

Survey of Expatriate Christian Men Living in Cambodia Regarding Views and Practices of Pornography, Erotic Massage, and Prostitution

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Abstract:

Viewing pornography and purchasing sexual services from persons working in prostitution and erotic massage are deemed by most Christians to constitute sexual misconduct because of the Bible's exhortations on premarital and extramarital sex. Recent surveys have uncovered a dissonance between Christian views on sexual misconduct and practices Christians adopt. Vulnerability to sexual misconduct constitutes both a challenge to Christian social workers in their profession and an opportunity for their participation in the development of support services for Christian men both abroad and at home. Our survey explores the prevalence of this dissonance among expatriate Christian men working in missions and development NGOs in Cambodia, many of whom are involved in some form of social work. Using the PATHOS criteria, our analysis confirms the incidence of the dissonance, but also identifies the presence of sex addiction in a significant part of this subgroup. We recommend the use of a holistic treatment approach, men's groups and accountability.

Key words:

Dissonance; pornography; prostitution; erotic massage; clergy sexual misconduct; coping strategies; sexual addiction; PATHOS; holistic approach; support groups; accountability.

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INTRODUCTION

A number of surveys have been conducted in the past decade concerning the sexual activities of evangelical, "Bible-believing" Christians, primarily in the U.S. What conservative Christians generally profess is in accordance with the Bible's exhortation to "Flee sexual immorality..." (1 Cor. 6:18 ESV), "... not to associate with anyone who bears the name of brother if he is guilty of sexually immorality..." (1 Cor. 5:11 ESV) and "... sexual immorality and all impurity or covetousness must not even be named among you, as is proper among saints" (Eph. 5:3 ESV). This population has been overwhelmingly disapproving of the trend toward more liberal, open sexual practices that has made its way into the culture, especially since the sixties. Whereas, in popular culture, it is generally condoned and assumed that unmarried couples are free to experiment with sexual intercourse as part of the courtship process, the Christian position has maintained the Bible's recommendation to abstain from sexual behavior until marriage. Further, the evangelical community frowns on pornography, sexually explicit language and generally eschews the liberalization of sexually-oriented material in entertainment and in society at large. Sexual activity outside of marriage is considered completely unacceptable. Therefore, viewing pornography and purchasing sexual services from persons working in prostitution and erotic massage are deemed by most Christians to constitute sexual misconduct. One question that is before us is, "Do our beliefs line up with our actual behavior?" While it is granted that no one perfectly lives up to the standards to which they aspire, one should expect a significant difference in the moral behavior of people who practice the spiritual disciplines of church attendance, prayer, Bible study, and accountability in comparison with those whose conscience allows them to indulge in more liberal behavior. With reference to the many studies that have been done, there appears to be a significant

dissonance between what evangelicals say they hold to and how they actually behave. The relevance of this issue for Christians in social work is twofold. First, their own vulnerability to sexual misconduct may affect their capacity to counsel individuals experiencing difficulties linked to this dissonance or even coping with sex addiction. Second, the prevalence of both this dissonance and sex addiction among Christians suggest the need for the establishment of support services in which the participation of Christian social workers would be greatly beneficial.

Our survey explores the question of what expatriate Christian men in Cambodia do in response to sexual temptation. Whether engaged in missions, employed by Christian development NGOs or serving as consultants, expatriate Christian men are often involved in some kind of social work. Hence, our purpose in choosing this subgroup was to verify the vulnerability of its members to two forms of sexual misconduct that are pervasive locally. We wanted to learn how they cope with temptations and if chosen methods have been effective. Our hope is that through this inquiry, Christians in social work may consider the need for programs which have proven to be effective in other places and situations whereby the sexual integrity of expatriate Christian men may be attained.

PUBLISHED SURVEYS

Incidence of pornography use among Christians

There have been many surveys regarding Christians' use of porn over the past ten to fifteen years in response to the proliferation of cybersex. However, most of the statistics readily found on the Internet are from unscientific polls, many of which are not annotated and/or are several years old. Daniel Weiss (2011), Director of Research and National Outreach for ROCK, states:

The best practice for citing statistics on pornography use is to treat all numbers with suspicion (people are prone to lie about this topic in surveys) and consider even the best

numbers to be a snapshot of a particular place (nation) at a particular time that may or may not be true today. Indeed, most peer-reviewed research is three to four years old at a minimum and may be outdated in light of the fast pace of technology.

With that caution in mind, the following are some surveys worth citing:

- In 2000, Christianity Today conducted a non-scientific survey of its readership—both laity and clergy—on the issue of Internet pornography. Thirty-three percent of clergy said they have visited a sexually explicit website. Of those who have visited sexually explicit websites, 53% said they have visited the sites a few times in the past year; 18% of clergy estimated between “a couple of times a month” to “more than once a week” (Gardner, 2001).
- *Leadership* (Christianity Today, 2001), a journal subscribed by many Christian pastors, lay leaders, and missionaries, conducted a survey of 564 church leaders regarding sexual behavior. Some of the findings include: 51% of pastors indicated that Internet pornography is a possible temptation, 43% admitting they have visited a pornographic site at least one time, 21% doing so “a few times a year” and 6% “a couple times a month or more”, and 37% of pastors said viewing pornography was a current struggle.
- In a follow-up study, Christianity Today published the results of a survey called “Christians and Sex” in their *Leadership Journal*. Out of 680 pastors surveyed, 57% of pastors said that “addiction to pornography is the most sexually damaging issue to their congregation” (Christianity Today, 2005).
- At a *Men, Romance & Integrity Seminars* organized by Focus on the Family, 63% of the men in the audience “admitted to struggling with pornography in the past year; and, two-thirds were in church leadership positions and 10 percent were pastors” (Barbera, 2012, Ch. 12).

- The Promise Keepers Men's Conference conducted an informal poll during its 1996 rally and this poll yielded even more dismal results, where one out of three men in attendance admitted they "struggled" with pornography. Also, the Colorado-based Focus on the Family organization reports that 7 out of 10 pastors who call their toll-free help line claim to be addicted to porn (Stammer, 2001).
- In 2002, Rick Warren, pastor of the Saddleback Community Church, surveyed 6,000 pastors who visited his website and learned that 30% admitted viewing Internet pornography in the previous 30 days (Bergin, 2005).
- ChristiaNet.com polls indicate that 50% of all Christian men are addicted to pornography (Market Wire, 2006).

Some analysts are skeptical of figures this high, on the basis that the standard instruments used to diagnose sex addiction are not normalized for a conservative Christian population. For instance, some evangelical men are especially guilt-prone concerning sex, which may cause them to endorse more of the "subjective discomfort" indicators of sex addiction per the instrument used. The above point notwithstanding, is it not telling us something when a person cannot stop a behavior which is in conflict with his ideals?

Arguably, the best known researcher on religious faith and its impact on moral behavior in the U.S. is George Barna. He has been publishing statistics comparing people on the range of religious faith with specific moral behavior for a number of years. As a rule, evangelical Christians conform closest of any group of Americans to traditional moral values, including those pertaining to sexuality. Having collected data from 2003 to 2006, he found that 12% admit to pornography use in the past week, while 3% are involved in non-marital sexual relationships (Barna Group, 2008). However, his research has

detected a troubling trend; that the younger adults are twice as likely to engage in immoral behavior as those in older categories. The California-based researcher also put the sexuality data in perspective:

It is rare to see such large gaps between population segments and it confirms a major shift in the way Busters [people in twenties and thirties] think and behave sexually. Sexual experimentation is not new. But it is striking to see sexual behaviors and attitudes that were uncommon now becoming part of the accepted, mainstream experience of young people (Barna Group, 2006).

The President of the Barna Group added, "We expect to see this mindset of sexual entitlement translate into increased appetites for pornography, unfiltered acceptance of sexual themes and content in media, and continued dissolution of marriages due to infidelity" (Barna Group, 2006).

In this sexualized cultural context, opportunities for sexual misconduct abound. Consequently, Christian men may truly struggle with sexual integrity, in spite of their belief that pornography, prostitution and erotic massage constitute sexual immorality, which the Bible advises them to guard themselves from. If they indulge in any of these, their awareness of the ensuing dissonance, the shame or fear of judgment they may experience, and their tendency towards being socialized to avoid discussing sexual topics may bring them to conceal their struggle, which can result in the development of an unhealthy, addictive cycle and possibly even sex addiction. It matters, then, to know whether the strategies they have found to cope with this struggle suffice or whether they are in dire need of external help.

Coping Strategies Christian Men Utilize

Concerning the question about what Christians do to minimize or extinguish unwanted sexual impulses, there have been a few published studies. In the aforementioned *Leadership* survey (Christianity Today, 2001), 75% of pastors state that they do not make themselves accountable to anyone for their Internet

use. Further, among those who do use pornography, 70% do not talk to anyone about their behavior. The Barna Group (2013) published a survey in which respondents were asked if and how they attempted to resist temptations of various kinds, sexual temptations included. A majority of Christians, as opposed to non-Christians, actually does try to resist temptations. The strategies listed prayer and asking God for strength (18%). Other common responses include using reason to weigh the options (12%), choosing to just say “no” (10%), and simply avoiding or staying away from the situation altogether (10%). Said David Kinnaman, President of Barna Research:

Most of the ways people say they resist temptation are fairly individualistic—only 4% of people say they talk to or call someone else when they are tempted and a mere 1% say they seek the company of others or attend a meeting. In general, Americans seem to rely on their own willpower (through reasoning, leaving the situation, thinking about something else, or focusing on positive thoughts—about 4%-5% each) or on a distracting activity (exercise, work, going for a walk, listening to music, going to bed—about 2%-3% each) (Barna Group, 2013).

DESCRIPTION OF STUDY

Glenn Miles, Mark Ainsworth, and Ken Taylor collaborated to develop a survey to learn if the largely missionary, expatriate Christian community in Phnom Penh and surrounding areas is experiencing similar challenges to sexual integrity as those in other parts of the world. We each come from slightly different disciplines, though we all share similar religious beliefs. One is a social scientist engaged in issues related to the sexual exploitation of men, women and children, one is in the field of psychological treatment and member care support for Christian men, particularly those in ministry, and one is advisor in development of men's fellowships within the church. There is a fairly large expatriate missionary and NGO subgroup in Cambodia who is here to contribute to the wellbeing of the local communities, thus it

is generally motivated by high moral standards and often involved in some form of social work. Nevertheless, we are all aware that there are counter-forces that threaten the effectiveness of altruistic endeavors. The oft-quoted phrase, "physician, heal thyself" (Luke 4:23 KJV) is a word to the wise, paraphrased from Jesus' injunction to "take the plank out of [our] own eye" (Matthew 7:5 NIV) as we are in the business of trying to help others. We all have witnessed a number of Christians being disqualified for Christian service due to inappropriate sexual behavior.

Since we were primarily targeting sexual misconduct, we identified two different forms which seemed particularly pervasive in Cambodia:

- Buying sexual services from persons working in prostitution and erotic massage
- Viewing pornography, especially on the Internet which, for the first time in human history, has been able to virtually transcend every geographical boundary in the world.

In Phnom Penh, Internet access has risen to the point where it is available to anyone who has access to a computer. Based on anecdotal evidence and experience working in other contexts, our working hypothesis was that the incidence of sexual misconduct would be in line with the studies cited above. If we were to determine that this is true, we further wanted to develop preventative and remedial programs to support these people. As this is a preliminary study, we limited the survey to males.

METHODOLOGY

The survey consisted of 25 questions. One of the primary things we wanted to learn was the prevalence of *sex addiction* (or whatever might be referred to as describing a pattern of sexual inappropriateness) among our respondents. From the outset, the writers want to acknowledge the fact that the term *sex addiction* has negative connotations in the minds of many, particularly in the Christian community. Some see it as a shaming label, which has the unintended effect of driving people away from seeking

help. Others view it as an imprecise, rather arbitrary term that is inadequately defined. Still others are suspicious that its acceptance necessarily absolves the individual of personal responsibility for behavior which they see as under one's volition. They may take the view that if a person's sexual behavior is out of control, then that constitutes a spiritual problem with a spiritual solution. Additionally, there may also be a misunderstanding of "grace"; the view that once we are forgiven, we are a "new creation", and therefore should not put ourselves (or others) in a box or label that says we are still addicts. For some people, this may have a negative impact, making them feel that they are never going to be completely healed or restored. This is a particularly valid concern. It must be noted, however, that most 12-step support groups do make it clear that, in recognizing their addiction, they are not concluding that their core identity is that of an addict; only that they likely will always be tempted and that they need to be aware that their brains have been permanently altered, such that they will always have a weakness that needs to be strengthened through the fellowship with others having the same struggles.

Although the authors of this study appreciate the above objections, they have not found a suitable alternative term and moreover find the behavior commonly known as sex addiction to be useful in exploring the phenomenon of unwanted sexual behavior. We define the term *sex addiction* on objective, carefully delineated criteria. At this point, it is probably useful to some that we review the various criteria and instruments that addictionologists use to determine the presence of addiction in general and sex addiction in particular. First, we need to look at how behavioral scientists differentiate addiction from compulsion. According to Elizabeth Hartney (2011):

Addiction is a broad term, which is used to describe an entire process by which people (or animals) become dependent on a particular substance or behavior in order to cope with life. This dependence becomes so important to the individual that he will persist in using

the substance or engage in the behavior, even when it is harmful to himself, his family, and other important areas of his life.

While the public has come to accept the concept of addiction to substances long ago, the idea that behaviors such as gambling, overeating, sex, and others may be equally addictive has only relatively recently been verified. Through the use of brain-scan technology and a better knowledge of neurochemistry, scientists now know that chemical addiction and behavioral addiction originate in the same process, one that accesses the *nucleus acumbens*, popularly known as the "pleasure center". *Compulsion*, on the other hand is a narrower term, which is used to describe the intense urge to do something which does not have a direct reward other than to provide relief from anxiety. It is most often associated with obsessive-compulsive disorder (Hartney, 2011). Thus, compulsion is a definite feature of addiction, but a compulsion may not meet the criteria for addiction because of the lack of pleasure as the goal. A further difference is that with a compulsion, the person recognizes the senselessness of the behavior, whereas the addicted person often views their drive as healthy pleasure, such that they deny the dangers that may be apparent to their family and friends. For the above reasons, repeated inappropriate sexual behavior really should be classified as addiction rather than compulsion (Carnes, 1996).

Sex addiction has been studied extensively over the past 30 years or so. During that time, several instruments have been developed, tested, and refined to determine who is and who is not a sex addict. The device most in use for both research and diagnostic purposes is the Sex Addiction Screening Test (SAST) developed by Patrick Carnes. It remains the standard for mental health professionals today in assessing for sex addiction. Indeed, "The SAST is a brief, face-valid measure of sexual addiction that is widely used in clinical practice. The SAST has strong psychometric support." (Hook, Hook, Davis, Worthington Jr., Penberthy, 2010, p. 246). However, in the past few years researchers have developed a shorter, simpler screening test called the PATHOS. Consisting of only 6 questions, it has been beta-

tested for validity and reliability and was found to be useful as a screening test. Two studies were conducted by Carnes, Green, Merlo, Polles, Carnes and Gold (2012), which promote the use of the PATHOS as a screening instrument to detect potential sex addiction cases in clinical settings. The questions comprised in the PATHOS are:

- (Preoccupied)– Do you often find yourself preoccupied with sexual thoughts?
- (Ashamed) – Do you hide some of your sexual behavior from others?
- (Treatment) – Have you ever sought therapy for sexual behavior you did not like?
- (Hurt others) – Has anyone been hurt emotionally because of your behavior?
- (Out of control) – Do you feel controlled by your sexual desire?
- (Sad)– When you have sex, do you feel depressed afterwards?

According to the developers of the PATHOS screening test for sex addiction, a "yes" to any 2 questions indicates a possible sex addiction and a "yes" to 3 or more indicates sex addiction (Carnes et al., 2012). Importantly, in a recent *Journal of Sexual Medicine* article, "researchers studied 207 people who had visited outpatient clinics and reported problematic sexual behavior. The clinics offered either specific counseling and treatment for sexual addiction or more general treatment for drug addiction or psychiatric problems" (Szalavitz, 2012). Of those who sought treatment specifically for compulsive sexual behavior, 88% qualified for the diagnosis. The study suggests that 93% of the time, the diagnostic criteria will exclude those who are not sex addicts (Wheeler, 2012).

We embedded 5 of the 6 questions in the PATHOS into our survey as a way to try to quantify the presence of sex addiction in our sample. The involuntary omitting of one of the questions will be discussed later. The 5 questions from the PATHOS were as follows:

- Q6: "Are you preoccupied by sexual thoughts?"
- Q16: "Do you feel controlled by your sexual desire?"

- Q15: "Do you hide some of your sexual behavior from others?"
- Q20: "Have you ever sought counseling or therapy for sexual behavior you did not like?"
- Q17: "Do you feel depressed or discouraged about some aspect of your sexual behavior?"

The sixth question, which was left out of the survey was: "Has anyone close to you been harmed emotionally by your sexual behavior?" To solve this, we have calculated projected probabilities of prevalence for three alternative scenarios. These are presented and discussed further.

Concerning the two forms of sexual misconduct we studied, viewing pornography (Internet and other) and buying sex (prostitution and erotic massage), it was decided to use Survey Monkey (www.surveymonkey.com) so as to conduct a confidential survey in which recipients would not need to reveal their names or e-mails. The link to the survey was distributed through three e-lists:

- ICF InfoFlow, the International Christian Fellowship's website used by a wide range of Christians to access advertisements on jobs, trainings, events, goods and services
- Men's Prayer Breakfast contacts, which many Christian men in Cambodia are recipients of
- Chab Dai's e-list, which includes leaders of 52 faith-based NGOs in Cambodia working on the issues of trafficking.

Because the survey was confidential, it is unknown how many people saw the link and forwarded it to friends for completion. Out of 100 responses received, 11 surveys were not valid. Seven other respondents were not Christians and this subgroup was too small for its answers to be compared with the Christian subgroup. The remaining 82 responses were analyzed. Given the ethical implications of such a survey, we felt that the provision of a counseling contact at the end of the questionnaire would allow respondents to follow up if completing it stirred up anxiety or a desire for assistance. Indeed, the ultimate purpose of the survey was not academic, but to bring expatriate Christian participants to think

about their behavior and consider how they could protect themselves or receive appropriate help if necessary.

RESULTS ON VIEWS AND PREVALENCE OF PROSTITUTION

Somewhat surprisingly, the expatriate Christian sample was slightly less disapproving of prostitution than it was of pornography (85% compared to 93%, respectively) and 6% was neutral, the same percentage of the sample that felt that viewing pornography is justifiable when intended to relieve tension. One of the most interesting and frankly unexpected findings involved the question of expatriate Christian men's comparison of *prostitution* with *erotic massage*. The researchers of this study would have hypothesized that these two activities would be viewed as equivalent. However, only half of the respondents thought so. Twenty percent saw the two as categorically different and another 19% said it depended. Each of these respondents was asked to explain his answer. The reasons given ranged from a claim of ignorance about the nature of erotic massage, to vague differentiation, to tacit agreement that they are the same thing. An unusually high percentage (30%) of respondents gave no answer, which represents no less than 24 individuals. Hence, this could be viewed as either an ambiguous question or, alternatively, one whom many felt uncomfortable to answer. In terms of actual intercourse with a prostitute, 11% admit to it. Again, there was a significant percentage (15%) of subjects who gave no answer. One would tend to rule out question confusion, as it is expected that anyone can remember "yes" or "no" to such a direct query. Exactly the same number of respondents acknowledged visiting a masseur for erotic purposes.

Concerning the utilization of traditional therapeutic massages, it is unknown what percentage of expatriate Christian men in the sample have used this service, as the question was not asked. However, of those who, ostensibly, went to a masseur for non-sexual services, about one-third of them were

nevertheless touched sexually. About 1/4 of them encouraged the masseur to continue, while 75% did not. On the other hand, of that latter group, a majority simply ignored the advance rather than rejected it directly.

RESULTS ON VIEWS AND PREVALENCE OF PORNOGRAPHY

Overwhelmingly, the self-identified Christian expatriates disapprove of pornography. Almost 93% think it is always negative. Six percent replied that it may be acceptable in order to relieve tension. Only one out of the 82 Christian expatriate surveyed saw it as something positive. Nevertheless, only a minority (46%), say they totally abstain from it. About one-third acknowledge occasional indulgence and about 20% view it on some regular basis. Of those having a categorical negative attitude toward pornography, about 16% view it regularly nevertheless. Concerning the 20% who view porn regularly, it would appear that whatever means they are using to stop or reduce the behavior has not been effective, as there is a dissonance between what they believe and what they regularly practice. They seem to be men who are struggling. They appear to be experiencing a pattern, which has been described as the *Addiction Cycle*. Briefly, this pattern is one in which the person tries to avoid the unwanted behavior by willpower, followed by temptation, leading to fantasizing, then to "playing around the edges", and finally resulting in acting out. This is followed by feelings of shame and despair, which eventually gives way to new internal promises to not do it again (Carnes, 2005, p. 2-29). Is this group in need of some kind of support service? As mentioned, a sizable number of respondents (33%) disapprove of pornography, yet *occasionally* indulge in it. Are these men at risk in any way? The authors of this study asked this group a few further questions in order to learn if they are candidates for outside support:

- "Is there a denial factor about how pornography and other inappropriate sexual behavior can become addictive?"

- "Even though you don't think your viewing of pornography is out of control, do you hide it from your wife, if married?"
- "If she were to find out, would it cause hurt to her and conflict in the marriage?"
- "Are you aware that Internet porn is highly addictive and that viewing it tends to increase over time?"
- "Are you content for the pattern to continue as it is and/or are you satisfied with your approach to resolving the problem; that you can resolve the problem yourself, rather than seeking outside help?"

RESULTS ON PREVALENCE OF SEX ADDICTION

The following table shows the results of the "sex addiction" questions:

Question	Yes	No	No answer given
Q6: "Are you preoccupied by sexual thoughts?"	56%	40%	4%
Q16: "Do you feel controlled by your sexual desire?"	22%	65%	13%
Q15: "Do you hide some of your sexual behavior from others?"	53%	34%	13%
Q20: "Have you ever sought counseling/therapy for sexual behavior you did not like?"	19%	65%	16%
Q17: "Do you feel depressed or discouraged about some aspect of your sexual behavior?"	49%	34%	17%
"Has anyone close to you been harmed emotionally by your sexual behavior?"	X	X	X

Respondents to the survey were queried concerning their religious faith. For the purposes of this analysis, we looked only at those who identified themselves as Christian. The results are as follow:

0 PATHOS indicators	21%
1 PATHOS indicator	22%

2 PATHOS indicators	22%
3 PATHOS indicators	16%
4 PATHOS indicators	12%
5 PATHOS indicators	7%
6 PATHOS indicators	X

The above data shows that 35% answered "yes" to 3 or more questions, which indicates the presence of sex addiction. This is somewhat lower than most surveys conducted in the United States have shown for the Christian population there. However, as previously mentioned, one of the PATHOS questions was inadvertently omitted, which undoubtedly produced a lower percentage than would otherwise have occurred. One could estimate what the results might have been by introducing three scenarios. We are only interested in the group that said "yes" to 2 indicators, since we are looking for 3 or more indicators. The following table shows how the final numbers would have been altered:

Percentage of group indicating 2 "yes":	Projected Sex Addiction Percentage of Sample Population
If 1/3 had answered affirmatively	51%
If 1/2 had answered affirmatively	60%
If 2/3 had answered affirmatively	69%

Although we cannot pinpoint the level of sex addiction in this survey, we believe that the percentage would be somewhere between 45% and 65%. The sexual behavior of another 25-30% is also of some concern.

RESULTS

Now, let us examine what the respondents indicated in terms of solutions to the problem. Sixty five percent of respondents felt that the church should directly address pornography and prostitution

among its members. The leading two specific recommendations for missions and Christian NGOs were: (1) Provide counseling and support groups for at-risk individuals (52%), and (2) Have more frank sermons and discussions about sexuality in church (40%). Additionally, an open-ended question enabled each respondent to put in his own words what he thought was most needed to address the issue of sexual temptation in Cambodia. The suggestions varied widely, sometimes in direct opposition to others' solutions. Many felt the need for programs addressing the problem more directly, such as professional counseling, positive non-shaming support groups, forums for open discussions on sexual realities, good books and literature, and strong mentoring and discipleship relationships. Some of the comments referred to the problems and obstacles more than they suggested solutions, but they should nonetheless be closely examined, as they might point to feasible improvements of existing initiatives. One of the most commonly stated criticisms was regarding *accountability groups*, which many churches have established, at least in the U.S. and the U.K. Some of the negative feedback was that these groups are not always safe (because they may be judgmental, shaming or non confidential). Other comments were that they are often superficial, vague, and tend to drift toward irrelevance and finally to extinction. Other thoughts were that it might be preferable to have support groups that are not oriented on a single issue.

DISCUSSION REGARDING OBSTACLES TO SOLUTIONS

There is a consensus among practitioners, and our respondents largely agreed, that support outside the individual is a good idea. What we found, however, was that with regard to the men indicating problems with sexual temptation in this sample, only a minority would be inclined to participate in a support group or community. Of the men who meet the criteria for sex addiction, only 34% are interested in help outside themselves. Of the categories acknowledging one or two indicators, only 20% would utilize a support group. Thus, it appears that the majority of men in the survey who

acknowledge struggling with sexual misconduct on an ongoing basis are not inclined to resort to methods other than those they already use. Presumably, this means they are currently depending on prayer, Bible study, willpower, and possibly one-on-one accountability. One of us authors with a broad background working with support groups in the Christian community is not surprised by these findings, as it is very consistent with his experience that a small minority of expatriate Christian men who struggle with sexual temptation actually utilize external support. It is not the purpose of this study to examine the reasons for resistance to support groups, but it may be helpful to review literature regarding this general problem in future analyses. The overall research shows that participation in 12 step-type groups is positively associated with lowered addictive behavior across the spectrum of addiction types and that this is generally acknowledged by professional addictionologists (Toft, 2000). In spite of their prominence, 12-step fellowships have been and remain the subject of controversy. Also, several aspects of the recovery program have been identified as potential stumbling blocks for both potential clients and referring agents. According to Laudet (2003), potential reasons for abstaining from participation in such support groups are:

- Their emphasis on spirituality and religion
- The underlying concept of powerlessness versus the culture's emphasis on self-reliance
- The idea that groups are only for people whose addiction is worse than one's own
- Their focus on negative aspects of behavior rather than on growth orientation
- Fear of becoming dependent on the group
- Fear of getting bad advice from group members
- Doubts regarding their effectiveness
- Personal aversion to "opening up" to strangers

We are not aware of any studies of Christians' resistance to 12-step groups, but, anecdotally, we have frequently heard, in addition to some of the objections listed above, the following:

- Lack of specification of Jesus Christ as the higher power.
- The sufficiency of scripture in dealing with chronic sin. This position is largely held by Christians who identify as fundamentalists. They generally are suspicious of any extra-Biblical sources that claim knowledge beneficial to better living.
- Being subjected to labeling as an addict. From this perspective, one sees a conflict between accepting that the addiction will always "dog" him and his theological position that it is possible through faith to put one's past and present besetting sins behind him-- to the extent that he no longer will be any more prone to that particular sin pattern than someone who has never been addicted. Hence, one believes that the former approach, with its "negative confession", serves to keep him in an addicted state and that the way to break free is to accept his identity as one "in Christ".

Speculatively, there may be a more general reason for the failure of so many at-risk persons to engage in either counseling or group support; namely, the human tendency to keep one's weaknesses a secret from others. The results for one of our survey questions may, in fact, reveal that several respondents think that support groups would be good for others, but not for themselves. Of the expatriate Christian sample, 52.4% thought that support groups would be beneficial for those struggling with sexual temptation. This contrasted with the statistic mentioned earlier concerning the question: "*Would you like to receive/be part of any counseling/therapy/support group for your sexual behavior?*" Here, only 20-34% of respondents who admit to sexual failure answered in the affirmative. A telling footnote is that while some who took the survey stated that they would utilize either therapy or group support, only one person so far has responded to the email/telephone number that was given at the end of the survey for anyone who wanted to follow up.

In the review of the literature, a study identified lack of motivation to enter recovery and/or reluctance to recognize that recovery requires external support appears to be a major barrier to affiliation with 12-step groups. The conclusion of Laudet (2003) was that *change readiness*:

involves a fairly long initial stage in which denial about addiction needs to be broken down. Individuals who do not believe they have a problem or who believe that their problem is not severe enough to require help are unlikely to engage in support. Asked about reasons why people may not attend support groups, twenty percent of substance users said that "people can do it on their own" and only one-third of clients viewed support groups as crucial to the recovery process versus one-half of clinicians (Laudet, 2003). Denial of a problem or of a problem's severity is a major barrier to seeking and obtaining help. Decrease in denial during treatment is a significant predictor of 12-step attendance afterwards. Commenting on high rates of early attrition, AA has suggested that it may be that "some individuals are not convinced of their addiction".

In summary, those of us who specialize in providing care and support for the expatriate Christian community in the area of sexual purity face several problems, many of which were highlighted in our survey. The first of these is a general reticence on the part of the church to address sexual temptation and misconduct. This was highlighted by many in our survey. Many pastors are reluctant to preach on the subject or do so in such a way that they appear insensitive to the real-life anguish that people face. This is especially true of those who sit in church who struggle with same-sex attraction. Without realizing it, pastors often convey the message that sexual misconduct is in a special shame category that should only be referred to in vague terms. All of this discomfort has the effect of deterring congregants from engaging in honest dialogue, either in a group or in one-to-one relationships. Related to this is the observation one of us has heard comparing secular support groups with Christian-based.

The feedback has been that, everything else being equal, people are more specific, candid, and honest in secular groups. Is this because the Christian has been socialized to hide the sexual component of his/her life? It is the opinion of the authors that the church will no longer be able to get away with its neglect concerning sexual issues if it intends to be a responsible institution for God's service. The main reason for this is that the children and youth around the world are now getting their sex education from the Internet. Many Christians have understandably fought hard to prevent public schools from indoctrinating their children with regard to sexuality. Unfortunately, the fight has largely been lost--but by comparison, the Internet poses infinitely more danger to children's welfare. The viewing of hard-core pornographic images by young children is imprinting their undeveloped brains for trauma, now and in the future. Parents need much support from the church in order to help minimizing the exposure.

The second obstacle is *treatment dogma*, which creates barriers among the various people working in the field. Perhaps the biggest divide in the Christian community is the holistic versus exclusive spiritual approach to healing. Whereas, in recent years, more and more Christian pastors and leaders are accepting the idea that there may be more to the story as to why a particular believer struggles with sexual misconduct than simply that he/she is spiritually deficient, there remains a great many who prescribe exclusively spiritual remedies. It should be clear to the reader that the authors of this study believe that spiritual recommendations such as Bible study and memorization, prayer, contemplation, discipleship, and regular fellowship with other believers are all very positive and healthy practices. It is interesting that the 12-step principles derived in part out of the Oxford Group, a Christian discipleship movement. One can quickly identify standard Biblical advice regarding how to overcome besetting sins. However, we have come to view humans as body, soul, mind, and spirit, with the implication that there may be factors to consider which practitioners of other disciplines have come to understand with regard to soul healing. Of particular note in the area of addictions are the remarkable discoveries

involving the brain's function, both in the genesis of addiction and in its treatment. Daniel Amen, a brain researcher and Christian, has said "Living with a healthy brain gives people the opportunity to be and act healthy; living with a damaged brain often leads to great struggle" (2002, p. 16).

Limitations

Our literature review clearly reflects two limitations of previous studies. First, most of them have been conducted in the United States which implies that results may not be representative of trends worldwide. Second, the vast majority of recent surveys dealing with sexual misconduct among Christian men have focused exclusively or primarily on pornography use. Our results suggest that future studies including prostitution and erotic massage may be helpful in understanding this issue in a more comprehensive way. As for this survey, we are well aware that the sample was limited to men who either viewed or were encouraged by others to complete the survey from the three e-lists mentioned above. It is impossible to determine whether some people overstated their beliefs and downplayed their sexual behavior or, conversely, were reluctant to share what they believed or experienced. Nevertheless, we believe that providing an opportunity to do so confidentially gave people the freedom to respond honestly. Another limitation of our study is that it does not differentiate between social workers, those partly involved in social work and those absent from this field. As stated earlier, it is likely that a large number of the expatriate Christian men surveyed are active in some form of social work either periodically or regularly. It might have been helpful to learn whether expatriate Christians partly or fully involved in social work experience this dissonance, whether they perceive this as affecting their practice and whether they would be willing to seek and/or offer support towards attaining sexual integrity. However, given the limited size of the subgroup, such differentiation would have compromised the confidential nature of the answers given and therefore reduced respondent openness. Future research on this issue with a focus on Christians in social work could both strengthen

the practice and provide an opportunity to brainstorm on appropriate, feasible solutions tailored to the needs of both expatriate Christians and those at home.

SUGGESTIONS FOR CHURCH AND MISSIONS LEADERS

Christian social workers, church and mission leaders must see this as a serious issue. In discussion with two 'member care' bodies the response was sadly lacking – neither appeared willing to utilize this research and consider how they might develop appropriate training or add it to orientation training, even though, anecdotally, many know people on the mission field who have had to leave because of inappropriate sexual behavior. The initiatives that follow would help address this issue in both the expatriate Christian communities abroad and those at home.

- Providing training to new expatriate mission and Christian development workers that adopts a biblical approach to the prevention of sexual misconduct through men's support groups that cover both general and specifically sexual issues. Similar programs should be developed in other contexts.
- Appreciating that different men require different approaches, but also appreciating the value that many have found in 12-step programs while considering options for the development of a comprehensive program for expatriate mission and development workers abroad, as well as Christian men at home with addictive patterns.
- Encouraging leaders of expatriate missionary organizations and Christian development NGOs to take the issue seriously, but not in a punitive way, as staff may currently be afraid to admit that they have a problem even in the early stages when intervention is most effective. It is possible to develop a plan that creates a culture within the mission organizations of candor and transparency with regard to sexuality, using the new resources that are being made available for prevention and treatment. Help should be sought from professional counselors and

experienced leaders early in crisis management situations when one of its members is found to have violated standards of appropriate sexual behavior. From these consulting relationships, better guidelines may be developed as to appropriate response protocols.

- Including questions in application forms and orientation packages for new workers about previous emotional and sexual histories that may require further consideration before acceptance, depending on the resources available on the field and the extent of the problem. It is assumed that applicants sign in good faith, attesting to the truthfulness of the information shared in the forms. However, mission administrators should also be aware that applicants may downplay negative past sexual behaviors and/or even sexual trauma. Appropriate interview skills will yield the most accurate information from applicants, both for screening purposes and for prevention actions.
- Installing Covenant Eyes or similar accountability software onto all computers, laptops and smart phones supplied by Christian organizations to their staff so as to reduce access to pornography. This also implies that staff be notified and requires their full collaboration.
- In places where massage is used extensively as a way to relieve tension, which is helpful, as well as achieving sexual release, which is not helpful, then massage establishments that are 'safe' may be sought and recommended to those who are less susceptible. Additionally, guidelines may be developed to minimize the risk a Christian might take in utilizing these services, such as always being accompanied by a spouse or, if unmarried, by an accountability partner.

CONCLUSION

This study has explored the existence of a dissonance between the views and the practices of expatriate Christian men working in missions and development NGOs in Cambodia on the issue of sexual misconduct, as was found by research elsewhere. Our survey has shown the presence of this

dissonance, as well as of sex addiction among a significant part of this subgroup. These results suggest that individual, exclusively Bible-centered coping strategies may not suffice to treat addictive symptoms. Given the prevailing view among counseling practitioners and researchers that seeking external help is effective in addressing both, especially in the early stages, we strongly recommend the establishment of support services through churches and Christian organizations with the active participation of professional counselors that adopt a holistic approach. In this regard, Christian social workers could contribute significantly to the restoration process of the sexual integrity of both Christian men abroad and at home. Addressing this issue “with gentleness and respect, keeping a clear conscience” is of the utmost importance as the expatriate Christian community’s presence in Cambodia is motivated by a desire to share “the hope that [it has]” (1 Peter 3:15-16 NIV).

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