

## THE SILENT ADDICTION

*How do partners & families of sex addicts survive an addiction  
they struggle to even talk about?*

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Paper Presented at the  
Australian & New Zealand Addiction Conference  
Gold Coast, 20-22 May 2015

## THE SILENT ADDICTION

### *How do partners & families of sex addicts survive an addiction they struggle to even talk about?*

**ABSTRACT:** “Is it really an addiction or is it just an excuse for bad behaviour?” “How could you not know what he was up to?” “How could you stay with him after what he's done? You'll never be able to trust him again. If it was me I'd just walk away!”

These and so many more negative comments tend to be the primary responses on hearing the news that someone you know or love has been impacted by sex addiction. For the partner it is generally easier to just keep quiet and try and deal with this nightmare alone. Finding someone to confide the horrifying reality that your partner is acting out his sex addiction online, with prostitutes, through the use of pornography or by having affairs is almost impossible to deal with. How do you share the knowledge that your partner is a sex addict? The idea itself is so staggering and involves such a deep sense of betrayal that for some it seems even surviving the impact of this knowledge may be too much!

Sex addiction is a private addiction. It is unseen and its consequences are slow to reveal themselves. By the time someone comes for help it is generally not because they are an addict but because their primary relationship is falling apart. It tends to be the partners who drag their significant other along for couples therapy in a last ditch attempt to hold on to something that started out with such promise.

Partners of sex addicts generally know for a long time before they seek help that there is something very wrong. Just what that is can often remain something of a mystery but there is always anger, suspicion, self-doubt and despair. However there is also hope, both for the addict, their partners and also their families. In fact given the right information, motivation and support recovery is not only possible, but can be life changing. It is in fact possible to not only survive the discovery that your partner is a sex addict but rebuild a relationship which is stronger, more intimate and more resilient than anything that has gone before.

**Keywords:** sex addiction, partners, trauma, disclosure, grief

### **Introduction**

*Dear Sex Addiction,  
You are a disgusting, deceitful liar and thief. You stole my partner's life and you nearly stole mine. You brought secrecy and shame into my life and into my home. You turned me into someone I didn't want to be, filled with self-loathing and fear. You stole any chance of real intimacy from my life and you made me*

*feel responsible somehow for all the things that were wrong in my relationship.  
You are my worst enemy!*

*Sex Addiction you stretch your stealing, grasping fingers into the lives and hearts of so many. You promise something that you can't deliver and by the time people find out who you are you have destroyed part of their souls. You steal EVERYTHING.*

*You are a cheat, a disease, a heart breaker, a soul destroyer and you murder the hopes and dreams of couples. You creep into the lives of the unsuspecting and turn them into beings they never believed they could be. You bring out the absolute worst in people and you don't stop until you have destroyed everything in your path. You don't just destroy the addict, you destroy everyone who loves and cares for the addict. You destroy individuals, you destroy families, you destroy careers, you destroy homes, you destroy lives.*

*I wish I could destroy you and stop you from ruining so many lives. I wish I could teach people about real life – that is life without you. Life that is whole, joy-filled and real; life that lets people feel their real feelings and know they are loved even when it doesn't seem like it. Life that experiences real intimacy – not fancy dressed up bullshit which is just about sex, but real deep connection where it is safe to be vulnerable before one another and where sex is love, not lust. Where love is fulfilling and warms the soul, not hollow and empty leaving nothing but tears and bitterness.*

*BUT NO MORE. Sex Addiction I have had enough of you and your poison and the pain, shame and tears you bring. No longer will you have any power over me. No longer will you be able to twist my gut with your nasty suspicions and sneaky lies, or with doubt and shame. I choose honesty and to light my path with truth which you cant handle. I am breaking your hold on me and taking back my power. You will no longer create obsession and fear in my life. My life, from hence forth, is about what is best for me and YOU ARE NOT WELCOME. I will no longer allow you to control me, hurt me, confuse me.*

*This is my commitment to myself. Truth will be my guiding principal, secrets are henceforth banished. Secrets fester in darkness, which is the place you love. Truth brings a light too strong for your presence. Henceforth if the truth isn't present, I wont be either!*

***SEX ADDICTION I AM THROUGH WITH YOU.***

The letter you have just read was written by a women in one of the Partners Healing and Support groups I run in my private practice (printed here with her permission). The experience of writing this letter was cathartic (to say the least) for the woman who wrote it and although it was difficult for the other women in the group to hear it was also helpful for them.....but more of that later!

Not so long ago sex addiction was something not many were familiar with. However thanks to the occasional celebrity, the Tiger Woods of the world, and increasing media interest in the impact of pornography, sex addiction is starting to be recognised in the wider community as a real issue (although there is still a lot of misinformation, misunderstanding and confusion along with some sniggering and “perhaps it’s just an excuse for bad behaviour” attitude when sex addiction gets a mention). It is however an area which seems to be gaining momentum. With this increased interest we are finally starting to see journalists picking up the threads and seeking to explore this 'new' addiction. Hopefully this will assist in demystifying and normalising sex addiction, and help people to accept that it is as much a problem as other, better known addictions, such as drugs, alcohol and gambling which will help make it a topic easier to talk about.

I refer to sex addiction as “the Silent Addiction” largely because it is just that – silent! It is a private addiction that no one sees or hears and it is an addiction that is often misunderstood. Indeed many tend to lump sex addicts into the same category as sex offenders. Sexual Addiction or Hypersexual Behaviour Disorder or Compulsive Sexual Behaviour doesn’t make it into the DSM 5 and I would have to agree with Alexandra Katehakis, the Founder and Clinical Director of the Centre for Healthy Sex in Los Angeles who says that

*"this completely disregards the pain, confusion, trauma, fear and hopelessness experienced by sex addicts and their families".*

Psychology Today (Dec 21, 2012). Post published by Alexandra Katehakis in Sex, Lies & Trauma.

So this paper looks a little at sex addiction and a lot at the impact that sex addiction has on the partners and family of the addict. It will look at trauma and shame (betrayal and infidelity as a violation of trust physically, emotionally and spiritually) and how the impact of trauma and shame work to silence the partners of sex addicts. It will also look at the importance of disclosure and how this is best handled to manage the trauma experienced by partners and the longer-term impact on the relationship; and the impact of loss and grief as experienced by the

partners of sex addicts. Finally it will finish by looking at ways in which we can work with partners of sexual addicts to assist in their quest for healing and growth, the benefits of which effect not only them, but their partners and families also.

And just as a point of clarity, this paper will refer to the addict as 'him' and the partner as 'her'. This is not to suggest that all addicts are male and partners female. I use this solely for the sake of simplicity for the purposes of this paper.

### **Addiction**

Addiction is a neurological disease that affects brain chemistry so that painful or negative feelings are medicated into something which feels more manageable.

(Allen, J. The Secret Disease of Addiction, (2008) Introduction, & American Society for Addictive Medicine available at <http://www.asam.org/for-the-public/definition-of-addiction>)

Patrick Carnes in his ground breaking book "Out Of The Shadows – Understanding Sexual Addiction" (1983) explains sex addiction as a 'pathological relationship' with a mood altering experience. In his follow up book "Contrary to Love – Helping the Sexual Addict" (1989) he goes on to say that

*“sex addicts have lost control over their ability to say no; they have lost control over their ability to choose. Their sexual behaviour is part of a cycle of thinking, feeling, and acting which they cannot control.... the sex addict has learned to rely on sex for comfort from pain, nurturing, or relief from stress the way an alcoholic relies on alcohol, or a drug addict on drugs. ...The obsessional illness transforms into the primary relationship or need, for which all else may be sacrificed. As life unravels, the sex addict despairs, helplessly trapped in cycles of degradation, shame and danger. (p. 4, 5).*

So imagine what life is like for the partner and family when the sex addict comes home!

Sometimes referred to as an 'intimacy disorder' addiction manifests in families as absence - not just physically, but emotionally and spiritually also. Even when

physically present the addict is still absent. Addiction isolates the addict from others and keeps others away from the addict. The addict generally even has a sense of being in control of their addiction and this can feel less threatening than being vulnerable and 'exposed' to themselves and loved ones. This absence is particularly difficult for partners who are seeking connection at a deep personal level with the person they love, and it is confusing and painful to feel rejected by the one person who used to love them while that person is at the same time declaring that they still do and there is nothing wrong. However the relationship is under great stress, communication is a problem and mistrust and resentment is growing.

So clients present for couples counselling. She wants a relationship like they used to have (or at least one that isn't shrouded in lies and confusion) but if he hasn't been caught out yet he will have another agenda – one that doesn't include disclosure of his addiction! Assuming of course that he even recognises that he has an addiction. In some cases even if he has been caught out the level of denial and/or minimisation of the use of pornography or the infidelity can be incredibly persuasive for partners who at some level may know there is something going on. The desire to be convinced that he's telling the truth however can be so strong she may override her intuition and be persuaded that her thinking is flawed. Couples counselling can even feel like intimacy for some partners and can work to have a pacifying effect on the partner who may be lulled back in to thinking that perhaps she really was the one with the problem. So therapy is often doomed before it begins. However even if his infidelity has surfaced and all is apparently out in the open, when couples come for counselling the focus is generally on the one who has been unfaithful and addiction may not be diagnosed. Women in my support groups report being told that what they sense, suspect or have even observed is wrong! Partners often feel that they are invisible, not recognised and certainly not heard.

Although Sexual Addiction (or Hypersexual Disorder) didn't make it into the DMS 5, the criteria proposed for submission is as follows:

## **DSM 5 PROPOSED DIAGNOSTIC CRITERIA FOR HYPERSEXUAL DISORDER**

*A. Over a period of at least 6 months, recurrent and intense sexual fantasies, sexual urges, or sexual behaviours in association with 3 or more of the following 5 criteria:*

- 1. Time consumed by sexual fantasies, urges or behaviours repetitively interferes with other important (non-sexual) goals, activities and obligations.*
  - 2. Repetitively engaging in sexual fantasies, urges or behaviours in response to dysphoric mood states (e.g., anxiety, depression, boredom, irritability).*
  - 3. Repetitively engaging in sexual fantasies, urges or behaviours in response to stressful life events.*
  - 4. Repetitive but unsuccessful efforts to control or significantly reduce these sexual fantasies, urges or behaviours.*
  - 5. Repetitively engaging in sexual behaviours while disregarding the risk for physical or emotional harm to self or others.*
- Provided A: That there is clinically significant personal distress or impairment in social, occupational or other important areas of functioning associated with the frequency and intensity of these sexual fantasies, urges or behaviours.*
  - Provided B: That these sexual fantasies, urges or behaviours are not due to the direct physiological effect of an exogenous substance (e.g., a drug of abuse or a medication)*
  - Specify if: Masturbation, Pornography, Sexual Behaviour with Consenting Adults, Cybersex, Telephone Sex, Strip Clubs, Other*

*Kafka M.P. (2009)*

While the purpose of this paper is not to debate whether Sexual Addiction should be in the DSM 5 or what the criteria for diagnosis should be, it would seem that this criteria is pretty realistic and that a lot of these behaviours would have been evident for longer than 6 months, after all addiction is a progressive disease. Some partners in my groups report behaviours that may have surfaced years earlier and upon confrontation the addict is contrite and agrees to change or stop their behaviour. However rather than ceasing the behaviour (although they may have tried unsuccessfully) the addict essentially goes underground and continues to lie to hide his behaviour. It isn't until the behaviours surface again that partners finally seek help as they are no longer able, or willing, to try to deal with the lies, secrecy and betrayal.

Upon discovery of the addict's behaviour the partner is going to be traumatised by what they learn. In my groups I note that those with partners who act out with pornography are not always perceived to have been unfaithful in the same way that those who have used prostitutes and/or affairs to act out their addiction. If it is an addiction issue however there will have been longer term acting out, either with pornography and/or sex partners, and the trauma will be greater than if it is a 'one off' event or a casual fling.

Before couples can work on their relationship however, they need to understand the reality of their situation. They both need to understand addiction – what it is, how it manifests; and while he needs to identify his addiction, partners need to know that they are traumatised and how to manage that trauma. They will both need to understand their own family of origin stories which will ultimately help to make sense of behaviours which don't seem to make sense! Then there is the family unit. How to tell the children and the wider family? The discovery of sex addiction can be so overwhelming and shaming for partners that they seek desperately to hide this information from their family and friends. It is however important to disclose some information to children in an age appropriate way and at an appropriate time, as they are impacted significantly by what is happening in their family unit. Schneider points out that

*In the treatment of sexual addiction, the family unit is often neglected. Yet each family member is significantly affected by the compulsive sexual behaviour, and can benefit from treatment. Moreover, the family unit is the context in which the sexual addict continues to live, and the mental health of the partner has a tremendous impact on the sexual addict's recovery. Finally, treatment of children in such a family can help break the cycle of sexual addiction and prevent its perpetuation into the next generation.*

Compulsive and Addictive Sexual Disorders and the Family  
Schneider, J.P. October, 2000:53-62

### **Trauma, Grief & Loss**

As you may have noted in the letter to Sex Addiction at the beginning of this paper, partners of sexual addicts experience an enormous sense of anger, grief and loss. Once the numbness of the initial trauma subsides, an overwhelming sense of loss is part of the experience of discovering that your partner is a sex addict.

Nothing is as it was! Everything seems to have changed or been challenged - beliefs, dreams, goals, love, history...and what about the future? How does one move forward when the very platform on which one has built a life is shattered?

Many people have strong emotional or physical reactions following the experience of a traumatic event. The Australian Psychological Society say that the impact and time of recovery can be due to several factors such as the nature of the traumatic event, the level of available support, previous and current life stress, personality, and coping resources.

They describe the potential symptoms of psychological trauma as:

**Physical**

- Excessive alertness, on the look-out for signs of danger
- Easily startled
- Fatigue/exhaustion
- Disturbed sleep
- General aches and pains

**Cognitive**

- Intrusive thoughts and memories of the event
- Visual images of the event
- Nightmares
- Poor concentration and memory
- Disorientation
- Confusion

**Behavioural**

- Avoidance of places or activities that are reminders of the event
- Social withdrawal and isolation
- Loss of interest in normal activities
- Emotional
- Fear
- Numbness and detachment
- Depression
- Guilt
- Anger and irritability
- Anxiety and panic

‘Understanding & Managing Psychological Trauma’  
Australian Psychological Society

They go on to say that

*“As long as they are not too severe or last for too long, the symptoms described above are normal reactions to trauma... and that “they are part of the natural healing process of adjusting to a very powerful event, making some sense out of what happened, and putting it into perspective. With understanding and support from family, friends and colleagues the stress symptoms usually resolve more rapidly.”*

Partners of sex addicts experience all these symptoms of trauma with the discovery that their partner is, in the first instance:

- Unfaithful...
- They are further traumatised when they start to understand the nature of this infidelity....
- They are traumatised again when their partner starts to disclose the extent of the infidelity (and more traumatised with each further disclosure)...
- Then again when the experience is internalised as (in most cases) there is no *“understanding and support from family, friends and colleagues”!*

“If he had cancer it would be so much easier as then I’d get some support”

“Who do I tell? I can’t talk to my friends or my family because Im scared they will judge me. Its like I am somehow responsible for what he’s done. Maybe it is my fault - I should have lost that weight or made more of an effort sexually”

“How do I tell the kids? They know something’s going on but Im terrified of how they’ll respond. I want to protect them (and the wider family), but I feel angry because how come I have to protect everyone else when he’s the one that’s done all the damage?”

“I wish he was dead...it would be so much easier...and I’d be able to let go and then I could expect my family to give me some support and this nightmare might actually end.”

There’s also financial trauma as the extent of the cost of the addiction comes to light.

Then there’s the physical reaction to deal with as well. Chronic weight loss (or gain), inability to sleep, loss of concentration, unpredictable crying, depression,

hyper-vigilance, reactions activated by triggers such as the places he may have been when he was acting out or, in some cases, seeing the people he was acting out with....which creates more stress, especially trying to keep this hidden from family and friends. Then there's the guilt - firstly for not telling family what's happened and for feeling responsible at some level; and then there's the anger because partners feel like even after all this, they are still keeping his secrets.

Post Traumatic Stress Disorder (PTSD), Complicated Grief (CG) and even Disorders of Extreme Stress Not Otherwise Specified (DESNOS) are all issues which may need to be addressed, particularly over the longer term. Many of the symptoms described in the proposed Diagnostic Criteria for Complicated Grief Disorder apply to partners of sex addicts which

*“includes symptoms of intense intrusive thoughts, pangs of severe emotion, distressing yearnings, feeling excessively alone and empty, excessively avoiding tasks reminiscent of the deceased (or, I would add here, sex addict), unusual sleep disturbances, and maladaptive levels of loss of interest in personal activities lasting longer than 12 months.”*  
*‘Diagnostic Criteria for Complicated Grief Disorder’ American Journal of Psychiatry 154:7,*

The level of support partners receive, and how committed the addict is to his recovery and the relationship will influence the severity of the grief and trauma symptoms longer term. Understanding the partners background will help both the partner and the clinician understand her responses to the trauma of discovery, predict possible longer term issues and assist her to process this trauma, however if DESNOS is predicated *“...effective treatment needs to focus on self-regulatory deficits rather than [just] processing the trauma”*. (van der Kolk (2013) p173). It would seem that enabling partners to manage ‘self-regulatory deficits’ would also be an effective treatment for partners relating to the experience of surviving their partner’s addiction and the discovery of how it has manifested. Going forward partners need to be able to respond to memories and other triggers in a way that enables them to function appropriately in the family and in the wider community.

## DISCLOSURE

*Having interviewed wives of male sex addicts...(Schneider) reported that nearly every women felt it should be her decision how much to be told; most did not ask for information that they were not ready to hear..."if a relationship is to survive the crisis of disclosure...a spirit of honesty and respect for each partner is essential...and should be guided by the spouse's desire to know..."*

Surviving Disclosure of Infidelity  
Schneider, J.P., Corley, M.D., and Irons, R.R (1998).  
Sexual Addiction & Compulsivity 5 (3): 189-218

There's no doubt that disclosure needs to be handled carefully. Disclosure can make or break the relationship. Some partners feel that they need to know everything....all the details, while others don't want to know any more than they absolutely have too. It is wise to encourage partners who want to know every little detail to look at why they need this information and what benefit it will be. In the long term too much information can have a more negative than positive impact. One thing is certain however, and that is that staggered, uncontained disclosure can be very destructive to the people involved and their relationship, and immensely traumatising to the partner. Partners can experience

*"depression...suicidal thoughts, fear of abandonment, loss of self esteem, decreased ability to concentrate...distrust of the addict and perhaps of everyone, anger...physical illness...."*

Schneider, Sex, Lies & Forgiveness. (2004) p104

It is recommended that disclosure contain the facts without all the details and Schneider's research shows that partners find it easier if the major issues are disclosed up front without the 'gory' details (*Surviving Disclosure of Infidelity*). This can pose problems for the addict as they are generally fearful that their partner will leave if they tell them too much. However Schneider's research suggests that threats to leave generally aren't carried out. At this point however partners generally feel that they will have to leave if they don't start getting the truth! Given that sexual addiction is all about secrecy and lies, by the time the addiction is out in the open partners are on the one hand relieved that what they suspected was actually true and on the other hand shocked and horrified by what they have uncovered. How disclosure is handled can determine the future of the

relationship, and if the relationship is to be rebuilt it is going to require honest and open communication. Handled correctly the relationship can develop resilience and a level of honesty and intimacy not previously experienced.

### **Healing & Growth**

*“Owning our story can be hard, but not nearly as difficult as spending our lives running from it. Embracing our vulnerabilities is risky but not nearly as dangerous as giving up on love and belonging and joy—the experiences that make us the most vulnerable. Only when we are brave enough to explore the darkness will we discover the infinite power of our light.”*

Brene Brown

So how do partners and families of sex addicts survive an addiction when it is so difficult to even talk about it? Not very well would have to be the answer to that question. However there is hope and in the Partners Healing Support Groups I run I have observed the following:

1. In the first instant it is important not to tell the partner of a sex addict that she is a co-addict, co-dependent or partly responsible for her partners addiction. Partners of sex addicts have experienced such a deep level of betrayal that the brutality of this realisation, and all that is associated with it, can be almost unbearable. Partners need to be accepted with support and compassion and then treated for trauma before they will be in a position to start looking at their own story. Eventually partners will need to deal with the issues arising from their family of origin, particularly around issues of abandonment, self-esteem, abuse and dependence, but first they need a sense of safety and support to ensure that they are not further traumatised. Supporting and stabilising partners, and building a good therapeutic alliance, is at the heart of empowering partners to understand their situation and move toward healing and personal growth.
2. There can be a difference between women whose partner’s sex addiction manifests as infidelity with other women (ie prostitutes/affairs) and those whose addiction is to pornography. The perception is often that this is not as bad and he hasn’t really been unfaithful. How does this impact the partner in their recovery?

In my groups I notice a difference in attitude as it is easier for these partners to minimise their experience. However although the sense of betrayal may be different the addiction is the same, as are the long-term consequences for both the addict, the partners and families. Sharing information with others who have similar experiences helps to avoid minimisation and empowers the partner to own her experience and its consequences on her and the family.

3. It is vital to have support and a safe environment to be able to discuss and explore freely the on going issues inherent in living with a sex addict. This sharing with others in similar situations normalises the experience and helps to reduce some of the shame associated with the experience. To be able to explore issues such as trust, telling the children and wider family, personal healing, dealing with sex and sexually transmitted diseases with others who have similar experiences is a gift beyond price.

4. Having a group of trusted others to help reflect on what has gone before - i.e. what life was really like before discovery of the sex addiction, helps to break through denial. This also helps to build understanding and lead to a curiosity about connecting with their own family stories, and eventually understanding of the role they have played in the relationship.

5. Discovering they are not alone, that they are not a failure who somehow mismanaged their relationship and destroyed the family, and they are also not solely responsible for fixing it, helps relieve some of the burden of doubt, shame and insecurity.

6. Learning about triggers (such as dates, certain people, events and locations) and setting boundaries around triggering events, is helpful in terms of partners knowing that they can keep their environment safe. This gives her permission to avoid those triggers (or at least seek support if a triggering event happens). Having boundaries around behaviour that is unacceptable in her partner and herself enables a sense of empowerment, and provides safety for the family.

I started this paper with a letter written to Sex Addiction because for people who can't speak writing is an obvious choice to externalise what is without doubt

an incredibly painful and traumatising experience. The letter to Sex Addiction also helps to separate the person from the addiction. While partners need to have a voice and be able to acknowledge their experience in a supportive environment with a therapist who understands sex addiction and the unique issues faced by partners, recovery for both parties requires absolute commitment to the healing journey and starts with an understanding of the nature of addiction. With this commitment, time and help from appropriately trained therapists and other support and recovery groups, healing is not only possible but a relationship with real intimacy and connection is more than achievable.

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