors may be impaired by untreated psychiatric disorders. Assessment and treatment for psychiatric disorders may strengthen a person's ability to maintain long-term abstinence.

Other addictions

The ability to maintain long-term abstinence from paying for sex behaviors may be impaired to the extent that a person is engaged in other addictive behaviors. Participants were asked to identify other addictions. The following table summarizes their responses:

Table 46: Other addictions

Other addictions	Percent	Count
None	41.7%	5
Alcohol	41.7%	5
Substance abuse	16.7%	2
Smoking	16.7%	2
Food	8.3%	1
Money (debting, gambling, spending)	8.3%	1

Discussion of results: Other addictions

More than half of the participants (58.3% - 7) identified themselves as having other addictions, sometimes multiple addictions. Efforts to stop other addictive behaviors may also be helpful in enhancing the success in maintaining long-term abstinence.

Comments from focus group participants regarding what helps maintain long-term abstinence

Comment #1 - …*One on one therapy, medication, getting into a 12 step program, having a sponsor, working on underlying problems with depression and anxiety, developing better coping mechanisms for those things, developing better connections with people in general, improving my relationship – my marriage, my relationship with my family, my colleagues at work, just connecting better with people. And then the fear of the consequences now actually does keep me from going back to that, and my conscience.*

Comment #2 – *If I don't go to a meeting in two weeks, I get nervous, and my mind starts wondering. I have not done this myself. It was therapy and meetings, and those are what keep me going here six years later.*

Comment #3- *It's therapy and group support and 12 step meetings, and it's the tools and skills that I used in inpatient treatment, and the constant going to therapy and working on the emotional core of the problems that I'd been experiencing, medication, developing relationships. A big thing is a day-to-day routine that I hadn't had before, where I'm able to pray and meditate and do those things that make me healthy. Today, when the thoughts come into my mind to do it, it's probably the consequences that make a hard stop, knowing that I'll get caught, knowing that, this cycle will start again, all the consequences of my addiction will start all over again.*

Comment #4 – *One of the most important things is to be able to recognize my feelings and to be able to sit with them, and then bring back the past as to what I was feeling that would trigger me to want to go back down. And when those feelings come up, I recognize those feelings. I also have plenty of tools that I can use. I pick up the telephone, or I meditate, or I journal, or I call my therapist, I call my peers. I go to a meeting. My underlying problems that I've had, I'm bipolar. I'm on medication for that now. I've found that that's been very helpful.*

Comment #5 – *I am a sex addict, and my use of prostitutes was just one part of my sex addiction. And so in stopping, I am stopping all of these things, not just the prostitution, or paying for sex. At the very beginning, it was fear of consequences. I was trying to save my marriage. But as time has gone on, the fear of consequences is no longer the thing that keeps me stopped. In fact, that's the least important now. Most important is the support that I get from 12 step programs. When my addiction rears its head, and it continues to rear its head, it's not gone away, I know I have people I can call. I know I have people who will listen to me. I know I have a non-threatening place to go. I am not going to get any consequences from seeking help, not negative consequences, only positive consequences. The only therapist I ever had that really did me any good was a guy who was himself an addict, and went to 12 step programs. He knew because he was there, or had been there. And he was able to really touch me emotionally. My conscience, that's very important because as I've learned more about what's been done to me, it's become much more clear to me that I do not want to be one of those people. I don't want to be a perpetrator. I don't want to be like the people who did things to me when I was little*

Comment #6 - *For me to get stopped, an inpatient program that I did for 7.5 weeks was extremely helpful. The structure as well as the process of trying to develop a little tiny bit of empathy and look at my own emotional wounds, issues, whatever you want to call them.*

Summary of results: What helps former buyers maintain long-term abstinence

Participants in this study developed individual programs for maintaining long-term abstinence based upon their unique pattern of behaviors and associated problems. A comprehensive program for maintaining long-term abstinence may include the following elements:

- **Recognition that the process of stopping paying for sex behaviors is requires a variety of methods and sustained effort over time.**
- **Support from others** - most frequently through participation in 12-step programs and/or psychotherapy.
- **Fear of consequences - especially** fear of the loss of intimate relationships.
- **Stopping other problematic sexual behaviors –** based on the individual pattern of previous problematic behavior including use of pornography, strip clubs, and compulsive masturbation.
- **Correcting cognitive distortions –** including denying and minimizing exploitation of women engaged in prostitution and potential negative consequences as well as justifying and rationalizing problematic behaviors as necessary.
- **Treatment for underlying psychological problems –** including depression, anxiety, bi-polar disorder, obsessive-compulsive disorder, attention deficit disorder, post-traumatic stress disorder, and other psychiatric disorder.

Recommendations

Comments from focus group participants regarding recommendations to motivate other buyers to make the decision to stop and to maintain long-term abstinence

Comment #1 - Need safe places to talk – do not get help from doctors or in the workplace - *I've been a sex addict for a very long time, since I was ten years old. And I cannot tell you the number of times that I felt really bad about the things I was doing, not just seeing the prostitutes, a lot of stuff. And I went to seek help from various people, and one way or another, they always threatened me. So my entire experience prior to getting into 12 step programs was one threat after another, when I sought help, when I did not like what I was doing and wanted to get help, one threat after another. And it was only when I got to the 12 step programs that the threats disappeared, and I actually got some help. Anything that will give help to the people who seek it without potentially destroying their lives would be a good, positive step forward. You can be an alcoholic and you want to recover, and everybody pats you on the back, and you'll still have your job when you get back out of recovery, from the detox. This disease, they don't want to hear about you. You won't have a job when you get back. They'll find a way to fire you, even for people who want help.*

Comment #2 – Societal denial - *It is amazing to me how this problem is as widespread as it is in every corner of this country, about every corner of the world, and how people are so willing to turn a blind eye to it, and yet at any moment in our city there are thousands of sex addicts acting out with prostitutes. We've seen time and time again in the media, person after person after person self-destruct, famous person after famous person self-destruct with sex addiction, and still, we as a society don't want to talk about it. In the psychology/psychiatric community, the fact that sex addiction exists is controversial, and most people in those realms don't even believe there is such a thing. That to me is astonishing in today's day and age, that there's so many people needing help, and the community of therapists, in the community of our media, and our churches, and our physicians, are so unprepared to help people like us.*

Comment #3- Medical - *I went to my doctor any number of times with sexually related damage that I had done to my body, and not once was it ever mentioned that there's a place you can go for help with this stuff.*

Comment #4 – Controls on the Internet - *It's been said that the Internet is the crack cocaine of sex addiction, and it is huge. And there are no limitations as to what a child can look at on the Internet, and what a teenager is exposed to. And that's where a lot of it starts. And the stories that a lot of us told were that our sexual addiction went a certain pace, and then when the Internet came, everything just exploded.*

Comment #5 – Internet - *I see what's going on with Internet porn and kids in high school and college being a huge epidemic. There are going to be serious consequences down the road because of that. But there just isn't a mindset to be able to really deal with sex addiction or porn addiction or porn on the Internet. I don't see it as there's going to be any way to really legislate; you have to educate, and that's really difficult, because there's just a lot of resistance, and there's a lot of cultural undercurrents that make it very difficult for people to not be in denial.*

Comment #6 – education - *My daughter's taking a health class in middle school right now, and they're into the sexuality section, and they're going to learn a bunch of facts, and they're probably not going to be taught too many values, and they certainly aren't going to be told about addiction. They did, however, have somebody come in this semester to talk about drug addiction and his life as a drug addict, and getting clean, and the chaos that was in his life. I can't imagine any parents would allow a sex addict to come and talk to the high schoolers, but that would be the analog.*

Motivating buyers to make the decision to stop

- To increase the effectiveness of efforts to reduce demand, it may be useful to develop specific initiatives for education, for determining and implementing more effective consequences, and for interventions in each of the contexts in which discovery is likely to occur, not only in the criminal justice system, but also through initiatives provided to spouses, in the workplace, and to medical and mental health providers.
- Developing initiatives with regard to intimate relationships and children may be especially important insofar as these consequences are the most frequent type of consequences that motivated buyers to make the decision to stop.
- Initiatives focused on education and early intervention with children and adolescents may be useful in prevention of paying for sex behaviors during adulthood.

Motivating buyers to maintain long-term abstinence from paying for sex behaviors
An integrated approach is needed for buyers to maintain long-term abstinence that takes into account the underlying problems and obstacles.

- A supportive environment in which buyers can be honest without fear of judgment or violation of their privacy while they work to achieve long-term abstinence.
- Consequences are necessary but not sufficient to maintain long-term abstinence.

Recommendation #1 – Strengthening current demand reduction initiatives in the criminal justice system

Increase arrest and prosecution of buyers who make contact with prostitutes via the Internet and in locations such as strip clubs and massage parlors

The former buyers who participated in this study infrequently engaged in paying for sex behaviors with 'street' prostitutes. They usually made contact with prostitutes using the Internet or by going to locations such as strip clubs and massage parlors.

Based on the experience of this group of former buyers, initiatives to reduce demand may be enhanced by increasing consequences for men who make contact with prostitutes using the Internet, strip clubs, and massage parlors.

Refine and expand programs for first-time offenders, focusing on the sub-group of compulsive, impulsive, and addicted buyers who are not motivated by experiencing negative consequences such as arrest and prosecution.

Current strategies for reducing demand are based upon the assumption that buyers will make rational decisions to stop paying for sex behaviors in the future if they realize that they will experience severe, negative consequences for their actions, e.g., arrest and prosecution.

Although this approach may be effective with some buyers who are rational and deliberate in their actions, the responses from the high-frequency former-buyers in this study indicate that there is a sub-group of buyers who are not rational and deliberate in their actions. They experience cognitive distortions that allow them to minimize and/or deny the risks. These distortions may continue despite experiencing consequences. These individuals are impulsive, compulsive, and/or addicted in their behavior, unable to stop even when they may want to do so. They are unable to maintain long-term abstinence without having ongoing support and guidance. They must develop a comprehensive, integrated, long-term program for recovery that may include psychotherapy, participation in a 12-step program, medication, abstinence from other behaviors, and other elements.

The effectiveness of current demand reduction initiatives may be enhanced to the extent that they include a more comprehensive and integrated approach that takes into account the experiences of the group of former buyers in this study who have been successful in maintaining long-term abstinence. Based on their responses, a comprehensive and integrated approach would include the following elements:

- **Consequences** - motivating the buyer to make the initial decision to stop paying for sex behaviors and to maintain abstinence long-term.
- **Education –** to provide information to buyers with regard to problems often associated with paying for sex behaviors and resources for assessment and treatment of these problems including: cognitive distortions, stress management, intimacy disorders, impulsivity, compulsivity, addiction, and psychiatric disorders.
- **Assessment and treatment –** resources that can be utilized – either voluntarily or as part of a diversion program for first-time offenders – for screening, assessment, and treatment as recommended.
- **Ongoing monitoring and follow-up –** to increase the likelihood that buyers will maintain long-term abstinence.

Refine and strengthen consequences for offenders

Diversion programs have been created in some communities as options for first-time offenders to defer or avoid more stringent penalties. The implementation of these diversion programs is a very positive first-step in providing education to buyers; however, these programs may not be sufficient for the sub-group of high-frequency, compulsive buyers. Usually, these programs are limited to requirement to attend a class that meets one time for a few hours. For rational buyers, this may be sufficient, combined with the experience of arrest, to motivate them to stop. For the high-frequency former buyers who have issues of compulsivity, this consequence is less likely to be effective; they need more than the fear of another arrest to succeed in stopping. They need a comprehensive program that provides education, assessment and treatment, and ongoing monitoring to ensure long-term success.

An approach that is likely to have increased effectiveness would include additional requirements for deferring more severe penalties

- Class ('John' school) with a more comprehensive curriculum
- Individual assessment with treatment recommendations
- Monitoring compliance with treatment recommendations
- Support to spouses and to professionals in the criminal justice system

Refine and expand compulsory first offender prostitution program classes ("John schools")

According to information on Abt Associates' demandforum.net website, most of the programs in the criminal justice system to reduce demand are limited to initiatives to increase arrest and prosecution of buyers. Only approximately 60 communities offer first offender prostitution program classes – known as "John schools" - to educate and motivate buyers to stop their behavior. Even among communities that offer these classes, less that 1/3rd offer classes providing information and resources with regard to the variety of foundational problems that contribute to this behavior, including addiction and compulsivity as well as underlying medical and psychiatric problems.

Based on a review of the course material collected through the demandforum.net website, the curricula for these classes is often limited, focusing on educating offenders with regard to medical and legal risks and to the reality of exploitation of women who work as prostitutes. The Demand Abolition program might consider a project to develop a comprehensive curriculum and initiative. The initiative should be done as a collaborative effort, working to build communication between the providers who organize and teach at the "John schools". The goal would be to develop a comprehensive program with a curriculum and an information packet to be given to participants, and to provide training and consultation to the providers to implement the program.

Next steps in this process include the following:
- Collect detailed information regarding the curriculum and materials currently used in "John schools", expanding upon the data collected by Abt Associates.
- Encourage sharing of best practices and collaboration by those who design, teach, and evaluate current
- 'John School' programs, including:
    - Creating a listserv
    - Creating a website with resources, curriculum, and materials
    - Organizing a symposium specifically for staff of "John schools"
- Develop curriculum, handouts, PowerPoint presentations, and other resources regarding sexual compulsivity and addiction that can be used nationally including:
    - Information regarding sexual compulsivity/addiction, what it is, how to assess if one has this problem, and resources for help – including therapists and 12 step or similar programs for stopping and maintaining abstinence
    - Information regarding exploitation of women who work as prostitutes
    - Information regarding typical cognitive distortions and the realities of risks and consequences with more focus on the impact upon spouses and children which is likely, based upon the responses of former buyers in this study, to be highly motivating
    - Tools for self-assessment and suggestions for next steps based on the results of the self-assessment

Individual assessment with treatment recommendations

As part of the conditions for avoiding more stringent penalties, the offender would be required to have a confidential, one-time, individual meeting with a specialist in diagnosis and treatment of sexual compulsivity who will conduct an assessment and make recommendations for treatment based upon the unique profile of each person. Commitment to the treatment plan can be a condition for deferral of consequences for first-time offenders.

A thoroughly structured treatment plan should consider all of the following elements:
- Filtering, monitoring, and accountability software on computers, cell phones, tablets, and other devices.
- Informing spouses and family members.
- Psychotherapy with a clinician who has expertise in treatment of sexual compulsivity and addiction.
- Participation in 12 step and similar programs.

In designing policies and a protocol for individual assessment as part of a diversion program, the next step would be to collect information with regard to existing programs for individual assessment. There has been a program for individual assessment that was mandated in addition to participation in the "John school" in Colorado and there may be other similar programs that could be identified. Research can also be conducted to collect information regarding individual assessment in diversion programs for other addictions or other sexual offenses.

Monitoring compliance with treatment recommendations

To ensure that buyers comply with treatment recommendations, it may be helpful to refer these offenders to special courts, similar to those that already exist for those prosecuted for other addictions or for other sexual offenses. Consequences would be suspended for offenders who acknowledge they have a problem, commit to the recommended treatment plan, and follow through in implementing that plan. Offenders who do not comply with treatment plans will no longer be eligible for suspension of legal consequences.

The courts would monitor compliance but allow for confidentiality and privacy for offenders who are in treatment. For example, the court might require periodic verification that the offender is engaged in therapy and/or participating in 12 step programs while respecting the confidentiality and privacy of what is discussed in these sessions. Limits to confidentiality and privacy need to be clearly delineated with clear definitions of offenses such as abuse of minors or elders, etc. that require mandated reporting.

Provide education and resources to spouses and to professionals in the criminal justice system

Spouses – Providing education and support to spouses is important for several reasons. Spouses and families are often traumatized as a result of the arrest but lack any resources for coping with that trauma and for responding constructively to it. In addition, for respondents in this study, the fear of consequences with regard to the impact on their intimate relationships was highly significant, both in motivating them to make the decision to stop their paying for sex activities and also in helping them to maintain long-term abstinence.

Spouses are likely to benefit from receiving informational packets that include basic information regarding how to cope with the trauma and how to respond constructively to it, as well as a bibliography and listing of websites. Resources for treatment and support in the community should also be included.

Professionals in the criminal justice system - Police, prosecutors, judges, parole officers, and other professionals in the criminal justice system are also likely to benefit from having more information regarding the diagnosis, assessment, and treatment of sexual addiction and compulsivity.

Recommendation #2 - Develop pilot projects in other contexts where discovery is likely to occur – with spouses, by employers, by medical and mental health practitioners

Rationale and overview

The crises that motivate buyers to make a decision to stop paying for sex behaviors result from discovery and consequences occur in a variety of contexts. Increasing awareness and accountability and developing protocols for intervention in each of these contexts may significantly increase the success of efforts to motivate buyers to stop paying for sex behaviors, both because larger numbers of buyers are likely to be held accountable and they are also more likely to experience consequences that will motivate them to stop paying for sex activities. These initiatives should be directed towards:

- Spouses and families,
- Employers,
- Medical and mental health providers.

Pilot projects provide an efficient method for assessing the potential effectiveness of initiatives in a variety of contexts. They facilitate development of materials, protocols, and practices that can be tested, refined, and then used by others. Pilot projects will also provide a source of data with regard to various profiles of buyers and the unique approach that is needed for each sub-group.

Recommendation #2A – Pilot project for outreach to spouses and families

For the former buyers who participated in this study, discovery by spouses was the most frequent and a most significant consequence that motivated them to recognize that their behaviors were destructive, make a decision to stop, and seek help in doing so. The fear of loss of intimate relationships was also very important in the maintenance of ongoing long-term abstinence. The impact of paying for sex behaviors on the relationship with children was also a very important factor in motivating buyers to make the decision to stop as well as in maintaining long-term abstinence. Spouses may also be the ones who are most likely to discover their partners paying for sex activities. In addition, spouses and families are likely to be traumatized by their partners' behaviors while also being isolated and without support.

For these reasons, efforts to reduce demand for prostitution can be strengthened by providing support and guidance to spouses through a variety of approaches:

Mass media – Information can be provided to spouses and families through media campaigns concerning the risks and consequences of paying for sex, indicators of potential problems, and resources for support and treatment if problems are discovered. The focus of media campaigns should be on stories of people who have overcome problems and how they have succeeded.

Training for professionals who may be natural resources for support by traumatized spouses – including clergy, medical providers (especially obstetricians and gynecologists), mental health practitioners, and others. Training should include information regarding sexual compulsivity and addiction, so that these caregivers can provide more effective support and guidance to spouses who come to them for help. As noted previously, in situations in which spouses become aware of their husbands' behaviors as a result of arrests or other legal consequences, educational materials and supportive services should also be provided to spouses when appropriate. Spouses are also likely to benefit from receiving similar information if there is a discovery in the workplace or by a medical or mental health provider.

Recommendation #2b – Pilot projects for education and screening by medical and mental health providers – partnership with an STD clinic or addiction treatment program

Many former buyers who participated in this study reported that medical consequences were highly significant in making the decision to stop paying for sex behaviors. Many buyers who contract diseases related to paying for sex activities may benefit from receiving information and screening as part of their medical treatment if they seek treatment for a sexually transmitted disease (STD). In addition, there are medical and mental health symptoms that are often collateral indicators of issues of sexual addiction and/or compulsivity: other addictions, erectile dysfunction (ED) by patients younger than 40 years old, bi-polar disorder, etc.

Presently, medical and mental health practitioners do not usually screen for issues of sexual compulsivity and/or addiction. There is a need for education and training of medical and mental health providers to enable them to screen for problems of sexual addiction and/or compulsivity in the same way that patients are now screened with regard to alcohol and drug abuse, smoking, diet, being victims of physical abuse, etc. A validated screening tool – PATHOS (a copy of which is included in the Appendix) – or other instruments could be used for this purpose with in-depth assessment and treatment as needed for those who are identified as at-risk.

As a first step, a partnership could be established with a medical clinic for treatment of STDs and/or a clinic specializing in treatment of other addictions to develop, implement, and evaluate a comprehensive program

for education and screening of patients. The program would include research to assess the effectiveness of the screening in identifying patients who are engaging in paying for sex behaviors and in providing assessment and treatment as needed to enable them to stop these behaviors.

A comprehensive program for education and screening would include the following:

- Educational materials concerning risks of engaging in paying for sex behaviors as well as information regarding self-assessment and treatment for sexual compulsivity and addiction.
- Screening by medical and mental health providers regarding sexual behavior for patients with relevant medical and psychiatric conditions:
    - Medical problems such as taking medications that may cause or increase problematic sexual behaviors - e.g., medications for Parkinson's disease.
    - Psychological problems including other addictions (drug, alcohol, etc.), mood disorders (bi-polar, depression, anxiety, etc.), intimacy disorders, attention deficit disorders (ADD/ADHD), stress disorders due to external stressors in intimate relationships, work and money, losses, etc.
- Screening process will utilize a brief screening instrument such as the PATHOS assessment. If patient's responses indicate that they may have problems of sexual addiction or compulsivity, they will be referred for an in-depth assessment by a specialist in issues of sexual compulsivity and addiction.

Recommendation #2c: Initiatives in the workplace – partnership with a corporate employer

Most of the former buyers who participated in this study reported that paying for sex activities occurred in the workplace or while traveling for work. Individuals with issues of sexual compulsivity and/or addiction often use their work computers during working hours to engage in a variety of acting out behaviors. Discovery in the workplace is a significant motivating factor for many individuals making the decision to stop their behaviors; however, many reported that they did not experience any consequences as a result of their paying for sex activities in the workplace. By increasing awareness, monitoring, consequences, and support services, employers may be able to improve productivity as well as provide help to impaired employees. Workplace initiatives should include the following:

Existing programs in the workplace - The first step will be to collect information regarding existing workplace programs for reducing paying for sex activities as well as other problematic sexual behaviors. It will also be useful to collect information regarding programs in the workplace for helping impaired employees who have addictions or other related problems. This information will provide a basis for the pilot project.

Pilot project with a corporate partner – to design, implement, and evaluate a comprehensive program for reducing paying-for-sex related activities in the workplace.

The comprehensive and integrated program would include:

- **Prevention** by providing information to all employees regarding risks and consequences of engaging in paying for sex behavior at work, as well as resources for support in stopping problematic behavior.
- **Assessing and changing corporate norms** and culture to the extent that it may increase risk of engaging in paying for sex behaviors (e.g., tolerance, acceptance, and/or encouragement of paying for sex behaviors when traveling for work).
- **Accountability** – development of policies and protocols for monitoring of Internet use, unaccountable absences, etc. to identify employees who may be engaging in paying for sex behaviors, including behaviors such as viewing pornography that may be an indicator of paying for sex behaviors.
- **Support services** for employees who self-identify or have been identified as having problems with paying for sex behavior including:
    - Training of Employee Assistance Program (EAP) staff and supervisors.
    - Confidential EAP services for assessment and support in stopping behavior.
    - Support for employees who identify themselves as having problematic sexual behavior:
        - Provide information and resources for therapy and 12-step programs.

        - Ensure privacy and confidentiality for employees who self-identify as having issues of sexual compulsivity and/or addiction in the same manner that is provided to employees with other addictions.
        - Suspension of consequences for those who self-report or commit to treatment after a first violation.
        - Support for installation of filtering and accountability software .
        - Support for attendance at 12-step meetings and therapy by allowing flexible work schedule.
        - Accountability and supervision to ensure that employees are following treatment plans while protecting employees' privacy.
    - Support services for spouses and families of employees:
        - Provide information and education regarding sexual misconduct, compulsivity, and addiction, including, potential risks and consequences, warning signs, and resources for treatment.
        - Provide individual, confidential counseling services for spouses through EAPs.
        - Engage spouses in treatment plans when appropriate.

Recommendation #3 - Education of parents, youth and adolescents regarding the potential risks and consequences of paying for sex and other destructive sexual behaviors

For the majority of the participants in this study, problematic compulsive sexual behaviors began in childhood or adolescence. All of the participants reported that use of pornography was a gateway to paying for sex behaviors. The ease of access to sexual content on the Internet has created a significant risk that children will develop sexual compulsivity or addiction that can escalate into paying for sex behaviors. Programs have been implemented to educate children and families regarding alcohol, drugs, cigarettes, eating disorders, bullying, and date abuse. Similarly, initiatives to raise awareness of the risks of developing unhealthy sexual behaviors may also be a crucial part of the overall effort to stop paying for sex behaviors, focusing not only on motivating those who pay for sex to stop those behaviors, but working to prevent development of these behaviors.

Educational initiatives targeting children, teens, and parents can be conducted through:

Public education campaigns - including mass media, social networking, and the Internet.

Development and implementation of age-appropriate curriculum – for use in high school health and sex education classes, and college counseling centers.

Development and implementation of material for parents – including materials for parents to discuss with their children as well as practical guidelines for reducing the risk of developing problems.

The next steps will be to collect information concerning any existing programs as the basis for creating a pilot project in partnership with a school to develop, implement, and evaluate the effectiveness of a curriculum and supplemental materials.

Recommendation #4 – Research Initiatives to validate and extend the findings of this preliminary study

Due to the small number of participants in this study, further larger-scale research is needed to validate the reliability of this preliminary effort. In addition, there is a need for additional data that was beyond the scope of this study. Some of the research goals can be achieved efficiently through review and data mining of existing research; some of the goals may require new research initiatives. Some of the possibilities include the following:

Review and data mining of existing research to collect information with regard to:

- Extent to which individuals who engage in paying for sex behaviors have problems with sexual compulsivity and/or addiction
- Motivating factors to make the decision to stop paying for sex behaviors, both for the sub-group represented in this study and for other sub-groups

One source for this information may be from the large pool of individuals who have taken the SDI (Sexual Dependency Inventory), an assessment tool for sexual addiction.

New research initiatives

- **Former buyers with long- term abstinence**
    - Large-scale online study of former buyers with long-term abstinence to validate findings of this preliminary study, recruiting subjects through a nationwide network of clinicians specializing in treatment of sex addiction.
    - Large-scale online study to identify various underlying problems that cause and/or exacerbate paying for sex behaviors and various interventions and treatments needed for each.
- **Determining the proportion of demand due to sexual addiction -** Research to determine the proportion of demand for prostitution that is due to buyers who have problems of compulsivity or addiction.
- **Understanding problems in maintaining long-term abstinence -** Preliminary study of buyers who have made the decision to stop behaviors but had difficulty maintaining long-term abstinence.
- **Understanding other types of buyers who do not have problems with addiction and/or compulsivity -** Preliminary study of other types of buyers who do not identify themselves as having problems with addiction and/or compulsivity.
- **Prostitution in the work place -** Research to assess the extent of paying for sex behaviors in the workplace.
- **Sexually related medical conditions -** Research to assess the extent to which medical treatment for STD's and ED for men under 40 is an accurate predictor of paying for sex behavior.
- **Health and mental health problems -** Research to identify medical and mental health problems that may be accurate predictors of paying for sex behaviors.
- **Discovery and intervention in a variety of contexts -** Research to identify the various contexts in which discovery may occur, e.g., by spouses, by health and mental health practitioners, by employers, in the criminal justice system, etc.
- **Prevention -** Research to assess risk factors in childhood and adolescence that increase the likelihood of a person engaging in paying for sex behaviors.

It is a complex and challenging task to motivate those who engage in paying for sex behaviors to make the decision to stop those behaviors and to maintain long-term abstinence. The former buyers who participated in this study have provided some insight with regard to what is required to develop more integrated, comprehensive, and effective initiatives that will result in a safer and healthier world for everyone.

Appendices

Appendix 1 - Invitation to potential participants in the study

Appendix 2 – Informed consent agreement

Appendix 3 - Print version of the online survey

Appendix 4 - Focus group questions

Appendix 5 – Expanded version of comments from focus group participants

Appendix 6 – PATHOS assessment tool for sexual addiction