

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION

DONALD L. HILTON JR.

Plaintiff

v.

NICOLE PRAUSE AND LIBEROS LLC

Defendants.

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Case No. 5:19-CV-00755-OLG

DEFENDANTS NICOLE PRAUSE AND LIBEROS, LLC’S MOTION TO DISMISS
DEFAMATION PER SE PURSUANT TO THE TEXAS ANTI-SLAPP LAW,
CIVIL PRACTICE & REMEDIES CODE § 27.001 *et seq.*

Defendants Nicole Prause and Liberros, LLC (collectively herewith “Dr. Prause” or “Defendants”) files this, their Motion to Dismiss Plaintiff Donald Hilton, Jr.’s Claims and Causes of action pursuant to the Texas Anti-SLAPP Law, Civil Practice & Remedies Code Section 27.001 *et seq.*, and would respectfully shows as follows:

I. Introduction

Nicole Prause, Ph.D. is a neuroscientist and licensed psychologist in the State of California who researches human sexual behavior and the physiology of sexual response. As part of her work, Dr. Prause has published peer-reviewed journal articles regarding the physiology of responses to pornography, which use EEG studies to show that the neural activity patterns of the subjects did not math the neural activities of individuals who experience drug addiction. This research challenges the assumption that addition theory is the best method for explaining hypersexual behavior. Dr. Prause’s research is supported by the official multiple national and international public health entities, such as the American Psychiatric Association, the World Health Organization, the Association for the Treatment of Sex Offenders, and the American

Association of Sexuality Educators, Counselors and Therapists. All of these institutions have found that there is insufficient evidence to classify “sex addiction” as a mental health disorder.

Donald L. Hilton, Jr. (“Hilton or “Plaintiff””) is a neurosurgeon based in San Antonio and the author of *He Restoreth My Soul: Understanding and Breaking the Chemical and Spiritual Claims of Pornography through the Atonement of Jesus Christ*. Hilton hates the conclusions of Dr. Prause’s research. Based on this hatred, he has engaged in a ten year campaign of abuse against Dr. Prause by repeatedly and falsely claiming that she appears at adult video awards, is sponsored by the pornography industry, is “pro-pornography,” has no training in biology, and “likes to abuse children” based on her past work with the Kinsey Institute. Hilton has regularly made these claims when appearing at conferences and while representing himself as an adjunct professor at the University of Texas Health Science Center at San Antonio (“UT Health-SA”), a state university. After Hilton told a newspaper reporter that Dr. Prause appeared at adult video awards, Dr. Prause was forced to respond to the reporter’s inquiries so that this falsehood would not be reported in the press. In an attempt to end Hilton’s repeated harassment, Dr. Prause emailed a report of harassment to the Office of General Counsel at UT Health-SA, asking that an official investigation be opened into Hilton’s harassment while holding himself out as an employee of this state institution.

Hilton now sues Dr. Prause for defamation, claiming that she intended to destroy his career by reporting his campaign of harassment to the state institution. However, this is just another attempt by Hilton to harass Dr. Prause with false and malicious claims. More importantly, Hilton’s suit must be dismissed because it is merely an attempt to infringe on Dr. Prause’s right to free speech and right to petition, and is therefore barred by the Texas Anti-SLAPP Law, Civil Practice

& Remedies Code Section 27.001 *et seq.* Dr. Prause respectfully requests that all of Hilton's claims against her be dismissed on these grounds.

II. Procedural and Factual Background

A. Professional Background of Nicole Prause, Ph.D.

Dr. Prause is a neuroscientist based in Los Angeles, California. *See* Declaration of Nicole Prause, Ph.D., ¶1, attached hereto as Exhibit "1." She researches human sexual behavior and the physiology of sexual response, and is the founder of Liberos, LLC, an independent research institute. *Id.* She obtained a doctorate in neuroscience from the Department of Psychological and Brain Sciences at Indiana University Bloomington in 2007, with joint supervision by the Kinsey Institute for Research in Sex, Gender and Reproduction. *Id.* at ¶2. The focus of her doctoral study was neuroscience and statistics. *Id.* She completed an American Psychological Association-approved clinical internship in neuropsychological assessment and behavioral medicine with the VA Boston Healthcare System's Psychology Internship Training Program and a research fellowship at Harvard University in the area of treatment for alcoholism. *Id.*

Dr. Prause was the paid lab coordinator for The Kinsey Institute in Research in Sex, Gender, and Reproduction in 1999 and 2000, and continued as the graduate supervisor of the Kinsey Institute laboratory on a National Institutes of Health stipend during her PhD studies at Indiana University 2000-2006. *Id.* at ¶3. She has held faculty positions at Idaho State University and the David Geffen School of Medicine at UCLA. *Id.* She is a licensed psychologist in the State of California, and a full member of the International Academy of Sex Research. *Id.* She has current university affiliations with the University of Pittsburgh and the University of Nebraska-Lincoln. *Id.* at ¶6. A copy of Dr. Prause's CV, which outlines her multiple awards and federal and non-profit grant funding, is attached hereto as Exhibit "1(A)."

B. Dr. Prause's Research and Concurrence by Mental Health Associations

During the course of her professional career, Dr. Prause conducted research, published articles, and given presentations regarding her own and others' science showing sex and pornography do not fit models of addiction. *Id.* at ¶7. For example, in 2013, she co-authored the first functional neuroscience study of the pornography addiction model with neuroscientists who previously had conducted the same research on cocaine. *Id.* It was published in *Socioeffective Neuroscience and Psychology*, in which subjects viewed pornographic images while their neural activity patterns were measured by electroencephalography (EEG). *Id.* The EEG activity showed that the neural activity patterns of the subjects did not match the neural activity patterns typically seen with individuals who experience drug addiction. *Id.* The study results challenged the assumption that addiction theory is the best explanation of hypersexual behavior, pointing towards other methods of helping. *Id.* These findings were subsequently replicated in peer-reviewed publications and new publications currently under peer-review. *Id.* A true and correct copy of the original journal article is attached hereto as Exhibit "1(B)."

The conclusions of Dr. Prause's study are supported by the conclusions of other public health entities concerned with mental health disorders. *Id.* at ¶8. For example, the American Psychiatric Association's health handbook, the Diagnostic and Statistical Manual-5, does not include sex addiction as a mental health disorder. *Id.* Further, the World Health Organization specifically rejected sex or pornography as addictive for their International Classification of Disorders and specifically forbid their communication staff from referring to these problems as addictive. *Id.* The national Association for the Treatment of Sex Offenders also released a statement that "sex addiction" treatments "will not address" and should never be used with sexual abusers. *Id.* The American Association of Sexuality Educators Counselors, and Therapists released

a statement that it “1) does not find sufficient empirical evidence to support the classification of sex addiction or porn addiction as a mental health disorder, and 2) does not find the sexual addiction training and treatment methods and educational pedagogies to be adequately informed by accurate human sexuality knowledge.” *Id.* In sum, Dr. Prause’s conclusions are consistent with the conclusions of national and international institutions dedicated to the study of mental health.

C. Hilton’s Background and Harassment of Dr. Prause

Hilton claims that he is a neurosurgeon and adjunct professor in the department of neurosurgery at the University of Texas Medical School at San Antonio. *See* Plaintiff’s Original Petition ¶15(5), on file with the papers of this Court. However, he is not listed as a faculty member on the Neurosurgery Department’s webpage for UT Health-SA. *See* Neurosurgery Department Faculty Page, attached hereto as Exhibit “2.” Hilton claims that he is an “expert” on how pornography can become addictive, and why this could be considered a public health concern. *See* Plaintiff’s Original Petition, ¶ 16. He admits that he has spoken at numerous professional therapy conferences and symposiums on this topic over the years. *Id.* at ¶ 16(1-3). Although not listed on his professional CV, Hilton is also the author of *He Restoresh My Soul: Understanding and Breaking the Chemical and Spiritual Chains of Pornography Through the Atonement of Jesus Christ*. *See* Exhibit 1, ¶9; Amazon Book Listing, attached hereto as Exhibit “3.”

For approximately ten years, Hilton has made false, disparaging and harassing statements about Dr. Prause and her work when appearing at conferences and symposiums. He admits that he met Dr. Prause at a conference in 2009, after he gave a presentation regarding his claim that “sex addiction” is a mental health disorder. *See* Plaintiff’s Original Petition, ¶9. During a presentation at this conference, Hilton claimed that pornography was addictive, and presented fMRI images that he claimed were from “sex addicts,” when no fMRI images existed at that time.

See Exhibit 1, ¶9(a). Dr. Prause recognized these images as taken from a colleague's paper on pedophilia, not "sex addicts." *Id.*; Declaration of Cameron Staley, Ph.D., ¶3-4, attached as Exhibit "4." Following the presentation, Dr. Prause and her research assistant, Cameron Staley, Ph.D., approached Hilton to challenge his claim that pornography was addictive based on the scientific research to date. *Id.* In explaining her position, Dr. Prause referenced research by the Kinsey Institute, and stated that she had trained and worked at the Kinsey Institute. See Exhibit 1, ¶9(a); Exhibit 4, ¶4. After hearing that Dr. Prause trained and conducted research at the Kinsey Institute, Hilton became agitated and stated that researchers at the Kinsey Institute molested children. *Id.*

Following this encounter, Hilton has continued to make false and harassing statements about Dr. Prause while speaking at conferences on the topic of "porn addiction." In 2014, Hilton appeared at the 2014 Coalition to End Sexual Exploitation ("CESE") Summit, and his speech was later published by CESE on Vimeo.¹ See Exhibit 1, ¶9(b), (c). During the speech, Hilton represented himself as a neurosurgeon affiliated with UT Health-SA. *Id.* He also stated that it was obvious that Dr. Prause and her co-authored are not trained in biology, were "pro-porn," had a "press machine" to advocate their "pro-porn" research. *Id.* However, Dr. Prause is trained in biology, lead cadaver labs as an assistant professor at Idaho State University, and has published peer review articles in the areas of biology and physiology. See Exhibit 1, ¶9(b). She does not have any affiliations with the pornography industry or pornography producers, does not accept funds from the pornography industry, and has never hired any publicist or press affiliates to advocate her work to the pornography industry. *Id.*

¹ Hilton's remarks at this conference are titled "Pornography Addiction: A Supranormal Stimulus and Neuroplasticity" and can be viewed at the following link: <https://vimeo.com/110318291> Notably, Hilton is listed is presented as "Neurosurgeon, University of Texas at San Antonio School of Medicine" during this speech. If requested, Defendants will provide a disk with copies of all videos referenced in this Motion to chambers for the Court's review.

Hilton also gave a speech at the Family Research Council in 2015, which was published on that organization's website on July 13, 2015.² During this presentation, Hilton again presented himself as a clinical professor of neurosurgery affiliated with UT Health-SA. *See* Exhibit 1, ¶9(d) – (f). During the speech, Dr. Hilton again represented that Dr. Prause is a “pro-pornography academic” and advocated for minors to use pornography. *Id.* Hilton further stated “If you happen to be a man that likes to sleep with prostitutes and watch porn all day then that’s just the way you’re born and you shouldn’t try to change and your family just needs to get over it. It sounds crazy, but it’s true, and that’s really what they say.” *Id.* During the question and answer period of the same talk, Hilton claimed that Dr. Prause was unable to comment on the science of pornography because she “love it too much” and “love[s] using it.” *Id.* Dr. Prause does not advocate for the use of pornography by minors or anyone else, and never made a statement that a family of a person who visits prostitutes and uses pornography should just get over it. *Id.* Hilton’s statement about Dr. Prause’s alleged “love” of pornography is also false. *Id.*

On October 30, 2015, Dr. Hilton gave a speech at the World Congress of Families IX in Salt Lake City titled “The Social Costs of Pornography.”³ *See* Exhibit 1, ¶9(g), (h). During this speech, Hilton represented that Dr. Prause’s scientific study concluded that “porn is good for you,” and that “we need younger and younger people watching porn.” *Id.* He also stated that Dr. Prause was “very pro-pornography” and had attended the Adult Video Award (AVN). *Id.* However, none of Dr. Prause’s studies contain a blanket statement that “porn is good for you” or advocate for children or minors to use pornography. *Id.* Dr. Prause does not accept any research funds, agree

² Hilton’s speech at the Family Research Council, titled “Pornography and the Brain: Public Health Considerations,” can be viewed at the following link: <https://www.frc.org/university/pornography-and-the-brain-public-health-considerations>

³ Hilton’s comments during his speech at the World Congress of Families IX in Salt Lake City titled “The Social Costs of Pornography,” can be viewed at the following link: <https://www.youtube.com/watch?v=ZjogSs9BbPs>

to any sponsorships or advertisement relationships, or have any professional affiliation with any pornography businesses. *Id.* She has never attended the Adult Video News Awards. *Id.* During the same speech, Hilton described Dr. Prause as a “porn professional” and claimed that she was sponsored by MindGeek, an alleged producer of pornography. *Id.* Dr. Prause has never worked in pornography in any capacity and does not have any relationship with MindGeek. *Id.*

Hilton also appeared at the Northwest Coalition for Healthy Intimacy Conference in 2014 in Portland, Oregon, and gave a speech that was published on YouTube on October 30, 2016.⁴ *See* Exhibit 1, ¶9(i), (j). During this conference, Hilton claimed that Dr. Prause and her co-authors had stated that pornography was good for teenagers. *Id.* Dr. Prause has never advocated for teenagers to use pornography or stated that it was “good for them” to do so. *Id.* During the same speech, Dr. Hilton stated that Dr. Prause had trained at the Kinsey Institute, and claimed that researchers at the Kinsey Institute collaborated with Nazi pedophiles to time their sexual abuse of children, and that “this is where modern sexology is being driven.” *Id.* Dr. Prause has never sexually abused children in her laboratory or during any other research, or collaborated with any pedophiles in designing her research. *Id.*

D. Hilton’s Attempt to Publish False Statements with the Press

In February 2019, Dr. Prause received calls and emails from Chad Sokol, a reporter with the Spokesman-Review in Spokane, Washington, asking her to comment on statements that Hilton had made to Sokol for a potential news article in this publication. *See* Exhibit 1, ¶10, According to Sokol, Hilton had stated that Dr. Prause had attended the Adult Video News Awards. *Id.* Sokol also forwarded a photograph, which Hilton claimed as proof that Dr. Prause had attended the Adult

⁴ Hilton’s comments at this conference can be viewed at the following link:
<https://www.youtube.com/watch?v=P2yKslvPfV4&t=3s>

Industry News awards. *Id.* Dr. Prause informed Sokol that she has never attended the Adult Video Awards. *Id.* She further informed Mr. Sokol that the photograph was actually taken at the premier of the documentary film “After Porn Ends 2”, which discusses the positive and negative experiences of performers in the adult industry and in which Dr. Prause had appeared as an expert. *Id.* This was supported by an email from Jeannie Silver, a former pornography performer who explained where the photo was taken and confirmed that she had never seen Dr. Prause at the Adult Video Awards. *See* Email of Jeannie Silver, attached hereto as Exhibit “1(C).” Dr. Prause also put Sokol in contact with Dr. Staley, who confirmed that he had witnessed Hilton state that researchers at the Kinsey Institute sexually abused children as a part of their research. *See* Exhibit 4, ¶4. Sokol declined to publish Dr. Hilton’s statements about me attending the Adult Video awards after speaking with Dr. Prause. *See* Exhibit 1, ¶10.

E. Dr. Prause’s Report of Hilton’s Harassment to UT Health-SA for Investigation

In response to Hilton’s false and harassing statements to Sokol, and after learning of other false and harassing statements published in his various conference appearances, Dr. Prause initiated a report and request for investigation with the Office of the General Counsel for UT Health-San Antonio. *See* Exhibit 1, ¶12-15. True and correct copies of Dr. Prause’s emails to UT Health-SA officials are attached hereto as Exhibit “1(D).” Dr. Prause located the general intake email address for UT Health-SA compliance, where it lists an email for reports of harassment to be sent. *See* Exhibit 1, ¶14. On this webpage, UT Health-SA states that it “encourages any student, faculty, staff or visitor to promptly report allegations and/or violations of this Policy to an individual identified below” and that the Policy “applies to conduct regardless of where it occurs, including off Health Science Center property.” A true and correct copy of this webpage is attached

hereto as Exhibit 1(F). In her emails to UT Health-SA, Dr. Prause asked the Office of General Counsel to “to the appropriate officer for investigation.” *See* Exhibit 1, ¶13; Exhibit 1(D).

In her email, Dr. Prause also copied Executive Director of the Academic, Faculty and Student Ombudsperson & ADA Compliance Office, Bonnie Blankmeyer, Ph.D. *See* Exhibit 1, ¶15; Exhibit 1(D). A true and correct copy of the University’s webpage for Dr. Blankmeyer is attached hereto as Exhibit “1(E).” On this webpage, the UT Health-SA states that Dr. Blankmeyer is a designated neutral or impartial resolution practitioner for the University coordinates resolution of faculty issues, and insures that her department complies with applicable laws, policies and procedures. *See* Exhibit 1(E). On UT Health-SA’s page for reporting of Sexual Harassment and Sexual Misconduct, Dr. Blankmeyer is listed as the contact person. *See* Exhibit “1(F).”

Unfortunately, instead of initiating an official investigation of Hilton’s harassment, it appears that UT Health-SA officials simply forwarded Dr. Prause’s emails to Hilton. Hilton has initiated this frivolous lawsuit as a result.

F. Hilton’s Lawsuit against Dr. Prause

On May 8, 2019, Hilton filed a lawsuit against Nicole Prause and Liberos, LLC. *See* Plaintiff’s Original Petition, on file with the papers of this Court. In his pleading, Hilton alleges that Dr. Prause wrote a series of communications where she formally made a complaint with UT Health-SA falsely accusing Hilton of harassment. *Id.*, ¶8. He claims that Prause’s false complaints were designed to destroy his reputation and career. *Id.* at ¶8-14. In support of his claims, he attaches Dr. Prause’s emails to UT Health-SA, in which she requests an investigation regarding Hilton’s harassment and reports his false comments about her alleged appearance in pornography, alleged attendance at the Adult Video Awards, and alleged sexual abuse of children based on her studies at the Kinsey Institute. *Id.* at ¶19-20. Based on these allegations, Hilton has sued Prause and

Liberos, LLC for defamation per se. *Id* at ¶23-27, 30. He also seeks to enjoin Dr. Prause’s right of free speech and right to petition by seeking an injunction preventing from commenting on Hilton’s continuous and hateful campaign of defamation and false attacks. *Id* at ¶23-27, 30.

III. Motion to Dismiss Defamation Per Se Under the Texas Civil Practice & Remedies Code § 27.001 et seq. “Anti-SLAPP” Statute

A. The Anti-SLAPP Statute Protects Speech and Petition, and the Protection Offered Is Even Broader Than the First Amendment.

TEX. CIV. PRAC. & REM. CODE § 27.001 *et seq.*, the TCPA or “anti-SLAPP statute,” provides a defense against “strategic litigation against public participation.” *NCDR v. Mauze*, 745 F.3d 742, n.3 (5th Cir. 2014). “If a legal action is based on, relates to, or is in response to a party’s exercise of the right of free speech, right to petition, or right of association, that party may file a motion to dismiss the legal action.” *Id.* (citing TEX. CIV. PRAC. & REM. CODE § 27.003(a)).

Exercise of the right of free speech means “a communication made in connection with a matter of public concern.” TEX. CIV. PRAC. & REM. CODE § 27.001(3). “Matter of public concern” includes an issue related to . . . health or safety; environmental, economic, or community well-being; the government; a public official or public figure; or a good, product, or service in the marketplace. TEX. CIV. PRAC. & REM. CODE § 27.001(7). Whether a medical professional is competent and whether conduct of a medical professional could harm members of the public are matters of public concern. *Mem’l Hermann Health Sys. v. Khalil*, 2017 Tex. App. LEXIS 7474, at *12 (Tex. App.—Houston [1st Dist.] 2017); *see also Lippincott v. Whisenhunt*, 462 S.W.3d 507, 510 (Tex. 2015).

The exercise of the right of petition means “a communication a proceeding in or before a managing board of an educational or eleemosynary institution supported directly or indirectly from public revenue.” TEX. CIV. PRAC. & REM. CODE § 27.001(2-4). Communications sent to a

public university, including communications sent before suit is filed, are protected by the right to petition. *Cuba v. Pylant*, 814 F.3d 701, 712 (5th Cir. 2016). Such a communication “plainly ‘pertains to’ the proceeding, which is all that is needed under the statute . . . [t]he [communication] is therefore a protected communication under the TCPA.” *Id.*

The statute protects categories of speech and conduct broader than the First Amendment. *Elite Auto v. Autocraft*, 520 S.W.3d 191, 193-94 (Tex. App.—Austin 2017). “[T]he ‘communications’ protected . . . and which in turn can serve as the predicate for a motion to dismiss . . . are not confined solely to speech that enjoys constitutional protection.” *Id.* (discussing *ExxonMobil v. Coleman*, 512 S.W. 3d 895 (Tex. 2017)). “[W]e . . . hold that ‘communications’ under the TCPA extend to appellants’ ‘making or submitting of statements or documents in any form or medium, including oral, visual, written, audiovisual, or electronic.” *Id.* at 204.

B. Prause is Entitled to an Expedited Hearing and Ruling.

“The motion to dismiss generally must be filed no later than sixty days after service of the legal action[.]” *Id.* (citing TEX. CIV. PRAC. & REM. CODE § 27.003(b)). Defendants accepted service May 28, 2019. This motion is being timely filed July 26, 2019, within the sixty days allowed.⁵ Ex. A. “[A]ll discovery in the legal action is suspended until the court has ruled on the motion to dismiss, except [limited discovery, on a showing of good cause].” *Id.* (citing TEX. CIV. PRAC. & REM. CODE § 27.006(b)). “A hearing on a motion [generally] must be set no later than the 60th day after the [motion is] serv[ed].” TEX. CIV. PRAC. & REM. CODE § 27.004(a). “The court must rule . . . not later than the 30th day following the date of the hearing on the motion.” TEX. CIV. PRAC. & REM. CODE § 27.005(a).

5. Excluding the day of filing in accordance with Federal Rule of Civil Procedure 6, sixty days after filing is Sunday, July 28, 2019. The deadline is therefore Monday, July 29, 2019, because Rule 6 provides if the deadline falls on a Sunday, the next business day is the deadline.

C. Prause Need Only Show this Action Infringes On Protected Rights; Hilton Must Show Evidence of Each Element of Each Claim to Avoid Dismissal.

If a defendant demonstrates a claim is “based on” or “relates to” the exercise of rights protected by the Anti-SLAPP statute, a plaintiff must provide record evidence of each element of the challenged claim to avoid dismissal. The movant must “show by a preponderance of the evidence (1) that [Plaintiff] had asserted a ‘legal action’ (2) that is ‘based on, relates to, or is in response to’ either the ‘exercise of the right of petition’ . . . or their ‘exercise of the right of free speech.’” *Id.* at §§27.003(a), 27.005(b). Hilton’s speech and conduct at issue are protected by the rights of petition and speech, and are matters of public concern under the anti-SLAPP statute.

Once a defendant establishes the anti-SLAPP statute applies, “the claimant can avoid dismissal of its ‘legal action’ only if the nonmovant ‘establishes by *clear and specific evidence* a prima facie case for each essential element of the claim in question.” *Id.* at §27.005(c) (emphasis added). If the plaintiff cannot meet this burden, the case must be dismissed. *Id.*; *Avila v. Larrea*, 2012 Tex.App. LEXIS 10469 (Tex.App.—Dallas, Dec. 18, 2012, no pet. h.). A movant may meet its burden by referencing the Complaint to demonstrate the claims relate to petition or speech, or by submitting evidence such as an affidavit asserting the claims lack factual support. *Id.* at n.11 (citing TEX. CIV. PRAC. & REM. CODE § 27.006(a)). The statute contemplates the same type of evidence in a response, and does not contemplate an evidentiary hearing.

D. Hilton’s Complaint Attacks Prause’s Right to Free Speech and Petition.

Prause can easily prove, by a preponderance of the evidence, that Plaintiff’s claims against Prause was filed in response to Prause’s exercise of her right of free speech and right to petition. Hilton’s Complaint is based on the same type of speech and conduct deemed protected by the TRCP. Unless Hilton can present evidence for its claims, the anti-SLAPP statute should apply, and bar Hilton’s defamation claims.

Hilton's Complaint is a "legal action." TEX. CIV. PRAC. & REM. CODE § 27.001(6) (defining "legal action" as including "a lawsuit, cause of action, petition, complaint . . . or any other judicial pleading or filing that requests legal or equitable relief."). Protected "'communications' under the TCPA [include] 'making or submitting of statements or documents in any form or medium, including...electronic[.]'" *Elite Auto*, 520 S.W. 3d at 204. Thus, Dr. Prause's emails to UT Health-SA are "communications" under the statute.

The statements made basis of Hilton's defamation claim are clearly statements that Dr. Prause made in exercise of her right to free speech. TEX. CIV. PRAC. & REM. CODE §27.003(a)(3). Hilton's lawsuit against Dr. Prause is based on a series of email communications Dr. Prause sent to the Office of General Counsel and the Executive Director of the Academic, Faculty and Student Ombudsperson & ADA Compliance Office at UT Health-SA. *See* Exhibit 1(D). Prause sent this correspondence to these individuals based on Hilton's representations of his affiliations with the University of Texas San Antonio. *See* Exhibit 1, ¶12-15. In reporting Hilton's repeated false and harassing comments about her, Dr. Prause understood that she was exercising her right of free speech to address matters of public concern. *Id.* at ¶16. Specifically, Dr. Prause was informing a state university regarding the disparaging and harassing conduct of a public official, as Hilton clearly holds himself out to be a professor with a state educational institution. *Id.* She also understood that she was exercising her right to inform a state educational institution that one of its purported agents was claiming that researchers who train with the Kinsey Institute sexually abuse children as part of their research, which is a matter of public health and safety. *Id.*; *see also Calvin v. Abbott*, 545 S.W.3d 47, 60-61 (Tex.App.—Austin 2017, no pet.) (allegations of abuse constitute a matter of public health and safety). To the extent that Hilton was claiming that Dr. Prause is unfit to research the physiological responses to pornography based on

her alleged appearance in pornography media and/or her alleged abused of children, this is also a matter of public concern which Dr. Prause is entitled to exercise her right of free speech to challenge. *Khalil*, 2017 Tex. App. LEXIS 7474, at *12; *Lippincott*, 462 S.W.3d at 510.

Additionally, Prause's communication clearly involves her exercise of her right to petition. TEX. CIV. PRAC. & REM. CODE §27.003(a)(3). The purpose of her email to UT Health-SA was to petition a public educational institution to initiate an official proceeding to investigate the false and harassing statements made by Dr. Hilton while he represented that he was an officer, employee or professor associated with this state institution. *See* Exhibit 1, ¶13-14. In her communications with UT Health, she asked the university to direct her complaint to the proper officials for investigation. *Id.*; Exhibit 1(D). The webpages for the divisions that Dr. Prause contacted show that they are the correct sites for the reporting of harassment for investigation. *See* Exhibit 1(E), (F). Communications sent to a public university to initiate an official investigation, even when sent before suit is filed, are protected by the right to petition. *Cuba*, 814 F.3d at 712.

Because Prause has shown that Plaintiff's claims are made in response to Prause's exercise of its right to free speech and right to petition, Prause has shown that the Act's early dismissal provisions apply to Plaintiffs' claims in this case. *Id.* at §§27.003(a), 27.005(b); *Avila*, 2012 Tex.App. LEXIS at *19-20. Thus, the Court must dismiss Plaintiff's claims and award Prause its fees in defending this lawsuit unless Plaintiffs can establish, by clear and specific evidence, each element of his defamation per se cause of action. *Id.* at §27.005(c).

E. Hilton Cannot Make a Prima Facie Case of Defamation against Prause

Hilton's defamation per se claims against Prause must be dismissed because Hilton cannot, as a matter of law, provide clear and specific evidence to support this cause of action against Prause as required by the Act. *Id.* at §27.005(c). Specifically, Hilton must show that Dr. Prause made a

false statement to prevail on his claim that Dr. Prause defamed him. However, the assertions of fact in Dr. Prause's report to UT Health-SA are all true.

Because Hilton's Petition brings defamation per se claims based solely on a written communications by Prause his defamation per se claims are governed by Texas' libel statute. *See* TEX. CIV. PRAC. & REM. CODE §73.001. The statute defines "libel" as "a defamation expressed in written or other graphic form that ... tends to injure a living person's reputation and thereby expose the person to public hatred, contempt or ridicule, or financial injury..." *Id.* However, the "truth of the statement in the publication on which an action for libel is based is a defense to the action." *Id.* at §73.005. Moreover, a statement is not defamatory if it is "substantially true." *McIlvain v. Jacobs*, 794 S.W.2d 14, 16 (Tex. 1990).

Hilton claims that Prause defamed him by publishing the following statements:

- Dr. Hilton "publically claims that I personally appear in pornographic films, attend the Adult Video Network awards, and molest children in my laboratory, because I trained at The Kinsey Institute."
- "Hilton has been defaming and libeling me using misogyny for years, while claiming to be representing the views of UTSA. I want the sexual harassment and the libel to stop, and the false information (that I molest children in my lab and perform in pornography publically correct."
- "If you are giving these titles to people, and they use them to defame and sexually harass scientists, it seems their title should be rescinded. Here are a few of the many places he has claimed to be an "adjunct" at your university. If these are incorrect, please let me know and I will address his false credentials with his licensing board."

See Plaintiffs' Petition, ¶ 18, 19. Prause's statements regarding being openly harassed are substantially true because Hilton has publically made the referenced statements regarding Dr. Prause. *See* Exhibit 1, ¶9-10. Dr. Prause has shown that Hilton has stated that Dr. Prause appears at the Adult Video Awards, and Hilton does not deny this in his pleadings. *See* Exhibit 1, ¶9(g), 10; Exhibit 1(C); Plaintiff's Petition, p. 9, n. 2; *see also* Hilton's speech at the World Congress of

Families IX.⁶ Dr. Prause has further shown that Hilton has stated that researchers at the Kinsey Institute molest children. *See* Exhibit 1, ¶9(a); Exhibit 4, ¶4; *see also* Hilton’s speech at the Northwest Coalition for Healthy Intimacy Conference in 2014.⁷ Dr. Prause has also shown that Hilton has claimed that she is a “porn professional.” *See* Exhibit 1, ¶9(g); *see also* Hilton’s speech at World Congress of Families IX. By repeatedly claiming that Dr. Prause attends the Adult Video Awards, an awards show exclusively for performers in the pornography industry, Hilton has also alleged that Dr. Prause is a performer of pornography.

Because Dr. Prause can show that Hilton’s statements were actually made, Hilton cannot show that she made false reports to UT Health-SA when requesting an investigation of his repeated harassment. Thus, Hilton cannot prevail on his defamation claims in this case.

F. Hilton Cannot Prevail in his Attempt to Obtain Injunctive Relief as a Matter of Law Because it Seeks to Impose an Unconstitutional Prior Restraint.

The Constitution does not allow injunctions against speech, except in extremely limited circumstances not present here. The importance of that protection is underscored where core First Amendment rights are implicated, as here. Speech that potentially affects public safety relates to the public concern. *Kennedy v. Tangipahoa Par. Library Bd. of Control*, 224 F.3d 359, 373 (5th Cir. 2000). Speech on matters of public concern “is at the heart of the First Amendment’s protection.” *First Nat’l Bank v. Bellotti*, 435 U.S. 765, 776 (1978). “Speech on public issues occupies the highest rung of the hierarchy of First Amendment values.” *Connick v. Myers*, 461 U.S. 138, 145 (1983).

⁶ Hilton’s comments during the World Congress of Families IX presentation can be viewed at the following link: <https://www.youtube.com/watch?v=ZjogSs9BbPs>

⁷ Hilton’s comments at the Northwest Coalition for Healthy Intimacy Conference can be viewed at the following link: <https://www.youtube.com/watch?v=P2yKslvPfv4&t=3s>

Because freedom of speech is enshrined in the Constitution, injunctive relief is simply not an available remedy against allegedly defamatory communications that do not threaten imminent harm. “[T]here is no such thing as a false idea. However pernicious an opinion may seem, we depend for its correction not on the conscience of judges and juries but on the competition of other ideas.” *Bose Corp. v. Consumers Union*, 466 U.S. 485, 504, 104 S. Ct. 1949, 1961 (1984). “The preferred First Amendment remedy [is] ‘more speech, not enforced silence[.]’” *Brown v. Hartlage*, 456 U.S. 45, 61, 102 S. Ct. 1523, 1533 (1982). As a result, when an injunction purports to enjoin defamatory speech that does not pose a risk of imminent harm, it is properly struck down. “[P]rior restraints on speech and publication are the most serious and least tolerable infringement on First Amendment rights . . . [a] prior restraint . . . by definition, has an immediate and irreversible sanction.” *Neb. Press Ass'n v. Stuart*, 427 U.S. 539, 559 (1976).

“Prior restraints—defined as ‘predetermined judicial prohibition[s] restraining specific expression’ . . . receive a ‘presumption against their constitutionality.’” *In re Goode*, 821 F.3d 553, 559 (5th Cir. 2016). “Generally, a prior restraint is constitutional only if the [party] ‘can establish that the activity restrained poses either a clear and present danger or a serious and imminent threat to a protected competing interest.’” *Id.* Even then, any restriction must be “narrowly tailored and provid[e] the least restrictive means to achieve the Government’s goal.” *Id.* Hilton’s requested injunctive relief is not narrowly tailored to protect any legitimate competing interest, and instead seeks to silence truthful statements which pose no “clear and present danger or a serious and imminent threat[.]” *Id.* Hilton cannot obtain the injunction he seeks as a matter of law, so this motion should be granted.

IV. Motion to Dismiss Defamation Per Se Under the California Code of Civil Procedure § 425.16 “Anti-SLAPP” Statute

Additionally and/or in the alternative, Dr. Prause asserts that Hilton’s lawsuit should be dismissed under the California Anti-SLAPP statute.

Like Texas, California has enacted an “Anti-SLAPP” statute. *See* CAL. CIV. PROC. CODE §425.16(b)(1). Defendant Prause resides in California and the principal place of business for Defendant Liberos, LLC is California thus these claims are also subject to the California statute. The statute states that a cause of action against a person arising from any act of that person in furtherance of the person’s right of petition or free speech under the United States Constitution or the California Constitution in connection with a public issue shall be subject to a special motion to strike, unless the court determines that the plaintiff has established that there is a probability that the plaintiff will prevail on the claim. *Id.* An “act in furtherance of a person’s right of petition or free speech under the United States or California Constitution in connection with a public issue” includes: (1) any written or oral statement or writing made before a legislative, executive, or judicial proceeding, or any other official proceeding authorized by law, (2) any written or oral statement or writing made in connection with an issue under consideration or review by a legislative, executive, or judicial body, or any other official proceeding authorized by law, (3) any written or oral statement or writing made in a place open to the public or a public forum in connection with an issue of public interest, or (4) any other conduct in furtherance of the exercise of the constitutional right of petition or the constitutional right of free speech in connection with a public issue or an issue of public interest. *Id.* at §425.16(e).

Similar to the TRCP, Plaintiff’s claims should also be dismissed under the California Anti-SLAPP statute. Defendant petitioned a government body, the University of Texas at San Antonio, regarding a public issue or an issue of public interest. *Id.* at §425.16(e)(1-2). Further, in reported

Hilton's multi-year harassing and disparaging statements, Defendant Prause exercised her right to free speech to address a matter of public interest. Therefore, Hilton's defamation claims should also be dismissed under the California statute.

V. Prause is Entitled to Recover her Fees against Hilton

Dr. Prause has established that the written communications made basis of Hilton's lawsuit are based solely on her exercise of her right to free speech and petition. Thus, Hilton's case against Dr. Prause must be dismissed with prejudice pursuant to The Texas Citizens Participation Act. *Id.*; *Avila*, 2012 Tex.App. LEXIS 10469 at *19-20.

The Act provides that the Court "shall award to the moving party" its attorneys' fees, court costs, and other expenses incurred in defending the action, as well as "sanctions against the party who brought the legal action as the court determines sufficient to deter the party who brought the legal action from bringing similar actions described in this chapter." TEX. CIV. PRAC. & REM. CODE §27.009(a)(1)-(2) (emphasis added). Therefore, Dr. Prause respectfully requests that it be allowed fourteen (14) days after the entry of the order to provide a damages brief with supporting evidence of its attorneys' fees, court costs and expenses in defending this action through the date of the dismissal order.

WHEREFORE, PREMISES CONSIDERED, Defendants Nicole Prause and Liberros, LLC respectfully request that the Court dismiss all of Plaintiff's claims and causes of against Defendants Nicole Prause and Liberros, LLC with prejudice, award Defendants Nicole Prause and Liberros, LLC its attorneys' fees and costs in defending this action, issue sanctions against Plaintiff to deter future lawsuits infringing on the right to free speech and petition, and for such other and further relief, both general and special, at law and in equity, to which Defendants Nicole Prause and Liberros, LLC may show that they are justly entitled.

Respectfully submitted,

By: /s/ Claire W. Parsons
Claire W. Parsons
State Bar No. 24051159
909 Fannin Street, Suite 3300
Houston, Texas 77010
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Facsimile: 713-785-7780
Claire.Parsons@wilsonelser.com
ATTORNEYS FOR DEFENDANT
NICOLE PRAUSE AND LIBEROS, LLC

CERTIFICATE OF SERVICE

I hereby certify I circulated a copy of the foregoing document in conformity with the Federal Rules of Civil Procedure to all counsel registered to receive service through the Court's CM/ECF system on July 26, 2019.

Via CM/ECF

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Attorneys for Plaintiff

/s/ Claire Parsons
Claire Parsons

STATE OF CALIFORNIA §
 §
COUNTY OF LOS ANGELES §

DECLARATION OF NICOLE PRAUSE, Ph.D.

1. My name is Nicole Prause, Ph.D. I am a neuroscientist based on Los Angeles, California and research human sexual behavior and the physiology of sexual response. I am the founder of Liberos, LLC, an independent research institute.
2. I obtained a doctorate in neuroscience from the Department of Psychological and Brain Sciences at Indiana University Bloomington in 2007, with joint supervision by the Kinsey Institute for Research in Sex, Gender and Reproduction. The focus of my doctoral study was neuroscience and statistics. I completed an American Psychological Association-approved clinical internship in neuropsychological assessment and behavioral medicine with the VA Boston Healthcare System’s Psychology Internship Training Program. I also completed a research fellowship at Harvard University in the area of treatment for alcoholism. During my time as a student I won the student research award from the Society for Sex Therapy and Research. I also won the Society for the Scientific Study of Sexuality Student Research Grant and a dissertation fellowship from the Ford Foundation of the Social Science Research Council. A true and correct copy of my curriculum vitae is attached hereto as Exhibit “A.”
3. I was the paid lab coordinator for The Kinsey Institute in Research in Sex, Gender, and Reproduction around 1999 to 2000 and continued as the graduate supervisor of the Kinsey Institute laboratory on my National Institutes of Health stipend during my PhD studies at Indiana University 2000-2006. I became a tenure track faculty member at Idaho State University in 2007. After three years at Idaho State, I accepted a position as a research scientist at the Mind Research Network, a neuroimaging facility in Albuquerque, New Mexico. In 2012, I was elected a full member of the International Academy of Sex Research and accepted a position as a research scientist on the faculty of University of California, Los Angeles in the David Geffen School of Medicine. I was promoted to Associate Research Scientist at UCLA in 2014. I successfully completed my contract with UCLA in 2015. I worked as a Data Scientist statistician for LootCrate and ZipRecruiter during 2015-2017. I am also a licensed psychologist in the State of California.
4. My work is funded primarily by grants from the federal government and non-profit foundations. Non-Profit funders have included the National Institutes of Health (National Institute of Mental Health, Eunice Kennedy Shriver National Institute of Child Health and Human Development), the National Organization of Rare Diseases, and the Institute for Orgasmic Meditation, among others. These projects are all overseen by Federalwide Assurances standards by human Institutional Review Boards at universities. I also provide continuing education credits towards licensure for mental health professionals. Our research



on orgasm physiology also won the senior Research Award from the International Academy of Sex Research.

5. A condition of my grants is to disseminate my research findings. I am approached by news organizations for expert commentary and have spoken for the BBC, Channel 4 (UK), National Public Radio, Discovery Health, and been featured in a series of national and local magazines.
6. My current university affiliations include University of Pittsburgh and University of Nebraska-Lincoln.
7. During the course of my professional career, I have conducted research, published articles, and given presentations regarding my own and others' science showing sex and pornography do not fit models of addiction. For example, in 2013, I co-authored the first functional neuroscience study of the pornography addiction model with neuroscientists who previously had conducted the same research on cocaine. It was published in *Socioeffective Neuroscience and Psychology*, in which subjects viewed pornographic images while their neural activity patterns were measured by electroencephalography (EEG). The EEG activity showed that the neural activity patterns of the subjects did not match the neural activity patterns typically seen with individuals who experience drug addiction. The study results challenged the assumption that addiction theory is the best explanation of hypersexual behavior, pointing towards other methods of helping. These findings were subsequently replicated in peer-reviewed publications and new publications currently under peer-review. A true and correct copy of the original journal article is attached hereto as Exhibit "B."
8. The conclusions of this study are supported by the conclusions of other public health entities concerned with mental health disorders. For example, the American Psychiatric Association's health handbook, the Diagnostic and Statistical Manual-5, does not include sex addiction as a mental health disorder. Further, the World Health Organization specifically rejected sex or pornography as addictive for their International Classification of Disorders and specifically forbid their communication staff from referring to these problems as addictive. The national Association for the Treatment of Sex Offenders also released a statement that "sex addiction" treatments "will not address" and should never be used with sexual abusers. The American Association of Sexuality Educators Counselors, and Therapists released a statement that it "1) does not find sufficient empirical evidence to support the classification of sex addiction or porn addiction as a mental health disorder, and 2) does not find the sexual addiction training and treatment methods and educational pedagogies to be adequately informed by accurate human sexuality knowledge." In sum, my conclusions are consistent with the conclusions of national and international scientific and treatment bodies.
9. During the course of my professional career, I have become aware of Dr. Donald Hilton, who advocates for the position that pornography is addictive. Dr. Hilton is the author of a

book titled *He Restoreth My Soul: Understanding and Breaking the Chemical and Spiritual Chains of Pornography through the Atonement of Jesus Christ*. In this book, Dr. Hilton claims that only Christ can break the chemical bonds of sex addiction. For at least ten years, Dr. Hilton has made derogatory and harassing statements about me and my research, many of which I just became aware of. Dr. Hilton made some comments to me in person at a conference and others to news reporters, but most of these statements are documented in numerous speeches by Dr. Hilton that are publicly posted on the internet.

- a. I attended a conference in 2009 with my doctoral student Cameron Staley, and Dr. Hilton was present. During his presentation at this conference, Dr. Hilton stated that pornography was addictive. He presented fMRI images that he claimed were of sex addicts, whereas no fMRI of sex addicts existed at the time. I recognized the images as actually from a colleague's paper on pedophilia. Following his presentation, I approached Dr. Hilton to challenge his allegation that pornography was addictive based on the scientific research on this issue. My arguments included scientific data published in peer-reviewed journals from the Kinsey Institute. After hearing "Kinsey Institute", Dr. Hilton became agitated and asked what my relationship was with the Kinsey Institute. I described that I had worked and trained at the Kinsey Institute. Dr. Hilton immediately began asking why we liked molesting children. I recognized this as a long-debunked conspiracy theory about the Kinsey Institute. The Kinsey Institute has received numerous threats of violence, many of which were thought to originate from the groups promoting this conspiracy theory. Dr. Hilton's raised voice with his belief in this conspiracy theory made me feel it was not safe to continue to engage. I walked away. Dr. Cameron Staley was present during this entire encounter and heard Dr. Hilton make these statements. No one else was present in this exchange.
- b. Dr. Hilton appeared at the 2014 CESE Summit and gave a speech that was later published on Vimeo on October 28, 2014. Dr. Hilton represented himself as a neurosurgeon affiliated with the University of Texas at San Antonio School of Medicine during his appearance at this conference. During his speech, Dr. Hilton commented on delta-fos-B data, stating that it was obvious that my co-authors and I "were not trained in biology". However, I performed numerous brain dissections as a part of my coursework, led a cadaver lab as an assistant professor at Idaho State University, have extensive training in biology and physiology, and have published numerous peer-reviewed publications and chapters in the areas of biology and physiology.
- c. During the same speech at the 2014 CESE Summit, Dr. Hilton stated that I and my co-authors were "pro-porn" and had a "press machine" to advocate our research. I do not have any professional affiliations with any producers of pornography, and do not accept any funds from the pornography industry for any of my research or

professional activities. I have never hired or retained any publicist or press affiliates to advocate my work.

- d. Dr. Hilton also gave a speech at the Family Research Counsel, which was published on the FRC's website on July 13, 2015. According to the FRC's website, Dr. Hilton represented himself as a clinical associate professor in the Department of Neurosurgery at the University of Texas Health Sciences Center. During the speech, Dr. Hilton again represented that I am a "pro-pornography academic" and advocated for minors to use pornography. I am not an advocate of pornography and have never recommended that minors use pornography.
- e. During the same talk, Dr. Hilton stated "If you happen to be a man that likes to sleep with prostitutes and watch porn all day then that's just the way you're born and you shouldn't try to change and your family just needs to get over it. It sounds crazy, but it's true, and that's really what they say". I never made this statement.
- f. During the question and answer period of the same talk, Dr. Hilton claimed that I was unable to comment on the science of pornography because I "love it too much" and I "love using it". I have never had any sexual relationship whatsoever with Dr. Hilton such that he would have any information about my personal sexual life. His claims about my personal sexual practices and preferences also are not accurate.
- g. On October 30, 2015, Dr. Hilton gave a speech at the World Congress of Families IX in Salt Lake City titled "The Social Costs of Pornography." During this speech, Dr. Hilton represented that my scientific study stated that "porn is good for you," and that "we need younger and younger people watching porn." He also stated that I was "very pro-pornography". He also claimed that I attended the Adult Video Award (AVN). However, none of my studies contain a blanket statement that "porn is good for you" or advocate for children or minors to use pornography. I do not accept any research funds, agree to any sponsorships or advertisement relationships, or have any professional affiliation with any pornography businesses. I have never attended the Adult Video News Awards.
- h. During his October 30, 2015 speech at the World Congress of Families, Dr. Hilton also stated that I was a "porn professional" and that I was promoted by a company called MindGeek, an entity that Dr. Hilton alleges is a "a porn monopoly of the world." I have never worked in pornography in any capacity. I do not have any professional affiliation with MindGeek.
- i. Dr. Hilton also appeared at the Northwest Coalition for Healthy Intimacy Conference in 2014 in Portland, Oregon, and gave a speech that was published on YouTube on October 30, 2016. During this conference, Dr. Hilton stated that I and my co-authors

said that pornography was good for teenagers. I have never advocated for teenagers to use pornography or stated that it was “good for them” to do so.

- j. During the same speech, Dr. Hilton stated that I trained at the Kinsey Institute, and claimed that researchers at the Kinsey Institute collaborated with pedophiles to time their sexual abuse of children, and that “this is where modern sexology is being driven.” I have never sexually abused children in my laboratory or during any other research, or collaborated with any pedophiles in designing my research.
10. In February 2019, I received calls and emails from Chad Sokol, a reporter with the Spokesman-Review in Spokane, WA, asking me to comment on statements that Dr. Hilton had made to Sokol for a potential news article in this publication. According to Sokol, Dr. Hilton had stated that I had attended the Adult Video News Awards. Sokol also forwarded a photograph, which he stated Dr. Hilton proved I was at the Adult Industry News awards. I informed Sokol that I have never attended the Adult Video Awards. I informed Mr. Sokol that the photograph was actually taken at the premier of the documentary film “After Porn Ends 2”, which discusses the positive and negative experiences of performers in the adult industry and in which I had appeared as an expert. I also gave Sokol the contact information for my doctoral student who had witnessed Dr. Hilton state that researchers at the Kinsey Institute sexually abused children as a part of our research. I also put Mr. Sokol in contact with a former pornography performer who regularly attends the Adult Video News Awards, Melissa Hill. She confirmed that she had never seen me at the Adult Video News Awards. Sokol declined to publish Dr. Hilton’s statements about me attending the Adult Video awards after speaking with me. I also put Sokol in contact with another former performer, Jeannie Silver, who confirmed that I had not attended AVN. A true and correct copy of Silver’s email is attached hereto as Exhibit “C.”
11. In September 2016 attendee Jonathon Van Maren wrote a contemporaneous news article in The Bridgehead describing a talk Dr. Hilton gave at the National Sexual Exploitation Summit. Mr. Van Maren stated that Dr. Hilton described me as a “porn prof”. I have never been employed by a pornography organization.
12. As shown by the videos and promotional materials associated with Dr. Hilton’s speeches, Dr. Hilton represents that he is a professor of neurosurgery with the University of Texas Health Sciences Center in San Antonio. Because of his representations that he is affiliated with this state university, I sent an email to the Office of General Counsel at the University, requesting that the University officials investigate Dr. Hilton’s false and harassing statements that I appear in pornography, attend the adult video awards, and sexually abuse children in my research based on my affiliation with the Kinsey Institute. True and correct copies of the emails that I sent to the University are attached hereto as Exhibit “D.”
13. The purpose of my mail was to petition a division of the government of the State of Texas, which is also a public educational institution, to initiate an official proceeding to investigate

the false and harassing statements made by Dr. Hilton while he represented that he was an officer, employee or professor associated with this state institution. In my communications with the university, I repeatedly asked the university officials to direct my complaint to the proper officials for investigation. See Exhibit D, attached hereto.

14. By sending my emailed complaint to the Office of General Counsel's intake email, I understood that I was addressing my complaint to the appropriate governmental office within the University system for investigation of complaints of sexual harassment. This is the email address that the university requests such complaints be sent (<https://uthscsa.edu/eeo/harassment.asp>). It states "The Health Science Center encourages any student, faculty, staff or visitor to promptly report allegations and/or violations of this Policy to an individual identified below" and "It applies to conduct regardless of where it occurs, including off Health Science Center property".
15. In follow up emails to the University, I copied Executive Director of the Academic, Faculty and Student Ombudsperson & ADA Compliance Office, Bonnie Blankmeyer, Ph.D. A true and correct copy of the University's webpage for Dr. Blankmeyer is attached hereto as Exhibit "E." In this webpage, the University states that a designated neutral or impartial resolution practitioner for the University, coordinates resolution of faculty issues, and insures that her department complies with applicable laws, policies and procedures. On the University's page for reporting of Sexual Harassment and Sexual Misconduct, Dr. Blankmeyer is listed as the contact person. A true and correct copy of this webpage is attached hereto as Exhibit "F."
16. In reporting Dr. Hilton's extensive, multi-year disparaging and harassing comments about me, I also understood that I was exercising my right of free speech to address matters of public concern. I understood that I was informing a state university regarding the disparaging and harassing conduct of a public official, as Dr. Hilton clearly holds himself out to be a professor with a state educational institution. I further understood that I was exercising my right to inform a state educational institution that one of its purported agents was claiming that researchers who train with the Kinsey Institute sexually abuse children as part of our research, which is a matter of public health and safety.
17. I have read Dr. Hilton's pleadings in this matter, as well as the attached exhibits. In his pleadings, Dr. Hilton claims that I "falsely accused" other individuals. However, Dr. Hilton's pleading lists official complaints that I made to governmental entities, such as the state licensing boards, the Federal Bureau of Investigation, state universities, state attorney general, and local police. These complaints were also true and made to appropriate authorities.

I hereby declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

EXECUTED on July 24, 2019.

A handwritten signature in cursive script, appearing to read "Nicole Prause", written over a horizontal line.

Nicole Prause, Ph.D.

CURRICULUM VITAE

Nicole Prause

Phone: [REDACTED]
Email: [REDACTED]
Web: www.liberoscenter.com

POSITION HISTORY

2015-	Scientist Liberos LLC
2014-2016	Statistician ZipRecruiter, LootCrate
2014-2015	Associate Research Scientist Department of Psychiatry University of California, Los Angeles
2012-2014	Assistant Research Scientist Department of Psychiatry University of California, Los Angeles
	Research Scientist Mind Research Network
2010-2012	Research Assistant Professor Department of Psychology University of New Mexico
2007-2010	Assistant Professor Department of Psychology Idaho State University

LICENSE

Psychologist	2015-	Board of Psychology, California (#27778)
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EDUCATION

Intern	2007	Boston Consortium in Clinical Psychology Rotation (Major): Medical Rehabilitation Rotation (Minor): Neuropsychology
Research fellow	2007	Harvard Medical School, Department of Psychiatry
Teaching fellow	2007	Boston University, Department of Psychology



PhD	2007	Indiana University, Bloomington Dept Psychological and Brain Sciences <u>Program</u> : Clinical Science <u>Concentrations</u> : Statistics, Neuroscience Committee Chair: William P. Hetrick, PhD Committee member: David H. Barlow, PhD Committee member: Julia Heiman, PhD
BA	2000	Indiana University, Bloomington, <i>Summa cum laude</i>

HONORS

- 2015 Nominated, Early Career Award, Society for Psychophysiological Research
- 2013 Best Senior Poster, International Academy of Sex Research Annual Meeting
- 2012 Elected full member, International Academy of Sex Research
- 2011 Best Brief Communication, International Academy of Sex Research
- 2010 Elected member of the International Society for the Study of Women's Sexual Health
- 2009 Society for Sex Therapy and Research, Best poster award
- 2007 Student Research Award, Society for Sex Therapy and Research
- 2006 Elected affiliate member, International Academy of Sex Research
- 2001 Kinsey Institute Summer Training Program acceptance
- 2000 BA, Summa cum laude
- 2000 Departmental honors, Department of Psychology
- 2000 Senior Achievement Award, Department of Psychology
- 2000 Senior Achievement Award, Department of Sociology
- 2000 Excellence in Research Award, Department of Psychology
- 2000 Psi Chi Award for Outstanding Service

EDITORIAL EXPERIENCE AND SERVICE

- 2016 Society for Psychophysiological Research Media Committee (to present)
- 2016 Invited luncheon host, Reward Processing, Society for Affective Research
- 2016 Public Relations committee, Society for Psychophysiological Research
- 2015 Invited luncheon host, Affective Touch, Society for Affective Research
- 2015 Web design committee, Society for Psychophysiological Research
- 2014 Public Relations committee, Society for Psychophysiological Research
- 2014 Program committee, Society for Psychophysiological Research 2015 annual meeting
- 2014 Invited luncheon host, *Extreme affect*, Society for Affective Research
- 2014 Guest editor, *Psychophysiology: Special issue on sexual psychophysiology*
- 2013 Associate Editor, *PLoS One* (to 2018)
- 2013 Instructor, Education Roundtable, Society for Psychophysiological Research
- 2012 Editorial Board, *Journal of Addiction Research and Therapy* (to 2015)
- 2012 Webmaster, Society for Psychophysiological Research, Software Repository

- 2011 Board of Directors, Journal of Sexual Medicine
- 2011 Program Committee, Society for Psychophysiological Research 2012 annual meeting
- 2011 Editorial Board for *Sexuality and Disability* (to present)
- 2010 Poster chair, International Academy of Sex Research Annual Meeting (and 2011)
- 2010 Education committee, Society for Psychophysiological Research (to present)
- 2010 Program Committee, International Academy of Sex Research 2011 annual meeting
- 2010 Editorial Board for *Archives of Sexual Behavior* (to present)
- 2008 Coach, Girls on the Run (to 2010)

Ad hoc reviewer for American Journal of Psychiatry; Biological Psychology; Biological Psychiatry; Brain Imaging and Behavior; Cognitive, Affective, and Behavioral Neuroscience; Cortex; Hormones and Behavior; Journal of Sex Research; Journal of Sexual Medicine; Psychophysiology; International Journal of Psychophysiology; NeuroImage; and others.

MEMBERSHIP

Association for Psychological Science
International Society for the Study of Women's Sexual Health
International Academy of Sex Research
Society for Affective Science
Society for Psychophysiological Research

Grant Support

Current

"Post-orgasmic male inflammatory symptoms and markers" National Organization of Rare Diseases, *Direct costs:* [REDACTED], *Duration:* 1 year, Principal Investigator: Tierney Lorenz, Ph.D.; co-Investigator.

"Treating restricted affective range in a meditation retreat model." Co-Principal Investigator with Greg Siegle, *Direct costs:* [REDACTED], *Duration:* 2 years, Institute for Organic Meditation, co-Investigators: Wendy D' Andrea, Ph.D., Phillippe Golden, Ph.D.

Completed

2018-2019 "Effects of Lagree exercise on neural responsiveness" Lagree Fitness, *Direct costs:* [REDACTED], *Duration:* 6 months, Principal Investigator.

2017-2018 "Orgasm physiology in women by vibratory or manual stimulation" LoveHoney UK, *Direct costs:* [REDACTED], *Duration:* 3 months, Principal Investigator.

2014-2019 "Graduated sensory salience as an intervention for intrusive negative thinking". Co-investigator, R21/33 National Institutes of Health, *Direct costs:* [REDACTED]

Curriculum vitae: Prause, N. p. 4

██████████, *Duration*: 5 years, Principal Investigator: Greg Siegle, PhD; co-Investigators: Tor Wager, PhD, Robert Howland, PhD.

2015-2017 "Neurological effects and health benefits of orgasmic meditation" Principal Investigator, *Direct costs*: ██████████, *Duration*: 2 years, OMFree Foundation, co-Investigators: Greg Siegle, Ph.D.

2015-2016 "Clinically Accessible Assessment of Dopamine System Reactivity: Concurrent fMRI/EEG pilot" co-Investigator, Pittsburgh Magnetic Resonance Research Center pilot program, 20 scans, Principal Investigator: Greg Siegle, PhD

2009-2011 "Effects of alcohol on behavioral activation tendencies during states of reproductive relevance". Principal investigator, supported by the Alcoholic Beverage Medical Research Foundation, *Direct costs*: ██████████.

2009-2010 "Reproductive mediators of alcohol's effect on health risk behaviors". Principal investigator, intramurally-competitive award from the Idaho State University Humanities/Social Sciences Research Committee, *Direct costs*: ██████████.

2009-2010 "Neurophysiological indices of motivation variability". Principal investigator, intramurally-competitive award through Women Empowered to Learn, Educate, Advance, and Develop supported by a National Science Foundation ADVANCE award to Deborah Easterly, PhD, *Direct costs*: \$██████████.

Summer 2008 "Precollege program". *Co-supervisor* with Ken Bosworth to Kameryn Williams for National Science Foundation EPSCoR grant # EPS-0447689 intramurally-competitive award. *Direct costs*: \$██████████.

Spring 2008 "Neurophysiological processing models of reproductive decision making". *Principal investigator* for Faculty Research Committee of Idaho State University, Intramurally-competitive award, *Direct costs*: ██████████.

2006 "The role of emotion, attention, and couple differences in sexual desire". *Principal investigator* for Social Science Research Council fellowship supported by the Ford Foundation *Direct costs*: \$██████████.

2005 "Research Training in Clinical Science". *Clinical science trainee* for an NIMH T-32 intramurally-competitive award. *Direct costs (program, year)* ██████████.

2003-2004 "Identity, Self, Role, and Mental Health". *Fellow* for an NIMH T-32 intramurally-competitive award. *Direct cost (2 years, individual fellow)*: ██████████.

PUBLICATIONS – ACCEPTED OR IN PRINT

* Mentored student author

Prause, N., & Janssen, E. (2019). Measurement standards for vaginal photoplethysmography. [REDACTED].

Prause, N., Levin, R., Georgiadis, J., Arnold, R. & Siegle, G (2019). Measurement standards for human orgasm. [REDACTED].

Gruber, J., Mendle, J., Akinola, M., Atlas, L., Ayduk, O., Barch, D. M., . . . **Prause, N.**, . . . Williams, L. A. (2019). The future of women in psychological science. [REDACTED].

Moholy, M., & **Prause, N.** (2019). Sexual arousal impairs updating leading to poorer performance on the Iowa Gambling Task. [REDACTED]. *manuscript in press.*

Prause, N. and Siegle, G. (2019). Sexual compulsivity and sex film viewing do not impair partnered intimate experience. [REDACTED]. *manuscript in press.*

Prause, N. (2019). Porn is for masturbation. *Archives of Sexual Behavior.*

Prause, N. (2018). Evaluate models of high frequency sexual behaviors already. *Archives of Sexual Behavior.*

Prause, Nicole, Janssen, Erick, Georgiadis, Janniko, Finn, Peter, and Pfaus, James. (2017). Data do not support sex as addictive. *The Lancet Psychiatry*, 4(12), 899

Aarseth, E., Bean, A. M., Boonen, H., Colder Carras, M., Coulson, M., Das, D., Deleuze, J., Dunkels, E., Edman, J., Ferguson, C. J., Haagsma, M. C., Helmersson Bergmark, K., Hussain, Z., Jansz, J., Kardefelt-Winther, D., Kutner, L., Markey, P., Nielsen, R. K., **Prause, N.**, Przybylski, A., Quandt, T., Schimmenti, A., Starcevic, V., Stutman, G. Van Looy, J., Van Rooij, A. J. (2016). Scholars' open debate paper on the World Health Organization ICD-11 Gaming Disorder proposal. *J Behav Addict*, 1-4. doi:10.1556/2006.5.2016.088

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- Rafiee, J., Schoen, M. P., **Prause, N.**, & Tse, P. W. (2009). A Comparison of EMG and EEG Signals using Time-Frequency Analysis. *Proceedings of the second IEEE RAS/EMBS International Conference on Biomedical Robotics and Biomechatronics*.

Prause, N., Janssen, E., & Hetrick, W. (2008). Attention and emotional responses to sexual stimuli and their relationship to sexual desire. *Archives of Sexual Behavior*, 37(6), 934-959. **Winner: Best Student Manuscript, Society for Sex Therapy and Research.**

Prause, N. & Graham, C. (2006). Asexuality: Predictors and description. *Archives of Sexual Behavior*, 36(3), 341-356.

Prause, N., Cerny, J., & Janssen, E. (2005). Labial Plethysmograph: A new measure of female genital arousal. *Journal of Sexual Medicine*, 2(1), 58-65.

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Conference Abstracts and book reviews

Ames, K., **Prause, N.**, Stout, K., & Hetrick, W. P. (2003). Differential effects of affective modulation on orbicularis and post-auricular indices of startle. *Psychophysiology*, 40(Supp 1), S22.

Prause, N., Janssen, E., & Hetrick, W. P. (2003). The role of attention and affective response to sexual cues in the experience of sexual desire and sexual arousal. *Psychophysiology*, 40 (Supp 1), S69.

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PUBLICATIONS - UNDER REVIEW

Janssen, E. **Prause, N.**, Romine, Rebecca Swinburne, Raymond, Nancy, MacDonald III, Angus, Coleman, Eli, & Miner, Michael H. (Under review). Patterns of sexual arousal in hypersexual men who have sex with men. *manuscript under review.*

Prause, N., Cohen, H., & Siegle, G. (Under review). Adverse childhood experiences predict greater experienced sexual arousal in orgasmic meditation. *manuscript under review.*

Prause, N. & Siegle, G. (Under review). Sexual compulsivity and sex film viewing do not impair partnered intimate experience. *manuscript under review.*

Prause, N., Loeb, T., Williams, J., Chin, D., & Honghu, L. (Under review). Relationships between Stress Biomarkers and Sexual Activity of Men and Women with Histories of Trauma. *manuscript under review.*

Prause, N. & Hajcak, G. (Under review). A first study of human sexual “deprivation” suggests improved regulation. *manuscript under review*.

PUBLICATIONS - IN PREPARATION

Prause, N., Harmon-Jones, E., Mustanski, B., Miner, M., & Pfaus, J. (Preparation). Overview of risk, safety, and privacy issues associated with sex research.

Prause, N., Siegle, G., Cunningham, W., Klonsky, D., & Gruber, J. (Preparation). Clinical relevance of mixed emotion states.

PUBLICATIONS – NOT PEER REVIEWED

Prause, N., & Williams, D. J. (2019). Groupthink in sex and pornography “addiction”: Sex-negativity, theoretical impotence, and political manipulation. In D. Allen & B. Howell (Eds.), *Groupthink in science: Greed, pathological altruism, ideology, competition, and culture*. New York: Springer.

Prause, N. (2018). Busting sex myths. In The Editors of GOOP & G. Paltrow (Eds.), *The sex issue* (pp. 167-170). New York, New York: Grand Central Life & Style.

Prause, N. (2018). Reward dysregulation in sexual function. In J. Gruber (Ed.), *Oxford handbook of positive emotion and psychopathology*: Oxford University Press.

Janssen, E., & **Prause, N.** (2016). *The sexual response system*. In J. T. Cacioppo, L. G. Tassinary, & G. G. Berntson (Eds.), *Handbook of Psychophysiology (4th edition)*. New York: Cambridge University Press.

Prause, N. & Fong, T. (2015). Visual sexual rewards in the brain and behavior. In Shira Tarrant and Lynn Comella (Eds.) *New Views on Pornography*. Praeger Press.

Prause, N., & Harenski, C. L. (2013). Inhibition, Lack of Excitation or Suppression: fMRI Pilot of Asexuality. In K. J. Cerankowski & M. Milks (Eds.), *Asexualities: Feminist and Queer Perspectives*: Taylor & Francis/Routledge Books.

Prause, N., & Graham, C. A. (2009). Asexuality: Classification and Characterization. In J. K. D. Sr., N. B. Moore & T. D. Fisher (Eds.), *Speaking of Sexuality: Interdisciplinary Readings* (3rd ed.). Oxford: Oxford University Press.

Janssen, E., Geer, J., & **Prause, N.** (2005). *The sexual response system*. In J. T. Cacioppo, L. G. Tassinary, & G. G. Berntson (Eds.), *Handbook of Psychophysiology (3rd edition)*. New York: Cambridge University Press.

Prause, N., & Janssen, E. (2005). Blood flow: Vaginal photoplethysmography. In I. Goldstein, C. M. Meston, S. Davis & A. Traish (Eds.), *Textbook of Female Sexual Dysfunction*. London: Taylor & Francis Medical Books.

PRESENTATIONS

**Supervised student presenter*

Prause, N., Siegle, G., & Coan, J. (November 2019). Couples increase closeness by a genital stoking practice. Annual meeting of the Society for Psychophysiological Research, Washington DC.

Prause, N., & Siegle, G. (July 2019). Accuracy of Orgasm Onset and Implications for Orgasm Measurement Utilizing Automated Genital Vibratory Stimulation to Orgasm. Presentation at the annual meeting of the International Academy of Sex Research, Mexico City, Mexico.

Prause, N., Siegle, G., & Coan, J. (July 2019). The health benefits of non-romantic sexual activity partners: A laboratory study. Poster presentation at the annual meeting of the International Academy of Sex Research, Mexico City, Mexico.

Prause, N. (July 2019). A Day with Nikky Prause! Sex & porn, desire discrepancy, orgasmic meditation and more! Modern Sex Therapy Institutes, 8 Continuing Education credits, Chicago, IL.

Prause, N. (June 2019). Neuroscience of sexual Motivation, University of Michigan Human Sexuality Certificate Program, Live video presentation.

Siegle, Greg, Gao, Shan, Fani, Negar, D'Andrea, Wendy, **Prause, Nicole**, Young, Kym, and Strege, Marlene. (April 2019) Vibration Technologies for Clinical and Research Use, University of Pittsburgh Research Day, Pittsburgh, PA.

Prause, N. (June 2019). Neuroscience of sexual Motivation, University of Michigan Human Sexuality Certificate Program, Live video presentation.

Prause, N. (February 2019). Erotic touch. Influencers Dinner by Jon Levy, Los Angeles, CA.

Prause, N. (February 2019). Touch me once: The science of erotic touch. Nerd Nite, Los Angeles, CA.

Prause, N. (November 2018). Debate with Marc Potenza: Should compulsive sexuality be a diagnosis?, Society for the Scientific Study of Sexuality, Montreal, Canada.

Prause, N. (October 2018). Careers outside academia. Indiana University Psychological and Brain Sciences Alumni Day, Bloomington, IN.

Prause, N. (April 2018). Sex tech. Clinical science class of June Gruber, PhD at University of Colorado.

Prause, N. (April 2018). The Science of Sexuality. Media, Entertainment, and Technology International, Los Angeles, CA.

Cohen, H., **Prause, N.**, & Siegle, G. (March 2018). Emotional Effects of ACEs After Partnered Stimulation. Poster presented at the annual meeting of the International Society for the Study of Women's Sexual Health, Scottsdale, AZ.

Prause, N. (January 2018). The Power of Pleasure. Exploratorium: The Museum of Science, San Francisco, CA.

Prause, N. (November 2017). The science of sex. LA Summit, Los Angeles, CA.

Prause, N. (July 2017). Workshop: Automated denoising of the vaginal pulse amplitude signal. Annual Meeting of the International Academy of Sex Research, Charleston, South Carolina.

Prause, N. (May 2017). Altering Sexual Anticipation with Brain Stimulation. Presentation at the Association for Psychological Science annual meeting, Boston, MA.

Prause, N. (April, 2017). Positive affect and reward processing: When is there too much of a good thing? Invited lunch at the annual meeting of the Society for Affective Science, Boston, MA.

Prause, N. (February, 2017). The adapting brain. Invited symposium at the annual meeting of the International Society for the Scientific Study of Women's Sexuality, Atlanta, AZ.

Prause, N. (December, 2016). If Pornography is a Major Threat to Marriages, Families, and Society at large, Why Can't We Find Reliable Effects? Symposium talk at the annual meeting of the Society for the Scientific Study of Sexuality, Phoenix, AZ.

Prause, N. (December, 2016). Technology horizons. Invited plenary at the annual meeting of the Society for the Scientific Study of Sexuality, Phoenix, AZ.

Prause, N. (November, 2016). New Developments in Neurophysiology of Sexual Response. University of Porto, Portugal.

Prause, N. (October, 2016). Culture clash: Sex science at the intersection. PopTech, Camden, MA.

Prause, N. (August, 2016). How science falsified the sex addiction model and is advancing ineffective treatments. Association for the Advancement of Sex Education, Counseling, and Treatment, St. Louis, MO.

- Prause, N.** (May, 2016). Sex and porn “addiction”. Keynote speaker, European Federation of Sexology annual meeting. Dubrovnik, Croatia.
- Prause, N.** (April, 2016). The history of research in women’s sexual health, Invited speaker. Jewish Community Center, San Francisco, CA.
- Prause, N.** (January, 2016). Controversies in the study of “porn addiction”. Invited speaker, Society for Personality and Social Psychology annual meeting, San Diego, CA.
- Prause, N.** (November, 2015). Internet Pornography: Harmful to Men and Relationships? Invited Speaker, Sexual Medicine Society of North America annual conference, Las Vegas, NV.
- Prause, N.** (October, 2015). A role for transcranial magnetic stimulation in enhancing/inhibiting responsiveness to sexual rewards. Chair and speaker for the session Brain stimulation to enhance processing of pleasant stimuli: evidence across two methods and three measures, Society for Psychophysiological Research annual meeting, Seattle, WA.
- Prause, N.** (September, 2015). My reward is bigger than your reward. Department of Psychology, University of Colorado, Boulder.
- Prause, N.** (September, 2015). Ask anyway. TEDx Boulder, Colorado.
- Prause, N.** (September, 2015). Talking about Porn: Issues, Controversies, and Frameworks. Invited panelist, Catalyst Con, Burbank, CA.
- Prause, N.** (September, 2015). Let’s talk about penis size. Speaker, NerdNiteLA, Los Angeles, CA.
- Prause, N.** (August, 2015). Gender or sex drive? Using the brain to inform fluidity and specificity, International Academy of Sex Research, Toronto, Ontario.
- Prause, N. & Moholy, M.** (August, 2015). Using brain stimulation to change reward hypersensitivity in high-partner heterosexuals, International Academy of Sex Research, Toronto, Ontario.
- Prause, N.** (July, 2015). Sex to promote general health. Keynote speaker at the World Association for Sexology annual meeting, Singapore.
- Miller, G. & **Prause, N.** (May, 2015). Women prefer larger penises in short-term mating: Results from selection among 3D-printed models. Talk at the Human Behavior and Evolution Society annual meeting, Missouri.

Curriculum vitae: Prause, N. p. 14

- Moholy*, M., **Prause**, N. (August, 2015). Using brain stimulation to change reward hypersensitivity in high-partner heterosexuals. Symposium speaker at the International Academy of Sex Research annual meeting, Toronto, CA.
- Prause**, N. (August, 2015). Differences in Sexual Response - Sex Drive versus Gender. Symposium speaker at the International Academy of Sex Research annual meeting, Toronto, CA.
- Prause**, N. (May, 2015). Advances in Women's Sexual Health. Invited speaker at the UCLA annual Women's Conference, Conejo Valley, CA.
- Prause**, N. Siegle, G., Deblieck, C. Iacoboni, M. (April, 2015). *Brain stimulation to enhance the anticipation of sexual stimulation*. Talk at the Society for Affective Science annual meeting, Oakland, CA.
- Prause**, N. (February, 2015). *Models matter: Experimental studies falsify addiction predictions of frequent sexual behaviors*. Invited speaker at the International Society for the Study of Women's Sexuality annual meeting, Austin, TX.
- *Leung, S., *Park, J., & **Prause**, N. (May, 2014). *Women prefer larger penis girth in one-time sexual partners than in long-term partners*. Poster at the Association for Psychological Science annual meeting, San Francisco, CA.
- Prause**, N. (May, 2014). *What are sexual arousal, desire, and orgasm: Reward, motivation, pleasure or affect?* Presentation at the Association for Psychological Science annual meeting, San Francisco, CA.
- Prause**, N. (May, 2014). *What are sexual arousal, desire, and orgasm: Reward, motivation, pleasure or affect?* Presentation at the Association for Psychological Science annual meeting, San Francisco, CA.
- Prause**, N. (April, 2014). *Extreme affect in the laboratory*. Presentation at the Society for Affective Science annual meeting, Bethesda, MD.
- *Moholy, M., Staley, C., & **Prause**, N. (November, 2013). *Experimental and First Functional Neuro Studies of the Sex Addiction Model*. Presentation at the Society for the Scientific Study of Sexuality annual meeting, San Diego, CA.
- Prause**, N. (October, 2013). Sexual Addiction and Neuroscience, Grand Rounds at Semel/UCLA Neuropsychiatric Institute, Los Angeles, CA.
- Prause**, N. (October, 2013). *Sexual arousal, hypersexual behaviors, and risk*, invited talk at Giessen University in Giessen, Germany.

Curriculum vitae: Prause, N. p. 15

Prause, N. & Siegle, G. (October, 2013). *Sexual arousal and orgasm as model reward systems for EEG study*, part of the symposium *Extreme EEG*, Presentation at the Society for Psychophysiological Research annual meeting, Florence, Italy.

***Moholy, M., Staley, C., & Prause, N.** (July, 2013). *Experimental and First Functional Neuro Studies of the Sex Addiction Model*. Presentation at the International Academy of Sex Research annual meeting, Chicago, IL.

Siegle, G. & Prause, N. (July, 2013). *How is sex reinforcing? Let us count the ways*. Poster at the International Academy of Sex Research annual meeting, Chicago, IL. **Winner: Best Senior Poster.**

***Henry, S. H., *Berg, S., B., & Prause, N.** (September, 2012). *Penile temperature and strain gauge: Reliable indicators of sexual arousal permitting cross gender comparisons*. Poster at the Society for Psychophysiological Research. New Orleans, LA.

Prause N. & Harenski, C. (August, 2012). *Down-regulation, suppression, or low arousability: fMRI-informed speculations about the nature of low sex drive in asexuality*, Presentation at the International Academy of Sex Research Annual Meeting. Estoril, Portugal.

Prause N. (October, 2011). *Alcohol and sexual motivation influences on sexual risk intention*, Presentation at the Society for the Scientific Study of Sexuality Annual Meeting. Houston, TX.

Prause N. (September, 2011). *Unique design concerns imaging sexual reward processing*, Symposium chair and presenter at the Society for Psychophysiological Research Annual Meeting. Boston, MA.

***Staley, C. & Prause, N.** (August, 2011). *Sexual Addiction, Higher Sexual Drive, or Compulsivity? Mixed Emotional and Neural Response to Erotic Films Among Individuals Engaging in Problematically Frequent Sexual Behaviors*. International Academy of Sex Research annual meeting, Los Angeles, CA. **Winner: Best Brief Communication.**

***Moholy, M. & Prause, N.** (August, 2011). *Math modeling Iowa Gambling Task under conditions of approach motivation*. Poster presented at the International Academy of Sex Research annual meeting, Los Angeles, CA.

Prause N. (February, 2011). *Peripheral arousal v Neuroscience: Discordance flipped by gender with index of central activation*, Poster presented at the International Society for the Study of Women's Sexual Health Annual Meeting. Scottsdale, AZ.

Prause N. (August, 2010). *Influences of fast attention or awareness on later sexual response*, Symposium chair and presenting at the International Academy of Sex Research Annual Meeting. Prague, Czech Republic.

*Moholy, M. & **Prause, N.** (2010, May). Using multidimensional scaling to model attentional differences to sexual and affective pictures. Poster presented at the annual conference of the Association for Psychological Science, Boston, MA.

*Roberts, V. and **Prause, N.** (October, 2009). *Using asymmetric electroencephalographic band activity to examine sexual motivation*, Poster presented at the Society for Psychophysiological Research Annual Meeting. Berlin, Germany.

Prause N. (October, 2009). *Approaches to approach motivation: Psychophysiological measures characterize motivation to pursue intimate relationships and sexual arousal*, Symposium chair and presenting at the Society for Psychophysiological Research Annual Meeting. Berlin, Germany.

*Staley, C. and **Prause N.** (August, 2009). *Erotica viewing effects on intimate relationships and self/partner evaluations*, Poster presented at the International Academy of Sex Research Annual Meeting. San Juan, Puerto Rico.

Prause N. (August, 2009). *EEG asymmetry sensitive to approach and avoidance motivation in response to sexual stimuli: An application to those with problems controlling their viewing of sexual stimuli*, Poster presented at the International Academy of Sex Research Annual Meeting. San Juan, Puerto Rico.

Prause N. (July, 2009). *Erectile response deficits at higher alcohol dose characterized by early, low response autocorrelation*, Poster presented at the Research Society on Alcoholism Annual Meeting. San Diego, CA.

Prause, N. (May, 2009). *New empirically supported treatments for women's sexual difficulties*, Invited talk at the annual meeting of the Idaho Psychological Association, Coeur D'Alene, Idaho.

Rafiee J, Rafiee MA, **Prause N.**, & Schoen MP. (April, 2009). *Biorobotics: Optimized Biosignal Classification using Mother Wavelet Matrix* Proceeding of IEEE 35 Annual Northeast Bioengineering Conference, Harvard-MIT Division of Health Sciences & Technology, Cambridge, MA.

Rafiee J, Rafiee MA, & **Prause N.** (April, 2009). *Biosignals: PsychoPhysio-Signal Processing Concept*, Proceedings of IEEE 35 Annual Northeast Bioengineering Conference. Harvard-MIT Division of Health Sciences & Technology, Cambridge, MA.

Rafiee, J., Rafiee, J.M., **Prause**, N. & Tse, P.W., (February, 2009). *Application of Daubechies 44 in machine fault diagnostics*, 2nd IEEE International Conference on Computer, Control and Communication, Karachi, Pakistan.

Rafiee, J., Rafiee, J.M., **Prause**, N. & Tse, P.W. (February, 2009). *Automatic frequency extraction using sinusoidal approximation and wavelet transform*, 2nd IEEE International Conference on Computer, Control and Communication, Karachi, Pakistan.

Rafiee, J. Schoen, M.P., **Prause**, N. Urfer, A. & Rafiee, M.A. (February, 2009). *A comparison of forearm EMG and psychophysical EEG signals using statistical signal processing*, 2nd IEEE International Conference on Computer, Control and Communication, Karachi, Pakistan.

Prause, N. & *Emfield, A. (2009, May). *Stimulus novelty (P300) supports interpretation of EEG asymmetry as motivationally-driven*. Poster accepted for presentation at the Association for Psychological Science, San Francisco, CA.

Prause, N. (2009, April). *Frontal alpha asymmetry as a motivation index not influenced by stimulus novelty*. Poster accepted for presentation at the Event-related potentials International Congress annual meeting, Bloomington, IN.

*Roberts, V. & **Prause**, N. (2009, April). *Examining the relationship between thought content of cognitive distraction, relationship satisfaction and sexual desire*. Poster presented at the Society for Sex Therapy and Research annual meeting, Arlington, VA. **Winner: Best student poster award.**

Prause, N. (2009, January). *EEG and Thee: An introduction to entice you to play with sensors*. Invited presentation for the Clinical Psychology series of Idaho State University, Pocatello, Idaho.

*Hillman, C. B., *Hansis-O'Neill, B. L., & **Prause**, N. (2008, October). *Response regulation to sexual stimuli in those reporting problems with viewing: A P300 study*. Poster presented at the Snake River Association for Neuroscience annual meeting, Pocatello, ID.

Prause, N., & Hetrick, W. (2008, October). *Higher sexual arousability is related to lower attention to sex stimuli*. Symposium presentation at the Society for Psychophysiological Research annual meeting, Austin, TX.

*Hansis-O'Neill, B., & **Prause**, N. (2008, October). *Predicted erectile response compared to actual erectile response in intoxicated males*. Poster presented at the Society for Psychophysiological Research Annual Meeting, Austin, TX.

Prause, N., *Hillman, C., & *Emfield, A. (2008, July). *Asymmetric encephalographic band activity characterizes sexual motivation subverting self-report requirements*.

Poster presented at the Annual meeting of the International Academy of Sex Research, Leuven, Belgium.

Prause, N., & O'Farrell, T. J. (2008, July). *Feelings about sexual satisfaction and sexual functioning over time in male alcoholics engaged in couples' alcoholism treatment.* Poster presented at the Research Society on Alcoholism, Washington DC.

Rafiee, J., Tse, P. W., Schoen, M. P., **Prause, N., & Tolle, C.** (2008). *Pattern Extraction of Vibration Signals using Time Analysis of Time-Frequency Approach.* Paper presented at the Annual Conference of the IEEE Industrial Electronics Society, Orlando, FL.

Rafiee, J., Tse, P. W., Schoen, M. P., **Prause, N., & Tolle, C.** (2008). *Daubechies 44: The Best Function for Gearbox Diagnostics.* Paper presented at the Annual meeting of the IEEE Industrial Electronics Society, Orlando, FL.

Prause, N. (2008, May). *Sexual Arousal Myopia? Evidence for High Motivation, Pleasant Stimuli Varying With Trait Sexual Arousability.* Poster presented at the Association for Psychological Science, Chicago, IL.

Prause, N. (2008, April). *Electroencephalographic measures of attention to high-motivation, approach cues in humans.* Invited presentation for the Biomedical Research Institute Seminar Series, Pocatello, ID.

Prause, N. (2007, October). *Sensate Focus: The standard of sex therapy?* Invited presentation for the Clinical Psychology series of Idaho State University, Pocatello, Idaho.

Prause, N. (2007, September). *Sexual psychophysiological studies in women.* Invited presentation for the Women's Studies Program of Idaho State University, Pocatello, Idaho.

Prause, N., Janssen, E. & Hetrick, & William P. (2007, March). *Attention modulation to sexual stimuli and their relationship to sexual responsivity.* Invited paper for the annual meeting of the Society for Sex Therapy and Research, Atlanta, Georgia.

Prause, N. & Heiman, J. (2006, July). *Response specificity and construct validity of the labial thermistor as compared with the vaginal photoplethysmograph.* Poster session presented at the annual meeting of the International Academy of Sex Research, Amsterdam, Netherlands.

Prause, N., Janssen, E., & Hetrick, William P. (2006, July). *Attention and emotional responses to sexual stimuli and their relationship to sexual desire.* Poster session presented at the annual meeting of the International Academy of Sex Research, Amsterdam, Netherlands.

- *Librach, G. R., *Harris, J., & **Prause**, N. (2006, May). Transfer of orgasm consistency to partner setting moderated by sexual desire. Poster session presented at the annual meeting of the Association for Psychological Science, New York, NY.
- Prause**, N. (2005, June). Labial photoplethysmography. Paper for the annual meeting of the World Congress of Sexology, Montreal, Canada.
- Janssen, E., **Prause**, N., & Hahn, S. (2004, November). Mood, sexual arousal, and sexual risk taking. In Mustanski, B. (Symposium chair), *Mood and Sexuality*. Invited symposium presented at the Society for the Scientific Study of Sexuality, Orlando, Florida.
- Prause**, N., Janssen, E., & Hetrick, W. (2004, November). The role of emotion and attention in variations in sexual desire. In Mustanski, B. (Symposium chair), *Mood and Sexuality*. Paper presented at the annual conference of the Society for the Scientific Study of Sexuality, Orlando, Florida.
- Prause**, N. (2004, October). The role of emotion and attention in variations in sexual desire. Paper presented at the annual meeting of the Social Science Research Council, Bloomington, IN.
- Prause**, N. (2004, May). Determining sexual desire. Paper presented at the Kinsey Institute Interdisciplinary Seminar Series, Bloomington, IN.
- Prause**, N. & Janssen, E. (2004, June). Four approaches to the processing of vaginal pulse amplitude (VPA) signals. Poster session presented at the annual meeting of the International Academy of Sexuality Research, Helsinki, FI.
- Prause**, N. & Graham, C. A. (2003, November). Asexuality: A preliminary investigation. Poster session presented at the annual meeting of the Society for the Scientific Study of Sexuality, San Antonio, TX.
- Ames, K., **Prause**, N., Stout, K., & Hetrick, W. P. (2003, November). Differential effects of affective modulation on orbicularis and post-auricular indices of startle. Poster session presented at the annual meeting of the Society for Psychophysiological Research, Chicago, Illinois.
- Prause**, N., Janssen, E., & Hetrick, W. (2003, November). The role of attention and affective response to sexual cues in the experience of sexual desire and sexual arousal. Poster session presented at the annual meeting of the Society for Psychophysiological Research, Chicago, Illinois.
- Prause**, N. (2003, November). Don't get it, don't want it, don't care: Constructing Asexuality. Paper presented at the Gay, Lesbian, Bisexual, Transsexual organization, Bloomington, IN.

Prause, N., Janssen, E., & Hetrick, W. (2003, July). The effects of early processing of sexual cues on subsequent sexual functioning: A pilot study. Poster session presented at the annual meeting of the International Academy of Sex Research, Bloomington, Indiana.

Prause, N., Janssen, E., Cohen, J., & Finn, P. (2002, June). Effects of acute ethanol consumption on sexual arousal and sexual risk taking. Poster session presented at the annual meeting of the International Academy of Sex Research, Hamburg, Germany.

Prause, N. & Finn, P. (2002, June). No modulation of sexual risk taking and excitement seeking relationship by cognitive capacity. Poster session presented at the annual meeting of the American Psychological Society, New Orleans, LA, United States.

Prause, N. (2002, May). Effects of acute ethanol consumption on sexual arousal and sexual risk taking. Paper presented at the National Institutes of Mental Health Program in Identity, Self, Role, and Mental Health, Department of Sociology, Bloomington, IN.

Prause, N., Weinberg, M., & Graham, C. A. (2002, March). Rethinking low sexual desire: The desire construct and asexuality. Paper presented at the Clinical Colloquium series of the Indiana University Department of Psychology in Bloomington, Indiana, United States.

Cerny, J., **Prause, N., & Janssen, E.** (2001, October). A new instrument assessing genital hemodynamic changes in women. Poster session presented at the annual meeting of the Female Sexual Functioning Forum, Boston, MA.

Prause, N., Graham, C. A., & Janssen, E. (2001, June). No concordance between subjective and physiological sexual arousal in women: Different instructions, different correlations. Poster session presented at the annual meeting of the American Psychological Society, Toronto, Ontario, Canada.

Prause, N., Graham, C. A., & Janssen, E. (2001, June). Effects of different instructions on within- and between-subject correlations of physiological and subjective sexual arousal in women. Poster session presented at the annual meeting of the International Academy of Sex Research, Montreal, Canada.

DISSEMINATION (select media)

Hanz MacDonald (Assistant producer). (2018). Porn laid bare. [Television Broadcast]. In British Broadcasting Corporation 3, by The Connected Set [production].

Curriculum vitae: Prause, N. p. 21

- Stutz, M. (Writer). (2017). Sex science. [Television Broadcast]. In B. Bishop, J. Blumenfield, T. Forman, D. Lawner, & D. L. Jr. (Producer), *Naked SNCTM*.
- Rodriguez, R. (Writer). (2017). Sex right now. [Television Broadcast]. In M. Lima & R. Rodriguez (Producer): FusionTV.
- Warner, J. (2017, September). Should sex be prescribed like medicine? This doctor says yes. *Men's Journal*.
- Bryce Wagoner. (2017). After Porn Ends 2 [Documentary film]. Bryce Wagoner (Director). In Weiss Brothers Entertainment (Producer). Los Angeles, CA. Guest expert.
- Today Show. (2017). Brain Health: The Power of Sex [Television broadcast]. In NBC Robert Powell (Producer). Los Angeles, CA. Featured guest.
- Channel 4. (2016). The science of super orgasms [Documentary film]. In Channel 4 (Producer). London, UK. Host.
- PBS. (2016). You Gotta Fight For Your Right To Do Science [Online broadcast]. Secret Life of Scientists and Engineers [web series]. In NOVA (Producer). Los Angeles, CA. Featured guest.
- Air Talk. (2016). Kidnapping victim Elizabeth Smart campaigns against 'the new drug:' Pornography [Radio]. In National Public Radio (Producer). Los Angeles, CA. Guest expert.
- Only Human. (2016). The Science of Turning Her On [Radio]. In National Public Radio (Producer). Los Angeles, CA. Featured guest.
- Comedy Central. (2016). Female orgasm [Television broadcast]. In Viacom Music and Entertainment (Producer). Los Angeles, CA. Guest expert.
- der Spiegel. (2016). Der Penis [Documentary film]. In der Spiegel (Producer). Germany. Guest expert.
- Huffington Post. (2015). The Science of Sex [Television broadcast]. In HuffPost Live (Producer). New York City, NY. Guest expert.
- Discovery Fit & Health. (2013). Sex in America [Documentary film]. In Discovery Communications Inc. (Producer). Los Angeles, CA. Guest expert.

RESEARCH EXPERIENCE (STUDENT)

2005-2007 **Predoctoral Research Fellow**
Sexual Studies Laboratory

Supervisor: Julia Heiman, Ph.D.

2004-2007 **Predoctoral Research Fellow**
Psychopathology and Neuropsychometry Laboratory
Supervisors: William Hetrick, Ph.D.

2002-2004 **Predoctoral Research Fellow**
The Kinsey Institute for Research Psychophysiological Laboratory
Supervisors: William Hetrick, Ph.D.; Erick Janssen, Ph.D.

2000-2002 **Graduate Research Assistant**
Biobehavioral Alcohol Research Laboratory
Supervisor: Peter Finn, Ph.D.

1999-2000 **Laboratory Coordinator**
The Kinsey Institute for Research Psychophysiological Laboratory
Supervisors: John Bancroft, M.D.; Erick Janssen, Ph.D.

1998 **Undergraduate Research Assistant**
Smoking Patterns Project
Supervisor: Steven Sherman, Ph.D.

CONSULTANT

Neuroscientist consulted for design, collection, and analysis for Lagree Fitness, Los Angeles, IN, 2017-2018.

Research psychologist consulted for pharmaceutical trial design and analysis for Eli Lilly, Indianapolis, IN, November 2001-June 2002.

Psychophysiology analyst for Discovery Channel Canada, Bloomington, IN, July 2004.

ADDITIONAL TRAINING

November 18-20, 2010 fMRI Acquisition and Analysis Course presented by Kent Kiehl, Vince Calhoun, & Tor Wager at the Mind Research Network.

October 21, 2009 Introduction to Time-Frequency Analysis Workshop presented by Edward Bernat, Selin Aviyente, Steve Malone and Vaughn Steele at the Society for Psychophysiological Research Annual Meeting.

May 22, 2009 Mixed Models for Longitudinal Data Analysis presented by Don Hedeker, PhD at the Association for Psychological Science Annual Meeting.

Curriculum vitae: Prause, N. p. 23

April 20-22, 2009 7th EEGLab workshop presented by Mark Makeig, PhD, Julie Onton, PhD, and Arnaud Delorme, PhD. *Focus*: ICA analysis for signal cleaning and blind source localization using EEGLab Matlab Toolbox.

TEACHING EXPERIENCE

Doctoral students mentored

Name	Current position
Maxwell Moholy, PhD	Counselor, Idaho State University
Cameron Staley, PhD	Counselor, Idaho State University
Verena Roberts, PhD	Clinician, Kaiser Permanente

Courses

Title	Audience	Semester s taught
Behavioral Medicine Practicum	Advanced doctoral	2
Sex and Couples Practicum	Advanced doctoral	4
Human Psychophysiology and Time Series	Advanced doctoral	1
Laboratory experience	Undergraduate (psychology, computer science, engineering, physics, biology)	> 24
Advanced Statistics	Advanced undergraduates	5
Research Methods	Undergraduates	1
Psychology of Women Seminar	Advanced undergraduates	1
Introduction to Psychology	Undergraduate	1
Introduction to Human Sexuality (section instructor)	Undergraduate	1
Personality Psychology	Undergraduate	1
Constructing Human Sexuality (teaching assistant)	Doctoral (Sociology)	1

REFERENCES

Julia Heiman, PhD
 Director, The Kinsey Institute for Research in Sex, Gender, and Reproduction
 313 Morrison Hall

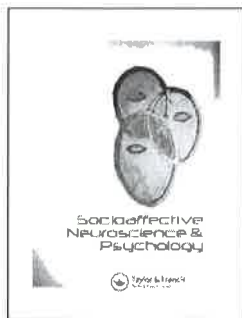
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Socioaffective Neuroscience & Psychology


ISSN: (Print) 2000-9011 (Online) Journal homepage: <https://www.tandfonline.com/loi/zsnp20>


Sexual desire, not hypersexuality, is related to neurophysiological responses elicited by sexual images

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To cite this article: Vaughn R. Steele, Cameron Staley, Timothy Fong & Nicole Prause (2013) Sexual desire, not hypersexuality, is related to neurophysiological responses elicited by sexual images, *Socioaffective Neuroscience & Psychology*, 3:1, 20770, DOI: [10.3402/snp.v3i0.20770](https://doi.org/10.3402/snp.v3i0.20770)

To link to this article: <https://doi.org/10.3402/snp.v3i0.20770>

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 Published online: 16 Jul 2013.

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Sexual desire, not hypersexuality, is related to neurophysiological responses elicited by sexual images

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Background: Modulation of sexual desires is, in some cases, necessary to avoid inappropriate or illegal sexual behavior (downregulation of sexual desire) or to engage with a romantic partner (upregulation of sexual desire). Some have suggested that those who have difficulty downregulating their sexual desires be diagnosed as having a sexual 'addiction'. This diagnosis is thought to be associated with sexual urges that feel out of control, high-frequency sexual behavior, consequences due to those behaviors, and poor ability to reduce those behaviors. However, such symptoms also may be better understood as a non-pathological variation of high sexual desire. Hypersexuals are thought to be relatively sexual reward sensitized, but also to have high exposure to visual sexual stimuli. Thus, the direction of neural responsivity to sexual stimuli expected was unclear. If these individuals exhibit habituation, their P300 amplitude to sexual stimuli should be diminished; if they merely have high sexual desire, their P300 amplitude to sexual stimuli should be increased. Neural responsivity to sexual stimuli in a sample of hypersexuals could differentiate these two competing explanations of symptoms.

Methods: Fifty-two (13 female) individuals who self-identified as having problems regulating their viewing of visual sexual stimuli viewed emotional (pleasant sexual, pleasant-non-sexual, neutral, and unpleasant) photographs while electroencephalography was collected.

Results: Larger P300 amplitude differences to pleasant sexual stimuli, relative to neutral stimuli, was negatively related to measures of sexual desire, but not related to measures of hypersexuality.

Conclusion: Implications for understanding hypersexuality as high desire, rather than disordered, are discussed.

Keywords: *sex addiction; sexual motivation; sexual desire; electroencephalography; event-related potentials; P300; sexual regulation*

Received: 4 March 2013; Revised: 25 May 2013; Accepted: 6 June 2013; Published: 16 July 2013

Sexual desires must be consistently regulated to manage sexual behaviors. Downregulation may occur to avoid sexual partners who are illegal, as with pedophilia, or inappropriate, as with infidelity. Upregulation may occur to engage with a romantic partner or increase stimulation to facilitate a genital response sufficient for intercourse. Under the influence of alcohol, it is the sexual arousal, rather than the amount of alcohol consumed, that best predicts intentions to engage in risky sexual behaviors (George et al., 2009; Prause, Staley, & Finn, 2011). To date, success in developing treatments to help regulate sexual desires have been sparse, ineffective, or drastic. For example,

hypoactive sexual desire disorder lacks any strong treatment for upregulation (Heiman, 2002). For downregulation, pharmacological treatments have been used to treat a variety of sexual urges directed inappropriately (Briken, Hill, & Berner, 2003), but these carry a risk for serious, not infrequent, side effects (Krueger, Hembree, & Hill, 2006). Sexual 'addiction' may represent a unique case of regulation failure, where the problem is not that sexual desire is directed toward a problematic target, but the level of the sexual desire itself is thought to be central to the problem.

Sexual regulation problems appear in those reporting higher levels of sexual desire (Winters, Christoff,

Vaughn R. Steele et al.

& Gorzalka, 2010). Once called ‘excessive sexual desire disorder’ (Marshall & Marshall, 2001), these problem behaviors have been spun into many labels thought to describe a constellation of disease symptoms (e.g. ‘hypersexuality’). It is unclear, however, whether the additional features of the proposed disease (Kafka, 2010) add any explanatory power. For comparison, consider excessive television viewing in children. More hours viewing television is associated with many health problems (Boulos, Vikre, Oppenheimer, Chang, & Kranarek, 2012), which feeds back to increase television viewing (Fuller-Tyszkiewicz, Skouteris, Hardy, & Halse, 2012). Several treatments have been created that effectively decrease television viewing time (e.g. Robinson, 1999). Treatments focus on reducing the number of hours viewing television behaviorally without a disease overlay such as ‘television addiction’ and are effective. This suggests a similar approach might be appropriate for high sexual desire *if* the proposed disease model does not add explanatory power beyond merely high sexual desire.

In this study, brain responses were monitored using electroencephalography to visual emotional, including sexual, stimuli in a group who reported problems regulating their viewing of visual sexual stimuli (VSS). Event-related potentials (ERPs) were used to assess whether differences in responses to the sexual stimuli were related to sexual desire levels, hypersexual levels, both separately, or neither.

Processing sexual stimuli, presumably, differs in hypersexuals from non-hypersexuals, but the literature is non-specific about the neurological features of hypersexuality. This makes clear predictions difficult. Work in this area is rarely experimental (Mundry et al., 2011). In fact, the current authors are not aware of any other research using ERPs to investigate hypersexuality to date. Hypersexuals do not appear to have any gross executive control abnormalities measured with neuropsychological tests (Reid, Garos, & Carpenter, 2011), but may have more subtle attention deficits or specific attentional deficits to sexual stimuli. A small sample of hypersexual men did make more errors of both commission and omission on a Go/No-Go task (Miner, Raymond, Mueller, Lloyd, & Lim, 2009). Much has been written about hypersexual’s use of VSS to regulate their mood. In fact, it is suggested as a core feature of the disorder (Kafka, 2010) and an important component of treatment (Adams & Robinson, 2001). Hypersexuals do not report more negative affect at baseline (Prause, Staley, & Fong, 2013), though, suggesting the affective dysregulation commonly described clinically in hypersexuality might occur at some other stage of processing sexual stimuli. Some suggest that hypersexuals engage in sexual behaviors when they are in a negative mood (Bancroft, Carnes, & Janssen, 2005; Bancroft & Vukadinovic, 2004). This is, of course, in stark contrast to major depressive disorder where low

sexual desire co-occurs with negative mood, although the complicating suppression of sex drive by antidepressants also may play a role (Kennedy & Rizvi, 2009).

In addition to ‘hypersexuality’, some have described this symptom cluster as sexual ‘addiction’ or sexual ‘impulsivity’. Although an exhaustive review of studies relating brain reactivity to impulsivity or addictions is beyond the scope of this study, studies of ERP components in impulsivity and addictions could guide predictions for hypersexuality. Impulsivity has been associated with P300 decrements to novel stimuli (Justus, Finn, & Steinmetz, 2001; Russo, De Pascalis, Varriale, & Barratt, 2008). The direction of the relationship between trait impulsivity and ERP components is not documented consistently (Carrillo-de-la-Peña & Barratt, 1993), and controlling for factors like general intelligence has eliminated the relationship (Russo et al., 2008). Addiction-specific stimulus processing has been associated with increased late ERP components (i.e. >300 ms). For example, late ERP components elicited by drug-specific cues in those who have a drug problem are increased in cocaine (Van de Laar, Licht, Franken, & Hendriks, 2004), heroin (Franken, Stam, Hendriks, & Van den Brink, 2003), and cigarette (Warren & McDonough, 1999) users. Similar to these studies, affective stimuli have been used in comparison to population-specific stimuli (e.g. drug cues). For example, a study of cocaine users included both drug and affective cues with multiple control groups to identify enhanced processing of drug cues (Dunning et al., 2011). Cocaine users in that study also exhibited decreased amplitude in late ERP components to pleasant and unpleasant pictures relative to controls.

ERPs, as measured in this study, would help delineate the individual (and potentially overlapping) contributions of sexual impulsivity and sexual addiction on hypersexuality. One ERP component, the P300, has been studied in relation to sexual desire levels. Amplitudes of the P300 elicited by auditory stimuli during erotic films are reduced more in women with higher sexual desire than women with lower sexual desire (Vardi et al., 2009), and this reduction is comparable to other highly arousing negative stimuli (Carvalho, Leite, Galdo-Álvarez, & Gonçalves, 2011). Presumably, the sexual stimuli have greater attentional capture for individuals with high sexual desire, which is reflected in reduced P300 amplitude to external auditory stimuli. Auditory-evoked P300 amplitudes during a sexual stimulus are different from P300 amplitudes evoked by the onset of the sexual stimulus itself. As compared to the auditory P300 collected during the sexual films, P300 stimulus-locked sexual images are higher in amplitude and similar to other high-arousal, negatively valenced stimuli (Cuthbert, Schupp, Bradley, McManis, & Lang, 1998). These findings are consistent, as both indicate greater attention

allocated to processing sexual stimuli at the expense of processing competing (e.g. auditory) stimuli.

Several interpretations of P300 modulation to sexual stimuli in relation to sexual desire levels are possible. Those with higher sexual desire were generally slower to identify a target when it appeared in the area of a sexual image in a competing attention dot probe task (Prause, Janssen, & Hetrick, 2008), although this was not replicated in clinical groups for low sexual desire (Brauer et al., 2012). Also, those who are more sexually excitable miss more target stimuli in Go/No-Go tasks (Macapagal, Janssen, Fridberg, Finn, & Heiman, 2011). Finally, women with lower sexual desire fixate more on contextual than sexual parts of erotic scenes than controls (Lykins, Meana, & Minimi, 2011). These attentional effects affected by sexual desire level also are malleable within-person to exogenous testosterone (Van der Made et al., 2009). Given related research on attention and sexual desire, those with high sexual desire could exhibit greater P300 to sexual stimuli than neutral stimuli, due to greater affective salience. Alternatively, sexual stimuli could elicit lower P300 than neutral stimuli in those with high sexual desire, due to stronger attentional capture by the stimulus.

Predicting the relationship of P300 amplitude elicited by sexual stimuli and sexual desire levels is more complex. Those with higher sexual desire appear to allocate more attention to sexual stimuli than those with lower sexual desire (Carvalho et al., 2011; Macapagal et al., 2011; Prause et al., 2008; Vardi et al., 2009). Usually more salient, or emotional, stimuli elicit greater P300 amplitude (Cuthbert et al., 1998). However, P300 amplitudes elicited by population-specific stimuli habituate more rapidly for that population (e.g. those engaged in extreme sports presented with novel stimuli) than controls (Fjell et al., 2007). Therefore, individuals with high sexual desire could exhibit large P300 amplitude difference between sexual stimuli and neutral stimuli due to salience and emotional content of the stimuli. Alternatively, little or no P300 amplitude difference could be measured due to habituation to VSS.

This study was designed to determine whether sexual desire level alone, or a cluster of symptoms unique to hypersexuality, predict neural reactivity to sexual stimuli. Specifically, questionnaire measures of sexual desire and hypersexuality were used to predict ERP amplitudes to a series of emotional, including sexual pictures. The ability of the hypersexual measures to predict variance in the mean amplitude of the P300 beyond the variance predicted by sexual desire alone was tested. Given that this is the first time ERPs were recorded in hypersexuals, and literature on addiction (higher P300) and impulsivity (lower P300) suggest opposite predictions, the direction of the hypersexual effect was specified mainly on theoretical grounds. Consistent with the limited research

using ERPs to examine sexual cue reactivity in relation to sexual desire, and consistent with broader emotion research, we predicted that those with higher sexual desire would exhibit higher P300 amplitudes to sexual stimuli than to neutral stimuli.

Methods

Participants

Fifty-two participants included men ($N=39$) and women ($N=13$) ranging in age from 18 to 39, ($M\text{ age}=24.35$, $SD\text{ age}=4.92$), with normal or corrected-to-normal vision and hearing. Most ($N=45$) reported being heterosexual and either single ($N=11$) or in a monogamous intimate relationship ($N=28$). The majority ($N=47$) had sexual intercourse at least once per month in the last year with an average of 3.31 different partners (see Table 1). All but one participant reported viewing visual erotica in the past month.

Initial plans called for patients in treatment for sexual addiction to be recruited, but the local Institutional Review Board prohibited this recruitment on the grounds

Table 1. Demographic characteristics of sample ($N=52$)

Demographic	Mean (SD)	
Age	24.35 (4.92)	
Group	Frequency	% of sample
Ethnicity		
White	45	86.5
Asian	1	1.9
Hispanic	4	7.7
Native American	2	3.8
Relationship status		
Exclusive	28	53.8
Nonexclusive	12	23.1
Not in relationship	11	21.2
No answer	1	1.9
Sexual behavior with partner (past month)		
Not once	5	9.6
Once a month	2	3.8
Several times a month	6	11.5
Once or twice a week	11	21.2
Several times a week	22	42.3
At least once a day	6	11.5
Different sexual partners (past year)		
0	1	1.9
1	25	48.1
2-5	16	30.8
6-10	6	11.5
11-20	3	5.8
No answer	1	1.9

Vaughn R. Steele et al.

that exposing such volunteers to VSS could potentiate a relapse. Instead, participants were recruited from the Pocatello, Idaho community by online advertisements requesting people who were experiencing problems regulating their viewing of sexual images. This recruitment strategy appears to have successfully recruited participants with scores comparable to those labeled as ‘patients’ with hypersexual problems (see Table 2). For example, in a large convenience sample the average Sexual Compulsivity Scale (SCS) scores for women $M (SD) = 20.4 (7.2)$ and men $M (SD) = 24.3 (8.0)$ seeking treatment for sexual compulsivity (Winters et al., 2010) were comparable to the current sample scores for women $M (SD) = 21.08 (4.63)$ and men $M (SD) = 22.31 (6.05)$, whereas the female $M (SD) = 14.2 (4.2)$ and male $M (SD) = 16.5 (4.9)$ non-treatment-seekers in Winter and colleague’s study scored lower. Despite reporting these problems, evidence shows participants did not experience any immediate problems or discomfort as a result of participating in this protocol (Prause et al., 2013). Participants gave informed consent before participating and received payment (or course credit, if a student and preferred). This study was approved by Idaho State University’s institutional review board.

Stimuli

Two hundred and twenty-five color pictures were selected from two standardized sets of stimuli commonly used in psychological research (Lang, Bradley, & Cuthbert, 1999; Spiering, Everaerd, & Laan, 2004) to represent pleasant ($N = 75$; e.g. skydiving), neutral ($N = 75$; e.g. portrait), and unpleasant ($N = 75$; e.g. mutilated body) categories. The pleasant stimuli were matched on their level of general arousal with the most arousing unpleasant stimuli

(the neutral stimuli will evoke lower levels of arousal). Every stimulus included a person. About half of the pleasant stimuli ($N = 38$) were sexual stimuli depicting one man and one woman interacting with varying levels of sexual activities (e.g. caressing, vaginal intercourse; Spiering et al., 2004). These images were specifically selected for this study and this unique participant sample. We selected these stimuli instead of more images from the commonly used sexual images of the International Affective Picture System (IAPS; Lang et al., 1999). IAPS-type ‘sexual’ images have been shown to be processed as ‘romantic’, not ‘sexual’ (Spiering et al., 2004). Although some have noted similar processes between more romantic versus more sexual stimuli within the IAPS (Sabatinelli, Bradley, Lang, Costa, & Versace, 2007), it seemed appropriate to ensure the sexual images were sufficiently explicit to be consistently understood as sexual in a study focused on sexual motivation. Also, men and women were shown the same sexual images. This avoided a confound usually overlooked when men and women are shown sexual images of the opposite gender. Heterosexual women report lower sexual motivation in response to photographs of nude males than nude females (Chivers, Seto, & Blanchard, 2007); therefore, showing participants opposite-sex nudes would have resulted in an unbalanced stimulus set for men and women. This stimulus set included four conditions: unpleasant, neutral, pleasant-non-sexual (Lang et al., 1999), and pleasant–sexual (depicting explicit sexual activities; Spiering et al., 2004). Each trial consisted of a fixation cross displayed for 120 ms, followed on the next screen refresh by the onset of the photograph. The photograph remained on for 1,000 ms, after which an ‘*’ appeared for 1,000 ms. Two blocks of stimuli were presented with a break after the first half of the trials

Table 2. Trait measures

	Scales mean (SD)		Male mean (SD)		Female mean (SD)	
Pornography Consumption Effects Scale						
Total (PCES)	49.58	(15.78)	52.08	(16.36)	42.08	(11.37)
Sexual Compulsivity Scale (SCS)	22.00	(5.71)	22.31	(6.05)	21.08	(4.63)
Cognitive and Behavioral Outcomes of Sexual Behavior Questionnaire (CBOSB)						
Behavioral	27.87	(2.63)	28.03	(2.66)	27.38	(2.60)
Cognitive	33.98	(7.35)	34.21	(8.08)	33.31	(4.71)
Sexual Desire Inventory (SDI)						
Dyadic	58.00	(7.68)	57.44	(8.17)	59.69	(5.98)
Solitary	23.92	(7.61)	23.08	(7.26)	26.46	(8.36)

Note. PCES scores assess the negative effects reported from viewing VSS (range = 1–7). SCS measures compulsive traits linked to difficulty resisting sexual behaviors (range = 10–40). The CBOSB measures the extent to which individuals are concerned about possible consequences of their sexual behaviors (cognitive, range = 20–80) or had actually experienced negative outcomes from their sexual behaviors (behavioral, range = 20–40). SDI scores indicate the level of desire to engage in solitary sexual activities (range = 3–26) as well as sexual activities with a partner (range = 8–70).

(113 trials), or about 4 min. The two-block task duration was about 8 min.

Questionnaires

Each participant completed four questionnaires: Sexual History Form, Sexual Desire Inventory (SDI), SCS, and Cognitive and Behavioral Outcomes of Sexual Behavior Questionnaire (CBOSB). These trait measures are summarized in Table 2.

Sexual History Form

The Sexual History Form collects general demographic and sexual behaviors. Demographic questions included age, education, and relationship status. Sexual behavior information questions included number of lifetime sexual partners, number of lifetime sexual intercourse partners, masturbation frequency, worry about sexual problems, and orgasm consistency (percent times reached orgasm when masturbating by any method, percent times reached orgasm when engaged in sexual activity with a partner). The sexual history form included questions about demographic and sexual history derived from the National AIDS Behavior Survey (Binson & Catania, 1998).

Sexual Desire Inventory

The SDI measures levels of sexual desire using two scales composed of seven items each (Spector, Carey, & Steinberg, 1996). The first, the Solitary Sexual Desire scale, measures an individual's desire for autoerotic sexual activity. The second, the Dyadic Desire scale, measures an individual's desire for sexual activity with a partner. The dyadic subscale is commonly used as an index of trait sexual desire level (Giargiari, Mahaffey, Craighead, & Hutchison, 2005; Prause et al., 2008). Both are investigated, because the only published study investigating P300 and sexual desire used a measure that did not differentiate solitary and dyadic sexual scales, which makes distinguishing the direction of sexual desire difficult (Vardi et al., 2006). However, solitary sexual behaviors are consistently underreported (e.g. Halpern, Udry, Suchindran, & Campbell, 2000), so it is likely that similar influences may lead to biased reporting of desire for same. The SDI has been psychometrically supported in studies assessing sexual desire (King & Allgeier, 2000; Spector & Fremeth, 1996). Test-retest reliability was calculated at $r=0.76$ over a 1-month period (Spector et al., 1996). SDI scores have been used as an index of trait sexual desire level (Giargiari et al., 2005).

Sexual Compulsivity Scale

The SCS measures compulsive traits linked to difficulty resisting sexual behaviors despite exposure to risk (Kalichman & Rampa, 1995). The scale consists of 10 statements related to compulsive thoughts, preoccupations, and behaviors associated with sexual activity

(e.g. 'My sexual appetite has gotten in the way of my relationships', 'My sexual thoughts and behaviors are causing problems in my life'). Respondents are asked to rate each statement on a 4-point scale ranging from 'not at all like me' to 'very much like me'. The scale has been shown to be internally consistent for men and women with Cronbach's α for each equaling 0.76 and 0.81, respectively (Reece, Plate, & Daughtry, 2001). The SCS has been administered to members of high-risk groups for HIV infection as well as college students (Dodge, Reece, Cole, & Sandfort, 2004). Each SCS item is scored on a 4-point scale ranging from 1 (never applies to me) to 4 (always applies to me), with a minimum score of 10 and a maximum score of 40. A total score is computed from the sum of all items.

Cognitive and Behavioral Outcomes of Sexual Behavior Questionnaire

The CBOSB assesses the extent to which an individual is concerned about the possible consequences resulting from their sexual behaviors (McBride, Reece, & Sanders, 2007). The consequences fall within six domains: financial, legal, physical, psychological, spiritual, and social consequences. Each domain is further divided into two distinct cognitive and behavioral outcome scales, which separate the respondent's extent of worry from the actual, experienced consequences. Rated on a 4-point scale ranging from 'never' to 'always', the cognitive outcomes scale consists of 20 items concerning the extent the respondent worried about his/her sexual activities in the past year resulted in negative outcomes. Rated on a binary scale of 'yes' or 'no', the behavioral outcomes scale consists of 16 items concerning the extent the respondent experienced negative outcomes as a result of his/her sexual activities in the past year. The CBOSB is not widely used, but is the only psychometrically tested instrument that quantifies actual experienced impairment in separable domains.

Pornography Consumption Effects Scale

The Pornography Consumption Effects Scale (PCES) assesses the self-perceived effects of pornography use on an individual's sexual behavior, attitudes, and perceptions of the opposite gender (Hald & Malamuth, 2008). The measure contains 47 items divided into positive (27 items; e.g. 'Has taught you something new about your sexual desires?') and negative (20 items; e.g. 'Has made you less satisfied with your life?') effects from viewing pornography. Respondents are asked to indicate the extent they experience various effects on a 7-point Likert scale ranging from 1 to 7 to indicate 'not at all' to 'an extremely large extent', respectively. The scale has been shown to be internally consistent for positive (Cronbach's $\alpha=0.91$) and negative (Cronbach's $\alpha=0.82$) effect dimen-

Vaughn R. Steele et al.

sions. Scores are the average of items in the subscale (positive, negative) of interest.

Procedure

After providing informed consent, participants completed questionnaires on a secure computer in a private testing room. Online administration increases reporting of socially undesirable behaviors (Locke & Gilbert, 1995). Then, ERPs were collected in a sound-attenuated, private space, within an internal room containing no windows or doors to external hallways. After placement of the electrodes, participants were seated in a comfortable, reclined exam table with a back-and-foot support approximately 130 cm away from the computer monitor. Participants viewed sexual stimuli presented as a series of picture stimuli and films (presentation order was counter-balanced). EEG data recorded during the films will be presented elsewhere. Stimuli were presented in a pseudorandomized order one at a time (1,000 ms each) using DMDX (Forster & Forster, 2003) on a 1,280 × 1,024 monitor with 75-Hz refresh and 32-bit color depth. Participants were instructed to attend to each stimulus and were given a break halfway through the task.

Electroencephalographic recordings

Electrophysiological data were recorded with Neuroscan Acquire software 4.4 in conjunction with a 40-channel NuAmps amplifier (Neuroscan, Inc., El Paso). A 40-channel cap (NuAmp QuickCap, Compumedics) collected EEG activity using sintered Ag–AgCl electrodes placed in accordance with the 10–20 International System (Jasper, 1958). All signals were digitized at 1,000 Hz during data collection. EEG activity was recorded using linked ear lobes as a reference. Horizontal electrooculogram was measured with electrodes placed infra-orbital and supra-orbital to the middle of the right eye and vertical EOG was measured with electrodes placed at the outer canthis of each eye. All impedances were kept below 10 k Ω .

ERP data reduction

Pre-processing included downsampling to 256 Hz, band-pass filtering between 0.1 and 55 Hz, and eye-blink removal. Bad channels were identified as having activity four standard deviations away from the mean (on average, fewer than one electrode per participant met this criterion, 0.71 electrodes per participant). These channels were replaced using spline interpolation in the EEGlab software (Delorme & Makeig, 2004). Eye-blink removal was accomplished using an independent component analysis (ICA) technique. The ICA utility in the EEGlab software was used to derive components then, using an in-house template matching algorithm (Jung et al., 2000), blink components were identified and removed from the data. ERP epochs were defined in relation to onset of

each stimulus from –1,000 ms pre- to 2,000 ms post-stimulus with a baseline correction of 110 ms preceding the stimulus. An ERP was averaged across each stimulus type (unpleasant, neutral, pleasant–non-sexual and pleasant–sexual). Within each trial, individual electrodes in which activity exceeded $\pm 100 \mu\text{V}$ were omitted from analysis. Applying these criteria, 9.04% electrode trials were excluded. The P300 component was defined by the positive deflection between 250 and 650 ms post-stimulus onset. This window was selected on the basis of visual inspection and consistent with previous research investigating P300 response (e.g. Hajcak, MacNamara, & Olvet, 2010). The mean amplitude across nine electrodes (C3, Cz, C4, CP3, CPz, CP4, P3, Pz, and P4) was calculated for analysis.¹ Other electrode sites appear in topographical plots to show that the main effects were not unique to this average across locations (see Fig. 1).

Data analysis

Four stimuli (neutral, unpleasant, pleasant–non-sexual, and pleasant–sexual) were entered in repeated-measures ANOVA calculated for mean P300 ERP amplitude measured across nine electrodes selected for analysis. When significant violations of sphericity were detected, Greenhouse–Geisser-corrected effects and epsilon (ϵ) were reported (as recommended by Jennings & Wood, 1976; Picton et al., 2000). Simple-effect t -tests were calculated to clarify significant main effects. Difference scores between neutral and the unpleasant, pleasant–non-sexual, and pleasant–sexual conditions were calculated and used as the dependent variable with the self-report questionnaire measures (Solitary, Dyadic, PCES Total, SCS Total, CBOSB Behavioral, and CBOSB Cognitive) as the independent variables in regression analyses. Specifically, to directly test the unique influence of sexual desire over and above measures of hypersexuality on P300 amplitude elicited by sexual and non-sexual stimuli, stepwise regressions were performed. Correlations between the ERP measures and the self-report measures were also computed. Effects that did not reach statistical significance, defined as $p > 0.05$, are not discussed.

Results

Event-related potentials

Manipulation check: P300 and stimulus type

In the analysis of the P300 component, the main effect of stimulus type was significant, $F(3,153) = 183.60$, $MSe = 91.13$, $p < 0.001$, $\epsilon = 0.54$ (see Fig. 1). Simple-effect t -tests revealed that P300 mean amplitude in the neutral condition ($M = 2.54 \mu\text{V}$) was less positive than the

¹The direct effect was consistent across sites. An average is presented to reduce the number of tests and simplify presentation of the results. Also see Fig. 1 for topographic plots.

unpleasant ($M = 3.68 \mu\text{V}$), $t(51) = 4.11$, $p < 0.001$), the pleasant–sexual ($M = 11.79 \mu\text{V}$), $t(51) = 15.57$, $p < 0.001$), and the pleasant–non-sexual ($M = 3.00 \mu\text{V}$), $t(51) = 1.75$, $p = 0.086$) conditions. Also, the P300 mean amplitude for the pleasant–sexual condition ($M = 11.79 \mu\text{V}$) was more positive than the unpleasant ($M = 3.72 \mu\text{V}$), $t(51) = 14.05$, $p < 0.001$), and pleasant–non-sexual conditions ($M = 3.00 \mu\text{V}$), $t(51) = 14.81$, $p < 0.001$). Given that this replicated expected, previous findings, the next planned test was conducted.

Hypothesis test: P300 regression on sexual desire and hypersexual measures

To assess the relationship between P300 amplitude in response to emotional, particularly sexual, images and the measures of sexual desire and hypersexuality, stepwise regressions were calculated.² Condition (unpleasant, pleasant–non-sexual, and pleasant–sexual) differences from neutral were calculated and used as dependent variables with the self-report measures as independent variables. Regressions were calculated for each of the three difference scores. The pleasant–sexual difference from neutral proved significant, $R^2 = 0.11$, $F(1,51) = 6.28$, $p = 0.015$, with the dyadic measure as the only unique predictor in the model, $p = 0.015$.

Exploratory: P300 correlations with questionnaires
Pearson's correlations were calculated among the mean amplitudes measured in the P300 window and the self-report questionnaire data. The only correlation reaching significance was the difference score calculated between neutral and pleasant–sexual conditions in the P300 window with the desire for sex with a partner measure, $r(52) = -0.332$, $p = 0.016$. The relationship between P300 amplitude difference score and sexual desire is portrayed in Fig. 2, with P300 to the neutral and sexual stimuli shown separately in Fig. 3.

Discussion

To the authors' knowledge, this represents the first examination of neural reactivity to sexual stimuli in those complaining of problems regulating their viewing of VSS. While the Institutional Review Board did not permit recruitment of patients seeking treatment, those recruited proved just as severe as those who do seek treatment on

measures of hypersexuality. A strong, within-participant control approach was used as these individuals varied in their level of hypersexuality. ERPs were recorded to emotional, including sexual, images – an approach consistent with other research to cues in sex addiction (Brand et al., 2011). This allowed for a direct test of the unique contribution of hypersexuality to neural reactivity elicited by sexual stimuli beyond sexual desire level. The mean amplitude of the P300 to sexual stimuli relative to neutral stimuli was negatively related to sexual desire level. Of the three assessments of hypersexuality examined, none were significantly related to P300 amplitude in response to sexual images. This is consistent with a previous study using questionnaires (Winters et al., 2010). This represents the first functional, neurophysiological study of hypersexuality in a large sample of individuals who varied in their level of 'hypersexuality'.

The P300 is well known and often used to measure neural reactivity to emotional, sometimes sexual, visual stimuli. A drawback to indexing a large, slow ERP component is the inherent nature of overlapping cognitive processes that underlie such a component. In this report, the P300 could be, and most likely is, indexing multiple ongoing cognitive processes. For example, the VSS presented are probably not novel to these participants given the high amount of VSS they report viewing. They might have strong, automatic, appetitive responses to sexual stimuli, which could be masked by low novelty suppressing the P300. Compare, for example, the interaction/suppression of working memory load and anxiety on the late positive potential (LPP) amplitude to negative versus neutral pictures (MacNamara, Ferri, & Hajcak, 2011). A promising avenue to test some of these P300 interpretation issues would be to collect a control sample of volunteers (Prause, Steele, Staley, Sabatinelli, Hajcak, & Fong, 2013). For example, this would provide a larger variance in VSS consumption to allow direct testing of the importance of VSS novelty. Although this study specifically used pretested, more explicit sexual stimuli than are typical in neuroscience research, even more novel sexual stimuli might overcome habituation/suppression effects due to low stimulus novelty.

Another possibility is that the P300 is not the best place to identify relationships with sexually motivating stimuli. The slightly later LPP appears more strongly linked to motivation. The earliest ERP components are thought to be more sensitive to sensory components of stimuli (Olofsson, Nordin, Sequeira, & Polich, 2008), whereas later ERP components appear more sensitive to motivational processes (Bradley, Hamby, Löw, & Lang, 2007; Schupp et al., 2000). Specifically, later components tend to increase to the presentation of both pleasant and unpleasant images (De Cesarei, Codispoti, Schupp, & Stegagno, 2006). Amongst these later ERP components, different topographies support making meaningful dis-

²The specific theoretical question was whether hypersexual measures accounted for variance beyond sexual desire level alone. Thus, a two-step, hierarchical regression forcing dyadic sexual desire in the first step as predictor and hypersexual measures entered together in a second step was initially conducted. The pattern of results remained the same as what is reported in the stepwise regression. Given the possible critique that one hypersexual measure might have outperformed others, stepwise results are presented. In addition, forcing entry of hypersexual measures before the sexual desire measure still resulted in only sexual desire significantly predicting P300 amplitude.

Vaughn R. Steele et al.

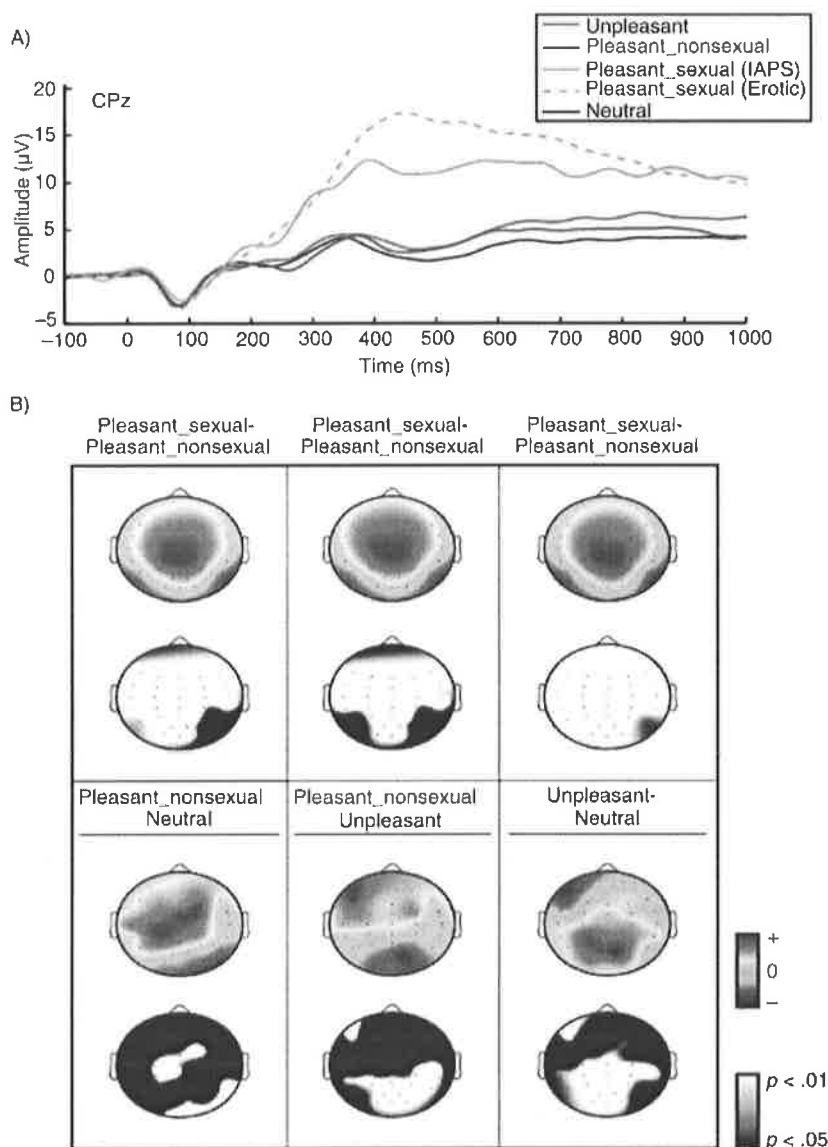


Fig. 1. (a) Stimulus-locked ERP waveforms (amplitudes in μV , time in ms) plotted at CPz to each unpleasant (red line), pleasant–nonsexual (blue line), pleasant–sexual (IAPS only, green line), pleasant–sexual (erotic images only, green dashed line), and neutral (black line). For illustration, the two types of pleasant–sexual stimuli are each plotted though they are averaged together for statistical comparisons. (b) Topographical difference (color heads) and statistical (black and white heads) head maps are presented. Difference and statistical head maps are plotted for each simple-effect between experimental conditions for the P300 component window.

tinctions in their interpretation (Makeig et al., 1999). Sexual images produce remarkable increases in ERP amplitude, but especially in late (500–750 ms) windows, as compared to high-arousal sports photographs in both men and women (Van Lankveld & Smulders, 2008). As the LPP could provide confirmation or refuting evidence, it is currently being explored in a separate analysis (Prause, Steele, Staley, Sabatinelli, Hajcak, & Fong, 2013).

The contrived sample and laboratory setting may have implications for interpreting the results. Those who reported problems regulating their viewing of VSS

were recruited not only because it is the most common problem behavior reported in clinics (Reid et al., 2012), but also because these stimuli are very accessible to laboratory testing. Others patients cite visiting prostitutes, infidelity, or other partnered behaviors as a primary problem. In addition, participants were instructed not to stimulate themselves during testing. Considering most people report masturbating when viewing erotica (Reid et al., 2012), this study could only be described as studying ‘cues’ rather than ‘consumption’ or ‘experience’. This is consistent with drug cue research, and similarly

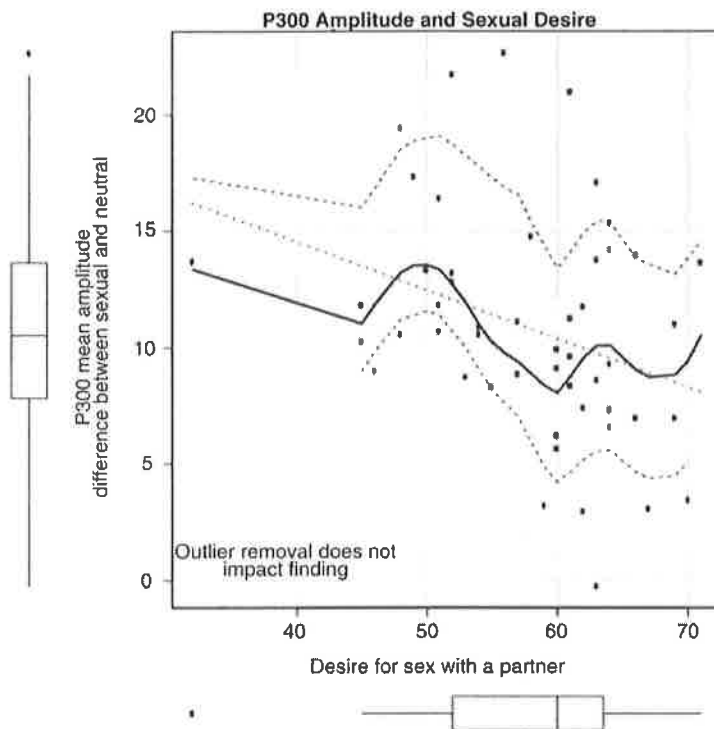


Fig. 2. An ERP difference score, plotted at CPz, between pleasant–sexual and neutral stimuli plotted against the measure of sexual desire (dyadic).

might be thought of as reflecting anticipation, activation of memories/associations, or activating regulatory processes since the cue cannot be consumed. Although the current sample was just as severe as a treatment-seeking sample (see ‘Participants’ section), they may have differed

from treatment seeking ‘sex addicts’ in other ways. For example, volunteers for sexual psychophysiological studies tend to hold less conservative sexual values (Wiederman, 1999), so these participants might have a different level of shame than is typical in those

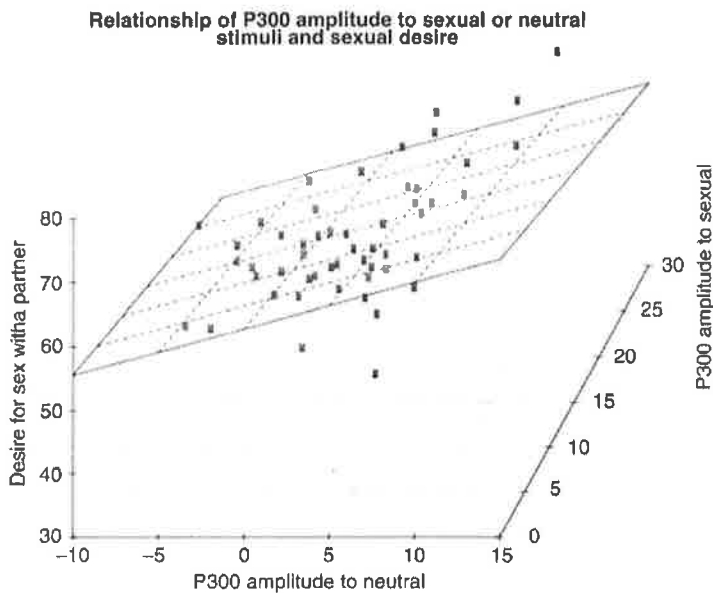


Fig. 3. A scatter plot depicting the relationship between P300 amplitude to neutral stimuli, P300 amplitude to pleasant–sexual stimuli, and the measure of sexual desire (dyadic).

seeking treatment (Reid, 2010). Shame proneness has been shown to interact with another ERP component, the error-related negativity (Tops, Boksem, Wester, Lorist, & Meijman, 2006). As ever, these results warrant replication with different participants and protocols more focused on external validity.

Given that high sexual drive is supposed to be a primary problem in sexual addiction (see review above), it was unexpected that these common measures of sexual addiction were not related to neural responsivity, while sexual desire itself was. One of the frequent critiques of sexual addictions is that it pathologizes normative, socially unaccepted, sexual behaviors (Levine & Troiden, 1988). These data appear consistent with that perspective. Essentially, the sex addiction measures used do not add any predictive utility for the P300 beyond that already captured by the sexual desire level. Examining just the questionnaires, the desire for sex with a partner scale was significantly correlated with the SCS, $r(52) = 0.519$, $p < 0.001$, but it was not related to the CBOSB behavioral $r(52) = -0.121$, $p = 0.393$ or cognitive, $r(52) = 0.248$, $p = 0.077$, or the PCES, $r(52) = 0.036$, $p = 0.798$, scales. One interpretation is that the sex addiction scales are sensitive to social expectations and violations, such as shame and regret, and that these processes are not captured well by P300 variance. Another possibility is that these scales do not adequately capture the sexual addiction construct. Although several scales were analyzed in this study to increase the likelihood of identifying a scale that would be related to P300 variance, more scales exist (e.g. Reid et al., 2011) that might better include the proposed core feature of high sexual drive. Finally, the effect of sexual addiction on P300 may be so small that the present sample was not large enough to detect it. As this is the first functional neurological study of VSS-P, no effect size estimates were available to run power analyses prior to data collection. However, a post-hoc power analysis was calculated with GPower (Faul, Erdfelder, Lang, & Buchner, 2007). The current sample and analyses were sufficient to detect an effect size as small as $f^2 = 0.2$. This effect size is commonly considered small and meets the common power convention of 0.8 (see Cohen, 1988). In general, the sample was relatively large for an EEG study, represented a wide range of scores on measures of sexual problems, and was sufficient to detect the relationship with sexual desire level.

In conclusion, the first measures of neural reactivity to visual sexual and non-sexual stimuli in a sample reporting problems regulating their viewing of similar stimuli fail to provide support for models of pathological hypersexuality, as measured by questionnaires. Specifically, differences in the P300 window between sexual and neutral stimuli were predicted by sexual desire,

but not by any (of three) measures of hypersexuality. If sexual desire most strongly predicts neural responses to sexual stimuli, management of sexual desire, without necessarily addressing some of the proposed concomitants of hypersexuality, might be an effective method for reducing distressing sexual feelings or behaviors. As a first study of neurophysiological responses in those complaining of difficulty regulating their viewing of VSS, studies to replicate and extend these findings are needed.

Conflict of interest and funding

Research funded by the Graduate Student Research and Scholarship Committee at Idaho State University to Cameron Staley.

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Vaughn R. Steele et al.

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***Nicole Prause**

Mind Research Network
 University of California
 Los Angeles, CA, USA
 Email: nprause@mednet.ucla.edu

7/25/2019

Gmail - I hope this clears things up!



Nicole Prause <[REDACTED]>

I hope this clears things up!

Jeanne Silver <[REDACTED]>

Wed, Jul 3, 2019 at 9:57 AM

To: [REDACTED]

To whom it may concern:

In 2015 I was inducted in to the Adult Industry Hall of Fame, which is not a part of the Adult Video Network (AVN). I was inducted along with others, including Melissa Hill. At that induction, which is publicly available on YouTube, I told my story of working in the adult industry. I did attend the AVN /AEE (Adult Entertainment Expo) show but not the awards in 2015. I was invited to attend in 2016 and did go as a speaker on sex and disability.

I have never met Dr. Prause. I have no reason to think Dr. Prause was ever at AVN or in the adult industry herself. Any reference to my being at the AVN in 2015 likely was referring to my hall of fame induction, which actually occurred the weekend before AVN. Someone who was not at AVN likely would not have known which event was which.

Sincerely,
Jeanne Silver

[REDACTED]



7/26/2019

Gmail - Sexual harassment complaint: Dr. Donald Hilton, Dept Neurosurgery



Nicole Prause <[REDACTED]>

Sexual harassment complaint: Dr. Donald Hilton, Dept Neurosurgery

Nicole Prause <[REDACTED]>

Tue, Apr 16, 2019 at 6:58 PM

To: ogc_intake@utsystem.edu, Blankmeyer@uthscsa.edu

To whom it may concern:

I am a neuroscientist with two university appointments being openly sexually harassed by your faculty member Dr. Donald Hilton. Specifically, he publicly claims that I personally appear in pornographic films, attend the Adult Video Network awards, and molest children in my laboratory, because I trained at The Kinsey Institute. These are all demonstrably false. The latter is a well-known, long-falsified conspiracy theory of a religious right group of which Hilton is a member. Of course, claiming I sexually molest children at my workplace places me in immediate danger by soliciting violence against me as occurred with other false accusations of pedophilia online.

Some of the claims Hilton placed in an extensively circulated document (attached) that he created and linked to his University of Texas adjunct appointment. He also attempted to get a Houston Chronicle reporter, Mr. Sokol, to print that I was in pornography with no evidence (attached). Mr. Sokol was able to determine Donald Hilton's claims were fabricated (attached) and did not print them.

I have filed a complaint against Hilton's medical license for sexual harassment. However, he clearly uses his UT affiliation to promote his sexual harassment. As a female scientist, he is uniquely attacking my gender with these false claims about my sexuality.

Please direct my sexual harassment complaint against Donald Hilton to the appropriate officer for investigation.

Nicole Prause, Ph.D.

Liberos

3 attachments **HiltonPaper_MedInstitute_Retrieved4.16.19.org.pdf**
141K **Gmail - Prause not at AVN.pdf**
70K **Gmail - Houston Chronicle reporter.pdf**
70K

Pornography: Fueling the Fire of Sexual Toxicity

Donald L. Hilton Jr, MD, FAANS

Adjunct Associate Professor

Department of Neurosurgery, University of Texas Medical School at San Antonio

In his book *Cheap Sex* Mark Regnerus points to three factors which have produced the current 'hook-up' culture of what had been described as 'psychosexual obesity'¹: (1) The ubiquity of the Pill, (2) ubiquitous pornography, and (3) The advent of online dating/meeting services.²

In 1953 Hugh Hefner launched Playboy with a nude centerfold of Marilyn Monroe. He was clear from the start that the sexual industry would be catering to male sexual drive, and that females would be the means to that end, as he stated at the outset: "Within the pages of Playboy you will find articles, fiction, pictures, stories, cartoons, humor, and special features...to form a pleasure-primer styled to the masculine taste...We plan on spending most of our time inside. We like our apartment. We enjoy mixing up cocktails and an hors-d'oeuvre or two, putting a little mood music on the

phonograph and inviting in a female acquaintance for a quiet discussion on Picasso, Nietzsche, Jazz, Sex.”³

Today the landscape is much the same, sans the music and discussion. Most porn on the internet now forgoes any but the most rudimentary plot, and proceeds straight to aggressive sex with close-up shots of genitals, with the most common sequence being oral, anal and vaginal penetration followed by ejaculation on the face of the female.⁴ Remarkable, sexologist today try to tell us with a straight face that this is “sex positive,” even when women feel coerced.⁵⁶ Plots today only serve to introduce the context of the sex, the most common themes today being incest, racial preferences, and teen/youth sex.⁷ Almost 9 out of 10 scenes of the most popular videos show aggression toward women, with hair pulling, gagging, slapping, choking, and derogatory name calling.⁸

And it’s not just harder and more aggressive. It’s everywhere. Pornhub, the second most visited site on the net, had 92 billion people visit in 2016, enough for 12.5 videos for every person in the world. It has become the primary mode of sexual education for teens and even preteens now, with the vast majority of teens having seen sexual intercourse, including between more than two people.⁹ Many have seen bondage and rape as well.¹⁰

This unleashing of toxic sexuality on humanity is damaging those who view it, and is addictive to those who continue to use it.¹¹ These points are vigorously opposed by the porn industry and the academic apologists who support it. They say that the only problem with porn is the shame and moral construct that religious mores place upon it. After all, it's just sex, which is natural, so it's party time! But just as the tobacco industry colluded with pro-tobacco scientists and doctors in the 50s and 60s to hide the research and confuse the public about the harms of tobacco, so the "porn professors" of today engage the press and public in a campaign of agnotology, of confusion and of disinformation about the harms of porn and its addictive nature. Apologists try to frame the debate over pornography as a moral/religious/free speech issue, a construct engineered by societal moral police. The reality is that Internet pornography today is vastly different from the porn industry's line that it is just a conglomeration of individuals expressing themselves. Rather, it is a vast monopolistic empire, largely controlled by a few wealthy companies, with one in particular. Mindgeek owns and controls the vast majority of internet porn sites, and exerted control over both producers and performers.¹² Their main product today is incest, teen, and racial themes, in addition to misogynistic yet emasculated males ejaculating on the faces of females in a bizarre albeit now normalized

mammalian marking behavior. Ironically, were these themes presented in any other medium they would be roundly criticized as unprogressive. Yet because it is porn all is forgiven.

The evidence for an addictive model for porn today is so overwhelming that it requires either extreme ignorance, bias, or both. The bias is so remarkable that sexologists were successful in keeping sex and porn addiction out of the DSM-V as a behavioral addiction, while they accepted gambling! Imagine, online poker is an addiction, but not online porn. Despite the efforts of the pro-porn sexologists the ICD-11 will include compulsive sexual behavior as an impulse control disorder, so it will, for the first time, be recognized by the WHO as a mental disorder. The American Society of Addiction Medicine (ASAM), comprised of medical doctors who treat addiction not only with counseling by also are able to prescribe medication, defined addiction in 2011 as including not only substance addictions, but also behavioral addiction such as to food, sex, and gambling under the addiction umbrella. These physicians were more sophisticated in their understanding of the biology of the brain and less susceptible to the political pressure of the pro-porn sexologists influencing the APA.

We predicted in 2011, based on the neurochemistry and the genetic engines of desire and reward in the brain, that pornography would eventually

demonstrate the same structural and metabolic changes in the brain as seen in substance addiction.¹³ Studies out of Cambridge, Yale, the Max Planck Institute in Germany, and other institutions have substantiated these predictions, with both structural¹⁴¹⁵ and metabolic¹⁶¹⁷¹⁸ changes being seen with increasing porn use. Only an apologist would say there is not evidence for an addictive model for porn; this web page lists 39 studies supporting such evidence¹⁹, with another page listing 16 reviews by some of the top neuroscientists in the world.²⁰

Yet remarkably, some popular press outlets ignore this evidence and cover only apologist with close cultural ties to the industry. For instance, one paper not only dismisses evidence for an addictive model, but calls for younger people to use more porn demonstrating risky behavior so they can watch rather than do.²¹ While these authors are widely quoted in the academic press, they invariably support the porn industry. One author recently published a book on how males can enjoy more porn pleasure which was endorsed by Pornhub (Mindgeek)²², and another attended the Adult Video News yearly awards, considered the Academy Awards of the porn industry, where she posed with producers and performers.²³ She also called Pornhub (Mindgeek) the ‘good guys’ publicly, and also supported exposing porn performers to the multiple STDs inherent in multipartner sex

by opposing condoms in porn, despite the recommendations of OSHA and multiple peer-reviewed papers.²⁴ Imagine a doctor attending a major banquet of the tobacco industry, posing with tobacco executives, then publishing papers proclaiming that tobacco is harmless. This is essentially the state of academic porn apologism.

Like any other addiction, pornography can decrease the brain's executive control center's ability to connect to the reward system and help the person judge whether the behavior would be prudent. The reward system is left with the brainstem powering the reward system with desire, mediated largely through dopamine. In a sense, the brain's brake pads wear out, and the person is left with unopposed desire.

Other things occur when toxic sexuality is infused into the brain's sensitive emotional axis. A study out of France found that the brain's mirror neuron system is activated in individuals watching porn; they project themselves into the film and "resonate with the motivational state" of the performers. A boy or man watching porn becomes the sexually aroused porn performer in the film, and is transposed into the film. The male performer almost always ejaculated onto the women, not in her, thus providing both a neutered masculinity for the watching male and an easier model for the watcher to model as he is doing precisely that while watching on his computer. What is

the motivational state he is seeing, modeling, and “resonating” with? Bill Margold, a prominent and now deceased male performer/producer, and spokesman for the porn industry said, “I’d like to really show what I believe the men want to see: violence against women. I firmly believe that we serve a purpose by showing that. The most violent we can get is [ejaculation in the face]. Men get off on that, because they get even with the women they can’t have. We try to inundate the world with orgasms in the face.”²⁵

Unfortunately Bill and his fellow male performers and producers are succeeding in a global and dramatic manner. The sexual scripts of men are now being written and template in the brains of billions of men and women by Bill and the female performers he directs and exploits,. More and more, women are complaining that men want to ejaculate on their face instead of having female friendly sex with them.²⁶ And the porn professors call this sex positive for the woman? Apologists try to say female produced porn is more civilized, but this hasn’t borne out either in peer-reviewed formats²⁷ or anectodally.²⁸

In the early 70s behavioral biologist Nikolas Tinbergen received the Nobel Prize; in his citation he was credited for describing the phenomenon of a “supranormal” stimulus.²⁹ He had done experiments where he painted plaster bird eggs bigger and brighter than normal eggs, and because the

enhanced eggs were more appealing, the birds would try to roost the fake plaster eggs in preference to their real eggs. In another experiment he painted paper female butterfly wings to be more appealing than the natural females wings in a species in which the males would be attracted to females based on the wings. When given a choice to mate with either one they preferentially chose the artificial wings over the real females. He called this a super, or supranormal stimulus, or a stimulus beyond what the animals normally encountered in nature.

Today we have millions of men and boys, and increasing women and girls, preferentially mating with electronic “wings.” Like the butterflies, they find the combination of endless novelty, anatomic enhancement, and exaggerated performance more appealing than sex with an actual person. As Naomi Wolfe said, “Today, real...women are just bad porn.”³⁰ Virtual reality porn with 3-D goggles with enhance this effect. Porn decreases, not increases, sexual pleasure and performance, despite what the porn industry says.

Consider over 60 such studies, 5 of which are longitudinal.³¹

As men become more culturally and sexually emasculated (literally impotent),³² they learn from porn to treat women aggressive and to be entitled to sex from all women.³³ Sadly, this process parallel what Philip

Zimbardo has termed the “demise of guys, as women surpass men in college graduation, professional schools, and increasingly, in the workplace.

What is the answer? First, we must protect the next generation from the toxic sexuality promoted by the porn industry and its apologists. We should follow the British model and institute an “op in” mechanism which would protect any under 18 years of age from viewing porn. The porn industry and its apologists say we should let parents be the gatekeepers, while this ludicrous plan is like placing cigarette vending machines in schools and telling parents to be responsible for their children not using them. This doesn’t work, of course, and we must quit letting the porn industry and its supporters infuse the next generation with the hate sex inherent in porn.

Second, we must return to a society where adults reject the inhumanity of porn. As Pope Francis said at an academic Vatican conference last year, “We would be seriously deluding ourselves were we to think that a society where an abnormal consumption of internet sex is rampant among adults could be capable of effectively protecting minors.”³⁴

Third, our culture increasingly is intolerant of racism and sexism, yet we celebrate both as long as people are having sex and the cameras are rolling.

We must hold the porn industry to the same standard.

Fourth, we must return to a culture of respect, empathy, and compassion, which is the antithesis of modern porn culture. As one woman said of the change porn caused in her husband, ““He seemed to have gone to a different place; to comment about the women in porn and me in a cold and detached way, to say things about women’s bodies, about sexual acts which came out of his mouth with swinging bluntness. A layer of empathy had been ground away. My man, the one I had promised to love and cherish.”³⁵ We thought porn was about sexuality, but is about our very humanity. It is time to reclaim it.

¹ Nancy Jo Sales, *Tinder and the Dawn of the Dating Apocalypse*. *Vanity Fair*, August 6, 2015.

² *Cheap Sex: The Transformation of Men, Marriage, and Monogamy*. Oxford University Press, 2017. Pg 11.

³ Hugh Hefner, as quoted in *Pornland*, Beacon Press, 2010, pg. 7, by Gail Dines

⁴ Ana J. Bridges, Robert Wosnitzer, Erica Scharrer, Chyng Sun, and Rachael Liberman. Aggression and Sexual Behavior in Best-Selling Pornography Videos: A Content Analysis Update. *Violence Against Women* 16(10) 1065-1085

⁵ Chyng Sun, Matthew B. Ezzell, and Olivia Kendall. Naked Aggression: The Meaning and Practice of Ejaculation on a Woman’s Face. *Violence Against Women*, 2016, DOI: 10.1177/1077901216666723.

⁶ C Marston, R. Lewis. Anal heterosex among young people and implications for health promotion: a qualitative study in the UK. *BMJ Open*. <http://dxdoi.org/10.1136/bmjopen-2014-004996>.

⁷ SimilarWeb

⁸ Ana J. Bridges, Robert Wosnitzer, Erica Scharrer, Chyng Sun, and Rachael Liberman. Aggression and Sexual Behavior in Best-Selling Pornography Videos: A Content Analysis Update. *Violence Against Women* 16(10) 1065-1085

⁹ Chiara Sabina, Janis Wolak, and David Finkelhor. The Nature and Dynamics of Internet Pornography Exposure for Youth. *CyberPsychology & Behavior*, Vol 11, No. 6, 2008.

¹⁰ Ibid

¹¹ Your Brain On Porn website. It provides a detailed list of the latest peer-reviewed papers showing harm, and also documenting the evidence for an addictive model for porn.

¹² David Auerbach, There is a Porn Monopoly, and Its Name is Mindgeek. *Slate Magazine*, Oct. 24, 2014.

¹³ Donald L. Hilton, Jr, Clark Watts (2011). "Pornography Addiction: A Neuroscience Perspective." *Surgical Neurology International* 2011; 2:19.

¹⁴ Kuhn, Simone and Gallinat, Jurgen. Brain Structure and Functional Connectivity Associated With Pornography Consumption: The Brain On Porn. *JAMA Psychiatry*, May 28, 2014. doi:10.1001/jamapsychiatry.2014.93

¹⁵ Schmidt C, Morris LS, Kvamme TL, Hall P, Birchard T, Voon V. Compulsive sexual behavior: Prefrontal and limbic volume and interactions. *Human Brain Mapping* (2016). DOI: 10.1002/hbm.2344

¹⁶ Voon, V., Mole T.B., Banca P., Porter L., Morris L., Mitchell S., Lapa T.R., Potenza M.N., Irvine M. (2014). Neural Correlates of Sexual cue Reactivity In Individuals with and without Compulsive Sexual Behaviors. *Plos One*, July 11, 2014

¹⁷ Mechelmans, D.G., Irvine, M., Banca, P., Porter, L., Mitchell, S., Mole, T.B., Lapa, T. R., Harrison, N. A., Potenza, M. N., Voon, V. (2014). Enhanced Attentional Bias towards Sexually Explicit Cues in Individuals with and without Compulsive Sexual Behaviours. *PlosOne*. DOI: 10.1371/journal.pone.0105476

¹⁸ Gola M, Wordecha M, Sescousse G, Lew-Starowicz M, Kossowski B, Wypych M, Makeig S, Potenza MN, & Marchewka A. Can Pornography Be Addictive? An fMRI Study of Men Seeking Treatment for Problematic Pornography Use. *Neuropsychopharmacology* Sept 2017, 42(10):2021-2031.

¹⁹ <https://www.yourbrainonporn.com/brain-scan-studies-porn-users#brain>

²⁰ <https://www.yourbrainonporn.com/brain-scan-studies-porn-users>

²¹ David Ley, Nicole Prause, & Peter Finn. The Emperor Has No Clothes: A Review of the 'Pornography Addiction' Model. *Current Sexual Health Reports*. DOI 10.1007/s11930-014-0016-8.

²² David Ley. *Ethical Porn for Dicks: A Man's Guide to Responsible Viewing Pleasure*. ThreeL Media, Stone Bridge Press. 2016. Endorsement on Amazon page for book: "David Ley's voice brings much-needed nuance to some of the most important conversations occurring about pornography today."—pornhub

²³ <https://liberoscenter.com/media/> This website for Liberos, Nicole Prause's company, has a media kit. The photo of Nicole Prause with performers and producers at the annual AVN award is featured by her in this media kit.

²⁴ Rodriguez-Hart C, Chitale FA, Rigg R, Godlstein BY, Kerndt PR, Tavrow P. Sexually transmitted infection texting of adult film performers: is disease being missed? *Sexually Transmitted Disease*. 2012 Dec; 39(12):989-94.

²⁵ Bill Margold, pornography performer, quoted by Gail Dines, *Pornland: How Porn Has Hijacked our Sexuality*. Beacon Press, Boston 2010, pg xxvi

²⁶ Sun C, Ezzell MB, Kendall O. Naked Aggression: the Meaning and Practice of Ejaculation on a Woman's Face. *Violence Against Women*. 2016 DOI: 10.1177/1077801216666723.

²⁷ Sun C, Bridges A, Wosnitzer R, et al. A Comparison of Male Female Directors in Popular Pornography: What Happens when Women are at the Helm. <https://doi.org/10.1111/j.1471-6402.2208.00439.x>

²⁸ Tasha Reign: I Was Assaulted on a Stormy Daniels Porn Set. And She Did Nothing. *The Daily Beast*. Marlow Stern, May 14, 2018.

²⁹ https://www.nobelprize.org/nobel_prizes/medicine/laureates/1973/press.html

³⁰ Naomi Wolf, *The Porn Myth*, New York Magazine, Oct 20, 2003

³¹ <https://www.yourbrainonporn.com/studies-reported-relationships-between-porn-use-or-porn-addictionsex-addiction-and-sexual#less>

³² Park YP, Wilson G, Berger J, Christman M, teina B, Bishop F, Klam W, and Doan AP. Is Internet Pornography Causing Sexual Dysfunctions? A Review with Clinical Reports. *Behavioral Sciences*, 2016 Sep; 6 (3): 17.

³³ Jesselyn Cook, *Inside Incels' Looksmaxing Obsession: Penis Stretching, Skull Implants And Rage*. Thousands of "involuntarily celibate" men in online forums are consumed by misogynist entitlement and a skin-deep quest for self-improvement. *Huffpost* 7/24/2018.

³⁴ Pope Francis, Vatican, private audience, Child Dignity Conference, Gregorian Pontifical University, Oct. 6, 2017

³⁵ Melinda Tankard Reist and Abigail Bray. *Big Porn: Exposing the Harms of the Global Pornography Industry*. Spinifix 2011, pg xxxi

4/16/2019

Gmail - Prause not at AVN



Nicole Prause <nicole.prause@gmail.com>

Prause not at AVN

Melissa Hill <[REDACTED]>
To: ChadSo@[REDACTED].com

Fri, Feb 22, 2019 at 4:16 PM

Dear Mr Sokol,

My stage name is Melissa Hill and I appeared with Dr. Prause in this photo:
<https://twitter.com/iafdcom/status/745823086818136064>

I suggested that the producer for After Porn Ends 2 contact her, during an interview segment I did for their film. Eventually, we each had been filmed for the documentary (although my segments were ultimately not included in the film) and I'm one of the Co-Executive Producers of "A.P.E. 3"

I know for a fact that Dr. Prause has never attended any AVN awards.... I myself, have attended regularly since 2012, either as a Hall Of Fame inductee, a member of the press corps, a representative of the performer's guild, or to perform outreach as the founder of the Adult Industry Support Group. Tickets to attend the awards, are for people in the adult industry.

I am unaware of any professional connection that Dr. Prause has to the industry. I am also unaware of any family member of hers, or partner, having any connections to the adult industry.

I have repeatedly heard her tell people, on various occasions when it's either suggested or she gets accused, that she WILL NOT and CAN NOT seek porn funding because it would be a conflict of interest for her research, and therefore unethical. Furthermore, it's laughable that she would have ANY funding from the industry: due to the fact that the adult industry has no funds, nor organization, to support the kind of research she does.

In my opinion, it's very obvious that her stalker is trying to inflict the same stigma onto Dr Prause, that any female employed within the adult industry, receives on a regular basis.

I have seen with my own eyes, Gary Wilson's repeated online attacks, against Dr Prause and her colleagues, and this latest sexist attack of his, is as fake as all the others before it.

Thank you for your time,
Melissa Hill

Founder - AISG
ADULT INDUSTRY SUPPORT GROUP
A.I.S.G@icloud.com

Creator and Host of
"Meliss Hill: RAWTALK"

4/16/2019

Gmail - Gonzaga story



Nicole Prause <nicole.prause@gmail.com>

Gonzaga story

Chad Sokol <[REDACTED]>
To: Nicole Prause <[REDACTED]>

Fri, Feb 22, 2019 at 12:02 PM

Hi Dr. Prause,

This is the story we published today. There's a lot more I would have liked to delve into, but I didn't have enough time or space in the paper.

<http://www.spokesman.com/stories/2019/feb/22/gonzaga-university-to-host-anti-porn-conference-on/>

I don't mean to belabor this question, but I'm still trying sort out some details in Gary Wilson's claim that you attended the AVN awards. If it's untrue, I would like to prove it to him and pointedly ask why he's peddled the false claim.

This is the photo that he and Donald Hilton are citing. It was posted to Twitter in June 2016.

<https://twitter.com/iafdcom/status/745823086818136064>

When we spoke yesterday evening, you said this photo came from a screening for "After Porn Ends 2," in which you appeared as an expert. However, every source I can find shows the film premiered in March 2017.

<https://www.xbiz.com/news/218228/after-porn-ends-2-screening-draws-top-legends>

I also see that the AVN awards take place in January each year, so none of this is making much sense to me. Can you offer any clarification?

I realize all this controversy and mud-slinging is a distraction from the actual science, but I also think it's important to discredit baseless conspiracy theories.

Thanks again.

Chad

Chad Sokol

The Spokesman-Review

4/16/2019

Gmail - Gonzaga story

Desk: [REDACTED]

Cell: [REDACTED]

Twitter: @bychadsokol



Search [] Site University

- Home
- Goals, Objectives & Organizational Chart
- Office of the Executive Director
- Faculty Recruitment Procedures
- Resource Guide for Faculty and Executive Committee Recruitment
- Non-Discrimination in the Workplace
- Sexual Harassment and Sexual Misconduct
- Request for Accommodations under ADA
- Administrative and Professional Employees

Contact Information

Bonnie L. Blankmeyer, Ph.D. Executive Director Academic, Faculty and Student Ombudsperson and ADA Compliance Office

7703 Floyd Curl Drive San Antonio, TX 78229-3900 Phone: (210) 567-2691

Dental building, Room 3.452T [view map]

Academic, Faculty and Student Ombudsperson & ADA Compliance Office

Executive Director of the Academic, Faculty and Student Ombudsperson & ADA Compliance Office



Bonnie L. Blankmeyer, Ph.D. Executive Director Academic, Faculty and Student Ombudsperson and ADA Compliance Office

The Executive Director is the designated ombudsperson reporting directly to the Office of the Vice President of Academic Faculty and Student Affairs, the incumbent is a designated neutral or impartial dispute resolution practitioner whose major function is to provide confidential and informal assistance to constituents of UTHSCSA faculty, residents and student communities. Additionally, incumbent coordinates and collaborates with the various schools in the recruitment, selection and hiring of faculty and non-employee post doctoral staff, ensuring compliance with affirmative action and equal opportunity policies and regulations. Identifies and coordinates resolution of student, faculty and staff issues, requests and concerns related to Americans with Disabilities Act. Participates in the development, implementation and administration of applicable policies and practices. Responsible for the design, execution, and effectiveness of a system of internal controls which provides reasonable assurance that department operations are effective and efficient, department assets are safeguarded, departmental financial information is reliable, and the department complies with applicable laws, regulations, policies and procedures.

I. Insures the development of Equal Opportunity and Affirmative Action Programs for the Health Science Center.

- A. Serves in a neutral dispute resolution practitioner for faculty, residents, students and non-employee post-docs. This role is an advocate for fairness – providing faculty, residents, students, and non-employee post-docs with an understanding of their rights, responsibilities and options so that they can better and more quickly resolve problems or concerns.
- B. Provides a safe, comfortable and confidential environment for faculty, residents, students, non-employee post-docs and campus visitors to discuss concerns.
- C. Responds to formal complaints of discrimination and/or sexual harassment from faculty, residents, students and non-employee post-docs. As appropriate, enlists the investigative services of the Office of Human Resources' Senior HR Consultant and EO/AA Officer.
- D. Oversees search and recruitment process of faculty and non-employee post doctoral staff including assistance in the advertisement of faculty openings and coordination with the Office of International Services.
- E. Serves as ex-officio member of all faculty and Executive Committee leadership search committees.
- F. Develop guidelines for non-discriminatory faculty employment practices and monitors implementation and impact; reviews faculty offer letters and appointment packets for compliance and data gathering.
- G. Maintains Equal Opportunity/Affirmative Action records and support documentation for faculty, non-employee post-doc and Executive Committee leadership recruitments.
- H. Participates with the Office of Human Resources in the dissemination of faculty affirmative action goals, compensation metrics, and assists academic departments with achieving goals through appropriate search and recruitment strategies.
- I. Serves as the Health Science Center's American with Disabilities Act (ADA) Coordinator for faculty, residents, students and non-employee post doctoral staff and co-chairs the ADA Coordinating Committee with the Vice President for Human Resources.



- J. Investigates and resolves issues related to students, residents, faculty and staff reporting Americans with Disabilities Act (ADA) compliance requests and concerns through collaboration with the various schools, faculty and Health Science Center leadership.
- K. Prepares faculty grievance, complaints and concerns reporting based on anonymous aggregate data, identifying trends and patterns or problem areas in HSC policies and practices. May recommend revisions and improvements, and may assess the faculty climate of the campus.
- L. Serves as liaison between the University and federal enforcement agencies and outside organizations concerned with ADA/EO/AA regulatory compliance.

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[top of page](#)

Contact: Blankmeyer@uthscsa.edu
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Center at San Antonio

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Site University

- Home
- Goals, Objectives & Organizational Chart
- Office of the Executive Director
- Faculty Recruitment Procedures
- Resource Guide for Faculty and Executive Committee Recruitment
- Non-Discrimination in the Workplace
- Sexual Harassment and Sexual Misconduct
- Request for Accommodations under ADA
- Administrative and Professional Employees

Academic, Faculty and Student Ombudsperson & ADA Compliance Office

Sexual Harassment and Sexual Misconduct

UTHSCSA HANDBOOK OF OPERATING PROCEDURES			
Chapter 4	General Personnel Policies	Effective:	November 2000
Section 4.2	Employee Relations	Revised:	October 2015
Policy 4.2.2	Title IX Sexual Harassment/Sexual Misconduct Policy	Responsibility:	Vice President, Academic, Faculty and Student Affairs and Vice President for Human Resources

Policy

1. The Institution of Texas Health Science Center(Health Science Center) is committed to maintaining a learning and working environment that is free from discrimination based on sex in accordance with Title IX of the Higher Education Amendments of 1972 (Title IX), which prohibits discrimination on the basis of sex in educational programs or activities; Title VII of the Civil Rights Act of 1964 (Title VII), which prohibits sex discrimination in employment; and the Campus Sexual Violence Elimination Act (SaVE Act). Sexual misconduct is a form of sex discrimination and will not be tolerated. As stated in the definition, sexual misconduct includes sexual harassment, sexual violence, sexual assault, stalking, domestic violence and/or dating violence. Individuals who engage in sexual misconduct and other inappropriate sexual conduct will be subject to disciplinary action.
2. The Health Science Center will take prompt disciplinary action against any individuals or organizations within its control who violate this Policy. The Health Science Center encourages any student, faculty, staff or visitor to promptly report allegations and/or violations of this Policy to an individual identified below in Section 3.2.

Applicability

This Policy applies to all Health Science Center administrators, faculty, staff, students, trainees, and third parties within the Health Science Center's control, including visitors and applicants for employment. It applies to conduct regardless of where it occurs, including off Health Science Center property, if it potentially affects the complainant's education or employment with the Health Science Center. It also applies regardless of the gender, gender identity or sexual orientation of the complainant or the respondent. In addition, it applies whether the complaint was made by or against a third party, and whether the complaint was made verbally or in writing.

Filing a Complaint and Reporting Violations

1. **All Members of the Health Science Center Community, Third Party and Anonymous Complaints.** All administrators, faculty, staff, students, and third parties are strongly encouraged to immediately report any incidents of sexual misconduct (including sexual harassment and sexual violence) and other inappropriate sexual conduct to the Title IX Director or Deputy Directors.
 - a. **Anonymity.** Individuals wishing to remain anonymous can file a complaint in any manner, including by telephone or written communication with the Title IX Director or a Deputy Director; however, electing to remain anonymous may greatly limit the University's ability to stop the harassment, collect evidence, or take effective action against individuals or organizations accused of violating the Policy.
 - b. **Confidentiality.** The Health Science Center has an obligation to maintain an environment free of sex discrimination, thus many Health Science Center employees have mandatory reporting and response obligations and may not be able to honor a complainant's request for confidentiality. Complainants who want to discuss a complaint in strict confidence may use the resources outlined in Section 3.5.
 - c. **Timeliness of Complaint.** Complaints should be reported as soon as possible after the complainant becomes aware of the inappropriate conduct. Delays in reporting can greatly limit the Health Science Center's ability to stop the harassment, collect evidence, and/or take effective action against individuals or organizations accused of violating the Policy.



2. **Responsible Employees.** Incidents of sexual misconduct (including sexual harassment and sexual violence) and other inappropriate sexual conduct may also be reported to Responsible Employees. A Responsible Employee is a University employee who has the duty to report incidents of sexual misconduct to the Title IX Director or other appropriate designee, or an employee whom an individual could reasonably believe has this duty. Responsible employees include all administrators, faculty, supervisory staff, resident life directors and advisors, and graduate teaching assistants, except any employee with confidentiality obligations as defined in Section 3.5.¹
3. **Reporting to Law Enforcement.** Complaints of sexual misconduct may also be made to The University of Texas System Police, Health Science Center (University Police) at 210-567-2800 (non-emergency) or 210-567-8911 (emergency) or 911 (emergency) or to other local law enforcement authorities.ii The Title IX Deputy Directors can help individuals contact these law enforcement agencies. Employees and students with protective or restraining orders relevant to a complaint are encouraged to provide a copy to the University Police. If a complaint of sexual misconduct is reported to the University Police, it shall advise the complainant of his or her right to file a complaint under this Policy. To the extent allowed by law and University policy, the University Police shall also notify the Title IX Director of the complaint, and provide the Title IX Director or the individual investigating the complaint access to any related University law enforcement records, so long as doing so does not compromise any criminal investigation.

4. **Reporting to Outside Entities.** An individual wishing to make a complaint may also contact the U.S. Department of Education, Office for Civil Rights (OCR) to complain of sex discrimination or sexual misconduct including sexual violence:

Office for Civil Rights
U.S. Department of Health and Human Services
1999 Bryan Street, Suite 1620
Dallas, TX 75201-6810
Phone: (214) 661-9600
Fax: (214) 661-9587

Employees may also contact the U.S. Equal Employment Opportunity Commission to complain of sex discrimination or sexual harassment:

U.S. Equal Employment Opportunity Commission
Dallas District Office
207 S. Houston Street, 3rd Floor
Dallas, TX 75202
Phone: (800) 669-4000
Fax: (214) 253-2720

5. **Confidential Support and Resources.** Physical and mental health care professionals and pastoral counselors (including those who act in that role under the supervision of these individuals), are generally prohibited by confidentiality laws from reporting any information about an incident to anyone, in any way that identifies the victim, without the victim's permission. Thus, students may discuss an incident with a counselor in the Student Counseling Center, a health care provider in Student Health Center, the clergyperson of the student's choice, or an off-campus resource (i.e. rape crisis center, doctor, psychologist, etc.) without concern that the incident will be reported to the Title IX Director. Employees may also seek assistance from the Employee Assistance Program, their own personal health care provider, the clergyperson of the employee's choice, or an off-campus rape crisis resource without concern that the incident will be reported to the Title IX Director. A listing of different Health Science Center and community resources that provide such services can be found through the Student Counseling Center, the Student Health Center, University Police, and the Office of Human Resources. The weblinks are:
<http://students.uthscsa.edu/counseling/>
<http://utpolice.uthscsa.edu/divisions/crimeprev/resources.asp>
<http://shc.uthscsa.edu/>
<https://www.uth.edu/uteap/index.htm>

6. **Immunity.** In an effort to encourage reporting of sexual misconduct, the Health Science Center may grant immunity from student disciplinary action to a person who voluntarily initiates a report of sexual misconduct or

assists a complainant, if that person acts in good faith in reporting a complaint or participating in an investigation. This immunity does not extend to the person's own violations of this Policy.

Parties' Rights Regarding Confidentiality

The Health Science Center has great respect for the privacy of the parties in a complaint. Under federal law, however, Responsible Employees who receive a report of sexual misconduct must share that information with the Title IX Director and/or a Deputy Director. Those individuals may need to act to maintain campus safety and must determine whether to investigate further under Title IX, regardless of the complainant's request for confidentiality.

In the course of the investigation, the Health Science Center may share information only as necessary with people who need to know to fulfill the purposes of this Policy and applicable law, such as investigators, witnesses, and the respondent. The Health Science Center will take all reasonable steps to ensure there is no retaliation against a complainant. The Health Science Center will comply with the Family Educational Rights and Privacy Act (FERPA), with Texas Education Code Sec. 51.971 and other confidentiality laws as they apply to Title IX investigations. To the extent possible, the Health Science Center will also protect the privacy of all parties to a report of sexual misconduct.

Victim Resources

1. **Immediate Assistance.** A listing of different Health Science Center and community resources can be found through the Student Counseling Center, the Student Health Center, University Police, and the Office of Human Resources. The weblinks are:
<http://students.uthscsa.edu/counseling/>
<http://utpolice.uthscsa.edu/divisions/crimeprev/resources.asp>
<http://shc.uthscsa.edu/>
<https://www.uth.edu/uteap/index.htm>
 - a. **Healthcare.** An individual who experiences any form of sexual, domestic, or dating violence is encouraged to seek immediate medical care. Also, preserving DNA evidence can be key to identifying the perpetrator in a sexual violence case. Victims can undergo a medical exam to preserve physical evidence with or without police involvement. If possible, this should be done immediately. If an immediate medical exam is not possible, individuals who have experienced a sexual assault may have a Sexual Assault Forensic Exam (SAFE) performed by a Sexual Assault Nurse Examiner (SANE) within 4 days of the incident. With the examinee's consent, the physical evidence collected during this medical exam can be used in a criminal investigation; however, a person may undergo a SAFE even without contacting, or intending to contact, the police. To undergo a SAFE, go directly to the nearest hospital that provides SAFE services. For more information about the SAFE, see <http://hopelaws.org> or <https://www.texasattorneygeneral.gov/victims/safes.shtml#survivors>. The cost of the forensic portion of the exam is covered by the law enforcement agency that is investigating the assault or, in cases where a report will not be made to the police, the Texas Department of Public Safety. This does not include fees related to medical treatment that are not a part of the SAFE.
 - b. **Police Assistance.** The Health Science Center encourages individuals who have experienced sexual misconduct to make a report to the police. It is important to note that a police department's geographic jurisdiction depends on where the sexual misconduct occurred. If the incident occurred on the Health Science Center campus, a report may be filed with the University Police by calling 210-567-2800 or in person at 7703 Floyd Curl Dr., San Antonio, TX, even if time has passed since the assault occurred.

The University Police can also assist with filing any protective orders. Reporting an assault to law enforcement does not mean that the case will automatically go to criminal trial or to a Health Science Center disciplinary hearing. If the University Police are called, a uniformed officer will be sent to the scene to take a detailed statement. A ride to the hospital may be provided by a police department counselor. A report may be filed with the University Police even if the assailant was not a Health Science Center student or employee. If the incident occurred off the Health Science Center campus in San Antonio, a report may be filed with the appropriate local law enforcement agency, even if time has passed since the assault occurred. If a report is made to the police, a uniformed officer will usually be dispatched to the location to take a written report.
 - c. **Counseling and Other Services.** A person who has experienced sexual violence is strongly encouraged to seek medical and psychological care even if he or she does not plan to request a SAFE or report the assault to the police. He or she may be prescribed medications to prevent sexually transmitted infections

and/or pregnancy even if the police are not contacted or if a SAFE is not performed.

Medical care can be provided at Student Health Center (for students only), at a local emergency room, or by a private physician. Psychological support can be provided by the Student Counseling Center (students), Employee Assistance (employees), a referral through the Employee Assistance Program, or a care provider of the individual's choosing.

Students desiring counseling should contact:

Student Counseling Center

<http://students.uthscsa.edu/counseling/>

210-567-2648

Faculty and staff should contact:

Employee Assistance Program

<https://www.uth.edu/uteap/index.htm>

(713) 500-3327 or toll-free at (800) 346-3549

2. **Interim Measures and Ongoing Assistance.** In addition to the services provided by on- and off-campus providers, the Health Science Center will take immediate and interim measures to assure the safety and well-being of the complainant, to maintain an environment free from harassment, discrimination or retaliation, and to protect the safety and well-being of community members.

For example, if the accused is an employee, interim action may include reassignment or paid administrative leave. If the accused is a student, interim action may include suspension, no contact orders, changing living arrangements, modifying the course schedule, or modifying other aspects of the educational environment. Interim action may also include allowing the complainant to move to a new residence hall, change work schedules, alter academic schedules, and withdraw from or retake a class without penalty. Moreover, the Health Science Center may be able to provide additional accommodations for a complainant while an investigation is pending.

Intake Procedures and Protocol

1. **Key Officials in an Investigation**

- a. **Title IX Director.** The Title IX Director is the senior Health Science Center administrator who oversees the Health Science Center's compliance with Title IX. The Title IX Director is responsible for leading the administrative investigation of reports of sexual misconduct and is available to discuss options, provide support, explain Health Science Center policies and procedures, and provide education on relevant issues. The Title IX Director may designate one or more Deputy Title IX Directors. Any member of the Health Science Center community may contact the Title IX Director with questions.
- b. **Investigators.** The Title IX Director will ensure that complaints are properly investigated under this Policy. The Title IX Director will also ensure that investigators are properly trained at least annually to conduct investigations that occur under this Policy.
The Title IX Deputy Directors shall supervise and advise the Title IX investigators when conducting investigations and update the Title IX Director as necessary.

2. **Assessment of Complaint.** The Title IX Director or designee will conduct a preliminary assessment of the complaint and determine whether a formal resolution or an informal resolution should occur. Informal resolution may be appropriate:
 - a. With a complaint solely of sexual
 - b. When both parties are categorically similar (i.e. employee/employee or student/student).
3. **Notification of Health Science Center Offices Offering Assistance.** After receiving a complaint, the Title IX Director or Deputy Director shall provide the complainant with referrals to available resources and assistance.
4. **Informal Resolution of Certain Sexual Harassment Complaints. (OPTIONAL)** A complainant may use this option instead of or before filing a formal complaint, but is not required to do so. Also, this option is not permitted for sexual violence cases. Anyone who believes that he or she has been subject to sexual misconduct may immediately file a formal complaint as described in Section 3 of this Policy. An individual wishing to use the informal resolution Page 10 of 28 process should contact the Title IX Director.

- a. **Informal Assistance.** In certain sexual harassment complaints, an individual may not wish to file a formal complaint. If informal assistance is deemed appropriate by the Title IX Director or designee, then the individual will be provided assistance in informally resolving the alleged sexual harassment. Assistance may include providing the complainant with strategies for communicating with the offending party that his or her behavior is unwelcomed and should cease, directing a Health Science Center official to inform the offending party to stop the unwelcomed conduct, or initiating mediation. However, the Health Science Center may take more formal action, including disciplinary action, to ensure an environment free of sexual harassment or sexual misconduct.
- b. **Timeframe.** Informal resolutions should be completed no later than 10 business days after the Title IX Director receives the request for informal resolution.
- c. **Confidentiality and Documentation.** The Health Science Center will document and record informal resolutions. The Title IX Director will retain the documentation. If the individual's wish to remain anonymous limits the Health Science Center's ability to establish facts and eliminate the potential harassment, the Health Science Center will attempt to find the right balance between the individual's desire for privacy and confidentiality and its responsibility to provide an environment free of sexual harassment.

5. **Formal Complaint and Investigation.**

Formal Complaint. To begin the investigation process, the complainant should submit a signed, written statement setting out the details of the conduct that is the subject of the complaint, including the complainant's name, signature, and contact information; the name of the person directly responsible for the alleged violation; a detailed description of the conduct or event that is the basis of the alleged violation; the date(s) and location(s) of the occurrence(s); the names of any witnesses to the occurrence(s); the resolution sought; and any documents or information that is relevant to the complaint. The Health Science Center may initiate an investigation regardless of the manner in which a complaint is received or whether a complaint is received at all. However, the complainant is strongly encouraged to file a written complaint. If the complaint is not in writing, the investigator should prepare a statement of what he or she understands the complaint to be and ask the complainant to verify that statement. The Health Science Center office receiving the complaint should refer the complaint to the Title IX Director.

Investigation.

- a. An investigator will be assigned to investigate the complaint.
- b. As part of the investigation process, the complainant and the respondent will be provided notice of the complaint and allowed a reasonable time to respond in writing.
- c. The complainant and the respondent may present any document or information that is believed to be relevant to the complaint.
- d. Persons thought to have information relevant to the complaint will be interviewed, and those interviews will be appropriately documented. Both the respondent and the complainant may recommend witnesses for interview and suggest questions that should be asked. Neither the complainant nor the respondent will normally attend these interviews or the gathering of evidence; however, if either one is permitted to attend, the other shall have the same right.
- e. The investigation of a complaint will be concluded as soon as possible after receipt of the written complaint. In investigations exceeding 60 days, a justification for the delay will be presented to and reviewed by the Title IX Director or his/her supervisor. The complainant, respondent, and supervisor should be provided updates on the progress of the investigation and issuance of the report.
- f. After the investigation is complete, a written report will be issued to the Title IX Director and the appropriate administrator. The appropriate administrator will depend on the status of the respondent (i.e., student, faculty or employee). The report shall include factual findings and a preliminary conclusion of whether a policy violation occurred (based on a "preponderance of the evidence" standard).
- g. After the written report is completed, the complainant and respondent will be allowed to inspect the report or, at the university's discretion, provided letters summarizing the findings in the report in keeping with FERPA and Texas Education Code, Section 51.971. If a letter is provided, it will contain

enough detail to allow the complainant and respondent to comment on the adequacy of the investigation. Each will have 7 business days from the date of receipt (as indicated on the return receipt) to submit written comments regarding the investigation to the Title IX Director.

- h. Within 7 business days after the deadline for receipt of comments from the complainant and respondent, the Title IX Director or his or her designee will:
- request further investigation into the complaint;
 - dismiss the complaint if it is determined that no violation of policy or inappropriate conduct occurred; or
 - find that the Policy was violated. A decision that the Policy was violated shall be based on the record.
- i. If the Title IX Director or his or her designee determines that the Policy was violated, he or she will refer the matter for disciplinary action under the applicable disciplinary policies and procedures, which depend on the status of the respondent (i.e., student, faculty or employee).
- j. The complainant and the respondent shall be informed concurrently in writing of the decision in accordance with Section 6.5.g of this Policy.
- k. The appropriate administrator will impose disciplinary action or sanction(s) in accordance with the applicable policies and procedures dependent on the status of the respondent (i.e., student, faculty or employee).

6. Standard of Proof

All investigations under this Policy will use the preponderance of the evidence standard to determine violations of this Policy.

7. Timelines

Barring any unforeseen and reasonable delays, the Health Science Center will endeavor to resolve complaints under this Policy no later than 60 calendar days after the initial report was received by the Responsible Employee. If the investigation and resolution exceeds 60 calendar days, the Health Science Center will notify all parties in writing of the reason for the delay and the expected time frame adjustment. Best efforts will be made to complete the process in a timely manner by balancing principles of thoroughness and fundamental fairness with promptness.

At the request of law enforcement, the Health Science Center may defer its fact-gathering until after the initial stages of a criminal investigation. The Health Science Center will nevertheless communicate with the complainant regarding his/her Title IX rights, procedural options, the status of the investigation, and the implementation of interim measures to ensure his/her safety and well-being. The Health Science Center will also communicate with the respondent regarding his/her Title IX rights, procedural options and information regarding the status of the investigation. The Health Science Center will promptly resume its fact-gathering as soon as law enforcement has completed its initial investigation, or if the fact-gathering is not completed in a reasonable time.

The filing of a complaint under this Policy does not excuse the complainant from meeting time limits imposed by outside agencies. Likewise, the applicable civil or criminal statute of limitations will not affect the Health Science Center's investigation of the complaint.

8. Remedies

In addition to sanctions that may be imposed pursuant to the appropriate disciplinary policy, the Health Science Center will take appropriate action(s), including but not limited to those below to resolve complaints of sexual misconduct, prevent any recurrence and, as appropriate, remedy any effects:

- a. Imposing sanctions against the respondent, including attending training, suspension, termination or expulsion;
- b. Ensuring the complainant and respondent do not share classes, working environments or extracurricular activities;
- c. respondent or complainant (if the complainant requests to be moved);

- d. Providing comprehensive, holistic victim services including medical, counseling and academic support services, such as tutoring;
- e. Providing the complainant extra time to complete or re-take a class or withdraw from a class without an academic or financial penalty;
- f. Determining whether sexual misconduct adversely affected the complainant's university standing;
- g. Designating an individual specifically trained in providing trauma-informed comprehensive services to victims of sexual violence to be on call to assist victims whenever needed;
- h. Conducting, in conjunction with University leaders, a Health Science Center climate check to assess the effectiveness of efforts to ensure that the Health Science Center is free from sexual misconduct, and using that information to inform future proactive steps that the Health Science Center will take;
- i. Providing targeted training for a group of students if, for example, the sexual misconduct created a hostile environment in a residence hall, fraternity or sorority, or on an athletic team. Bystander intervention and sexual misconduct prevention programs may be appropriate;
- j. Issuing policy statements or taking other steps to clearly communicate that the Health Science Center does not tolerate sexual misconduct and will respond to any incidents and to any individual who reports such incidents.

These remedies are separate from, and in addition to, any interim measures that may have been provided before the end of the Health Science Center's investigation. If the complainant did not take advantage of a specific service (e.g., counseling) when offered as an interim measure, the complainant should still be offered, and is still entitled to, appropriate final remedies that may include services the complainant declined as an interim measure. A refusal at the interim stage does not mean the refused service or set of services should not be offered as a remedy.

9. Sanctions and Discipline

Disciplinary action against faculty and employees will be handled under the Health Science Center's policies for discipline and dismissal of faculty and employees. Disciplinary actions may include, but are not limited to, written reprimands, the imposition of conditions, reassignment, suspension, and dismissal. Under a School's policy for academic and professional conduct, the Associate Dean of Student Affairs in each school will impose disciplinary action, if any, against a student under the Health Science Center's student disciplinary procedures, as appropriate and consistent with the School's policies and protocols. A School Dean may delegate to another School official this responsibility. Student disciplinary actions may include, but are not limited to, probation, suspension, or expulsion.

For students, if the finding of the report from the Title IX Director falls outside of the academic and professional conduct standards of a school, the Office of the Vice President, Academic, Faculty and Student Affairs will impose disciplinary action. Student policies may be found at: <http://catalog.uthscsa.edu/>.

In accordance with federal law, when disciplinary action is commenced because of a violation of this Policy, the above policies will provide both parties equal opportunities in all aspects of the process including notices and advisor representation. Further, the standard of proof in determining the outcome will be the "preponderance of the evidence," as defined in this policy.

Provisions Applicable to the Investigation

1. Assistance. During the investigation process, a complainant or respondent may be assisted by an advisor, who may be an attorney; however, the advisor may not actively participate in a meeting or interview.
2. Time Limitations. Time limitations in these procedures may be modified by the Title IX Director or appropriate administrator on a written showing of good cause by the complainant, respondent, or the Health Science Center.
3. Concurrent Criminal or Civil Proceedings. The Health Science Center will not wait for the outcome of a concurrent criminal or civil justice proceeding to take action. The Health Science Center has an independent duty to investigate complaints of sexual misconduct. (Except as provided in Sec. 6.7).
4. Documentation. The Health Science Center shall document complaints and their resolution and retain copies of all materials in accordance with state and federal records laws and Health Science Center policy.

Dissemination of Policy and Educational Programs

1. This Policy will be made available to all Health Science Center administrators, faculty, staff, and students online at <http://students.uthscsa.edu/titleix/> and in Health Science Center publications. Periodic notices will be sent to Health Science Center administrators, faculty, staff and students about the Health Science Center's Sexual Harassment/Sexual Misconduct Policy. The notice will include information about sexual misconduct, including the complaint procedure, and about Health Science Center disciplinary policies and available resources, such as support services, health, and mental health services. The notice will specify the right to file a complaint under this Policy and with law enforcement and will refer individuals to designated offices or officials for additional information.
2. **Ongoing Sexual Misconduct Training.** The Health Science Center's commitment to raising awareness of the dangers of sexual misconduct includes offering ongoing education through annual training and lectures by faculty, staff, mental health professionals, and/or trained Health Science Center personnel. The Health Science Center will periodically educate and train employees and supervisors regarding the Policy and conduct that could constitute a violation of the Policy. Preventive education and training programs will be provided to Health Science Center administrators, faculty, staff, and students and will include information about risk reduction, including bystander intervention. Training on sexual harassment and sexual violence policy and procedures will be provided to law enforcement personnel, including training on their obligation to advise Health Science Center administrators, faculty, staff, and students of their rights to file a complaint under this Policy and their right to file a criminal complaint.
3. **Training of Coordinators, Investigators, Hearing and Appellate Authorities.** All Title IX Directors, Deputy Directors, investigators, and those with authority over sexual misconduct hearings and appeals shall receive training annually about offenses, investigatory procedures, due process, and Health Science Center policies related to sexual misconduct.

Additional Conduct Violations

1. **Retaliation.** Any administrator, faculty member, student or employee who knowingly and intentionally retaliates in any way against an individual who has brought a complaint under this Policy, participated in an investigation or disciplinary process of such a complaint, or opposed any unlawful practice, is subject to disciplinary action up to and including dismissal or separation from the Health Science Center
2. **False Complaints.** Any person who knowingly and intentionally files a false complaint under this Policy is subject to disciplinary action up to and including dismissal or separation from the Health Science Center. A finding of non-responsibility does not indicate a report was false.
3. **Interference with an Investigation.** Any person who knowingly and intentionally interferes with an ongoing investigation conducted under this Policy is subject to disciplinary action up to and including dismissal or separation from the Health Science Center. Interference with an ongoing investigation may include, but is not limited to:
 - a. Attempting to coerce, compel, or prevent an individual from providing testimony or relevant information;
 - b. Removing, destroying, or altering documentation relevant to the investigation; or
 - c. Providing false or misleading information to the investigator, or encouraging others to do so.
4. **No Effect on Pending Personnel or Academic Actions Unrelated to the Complaint.** The filing of a complaint under this Policy will not stop or delay any action unrelated to the complaint, including:
 - a. any evaluation or disciplinary action relating to a complainant who is not performing up to acceptable standards or who has violated Health Science Center rules or policies;
 - b. any evaluation or grading of students participating in a class, or the ability of a student to add/drop a class, change academic programs, or receive financial reimbursement for a class; or
 - c. any job-related functions of a Health Science Center employee. Nothing in this section shall limit the Health Science Center's ability to take interim action.

Documentation

The Health Science Center shall confidentially maintain information related to complaints under this Policy, as required by law. The Title IX Director will document each complaint or request for assistance under this Policy, whether made by a victim, a third party, or anonymously, and will review and retain copies of all reports generated as a result of investigations. These records will be kept confidential to the extent permitted by law. Any person who

knowingly and intentionally makes an unauthorized disclosure of confidential information contained in a complaint or otherwise related to the investigation of a complaint under this Policy is subject to disciplinary action.

Annual Reporting and Notice

The Health Science Center's Title IX General Policy Statement will be made available to all students, faculty, and employees online, in required publications and in specified departments. On an annual basis, and upon any updates to this Policy, the Health Science Center will send notice of its compliance with Title IX as required by law. The annual notice shall designate the Title IX Director and Deputy Directors, explain which offenses are prohibited and where to report violations of this Policy, provide information regarding victim resources, and provide a link to this Policy and other related Health Science Center websites.

Definitions and Examples

CONSENT: A voluntary, mutually understandable agreement that clearly indicates a willingness to engage in each instance of sexual activity. Consent to one act does not imply consent to another. Past consent does not imply future consent. Consent to engage in sexual activity with one person does not imply consent to engage in sexual activity with another. Consent can be withdrawn at any time. Any expression of an unwillingness to engage in any instance of sexual activity establishes a presumptive lack of consent.

Consent is not effective if it results from:

- the use of physical force,
- a threat of physical force,
- intimidation,
- coercion,
- incapacitation or
- any other factor that would eliminate an individual's ability to exercise his or her own free will to choose whether or not to have sexual activity.

A current or previous dating or sexual relationship, by itself, is not sufficient to constitute consent. Even in the context of a relationship, there must be a voluntary, mutually understandable agreement that clearly indicates a willingness to engage in each instance of sexual activity.

The definition of consent for the crime of sexual assault in Texas can be found in Section 22.011(b) of the Texas Penal Code.^{iv}

DATING VIOLENCE: Violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim.

The existence of such a relationship shall be determined by the victim with consideration of the following factors:

- The length of the relationship;
- The type of relationship; and
- The frequency of interaction between the persons involved in the relationship

Dating violence includes, but is not limited to, sexual or physical abuse or the threat of such abuse. It does not include acts covered under the definition of domestic violence.

DOMESTIC (FAMILY) VIOLENCE includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the state of Texas, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the state of Texas.

HOSTILE ENVIRONMENT: exists when sex-based harassment is sufficiently severe or pervasive to deny or limit the individual's ability to participate in or benefit from the Health Science Center's programs or activities or an employee's terms and conditions of employment. A hostile environment can be created by anyone involved in a Health Science Center's program or activity (e.g., administrators, faculty members, employees, students, and Health Science Center visitors).

In determining whether sex-based harassment has created a hostile environment, the Health Science Center considers the conduct in question from both a subjective and objective perspective. It will be necessary, but not adequate, that the conduct was unwelcome to the individual who was harassed. To conclude that conduct created or contributed to a hostile environment, the Health Science Center must also find that a reasonable person in the individual's position would have perceived the conduct as undesirable or offensive.

To ultimately determine whether a hostile environment exists for an individual or individuals, the Health Science Center considers a variety of factors related to the severity, persistence, or pervasiveness of the sex-based harassment, including:

- the type, frequency, and duration of the conduct;
- the identity and relationships of the persons involved;
- the number of individuals involved;
- the location of the conduct and the context in which it occurred; and
- the degree to which the conduct affected an individual's education or employment.

The more severe the sex-based harassment, the less need there is to show a repetitive series of incidents to find a hostile environment. Indeed, a single instance of sexual assault may be sufficient to create a hostile environment. Likewise, a series of incidents may be sufficient even if the sex-based harassment is not particularly severe.

First Amendment Considerations: this Policy does not impair the exercise of rights protected under the First Amendment. The Health Science Center's sexual misconduct policy prohibits only sex-based harassment that creates a hostile environment. In this and other ways, the Health Science Center applies and enforces this Policy in a manner that respects the First Amendment rights of students, faculty, and others.

INCAPACITATION: A state of being that prevents an individual from having the capacity to give consent. For example, incapacitation could result from the use of drugs or alcohol, a person being asleep or unconscious, or because of an intellectual or other disability.

INTIMIDATION: Unlawfully placing another person in reasonable fear of bodily harm through the use of threatening words and/or other conduct, but without displaying a weapon or subjecting the victim to actual physical attack.

OTHER INAPPROPRIATE SEXUAL CONDUCT: Includes unwelcome sexual advances, requests for sexual favors, or verbal or physical conduct of a sexual nature directed towards another individual that does not rise to the level of sexual harassment but is unprofessional, inappropriate for the workplace or classroom and is not protected speech. It also includes consensual sexual conduct that is unprofessional and inappropriate for the workplace or classroom.

PREPONDERANCE OF THE EVIDENCE: The greater weight of the credible evidence. Preponderance of the evidence is the standard for determining allegations of sexual misconduct under this Policy. This standard is satisfied if the action is deemed more likely to have occurred than not.

RESPONSIBLE EMPLOYEE: A Health Science Center employee who has the duty to report incidents of sexual misconduct to the Title IX Director or other appropriate designee, or an employee whom an individual could reasonably believe has this duty. Responsible employees include all administrators, faculty, supervisory staff, resident life directors and advisors, and graduate teaching assistants, except any employee with confidentiality obligations as defined in Section 3.5. Incidents of sexual misconduct (including sexual harassment and sexual violence) and other inappropriate sexual conduct may also be reported to Responsible Employees.

RETALIATION: Any adverse action threatened or taken against someone because the individual has filed, supported, provided information in connection with a complaint of sexual misconduct or engaged in other legally protected activities. Retaliation includes, but is not limited to, intimidation, threats or harassment against any complainant, witness or third party.

SEXUAL ASSAULT: An offense that meets the definition of rape, fondling, incest, or statutory rape:

- *Rape:* the penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.
- *Fondling:* The touching of the private body parts of another person for the purpose of sexual gratification, without the consent of the victim, including instances where the victim is incapable of giving consent because of his/her age or because of his/her temporary or permanent mental incapacity.

- *Incest*: Sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law.
- *Statutory Rape*: Sexual intercourse with a person who is under the statutory age of consent.

SEXUAL EXPLOITATION: Occurs when an individual takes non-consensual or abusive sexual advantage of another for his or her own benefit, or to benefit anyone other than the one being exploited. Examples of sexual exploitation include, but are not limited to, engaging in voyeurism; forwarding of pornographic or other sexually inappropriate material by email, text, or other channels to non-consenting students/groups; and any activity that goes beyond the boundaries of consent, such as recording of sexual activity, letting others watch consensual sex, or knowingly transmitting a sexually transmitted disease (STD) to another.

SEXUAL HARASSMENT: Unwelcome conduct of a sexual nature including but not limited to unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature, when submission to such conduct is made either explicitly or implicitly a term or condition of a person's student status, employment, or participation in Health Science Center activities; such conduct is sufficiently severe or pervasive that it interferes with an individual's education, employment, or participation in Health Science Center activities, or creates an objectively hostile environment; or such conduct is intentionally directed towards a specific individual and has the effect of unreasonably interfering with that individual's education, employment, or participation in Health Science Center activities, or creating an intimidating, hostile, or offensive environment. Sexual harassment is a form of sex discrimination that includes:

- Sexual violence, sexual assault, stalking, domestic violence and dating violence as defined herein.
- Physical conduct, depending on the totality of the circumstances present, including frequency and severity, including but not limited to:
 - unwelcome intentional touching; or
 - deliberate physical interference with or restriction of movement.
- Verbal conduct not necessary to an argument for or against the substance of any political, religious, philosophical, ideological, or academic idea, including oral, written, or symbolic expression, including but not limited to:
 - explicit or implicit propositions to engage in sexual activity;
 - gratuitous comments, jokes, questions, anecdotes or remarks of a sexual nature about clothing or bodies;
 - gratuitous remarks about sexual activities or speculation about sexual experiences;
 - persistent, unwanted sexual or romantic attention;
 - subtle or overt pressure for sexual favors;
 - exposure to sexually suggestive visual displays such as photographs, graffiti, posters, calendars or other materials; or
 - deliberate, repeated humiliation or intimidation based upon sex.

SEXUAL MISCONDUCT: A broad term encompassing a range of non-consensual sexual activity or unwelcome behavior of a sexual nature. The term includes, but is not limited to, sexual assault, sexual exploitation, sexual intimidation, sexual harassment, domestic violence, dating violence, and stalking. Sexual misconduct can be committed by men or women, strangers or acquaintances, and can occur between or among people of the same or opposite sex.

SEXUAL VIOLENCE: Physical sexual acts perpetrated against a person's will or where a person is incapable of giving consent. The term includes, but is not limited to, rape, sexual assault, sexual battery, sexual coercion, sexual abuse, indecency with a child, and/or aggravated sexual assault

STALKING: Engaging in a course of conduct directed at a specific person that would cause a reasonable person to fear for his or her safety or the safety of others, or suffer substantial emotional distress. For the purposes of this definition--

- Course of conduct means two or more acts, including, but not limited to, acts in which the stalker directly, indirectly, or through third parties, by any action, method, device, or means, follows, monitors, observes, surveils, threatens, or communicates to or about a person, or interferes with a person's property.
- Reasonable person means a reasonable person under similar circumstances and with similar identities to the victim.
- Substantial emotional distress means significant mental suffering or anguish that may, but does not necessarily, require medical or other professional treatment or counseling.

Relevant Federal and State Statutes and Standards

[Title IX of the Education Amendments of 1972, 20 U.S.C. §§ 1681–1688 and its implementing regulations, 34 C.F.R. Part 106](#)

[Title VII of the Civil Rights Act of 1964, 42 U.S.C. §§2000e–2000e-17 and its implementing regulations 29 C.F.R. §1604.11](#)

[Clery Act, 20 U.S.C 1092\(f\) and its implementing regulations 34 C.F.R. Part 668](#)

[FERPA Regulations, 34 C.F.R. Part 99](#)

Other Relevant Policies, Procedures, and Forms

[Regents' Rules and Regulations, Rule 30105, Sexual Harassment, Sexual Misconduct, and Consensual Relationships](#)

[University of Texas System Administration Systemwide Policy \(UTS 184\), Consensual Relationships](#)

[Regents' Rules and Regulations, Rule 31008, Termination of a Faculty Member](#)

System Administration Office Responsible for Policy

Office of General Counsel

ogc_intake@utsystem.edu

Dates Approved or Amended

System Policy: April 6, 2015; February 21, 2012

Health Science Center Policy: June 2015; November 2000

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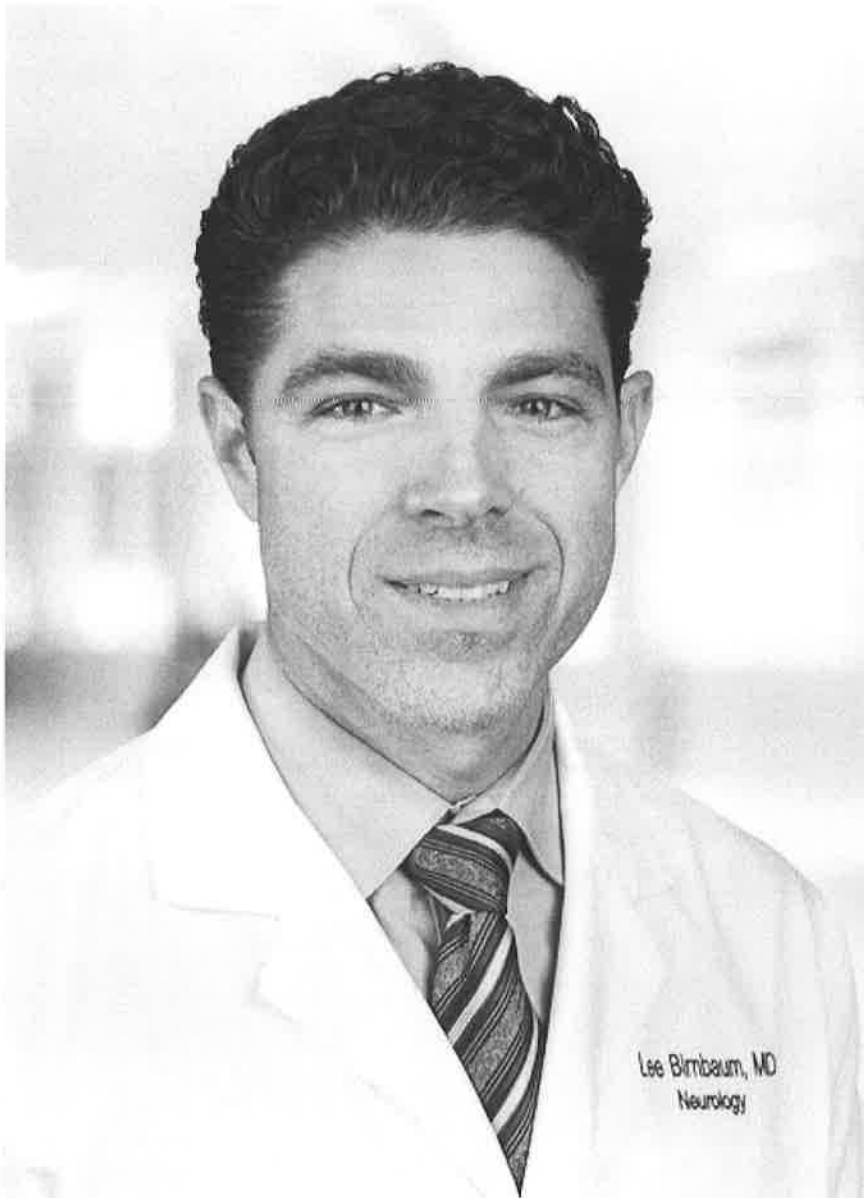


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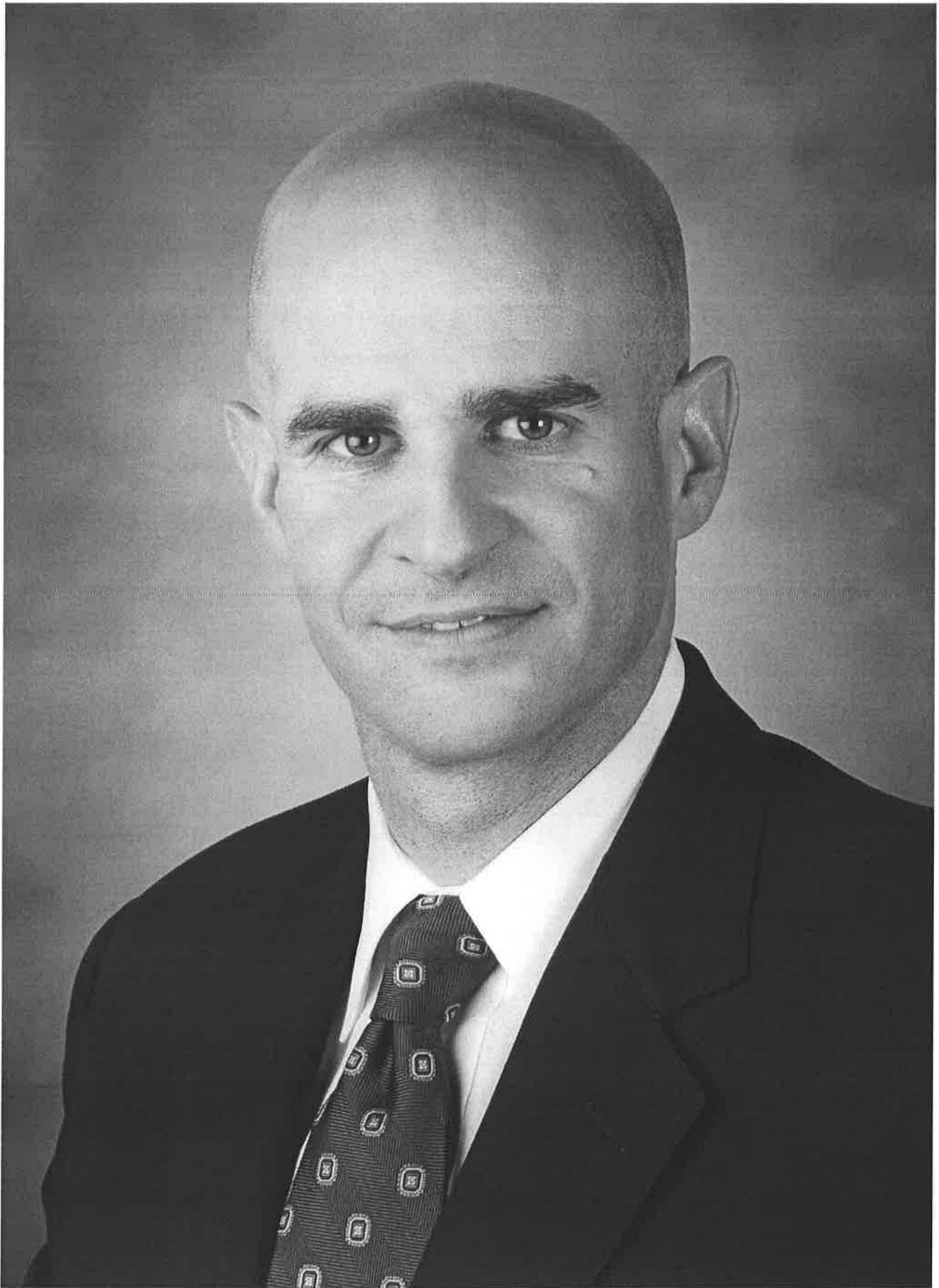


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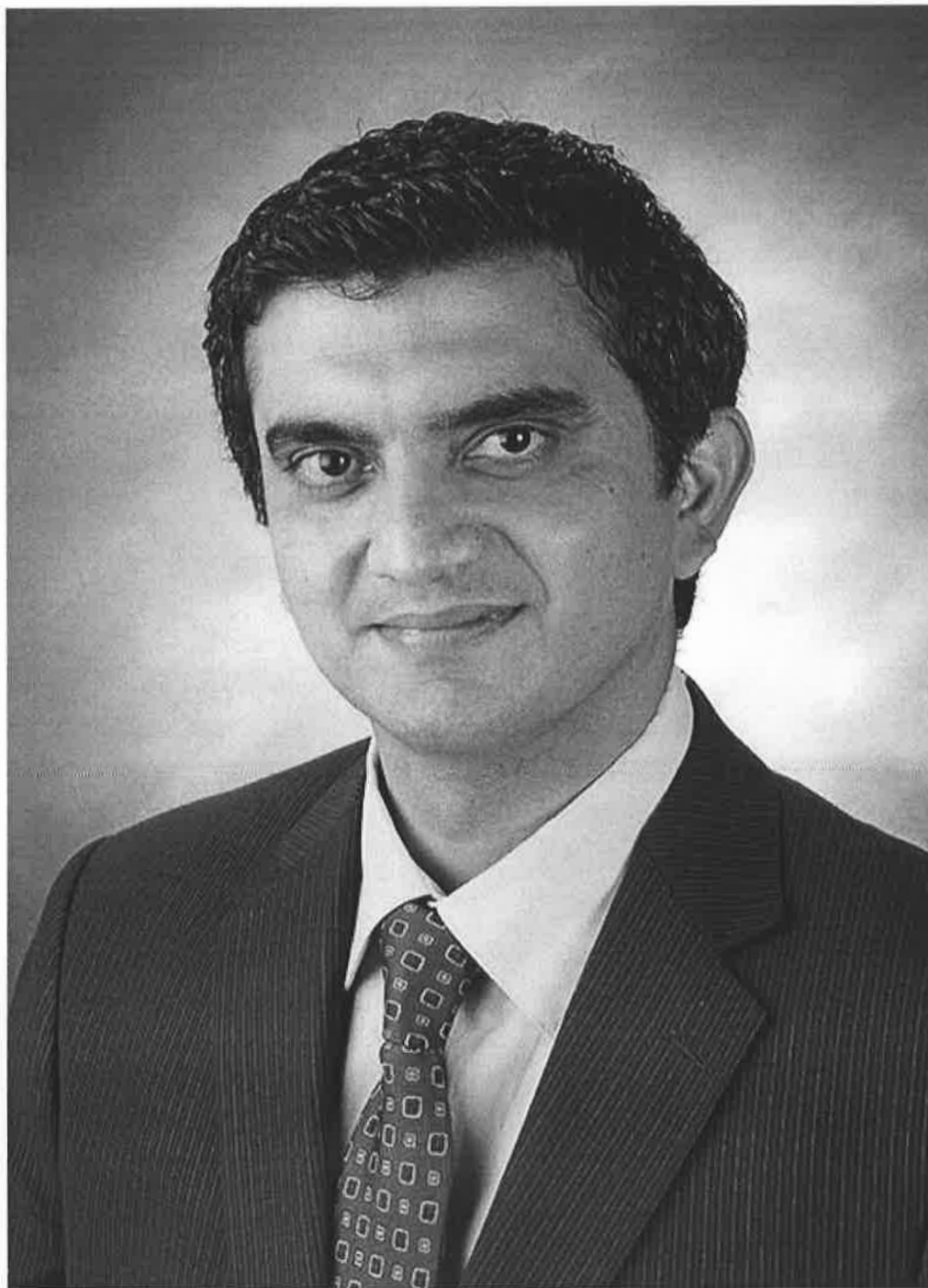


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Paperback – 2010
by Donald L. Hilton (Author)
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Technology has accelerated our fascination with pleasure. Indeed, the power of pleasure has been underestimated, and Internet pornography is changing the world in a fundamental way. In this book, author Donald L. Hilton Jr., MD explores the destructive power of pornography addiction, not just from

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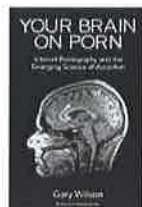
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Editorial Reviews

Technology has accelerated our fascination with pleasure. Indeed, the power of pleasure has been underestimated, and Internet pornography is changing the world in a fundamental way. In this book, author Donald L. Hilton Jr., MD explores the destructive power of pornography addiction, not just from a moral and spiritual perspective, but with the scrutiny of modern science. Current research tells us that there is little difference in physical or chemical changes in the pleasure and control centers of the brain regardless of whether the addiction is "from a chemical or an experience," as stated in the journal Science. (Constance Holden, "Behavioral Addictions: Do They Exist?" Science, 294 [5544] 2 November 2001, 980.) Relying on the latest research on addiction, and merging this knowledge with spiritual aspects of repentance and recovery, the author provides understanding and hope to those who seek healing and restoration of both body and spirit, which are the "soul of man."

Product details

- Paperback:** 349 pages
- Publisher:** Forward Press Publishing, LLC; 1st edition (2010)
- Language:** English
- ISBN-10:** 0981957609
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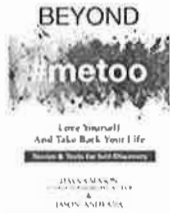
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Top Reviews

Tracy

Good, but somewhat lacking

August 4, 2016

Format: Paperback Verified Purchase

The author does a wonderful job at explaining the comprehensive nature of pornography addiction and the crippling ripple effects it has on a user's life, and appropriately expounds on the tremendous difficulty of dealing with it successfully. Ironically, the introduction is probably the best part of the book, in my opinion. I didn't need to read this book to understand the seriousness of the problem and the heartache and terrible damage it causes within a marriage because I am living it. What I appreciate more than anything is the "What Can We Do?" section in the introduction that discusses the paradigm shift needed in the Church in regards to pornography. Hilton presents very clear and realistic suggestions as to how we as a people and a church need to view this plague. Finally, someone who "gets it!" His suggestions are sobering but right on!

As good as most of the book is, however, I can only afford it three stars for two reasons. There are two very important things Hilton misses, although I can't necessarily fault him in this because they're things that

have just been coming to light in very recent years. Perhaps, hopefully, future editions of the book will be revised to address these issues.

Read more
First the full scope of the physiological effects of porn on the brain is not presented. It's had enough as 19 people found this helpful

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RHSU

Highly recommend it.

August 26, 2016

Format: Kindle Edition [Verified Purchase](#)

Written by a neurosurgeon, this book give a biological perspective on the damage that addictive behaviors can do to the brain physically, and how the process may be reversed. Combined with the spiritual perspective, this book is a powerful aid in helping those who deals with either addictive behavior themselves, or the addiction of someone who they care about. If you are looking to understand how addiction harms and how recovery can be achieved, this is a very helpful book. Included also are many stories of recovering addicts that gives hope to those who are currently suffering. Highly recommend it.

5 people found this helpful

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Amazon Customer

Excellent understanding of addiction and recovery blending medical science and faith.

May 14, 2014

Format: Kindle Edition [Verified Purchase](#)

This book is written with the LDS (Mormon) addict as the target audience. However, it is an excellent treatise on the process of pornography addiction and recovery that anyone so afflicted will benefit from. As a group leader in a 12 step program specifically for porn addiction, I have found this book extremely helpful in understanding the process and the individuals caught in this pernicious addiction. I refer to it often when meeting with those participating in our group and they have likewise found it to be an excellent book. Dr. Hilton, a neurosurgeon with many years experience, both in research and practice, explains in terms simple enough for the layman to grasp, the processes in the brain that affect addictions. I highly recommend this book for addicts as well as those working to help addicts.

8 people found this helpful

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MrNirom

This book is helping me.. I pray that it helps you too.

January 15, 2014

Format: Kindle Edition [Verified Purchase](#)

It does not matter what ails you.. what demon possesses you (alcohol, drugs, sex, pornography, etc.) this book gives you hope and help to realize that God does love you, and does not judge as we judge ourselves. We can be so critical of ourselves that we are the ones who prevent ourselves from reaching our goals. We can overcome.. and we do it with the Lords help. It also helps us understand the underlying psychological make up of our bodies and how all these chemicals that either our body makes or we ingest, can affect us. I have not completed the book yet.. but after half way through it.. it has brought a sense of power on my end to whip this devil to the ground.

2 people found this helpful

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Ralph Miller

Self-help book.

January 26, 2019

Format: Paperback [Verified Purchase](#)

This book is well written though I feel, after having read it that it is very rough on the sufferer, compassion is a bit lacking though their intent is in the right place.

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Marcus

Very informative for those struggling with addiction or those being affected by it!

March 22, 2015
Format: Kindle Edition Verified Purchase

This book is for anyone struggling with addiction and the spouses or other co dependents. While it is written about sexual addiction it really can be applied to all addictions. I highly recommend it for anyone in these situations or even if you think there might be a problem. It is very eye opening. And I love how it brings healing through turning our hearts and will over to the Savior and allowing Him to heal our broken hearts and help us find true happiness!

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Dave S.

There is no one better than the Savior himself for healing connection

July 31, 2017
Format: Kindle Edition Verified Purchase

I believe the key to overcoming addiction of every kind is being connected to others that really care about and are praying for the addict. There is no one better than the Savior himself for healing connection. He Restoreth My Soul is one of the best resources I have discovered for overcoming addiction and to help family and friends support their struggling loved ones. We all can benefit from the Atonement of Christ as we help one another. Great read.

[Comment](#) [Report abuse](#)

Thomas

Best help for addicts that I have found

August 7, 2016
Format: Paperback Verified Purchase

It's an excellent read. He doesn't absolve the user of responsibility, but puts perspective and understanding to why there is an addiction, and what can actually help. I highly recommend this for those addicted, spouses, and bishops.

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DECLARATION OF CAMERON STALEY, Ph.D.

1. My name is Cameron Staley, Ph.D. I am a psychologist and have worked at the counseling center at Idaho State University since August 2012. I completed my psychology internship at Brigham Young University in July 2012. I earned my Doctor of Philosophy (Ph.D.) in Clinical Psychology from Idaho State University in 2011. I also hold a bachelor's degree in psychology from Weber State University.
2. During the course of my doctoral education at Idaho State University, I studied with Nicole Prause, Ph.D., a neuroscientist who researches human sexual behavior and the physiology of sexual responses. Dr. Prause is a former lab coordinator and graduate supervisor at the Kinsey Institute in Research in Sex, Gender and Reproduction. During the course of my studies with Dr. Prause, I would sometimes attend conferences with her.
3. I attended a conference in 2009 with Dr. Prause, and Dr. Donald Hilton was present. During his presentation at this conference, I heard Dr. Hilton state that pornography was addictive. He presented fMRI images that he claimed were of sex addicts, but Dr. Prause advised me that no fMRI of sex addicts existed at the time. Dr. Prause further advised me that she recognized the images as actually from a colleague's paper on pedophilia.
4. Following his presentation, Dr. Prause and I approached Dr. Hilton, and I heard Dr. Prause challenge Dr. Hilton's allegation that pornography was addictive based on the scientific research on this issue. In presenting her arguments, Dr. Prause referenced scientific data published in peer-reviewed journals from the Kinsey Institute. After hearing "Kinsey Institute", Dr. Hilton became agitated and asked Dr. Prause about her relationship with the Kinsey Institute. Dr. Prause said that she had worked and trained at the Kinsey Institute. Upon hearing this, I heard Dr. Hilton claim people at the Kinsey Institute molested children.
5. Dr. Hilton raised his voice when talking with Dr. Prause, so Dr. Prause walked away from Dr. Hilton. I left with her. No one else was present in this exchange that I was aware of besides myself, Dr. Prause, and Dr. Hilton.
6. In February 2019, I received calls and emails from Chad Sokol, a reporter with the Spokesman-Review in Spokane, Washington, asking me to comment on statements that Dr. Hilton had made to Sokol for a potential news article in this publication. When I spoke with Sokol, I advised him that I had heard Dr. Hilton tell Dr. Prause that



researchers at the Kinsey Institute, where Dr. Prause used to work, sexually abused children as part of their research.

I hereby declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

EXECUTED on July 26, 2019.

A handwritten signature in cursive script, reading "Cameron Staley", is written over a horizontal line.

Cameron Staley, Ph.D.