Chapter 15
Multiple Choice
1. Whether a sexual activity should be considered a problem may depend at least in part on
   a. cultural values.
   b. social judgments.
   c. the participants' reactions.
   d. all of the above.
2. A sexual activity that involves the coercion, assault, abuse, or exploitation of another person
   a. is a serious problem.
   b. may constitute a problem if it creates guilt or stress.
   c. may constitute a problem if it is motivated by hostility.
   d. may constitute a problem if it violates certain norms.
3. If the men in your class are typical, they are likely to be concerned about which aspect of their bodies?
   a. Degree of hairiness
   b. Height
   c. Level of strength
   d. Weight
4. If the women in your class are typical, they are likely to be concerned about which aspect of their bodies?
   a. Height
   b. Level of flexibility
   c. Level of strength
   d. Weight
5. Guilt over sexual intercourse seems to be more common among people with
   a. a general discomfort with sexuality.
   b. low self-esteem.
   c. poor communication with parents.
   d. all of the above.
6. A person who exhibits a paraphilia
   a. includes objects such as lingerie and leather in lovemaking.
   b. is sexually aroused by objects or situations that are not considered normative.
   c. prefers several unusual positions for intercourse.
   d. prefers sexual relations with prostitutes.
7. Which of the following is NOT a paraphilia?
   a. Erectile dysfunction
   b. Exhibitionism
   c. Fetishism
   d. Voyeurism
8. Treatments for paraphilias that have shown some success include
   a. antipsychotic medication.
   b. drugs used to treat depression and obsessive compulsive disorders as well as drugs that alter the release and activation of certain hormones.
   c. hormone replacement therapy combined with surgery.
   d. all of the above.
9. According to Patrick Carnes, compulsive sexual behavior is comparable to
   a. alcoholism.
   b. hypososexuality.
   c. the paraphilias.
   d. voluntary criminal behavior.
10. According to the sexual addiction model, compulsive sexual behavior, like other forms of addiction,
   a. follows a cycle of negative feelings that leads to repetition and other sexual problems.
   b. is caused by a hormonal imbalance created by a traumatic event.
   c. is caused by a neurochemical imbalance.
   d. is inherited.
11. Antonio engages in intercourse four or five times a week, and masturbates on days he does not have intercourse. He
    considers this too frequent, labels himself a sex addict, and seeks treatment. What kind of treatment is he likely to
    undergo?
    a. A 12-step program similar to those for alcoholics and drug abusers
    b. Hormonal treatments to increase the pleasure of fewer sexual activities
    c. Intensive psychoanalysis
    d. Surgery to reduce his sex drive
12. The sex addiction model
    a. is almost universally accepted as an explanation for all compulsive sexual behaviors.
    b. is viewed with skepticism and has strong opponents among sexologists.
    c. is widely accepted as an explanation for a small subset of compulsive sexual behaviors.
    d. seems to apply to the compulsive sexual behavior of women but not that of men.
13. Maria is the only female worker in her section. Male coworkers insist on keeping pictures of nude women on the walls.
    They often leave sex-related cartoons and drawings on her locker. This behavior may be considered
    a. paraphilic.
    b. sexual abuse.
    c. sexual addiction.
    d. sexual harassment.
14. A supervisor frequently places his arm around a secretary's shoulder when giving her instructions. He makes suggestive
    comments about her clothing and grooming. Such behavior may be considered
    a. paraphilic.
    b. sexual abuse.
    c. sexual harassment.
    d. the result of a sexual addiction.
15. A professor invites one of his male students to an expensive dinner. During the dinner, the professor frequently moves
    the conversation to the sexual experiences of the student. The professor uses more and more "street language" in
    discussing these experiences. This behavior may be considered
    a. assaultive.
    b. sexual abuse.
    c. sexual harassment.
    d. the result of a sexual addiction.
16. Comparisons of the reactions of men and women to sexual harassment indicate that in general
    a. men are less likely to tolerate harassment.
    b. men are quicker to interpret suspect behavior as harassment.
    c. men tend not to be as offended by harassment.
    d. there are no significant differences in their reactions.
17. Sexual harassment of men
    a. is almost always perpetrated by women.
    b. is often perpetrated by other men.
    c. is very rare.
    d. occurs more often than sexual harassment of women.
18. Which of the following level of tactics has NOT been linked to persistent efforts to get male and female college
    students sexually involved, even after they have refused?
    a. Level 1: sexual arousal
    b. Level 3: exploitation of the intoxicated
    c. Level 4: physical force and harm
    d. Level 5: same sex coercion
19. Stephanie and Tom work together. Stephanie frequently comments on Tom's body and clothing. She often asks about his sexual experiences with other women. She stands unusually close to him when they converse. If Tom is typical of men, he will perceive her behavior as
   a. paraphilic.
   b. sexual abuse.
   c. sexual harassment.
   d. simply sexy.

20. Sexual harassment that is linked to the granting or denial of some benefit or privilege is said to be based on
   a. a hostile environment.
   b. a quid pro quo.
   c. aggressive acts.
   d. third-party effects.

21. A professor hints to a student that a better grade hinges on a "more personal relationship." This type of harassment is called
   a. quid pro quo harassment.
   b. relational harassment.
   c. sexual assault.
   d. third-party effects harassment.

22. A professor intersperses slide presentations with pictures of women in suggestive poses to "increase student interest." He often gives examples that involve stereotypical ideas about women's emotional functioning. This scenario may be an example of which type of harassment?
   a. Aggressive acts
   b. Hostile environment
   c. Quid pro quo
   d. Third-party effects

23. Sandy has just been promoted to manage a branch office of his travel agency and wants to be sure he discourages sexual harassment. Key steps he should take are to
   a. create a professional environment and publicize clear, simple grievance procedures.
   b. encourage a casual environment and regular social gatherings of the staff.
   c. hire equal numbers of men and women.
   d. take steps (b) and (c).

24. After having a long dinner with her boss, Susan is suddenly promoted to a higher position. Her boss now insists on more "affection." Researchers have found that Susan is likely to respond with
   a. aggression toward her boss.
   b. paraphilic behavior involving masculine garments.
   c. self-blame for allowing this situation to develop.
   d. sexual dysfunction.

25. A common response to sexual harassment is
   a. aggressive behavior toward the harasser.
   b. paraphilic behavior.
   c. sexual dysfunction.
   d. shock, disbelief, and emotional upset.

26. Sexual harassment often results in the victim's
   a. beginning to harass others.
   b. behaving aggressively against the harasser.
   c. inciting violence in the workplace.
   d. quitting school or a needed job.

27. Laura returns from her high school lunch class in tears because boys have been teasing her unmercifully about her large breasts. They suggest that they may "get" her later because she is so sexy. Traditionally, such behavior by these male students has been viewed as
   a. a normal part of growing up.
   b. paraphilic behavior that requires treatment.
   c. sexual assault.
   d. sexual harassment.
28. To protect both staff and students, colleges and universities need to
   a. fulfill their responsibilities to act in loco parentis.
   b. have a record of all personal relationships between staff and students.
   c. institute well-thought-out sexual harassment policies.
   d. prohibit all romantic and sexual relationships between students and staff.

29. Only one biology project can win the department prize. Sarita makes extra appointments with her biology professor, Dr. Jones, to explain how “important” he and the class subject matter have become to her. She sits a little too close to Dr. Jones and wears revealing clothing. Such behavior may constitute
   a. normal sexual interest.
   b. paraphilic interest focused on animals.
   c. sexual assault.
   d. sexual harassment.

30. How have most colleges and universities sought to deal with romantic and sexual relationships between faculty and students?
   a. Most prohibit all romantic and sexual relationships between members of these two groups.
   b. Most tolerate other-gender relationships but not same-gender relationships.
   c. Most aim to function in loco parentis and establish regulations accordingly.
   d. Most prohibit relationships between professors and any students they supervise.

31. In forming policies against sexual harassment in colleges and universities, administrators must
   a. balance the right to personal privacy with protection of both students and faculty.
   b. consider the harmlessness of most paraphilic behavior between consenting adults.
   c. recognize the egalitarian relationships that typically exist between professors and students.
   d. respect the tradition of professors having affairs with their students.

32. Sexual harassment against women in the military has been interpreted as a(n)
   a. attempt to make paraphilic interests socially acceptable.
   b. redirection of the aggressive impulses that the military encourages.
   c. technique for romantic self-expression by socially awkward men.
   d. way that males try to reassert their dominance.

33. Which of the following is NOT a question men should ask themselves to determine if their behavior might be sexual harassment?
   a. Do I get angry and "do it more" if someone asks me to stop a particular behavior?
   b. Do I make jokes about women or sexuality?
   c. Would I mind if someone treated my wife or daughter this way?
   d. Would my best friend think this was a humorous act or situation?

34. Why don't more people report sexual harassment at the workplace?
   a. They don't experience the behavior in a negative way.
   b. They fear loss of a job.
   c. They prefer the new power that threatening to report the harassment gives them.
   d. They secretly enjoy the attention.
   Answer: b

35. Many major corporations in the U. S. have programs to educate their employees about the dangers of sexual harassment because
   a. harassment victims and their families can suffer if no action is taken.
   b. most people do not approve of women being in high management positions.
   c. they can be held legally accountable for the actions of their employees.
   d. women's groups have economic and political power.

36. Which of the following is NOT one of the reasons that resolving charges of sexual harassment can be difficult?
   a. An organization may have a stake in trying to protect the offender.
   b. It is such a strong tradition in many organizations.
   c. It may be difficult to define harassment.
   d. There may be little tangible evidence to support the victim's claims.
37. One of the best approaches to ending sexual harassment is to
a. counter the harassing behavior with aggressive acts.
b. immediately report the harassing behavior to the police.
c. share specific information about the offender's behavior with friends and neighbors.
d. write a clear, specific letter to the offender about his or her behavior.

38. A client tells her therapist about her sexual difficulties. The therapist suggests that a caring sexual relationship with the therapist would help her overcome these difficulties. The therapist's behavior is considered
a. a sexual boundary violation.
b. a type of sexual dysfunction.
c. sexual assault.
d. sexual harassment.

39. An attorney hints to a client that legal fees are lower for "close friends." Such behavior between a professional and a client may constitute
a. a sexual boundary violation.
b. sexual assault.
c. sexual dysfunction.
d. sexual harassment.

40. The term *boundary violations* is applied when
a. an individual who is expected to be the helper for another person instead takes sexual advantage of that person.
b. same-gender relationships become sexual.
c. sexual activity on a date continues after one person tries to stop it.
d. any of the above situations occurs.

41. Research indicates that victims of boundary violations may continue to seek help from the perpetrator because
a. they are confused by conflicting feelings of shame and the need to be cared for.
b. they feel helpless.
c. they lack self-confidence.
d. all of the above may interact to deter victims from taking charge of the situation.

42. Which of the following is NOT typically a key factor that contributes to the sexual abuse of female clients by male professionals?
a. The client may be particularly vulnerable.
b. The professional may believe he has less power than does the client.
c. The professional may see himself as above ordinary ethical concerns.
d. The professional may see the client as a source of help for his own problems.

43. In professional/client relationships, who has the responsibility to maintain appropriate boundaries?
   a. A local ethics committee
   b. The client
   c. The professional
   d. The professional organization to which the professional belongs

44. Which of the following is NOT a tactic identified for obtaining sex coercively?
a. Emotional manipulation and lies
b. Exploitation of the intoxicated
c. Flirting in social settings
d. Physical force and harm

45. The term rape refers to
a. nonconsensual or forced sexual acts.
b. sadomasochistic activities.
c. sexual acts between members of a family.
d. unwanted sexual advances.

46. Robert, age 18, has sexual intercourse with Ellen, who is 16. In many states, Robert could be
a. charged with statutory rape.
b. classified a pedophile.
c. considered a sexual harasser.
d. labeled a paraphiliac.
47. Which of the following is NOT characteristic of those who engage in coercive or aggressive sexual activity?
   a. They have high levels of traditionally masculine traits.
   b. They have unusually high levels of sexual interest.
   c. They tend to rationalize their aggressive behavior.
   d. They were victims of childhood violence or sexual abuse.

48. How did NHSLS researchers explain the great discrepancy between the small number of men who reported forcing a woman to have sex and the large number of women who reported being forced to have sex?
   a. Men are more likely to lie on such surveys because they fear prosecution.
   b. Men who had forced women did not perceive their behavior as coercive.
   c. Women are less interested in sex and may experience what they do as forced.
   d. Women tend to exaggerate the frequency of forced sex to protect their reputations.

49. The term *rape myth* refers to the
   a. belief that rape statistics are seriously inflated.
   b. belief that when women refuse sex, they don't mean it.
   c. bond men form by behaving aggressively toward women.
   d. idea that women were meant to serve men sexually.

50. Which of the following is NOT characteristic of the recovery phase of rape trauma syndrome?
   a. Anger
   b. Denial
   c. Disruption of personal relationships
   d. Long-term reorganization

51. Karen was the victim of acquaintance rape last year. Which of the following would indicate that she has NOT successfully resolved her problems concerning the rape?
   a. Her depression has lessened.
   b. She is able to trust men.
   c. She no longer has intrusive nightmares about the event.
   d. She remembers the event with a sense of emotional detachment.

52. What does a rape-shield law do?
   a. It allows the victim to press charges against an alleged perpetrator while remaining anonymous.
   b. It keeps information about a defendant's prior police record from being used as evidence.
   c. It prevents accused perpetrators from having to talk to investigating police officers.
   d. It prevents information about a victim's prior sexual behaviors from being used as evidence.

53. The term *hebephilia* refers to
   a. fear of children.
   b. love of children.
   c. sexual abuse of adolescents.
   d. sexual abuse of elderly people.

54. Children are most likely to be molested by
   a. members of other ethnic groups.
   b. physicians and teachers.
   c. relatives or acquaintances.
   d. strangers and distant neighbors.

55. Studies of women who have been convicted of molesting children indicate that they tend to be
   a. bisexual women with an unusually high need for control.
   b. intelligent women who are uncertain of their sexuality.
   c. of marginal intelligence and to have a history of being abused themselves.
   d. women who are suffering from hormonal imbalances.

**Fill in the Blank**

56. When something is gained in return for giving something else, it is called a _____________________.

57. If a student who is involved with her professor receives better grades because of the relationship and other students are unfairly affected, this forms the basis for a sexual harassment complaint on the grounds of ____________ effects.
58. Sexual exploitation of clients by physicians, nurses, therapists, clergy, lawyers, or similar professionals is called a _____________.
59. Sexual intercourse by an adult with a partner who is under the age of consent is known as ____________________.
60. When rape is perpetrated by a friend or acquaintance, it is called ____________.
61. The two phases of the rape trauma syndrome are ___________ and _____________.
62. Sexual abuse of children is ____________.
63. The sexual abuse of adolescents is sometimes distinguished from pedophilia and is instead called _____________.
64. When a sexually abused child's feelings, attitudes, and behaviors relating to sex are exhibited in developmentally inappropriate ways, _______________ sexualization is said to have taken place.
65. The strong prohibition against sexual relationships within families is often called the _____________.
   Answer: incest taboo
66. If Meredith tells her therapist that she has just remembered that her father raped her many years ago, her recollection is known as a _____________.

**True/False**
67. According to the U.S. Conference of Catholic Bishops, the number of priests accused of sexually molesting children since 1950 is over 4000.
68. Studies of nurses in European psychiatric hospitals and of male therapists suggest that less than 5 percent of these professionals engage in sexual boundary violations.
69. Sexual relationships between therapists and their clients are often helpful to those clients.
70. The U. S. has one of the highest rates of sexual assault among developed countries.
71. Females cannot force a male to have sex against his will.
72. There is clear evidence that males can have erections and ejaculation when they are afraid or anxious.
73. Girls are more likely to be sexually abused by strangers whereas boys are more likely to be sexually abused by family members.
74. Almost all pedophiles were sexually abused as children, and children who are sexually abused will most likely become abusive to children.
75. Teenagers who have been sexually abused are more likely than other teenagers to engage in unsafe sexual practices that may lead to disease or pregnancy.
76. Sexual coercion and persistence is relatively common among college students.
77. Serious head injury prior to the age of 13 has been studied as a common experience among male pedophiles.
78. Some therapists have been accused of implanting false memories of childhood sexual abuse in their clients.
Chapter 16
Multiple Choice

1. An interesting historical fact about sexually transmitted diseases is that they were
   a. often blamed on some outside national or ethnic group.
   b. often completely treatable.
   c. usually associated with excessive masturbation.
   d. usually attributed to diet and poor health habits.

2. In earlier times, sexually transmitted diseases were called
   a. female problems.
   b. foreign diseases.
   c. public infections.
   d. venereal diseases.

3. What class of drugs is used to treat gonorrhea and syphilis?
   a. Antibiotics
   b. Prostaglandin inhibitors
   c. Steroids
   d. Sulfa drugs

4. It has been suggested that past policymakers were ambivalent about eradicating STDs because
   a. little was known about how to prevent their spread.
   b. researchers wanted to study the long-term course of such diseases.
   c. the threat of such diseases discouraged illicit sexual behavior.
   d. their treatment provided a good income for physicians and other health professionals.

5. In recent years, the fight against STDs in the U. S. has been
   a. complicated by the development of both new viral diseases and antibiotic-resistant strains of STDs.
   b. largely halted by religious groups arguing for abstinence.
   c. largely won, thanks to antibiotics.
   d. largely won, thanks to the development of vaccines.

6. STDs are associated with
   a. breast and bone cancers.
   b. infertility and cancers.
   c. kidney disease and prostatitis.
   d. tuberculosis and hepatitis.

7. The incidence of STDs seems concentrated among
   a. college students.
   b. minority group members.
   c. the recently divorced.
   d. those under 25 years of age.

8. Why is it difficult to gauge the true prevalence of STDs in the U. S?
   a. Health officials are too embarrassed to report such data.
   b. Most cases of STDs are never treated.
   c. Most patients have more than one STD.
   d. There are deficiencies in how statistical data are collected.

9. In regard to STDs in the U S., the National Health and Social Life Survey (NHSLS) found that
   a. about one person in six has had at least one STD.
   b. almost no respondents admitted to having had any STDs.
   c. men were more likely to have had an STD in the year prior to the survey.
   d. most infected individuals continued to spread STDs.

10. In regard to STDs, the NHSLS found that
   a. men tended to suffer more serious physical consequences from STDs.
   b. men were more likely to have had an STD than women were.
   c. transmission of STDs is twice as easy from a male to a female as it is from a female to a male.
   d. women with the fewest sexual partners were more likely to contract any STD.
11. Which of the following is the most accurate predictor of who is likely to contract an STD?
   a. General health habits
   b. Level of formal education
   c. Number of sex partners
   d. Sexual orientation

12. Untreated STDs among women are associated with
   a. anorgasmia and vaginismus.
   b. breast and vaginal cancers.
   c. congenital deformities in their children.
   d. pelvic inflammatory disease.

13. Barbara has an STD but does not seek treatment. This decision will put her at greater risk for
   a. erotophobia and sexual hypoactivity.
   b. miscarriage and a Down syndrome child.
   c. pelvic inflammatory disease.
   d. vaginismus and anorgasmia.

14. "Clap" and "the drip" refer to
   a. gonorrhea.
   b. herpes.
   c. HIV infection.
   d. syphilis.

15. Why are women at greater risk for gonorrhea after a single exposure than men?
   a. Bacteria have a more hospitable environment in the vulva than in the male urethra.
   b. Men are more careful about using condoms when having casual sex.
   c. Since they use more antibiotics, women are more susceptible to new strains of gonorrhea.
   d. Women are more likely to have other STDs, and this lowers their resistance.

16. Among newborns, the ______ is/are especially susceptible to gonorrheal infection.
   a. ears.
   b. eyes.
   c. mouth.
   d. lungs.

17. The STD that causes urethral pain and discharge among males is called
   a. gonorrhea.
   b. herpes.
   c. HPV.
   d. syphilis.

18. Which of the following is NOT a potential consequence of untreated gonorrhea?
   a. Heart and brain maladies
   b. Pelvic inflammatory disease
   c. Sterility
   d. Tuberculosis

19. Which of the following statements about gonorrhea is NOT accurate?
   a. Babies can be infected as they pass through the birth canal of an infected woman.
   b. In recent years, there has been an overall decrease in the incidence of this disease.
   c. Only vaginal intercourse can transmit the gonorrhea bacterium.
   d. Women are much more likely to contract the disease after just one exposure.

20. After unprotected sex with a new partner, Tamisha mentions to you that she experienced a yellow vaginal discharge and some irritation. This cleared up completely. As a friend, what advice might you offer Tamisha?
   a. "Don't worry. Your body has fought off any infections."
   b. "Go to a clinic or doctor. Gonorrhea often behaves this way."
   c. "Have a pregnancy test. These are early signs of impregnation."
   d. "You should be concerned about liver and kidney diseases, not STDs."

21. A substantial proportion of women and men with gonorrhea are also infected with
   a. chlamydia.
   b. herpes.
   c. scabies.
   d. syphilis.
22. Marty has been diagnosed with gonorrhea. In its treatment, it is vital that
   a. all of his sexual partners are treated as well.
   b. an enzyme-sensitive immunoassay test be used.
   c. he take baths and change his underwear frequently.
   d. he take several antiviral agents as well.
23. Which statement most accurately describes the history of syphilis in the U. S?
   a. Beginning in 1900, it has gradually disappeared.
   b. Since antibiotics became easily accessible, rates of syphilis have gradually increased.
   c. Syphilis has consistently remained the most commonly reported STD.
   d. In 2000, the rate of syphilis infection had dropped to the lowest rate ever recorded.
24. The STD whose first symptom is a chancre at the site of infection is called
   a. chlamydia.
   b. gonorrhea.
   c. herpes.
   d. syphilis.
25. Why would women be less likely than men to be aware of a syphilitic chancre?
   a. Any pain and discomfort are likely to be interpreted as related to menstruation.
   b. It is painless and often occurs on the vaginal wall or cervix.
   c. They tend to be symptom-free until the tertiary stage of syphilis.
   d. Women tend to be less vulnerable to syphilis.
26. How is it that some syphilitic patients get to the tertiary stage without treatment?
   a. After each stage, symptoms seem to disappear completely, even without attention.
   b. Because infection is possible without sexual contact, many do not know they are infected.
   c. Primary and secondary stage symptoms are so subtle that many do not notice them.
   d. Since syphilis is so rare, many are not aware of its signs.
27. A young man is admitted to the emergency room with a bumpy red rash, fever, swollen lymph nodes, hair loss, and loss of appetite. The physician might suspect
   a. chlamydia.
   b. herpes simplex.
   c. infectious gonorrhea.
   d. secondary syphilis.
28. Denise asks why no one in her family will ever tell her how her grandfather died. Finally she learns that he died from a sexually transmitted disease that led to paralysis, psychosis, and blindness. Most likely, he died from
   a. AIDS.
   b. gonorrhea.
   c. herpes.
   d. syphilis.
29. Syphilis that is transmitted from the mother to the fetus is called
   a. congenital syphilis.
   b. genetic syphilis.
   c. inherited syphilis.
   d. secondary syphilis.
30. The traditional treatment for syphilis is
   a. acyclovir.
   b. AZT.
   c. penicillin.
   d. steroids.
31. Since syphilis infection is associated with a higher risk of ___________, it is often recommended that patients who test positive for syphilis also be tested for this STD.
   a. genital herpes
   b. genital warts
   c. HIV
   d. pubic lice
32. Which of the following statements about chlamydia is accurate?
   a. It can be treated with penicillin.
   b. It can result in blindness and pneumonia in infants.
   c. It is caused by trichomoniasis bacteria.
   d. Its first symptom is a chancre at the point of infection.

33. Chlamydia will pose an immediate and serious health risk to which of the following individuals?
   a. Anna, who was just born.
   b. Ben, who is in middle school.
   c. Carla, who is an attorney.
   d. Duane, who is about to retire.

34. Which of the following is NOT a potential consequence of chlamydia in women?
   a. Breast cancer
   b. Ectopic pregnancy
   c. Infertility
   d. PID

35. Sarah and her husband-to-be go for physicals before they marry and learn that they both have an asymptomatic STD. They will both be treated with erythromycin. Most likely, they are suffering from
   a. chlamydia.
   b. gonorrhea.
   c. herpes.
   d. syphilis.

36. Which of the following STDs appears only in males?
   a. Chlamydia
   b. HIV
   c. NSU
   d. PID

37. Inflammations of the male urethra that are NOT caused by gonorrhea are referred to as
   a. AZTs.
   b. monilia.
   c. NGUs.
   d. PIDs.

38. Maria notices intense itching in the genital area. There is some discharge with a noticeable odor. Most likely her health care provider will diagnose this as
   a. an NGU.
   b. chlamydia.
   c. herpes.
   d. some type of vulvovaginitis.

39. Flagyl and other antibiotics are commonly used to treat
   a. atrophic vaginitis.
   b. bacterial vaginosis.
   c. gonorrhea.
   d. yeast infections.

40. The type of vulvovaginitis that results from an overgrowth of a fungus is called
   a. a yeast infection.
   b. chlamydia.
   c. HPV.
   d. trichomoniasis.

41. Deidre is diagnosed as having an outbreak of Candida albicans. This vulvovaginitis is called
   a. a yeast infection.
   b. bacterial vaginosis.
   c. herpes.
   d. trichomoniasis.
42. Which of the following is NOT associated with yeast infection in the vagina?
   a. Candida albicans
   b. Gardnerella vaginalis
   c. Monilial vaginitis
   d. Treatment with fungicides

43. At the drug store, Patty purchases nystatin suppositories for an itchy vulvovaginal infection. Most likely she is suffering from
   a. a yeast infection.
   b. atrophic vaginitis.
   c. NSU.
   d. trichomoniasis.

44. Which of the following vulvovaginal infections CANNOT be transmitted by sexual contacts?
   a. Atrophic vaginitis
   b. Bacterial vaginosis
   c. Monilial vaginitis
   d. Trichomoniasis

45. HSV-1 usually appears as a
   a. chancre.
   b. cold sore.
   c. soft, pinkish lesion.
   d. vulvovaginitis.

46. HSV-2 usually appears as
   a. a cold sore.
   b. a fungal infection.
   c. genital lesions.
   d. NSU.

47. Outbreaks of genital herpes sores are associated with
   a. hot weather.
   b. not wearing absorbent fiber underwear.
   c. NSUs.
   d. stress, illness, or exhaustion.

48. The genital herpes virus is particularly contagious when
   a. HPV is very active.
   b. it is in its first stage of itchy, painful blisters.
   c. the person also has a cold sore.
   d. the sores are healed completely.

49. There is no cure for herpes, but its symptoms are treated with
   a. acyclovir.
   b. flagyl.
   c. laser surgery.
   d. tetracycline.

50. Victor is experiencing an outbreak of genital herpes. Most likely, he will be treated with
   a. acyclovir.
   b. AZT.
   c. flagyl.
   d. tetracycline.

51. In the U. S., the most commonly reported viral STD is
   a. gonorrhea.
   b. herpes.
   c. HPV.
   d. syphilis.

52. Which of the following is NOT a risk factor for HPV infection?
   a. Having begun sexual activity at a young age
   b. Having engaged in casual sexual relationships
   c. Having had multiple sex partners
   d. Having had sexual partners of both genders
53. The presence of genital warts has been linked to
   a. incidence of cancer cells in the cervix.
   b. kidney infections.
   c. liver infections.
   d. prostate problems.
54. Hepatitis B is almost always transmitted by
   a. contact with contaminated wet surfaces.
   b. contaminated clothing and sneezes.
   c. food contaminated with fecal material.
   d. sexual contact.
55. The most common chronic blood-borne infection in the U. S. is
   a. hepatitis A.
   b. hepatitis B.
   c. hepatitis C.
   d. HIV.
56. Lenore has been diagnosed with pubic lice. Most likely, she will be treated with
   a. acyclovir.
   b. AZT.
   c. Kwell.
   d. tetracycline.
57. LGV, chancroid, and granuloma inguinale are relatively rare, but which of the following individuals needs to be alert
   for their symptoms?
   a. Michael, who sometimes has casual sex in North Dakota.
   b. Norton, who plans a "wild time" of recreational sex on a tropical island.
   c. Orville, who is in a monogamous gay relationship in New York.
   d. Randall, who has HPV, is married and living in Georgia.
58. Which of the following has NOT been suggested as a way to avoid contracting an STD?
   a. Considering abstinence
   b. Considering sexual activities that do not involve penetration or the mingling of bodily fluids
   c. Having a medical examination before you consider having sexual contact with a new partner
   d. Taking responsibility for your own protection through condom use, asking questions, washing, and so on
59. The majority of reported STD cases are found in people under the age of ____________.
60. A painless ___________ develops in the primary stage of syphilis.
   Answer: chancre
61. Cold sores on the mouth are usually caused by ____________.
62. Of the two strains of the herpes simplex virus, ___________ usually results in lesions on the mouth but is also linked to
   a high percentage of genital lesions.
63. Exposure of the eyes to the herpes virus may cause a severe eye infection called ____________.
64. Genital warts usually do not appear on the genitals for about ____________ months after exposure to an infected partner.
65. HPV has been linked to the occurrence of ____________ cancer in females.
66. Hepatitis B is a sexually transmitted virus that can cause ____________ infection.

True/False
67. It is now estimated that one out of every five individuals in the U. S. is infected with some form of viral STD.
68. Men are more likely to experience symptoms with gonorrhea than are women.
69. There is over a 50 percent chance of a woman contracting gonorrhea on a single exposure during intercourse.
70. Because of low rates of infection and effective treatment methods for syphilis, the U.S. Public Health Service thought it
   reasonable to set the goal of reducing the number of syphilis infections in the country to 1,000 or fewer by 2005.
71. In about 70 percent of all cases of chlamydia there are no early symptoms.
72. Various antibiotics are used in the treatment of syphilis, gonorrhea, and chlamydia.
73. Proper treatment of some vulvovaginal infections often requires the simultaneous treatment of sexual partners.
74. A new vaccine can prevent all herpes infections, and a new drug can eradicate the virus from the body of those already
   infected.
75. Individuals diagnosed with genital herpes are generally advised to consider celibacy.
76. HPV is the most common sexually transmitted viral disease in the U. S.
77. Genital warts have been implicated in various cancers.
78. Although the spermicide nonoxynol-9 seems to reduce the risks of gonorrheal and chlamydia infection, it may increase the risk of contracting viral infections. Thus condom manufacturers have stopped using spermicides in condom lubricants.
Chapter 17

Multiple Choice

1. AIDS is the acronym for
   a. absent immunodeficiency syndrome.
   b. acquired human immunodeficiency virus syndrome.
   c. acquired immunodeficiency syndrome.
   d. adaptive immunology destruction syndrome.

2. The virus that eventually produces AIDS is
   a. HBV.
   b. HIV.
   c. HPV.
   d. HSV.

3. There are signs that the rate of infection with HIV
   a. is likely to be stable in the U. S. in coming years.
   b. is set to decline in the U. S. in coming years.
   c. may increase in the U. S. in coming years.
   d. on a global scale is likely to be stable in coming years.

4. Recent improvements in medical treatments for HIV infection
   a. can destroy the virus and hence cure the disease.
   b. delay the onset of certain symptoms.
   c. prevent the development of AIDS in most cases.
   d. render the virus noncontagious.

5. What agency was active in tracing and eventually labeling this mysterious immune system disease during the 1980s?
   a. American Cancer Society
   b. American Medical Association
   c. Centers for Disease Control and Prevention
   d. Public Health Service

6. Genetic studies indicate that it is likely that
   a. HIV first appeared in gay males in the 1950s.
   b. HIV first infected human beings in the 1970s.
   c. HIV infected animals for a long time before diversifying and infecting human beings.
   d. both (b) and (c) are true.

7. It appears that HIV may have first appeared among humans in
   a. Brazil.
   b. central Africa.
   c. Haiti.
   d. San Francisco.

8. Rates of infection and death from AIDS are much higher than average in countries with a
   a. high level of poverty.
   b. high proportion of gay or bisexual males.
   c. high rate of alcoholism.
   d. long history of heroin use.

9. Rates of HIV infection among young gay males in the U. S. have
   a. begun to increase after years of hard-won decreases.
   b. declined steadily thanks to educational efforts.
   c. increased most years since the late 1970s.
   d. remained distressingly high since the epidemic began.

10. Babies can be infected with HIV perinatally. This means they can be infected
    a. before a zygote forms.
    b. before, during, or soon after birth.
    c. during the embryological stage.
    d. only in the second trimester.
11. Which of the following is NOT a stage during which perinatal infection with HIV can occur?
   a. During breast-feeding
   b. During pregnancy
   c. During the birth process
   d. During toilet training

12. On a global level, the main channel for HIV infection is
   a. birth to an HIV-positive mother.
   b. heterosexual contacts.
   c. intravenous drug use.
   d. male–male sexual contacts.

13. UNAIDS estimates that 40 million people worldwide are infected with HIV. About 75 percent are thought to have acquired the infection through
   a. heterosexual contact.
   b. intravenous drug use.
   c. same-gender sexual contact.
   d. unsanitary water systems.

14. What is the status of HIV infection on U.S. college campuses?
   a. At present, HIV infection is a very real problem on U.S. campuses, especially in metropolitan areas.
   b. At present, HIV is virtually unknown on college campuses.
   c. Infection rates on U.S. campuses are rapidly increasing, especially among college women.
   d. Public colleges have substantially higher rates of infection than private colleges.

15. In the U.S., HIV/AIDS was first noted among
   a. business people who had traveled to Africa.
   b. gay men who had many sexual partners.
   c. hemophiliacs who had received blood transfusions.
   d. intravenous drug users who shared needles.

16. At present, the heterosexual population with the highest rate of HIV infection is
   a. hemophiliacs.
   b. intravenous drug users.
   c. minority group members.
   d. sexually active single women.

17. According to recent research, HIV may be transmitted from mother to child
   a. during casual contact between mother and newborn.
   b. during implantation in the uterine wall and via the placenta.
   c. in the first trimester, as the fetus’s blood system is developing.
   d. late in pregnancy, during vaginal birth, or via breast milk.

18. Winona is pregnant and HIV-positive. To reduce the likelihood of infecting her infant, she should
   a. attend Lamaze classes with a coach to help facilitate the birth.
   b. consider having a cesarean section.
   c. go through birth normally, because HIV does not cross the placental barrier.
   d. prepare herself to have little contact with her infant after birth.

19. Twenty-year-old Michael lives in a small town in the Pacific Northwest. He has looked at data on the spread of HIV and concluded that the disease does not threaten and should not concern him personally. Is that a reasonable conclusion?
   a. It is reasonable because rates of infection are low in his region of the country.
   b. It is reasonable because rates of infection are low in small-town America.
   c. No; rates of infection in small-town America now equal those in metropolitan areas.
   d. No; whatever the statistical risks for a particular group might be in theory, individual behavior determines an individual's actual chances of becoming infected in fact.
20. Which of the following is NOT a challenge identified by U. S. HIV experts?
   a. Among underprivileged populations we must sustain compassion, top-notch treatment, and research funds for those suffering from the disease.
   b. Educators must reach those in high-risk areas to educate them to make choices that will minimize the risks of spreading HIV.
   c. Funding for education, research and testing needs to be reduced nationwide and limited to areas of existing infection.
   d. Young people who are not as close to the population centers of HIV threat must be convinced to take the risks of unprotected sexual activity seriously.

21. Which of the following is NOT a characteristic of primary HIV disease?
   a. A fever, fatigue, and rash
   b. A negative result on HIV tests
   c. Disappearance of symptoms within a few weeks
   d. Sores and blisters

22. A symptom of primary HIV disease is
   a. Kaposi’s sarcoma.
   b. Opportunistic infections.
   c. Swollen glands.
   d. Thrush.

23. Which of the following occurs during the chronic asymptomatic disease stage of HIV?
   a. A gradual decline in immune system cells
   b. Flu-like symptoms that may include a rash
   c. Opportunistic infections
   d. Thrush

24. What overt symptoms are characteristic at the beginning of chronic asymptomatic disease?
   a. Drenching night sweats and weight loss
   b. No particular disease symptoms
   c. Recurrent pneumocystic pneumonia
   d. Thrush

   Answer: b

25. HIV and other viruses that carry their genetic code in the form of RNA are called
   a. Apoptosis viruses.
   b. Megaviruses.
   c. Pneumoviruses.
   d. Retroviruses.

26. The particular targets of HIV are
   a. CD4 cells.
   b. Cells that line the membranes of the genitalia.
   c. Red blood cells.
   d. Skin cells.

27. The chronic asymptomatic phase of HIV infection is
   a. A time during which an infected person may still transmit HIV to others.
   b. A time during which the virus is dormant and cannot be transmitted to others.
   c. Almost always very brief.
   d. The time during which the virus is most able to infect others.

28. Which of the following is NOT a means by which HIV can enter the body?
   a. Breast milk
   b. Cuts or sores in the skin
   c. Food or liquids handled by an infected person
   d. Linings of organs such as the vagina

29. Which of the following body fluids is LEAST likely to transmit HIV?
   a. Blood
   b. Semen
   c. Urine
   d. Vaginal secretions
30. Gloria is willing to pierce the ears of neighborhood teenagers in her kitchen for a very low fee. She has lots of customers. These customers should be concerned about
   a. excessively large holes.
   b. pain from multiple piercing.
   c. piercings that are not straight.
   d. the possibility of HIV infection.

31. The risk that HIV will be transferred from mother to infant
   a. increases after the amniotic membranes have ruptured each hour until birth.
   b. increases when amniocentesis is used during pregnancy.
   c. increases in the cases described in both (a) and (b).
   d. is insignificant.

32. Although the risk might be very low, transmission of HIV has been documented through all of the following channels except
   a. anal intercourse.
   b. oral-genital sex.
   c. prolonged deep kissing.
   d. shared drinking.

33. As a strategy to prevent HIV infection, microbicides
   a. are intended for topical application in gel or cream prior to intercourse.
   b. are too costly to research and realistically develop.
   c. could be taken orally or injected as a vaccine.
   d. might substitute for condom use when the male is uncooperative.

34. Which of the following is out of place in the progression of AIDS?
   a. full-blown AIDS
   b. primary HIV disease
   c. chronic asymptomatic disease
   d. chronic symptomatic disease

35. Recent developments in HIV testing include
   a. a new saliva test for HIV that offers results in 20 minutes with over 99 percent accuracy.
   b. new generations of HIV tests that are extremely sensitive and can distinguish between different strains of HIV.
   c. new tests being used to detect HIV in very young infants.
   d. all of the above.

36. Most HIV tests actually test for the presence of
   a. antibodies.
   b. CD4 cells.
   c. retroviruses.
   d. T-cells.

37. After a person is infected with HIV, antibodies
   a. can be detected within six hours.
   b. will be produced for six months; then they are destroyed by the virus.
   c. will be produced if the person is given medical treatment within six months.
   d. usually show up within six months.

38. After unprotected sex, Rhonda believes there was a possibility she was exposed to HIV and so goes for an HIV test. The result is negative. She should
   a. be aware that her immune system is now compromised.
   b. feel safe to continue unprotected sexual activities.
   c. have a second test within six months.
   d. notify all her previous sexual partners.

39. While on vacation, Nat engages in unprotected sex with several women. An HIV test is negative. Nat should
   a. actively avoid any situation that might result in a bacterial infection.
   b. be aware that he has compromised his immune system.
   c. have a second test within six months.
   d. notify all previous sex partners in his home town.
40. Rodney tests positive on an initial HIV test. The next step would be  
   a. having a Western blot test.  
   b. immediate treatment with AZT.  
   c. isolating himself from all other sexual partners.  
   d. notifying all his previous sexual partners.  

41. One recommendation made for any organization or agency that provides HIV testing is that  
   a. families should be notified of a member’s HIV status.  
   b. pre- and post-test counseling should be available.  
   c. testing should be mandatory for all those who are members or clients.  
   d. those who test positive should be quarantined.  

42. Which of the following are guidelines for HIV testing recommended by the CDC?  
   a. encouragement to be tested  
   b. ready access to testing  
   c. right to choose to be tested  
   d. all of the above  

43. Combination therapy fights AIDS by  
   a. curing opportunistic infections and increasing the number of leucocytes.  
   b. modifying the genetic makeup of the patient’s immune cells.  
   c. modifying the genetic makeup of the virus.  
   d. reducing replication of the virus and building up the patient’s immune system.  

44. A disadvantage of combination or “cocktail” therapy is that  
   a. HIV mutates, and the virus quickly becomes resistant to the treatment.  
   b. it is complicated, and patients may therefore fail to stick to the treatment.  
   c. it is effective only among people with a particular genetic makeup.  
   d. it is very toxic, and it frequently causes various cancers.  

45. What is the status of a search for a vaccine for AIDS?  
   a. So far, most tests of vaccines have yielded disappointing results.  
   b. The CDC has a preventative vaccine but not a therapeutic vaccine.  
   c. The genetic structure of HIV makes a vaccine impossible.  
   d. There are no funds available to test several promising vaccines.  

46. In terms of managing any disease epidemic, society must  
   a. balance individual freedom against public health.  
   b. be willing to pay for the treatment of afflicted individuals.  
   c. protect all infected individuals against any restrictions.  
   d. pursue and quarantine those suspected of carrying infection.  

47. A client tells a counselor that he has tested positive for HIV. The client is too afraid to tell his wife. The counselor  
   a. is faced with an ethical dilemma as a result of the conflict between the client’s right to confidentiality and the risk to the client’s wife.  
   b. is required by state and federal law to disclose the information to the client’s wife and to others who may be in danger of infection.  
   c. must keep the information confidential until the client decides to reveal the information to others.  
   d. must report the client’s reaction to public health officials.  

48. Which of the following is NOT a successful strategy for changing sexual behavior?  
   a. Empowerment of women in cultures where they are culturally and economically subordinate to men  
   b. Increased availability of condoms  
   c. Repeated media messages  
   d. Scare tactics
**Fill in the Blank**

49. The majority of global infections occur through ________________ contact.

50. In the U. S., the largest heterosexual group infected with HIV is ________________.

51. Birth by ________ seems to reduce the risks of HIV infections for infants.

52. An ________ occurs when disease-producing organisms can attack a person by taking advantage of weakened resistance.

53. HIV destroys ________, which are a type of white blood cell that plays a major role in bringing together the body's immune defenses.

54. The two most common tests currently available for testing for HIV are the ________________ and the ________________.

55. For now, one of the best protections against HIV transmission in sexual encounters is the use of ________.

56. Compared with females, males are ____________________ likely to lie about their sexual history in order to have sex with a new partner.

**True/False**

57. The AIDS epidemic is most widespread in North America, Brazil, and Western Europe.

58. Worldwide, only about 37 percent of those who are HIV-positive are women.

59. The risk of women's contracting HIV from men is much greater than that of men's contracting it from women.

60. Health-care workers are among those most likely to contract and transmit HIV.

61. An asymptomatic person who is HIV-positive cannot transmit the virus.

62. Sustained fevers and drenching night sweats are characteristic symptoms of the third stage of HIV infection.

63. The CDC recommends mandatory HIV testing for all who are sexually active.

64. The CDC suggests that people have a right not to be tested.

65. More than half the states have enacted legislation that makes it a criminal offense to knowingly transmit a STD.

66. Protecting oneself against HIV infection requires enough self-esteem to remember that one's health is important.

67. Proper use of latex condoms are, at present, one of the best forms of HIV protection available for those who are sexually active.
Chapter 18
Multiple Choice

1. Which statement most accurately describes the current status of sex therapy?
   a. New therapeutic approaches are being constantly developed and successfully used.
   b. There is a clear-cut set of therapeutic techniques that all therapists agree on.
   c. There is a gap separating how medical and nonmedical therapists treat dysfunctions.
   d. While therapeutic techniques for men have progressed, those for women have not.

2. Which of the following questions reflects an ongoing issue in sex therapy?
   a. How can enough sex therapists be trained to treat all those with sexual problems?
   b. How can therapists get more people to recognize they have a disorder or dysfunction?
   c. When are sex therapists behaving unethically in inquiring about sexual behaviors?
   d. When should a particular pattern of sexual response be labeled a disorder or dysfunction?

3. The imposition of labels such as orgasmic dysfunction and hypoactive sexual desire disorder is problematic because
   a. individual sexual responsiveness varies greatly.
   b. it is impossible to measure sexual responses objectively.
   c. their definitions cannot be clearly stated.
   d. these labels do not fit sexual problems as they are experienced by real people.

4. There are well-accepted definitions of sexual dysfunction that include
   a. the idea that a person may have a dysfunction without realizing it or being upset by it.
   b. the idea that a sexual dysfunction exists if a sex-related difficulty leads a person to seek professional help.
   c. the requirement that the condition must cause enough distress for the person to consider it a problem.
   d. all of the above.

5. According to the NHSLS, among women who reported that they did not have orgasms,
   a. a majority believed that there was something physically wrong with them.
   b. almost one-half blamed their husbands and lovers.
   c. up to one-third did not consider this a problem and found sex satisfying.
   d. up to three-fourths were actively seeking sex therapy.

6. Which of the following should NOT be part of the practice of sex therapy?
   a. A desire to eradicate all extremes of sexual expression
   b. Examination of sexual values and relationship qualities
   c. Sensitivity, creativity, and openness
   d. Use of a variety of steps and skills

7. Traditionally, the sexual performance standards for women have been
   a. nonexistent.
   b. rigid.
   c. unrealistic.
   d. vague.

8. Which of the following is true in U.S. culture today?
   a. Sexual activity is at the center of most people’s daily lives.
   b. Sexual failure is equated with a failure of manhood or womanhood.
   c. Sexual performance standards are clear for both women and men.
   d. Sexual success is more important than economic success.

9. Which of the following is NOT a mythical performance standard for men?
   a. A female partner must be brought to the point of multiple orgasms.
   b. An erect penis is necessary for sexual pleasure.
   c. Orgasm must be reached without difficulty and is the ultimate pleasure.
   d. The longer ejaculation can be postponed, the better a sexual partner the man is.

10. Traditionally, women have been considered
    a. easily aroused and driven by desire.
    b. passionate and demanding sexual partners.
    c. sexually indifferent or actively rejecting.
    d. sexually passive and nonperforming.
11. Which of the following is NOT a mythical performance standard for women?
   a. Successful sex requires initiating the sexual encounter.
   b. Successful sex requires intense arousal and quick readiness for intercourse.
   c. Successful sex requires more than one orgasm.
   d. Successful sex requires reaching orgasm without difficulty.

12. Thomas has always ejaculated almost immediately after having an erection. His difficulty is referred to as a
   a. lifelong dysfunction.
   b. personal dysfunction.
   c. pervasive dysfunction.
   d. primary dysfunction.

13. Which of the following is NOT one of the components in Kaplan's three-phase model for understanding the relationship
    between sexual response and sexual dysfunction?
   a. Desire phase
   b. Orgasm
   c. Plateau phase
   d. Sexual arousal

14. As a boy, unlike others his age, Ramon seldom gave any thought to sex. As an adult, this pattern has continued. He
    enjoys relating to women emotionally and physically, but he almost never initiates sexual activity. Recently, he and his
    wife have been discussing this as a problem between them. Kaplan would describe Ramon's problem as one of
    a. arousal.
    b. desire.
    c. orgasm.
    d. resolution.

15. Bonnie really cares for her husband, Bill. Whenever they have intercourse, it is painful because of insufficient
    lubrication. No matter what they try, an artificial lubricant is necessary. Kaplan would describe Bonnie's problem as one
    of
    a. arousal.
    b. desire.
    c. orgasm.
    d. refraction.

16. Ethan wants lovemaking with Diane to be pleasurable for both of them. However, he finds that as soon as he enters her
    vagina, he reaches orgasm almost instantly. This is frustrating for both Ethan and Diane. Kaplan would describe this as
    a problem of
    a. arousal.
    b. desire.
    c. orgasm.
    d. resolution.

17. Studies of the incidence of sexual dysfunction
   a. have yielded an extremely wide range of estimates.
   b. indicate that about half of men and women experience sexual disorders.
   c. indicate that most people who experience sexual disorders eventually seek professional help.
   d. suggest that sexual difficulties are not as widespread as was once believed.

18. Which of the following does NOT reflect the findings of the NHSLS regarding the prevalence of sexual dysfunction?
   a. In general, women tended to report more sexual problems than did men.
   b. More men than women reported anxiety about performance and reaching orgasm too early.
   c. More sexual problems were reported by older respondents.
   d. No relationship was found between high levels of happiness and sexual problems.

19. One of the complaints very frequently brought to sex therapists is
   a. concern over fetishistic interests of a partner.
   b. inability to reach orgasm.
   c. partner discrepancies in level of sexual desire.
   d. vaginismus.
20. Frank and Martha seem happily married and share many activities. Their sexual activity is almost nonexistent. Their way of life may be described as illustrating
   a. hypoactive sexual desire disorder.
   b. inhibited sexual desire.
   c. normal asexuality.
   d. sexual aversion.

21. Michael chooses a celibate life for spiritual reasons and is very comfortable with his choice. His behavior is
   a. an indication of sexual aversion.
   b. sometimes called normal asexuality.
   c. symptomatic of anorgasmia.
   d. symptomatic of hypoactive sexual desire.

22. Jim is unhappy about his partner Kevin's lack of interest in sexual activities. Kevin will respond if Jim stimulates him, but Kevin seems not to enjoy sex very much. Kevin states that he is concerned about this but that it does not reflect a loss of love for Jim. Kevin may be diagnosed with
   a. HSDD.
   b. male erectile disorder.
   c. normal asexuality.
   d. sexual aversion disorder.

23. Which of the following does NOT accurately describe a gender difference in HSDD?
   a. Men with this problem are more likely to have had another sexual dysfunction for just a short time before experiencing HSDD.
   b. Men with this problem tend to be older than similarly diagnosed women.
   c. Women with this problem are more likely than men to report other psychological problems.
   d. Women with this problem tend to have more education than similarly diagnosed men.

24. Frequent or severe childhood punishment, rigid religious backgrounds, or a history of sexual abuse are all associated with
   a. female arousal disorder.
   b. male erectile disorder.
   c. SD.
   d. sexual aversion disorder.

25. The traditional term frigidity has been replaced with the term
   a. dyspareunia.
   b. female sexual arousal disorder.
   c. hypoactive sexual desire disorder.
   d. sexual aversion disorder.

26. The technical term for impotence is
   a. erectile disorder.
   b. normal asexuality.
   c. premature ejaculation.
   d. SD.

27. Tim, age 25, often experiences an inability to have or keep an erection. He would be classified as having a disorder of
   a. arousal.
   b. desire.
   c. orgasm.
   d. resolution.

28. Erectile dysfunction is often associated with
   a. depression.
   b. fatigue.
   c. use of alcohol.
   d. all of the above.

29. In the past, why has little interest been shown in women's arousal and orgasms?
   a. Few women had sufficient interest in sexual activities.
   b. Most women can reach orgasm easily during masturbation.
   c. Women are more oriented toward their partners' pleasure and satisfaction.
   d. Women can participate in sexual activity and conceive children without arousal.
30. The involuntary contraction of the outer vaginal muscles during attempted penetration is called
   a. dyspareunia.
   b. HSDD.
   c. sexual aversion disorder.
   d. vaginismus.

31. The major cause of unconsummated marriages is
   a. erectile disorder.
   b. HSDD.
   c. sexual aversion.
   d. vaginismus.

32. Vaginismus is considered a/an
   a. arousal disorder.
   b. orgasmic disorder.
   c. sexual pain disorder.
   d. none of the above.

33. Persistent genital pain that occurs during sexual activities is called
   a. dyspareunia.
   b. HSDD.
   c. sexual aversion.
   d. vaginismus.

34. One current definition of premature ejaculation is ejaculation that
   a. occurs before his partner reaches orgasm.
   b. occurs in less than 30 minutes after penetration.
   c. persistently and recurrently occurs too rapidly for the man and his partner's enjoyment.
   d. takes place after fewer than 10 pelvic thrusts.

35. Some researchers believe that premature ejaculation originates from
   a. a history of quick masturbatory response that becomes habitual.
   b. hypersensitivity of the penis.
   c. sexual aversion.
   d. suppressed resentment of the partner.

36. A rare sexual dysfunction that occurs among men is
   a. erectile disorder.
   b. HSDD.
   c. postejaculatory pain.
   d. premature ejaculation.

37. A clue that a sexual dysfunction may be caused by physical factors is that
   a. sexual functioning is not central to the self-concept of the person.
   b. the difficulty involves pain.
   c. the person and his or her partner are both concerned.
   d. the problem began only after a long period of good functioning.

Answer: d

38. High blood pressure can cause
   a. arousal difficulties in men.
   b. desire and arousal difficulties in men and women.
   c. desire difficulties in men.
   d. desire difficulties in women.

39. What therapy or treatment focuses on the functioning of the pubococcygeus muscle?
   a. Hormone injections
   b. Kegel exercises
   c. Sensate focus
   d. Systematic desensitization
40. A person’s first experience with problems in sexual arousal often happens
   a. after excessive use of alcohol.
   b. during foreign travel.
   c. in response to having a baby.
   d. with a new partner.

41. Which of the following substances has NOT been linked to an increased likelihood of sexual dysfunction?
   a. Alcohol
   b. Antidepressants
   c. Caffeine
   d. Nicotine

42. Performance anxiety can
   a. generate sexual dysfunction.
   b. inhibit sperm and ovum production.
   c. lead to paraphiliac behavior.
   d. lower testosterone levels.

43. The problem known as spectatoring
   a. is linked to indifference to a partner’s reactions.
   b. is rare.
   c. may be especially common among people with panic disorder or social phobia.
   d. usually occurs as the culmination of a long period of increasing sexual difficulties.

44. Which of the following therapeutic interventions has NOT been found useful in the treatment of sexual dysfunctions?
   a. Antidepressants for premature ejaculation
   b. Cialis, Levitra, and Viagra for improving erections
   c. Yohimbine for erectile problems
   d. All of the above are useful interventions

45. Missy and Brett seek help with premature ejaculation that is psychotherapeutic. The most effective approach a sex therapist is likely to offer involves
   a. behavior therapy.
   b. electric shock.
   c. hypnosis.
   d. surgical intervention.

46. Nick and Nora are seeking a qualified sex therapist. They would be wise to
   a. ask a friend.
   b. call or write AASECT or SIECUS.
   c. check newspaper advertisements.
   d. look at the listings in the Yellow Pages.

47. Mary has been unable to have an orgasm during shared sex. A sex therapist is likely to suggest
   a. exposure to pornography.
   b. masturbation exercises.
   c. sensate focus.
   d. the squeeze technique.

48. The typical intercourse position used in the course of sex therapy is
   a. man on top.
   b. rear vaginal entry.
   c. standing up.
   d. woman on top.
Fill in the Blank
49. A difficulty with sexual functioning that develops after some period of normal sexual functioning is called a(n) \______________\ dysfunction.

50. A sexual dysfunction that happens only under specific conditions is called a(n) \_________________\ dysfunction.

51. An international committee has proposed classifying subtypes of sexual dysfunction according to their cause as \__________\, \__________, and mixed or unknown.

52. An absence or low level of sexual desire that is considered normal for a particular person is sometimes called \__________\.

   Answer: normal asexuality

53. Fear or disgust about sex and avoidance of sexual activity is known as \__________\.

54. The presence or absence of \__________\ is often used to determine whether the cause of male erectile dysfunction is physical or psychological.

55. Performance pressures and difficulties in relationships are often at the root of sexual dysfunction, although possible \__________\ causes must first be investigated.

56. Another term for painful sex is \__________\.

57. Mutual body-pleasuring exercises without the expectation or pressure for performance are known as \__________\.

True/False
58. A significant change in treating sexual dysfunctions involving erection has been the introduction of an enzyme inhibiting class of drugs including sildenafil, vardenafil, and tadalafil.

59. An American sexual standard is that an erect penis is necessary for successful sex.

60. A sexual dysfunction that develops after a period of adequate functioning is called a situational dysfunction.

61. It is possible to have orgasm without sexual arousal.

62. Some experts believe that lack of sexual arousal in women should be considered nonpathological.

63. Recent research has led to development of an objective and universal standard for defining premature ejaculation.

64. Frequent masturbation is associated with postejaculatory pain.

65. Both vaginismus and lack of ejaculatory control usually have organic causes.

66. The reduction of performance pressures is one of the basic principles of sex therapy.

67. The American Association of Sex Educators, Counselors and Therapists has formulated a code of ethics to protect sex therapy clients.