Celebrating Sexuality after Sexual Abuse

Sexual health is "a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled."

(World Health Organization, 2006)

SEXUAL HEALTH

Sexual health represents all the ways people can embrace and celebrate sexuality. Sexual health is not just practicing 'safer sex'. It is all about learning to take good care of yourself sexually in order to experience health and well being.

Child sexual abuse and sexual assault can cause serious harm and pain. Sexual assault counselors play a pivotal role in promoting sexual health and well being for people who have been abused. Yet sexual assault counselors seldom receive adequate training and preparation to respond effectively when the subject of adolescent sexuality comes up with youth who have been abused. This technical assistance bulletin focuses on providing a foundation for positive youth development and sexual health with teens that have been sexually abused but may be applicable for many adult survivors as well. Even after terrible experiences of sexual assault young people can learn to celebrate their sexuality in ways that prevent harm to self and others.

A TRAUMA-INFORMED APPROACH FOR ADOLESCENT SEXUAL HEALTH

A trauma-informed approach for adolescent sexual health is a way of addressing vital information about sexuality and well being for teens that takes into consideration adverse life experiences and their potential influence on sexual decision making.

The federal Office of Adolescent Health promotes a trauma-informed approach to sexual health for all young people, and the Substance Abuse and Mental Health Services Administration (SAMHSA) provides guidelines



PENNSYLVANIA COALITION AGAINST RAPE

125 North Enola Drive • Enola, PA 17025 717-728-9740 • 800-692-7445 • TTY 877-585-1091 • pcar.org © Pennsylvania Coalition Against Rape 2016. All rights reserved.

for doing so. SAMHSA defines trauma as "experiences that cause intense physical and psychological stress reactions. It can refer to a single event, multiple events, or a set of circumstances that are experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, or spiritual well-being" (SAMHSA, 2014). Putting it more simply, trauma is a deeply distressing or disturbing experience that has a lasting effect on a person's life. Sexual violence is most often a traumatic experience.

A trauma-informed approach:

- Refers to how people think about and respond to those who have experienced, or may be at risk for experiencing trauma; it refers to a change in the organizational culture.
- Incorporates a thorough understanding of the prevalence and impact of trauma, the role trauma plays, and the complex and varied paths in which people recover and heal from it.
- Realizes the widespread impact of trauma and understands potential paths for recovery.
- Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system.
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices.
- Seeks to actively resist re-traumatization.

Key principles of a trauma-informed approach (SAMHSA, 2014):

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice, and choice
- Cultural, historical, and gender issues

While research indicates that sixty-four percent of Americans have experienced at least one adverse childhood experience (Centers for Disease Control and Prevention [CDC], 2008) more specific studies estimate that about twenty percent of Americans, regardless of gender, have experienced sexual victimization (Stemple & Meyer, 2014). It is therefore critical that everyone responding to young people with such experiences provide an effective approach for addressing the impact of sexual violence.

Despite these high rates of victimization, there continues to be a lack of education and few safe spaces for young people to talk openly and honestly about sexual health, sexuality and relationships. Create these safe spaces for youth, not by having all of the information, but being open to the conversation and willing to help youth find accurate answers to their questions.

Four components of a trauma-informed approach for sexual health are: sex education, access to contraceptives and contraceptive services, trauma resources, and trauma therapy when indicated. No matter which of these services you provide, remember the following:

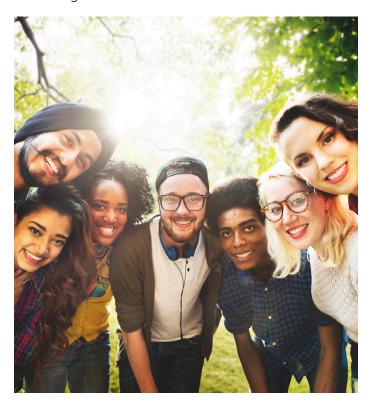
FIVE THINGS TO KNOW ABOUT TRAUMA

- 1. Trauma can influence physical problems such as cardiovascular, metabolic, and immunological disorders; deficits in functioning such as attachment problems, anxiety, depression, aggression, addictions, and eating disorders; challenges with memory and organizational skills; emotional and behavioral regulation; impulsivity; harm to self and/or others; and problem sexual behavior.
- 2. Humans are very resilient and often bounce back from adversity without a need for intensive intervention.
- 3. It's all about affect regulation. Affect regulation is the ability to manage our emotions without causing harm to ourselves or others (Schore, 2013). Self-regulation is the capacity to formulate a plan of one's own and implement behavior to carry it out (Miller & Rollnick, 2002). Everyone, no matter how hard life has been, can practice self-regulation.
- Educating trauma survivors with user-friendly empirical evidence about stopping harm, healing pain, and changing lives can influence optimal sexual decision making.

5. Becoming the person we want to be involves repetitive practice with feedback. Like anything else in life, practice makes perfect. Anyone who has experienced trauma can learn to use a broad range of multi-sensory coping strategies to manage difficult situations and minimize the damaging effects listed above.

EFFECTIVE STRATEGIES FOR ADDRESSING SEXUAL HEALTH WITH YOUTH

Providing effective strategies for addressing sexual health after sexual abuse may actually be easier than you think. You may find that you are already familiar with some of the ideas in the following section.





CREATING SAFETY

The first thing every sexual assault counselor can do is create a physically and emotionally safe and supportive environment conducive to addressing painful topics (National Research Council, 2002; Office of Adolescent Health, n.d.; Steinberg, 2014). Is the space where you meet with young people comfortable and calming? Is the room quiet and does it have natural or soothing light? Does the young person have a choice about where they sit in the room?

Next, be very clear that your job is not to have answers. There are no "right answers" for this type of situation. You do not have, and cannot provide solutions for the pain other's experience. What you can do is instill hope and expectation for change, and provide a warm, nonjudgmental, genuine and empathic response to each young person addressing experiences of sexual violence (Duncan, Miller, Wamphold, & Hubble, 2010). Safety is more than physical safety alone, the emotionally supportive space you create is often the most important.

ACCURATE INFORMATION

Due to the number of myths about human sexuality and the potential damage of inaccurate information it is critical that youth who have experienced trauma, especially sexual harm, receive accurate information. Keep sexual health materials you can immediately share and discuss with a youth readily available. These can go a long way to helping calm any nervousness and anxiety they may be experiencing.

There are also resources for youth to explore on their own to get accurate answers to sexual health questions. *SafeTeens Answers!* is an adolescent health textline which allows teens to text Planned Parenthood health educators who are trained on a variety of sexual health and healthy relationships topics. Text SAFE to 57890, it's free and confidential.

When youth have experienced child sexual abuse it can wreak havoc on their sexual identity development. If someone of the same sex abused them they may have questions about their own sexual identity. If someone of the opposite sex abused them, they may not feel safe expressing themselves sexually with others of the opposite sex for fear the same thing will happen again (Schladale, 2013). Sexual abuse doesn't solely define a person's sexual identity, yet we can't deny that both positive and negative experiences help to shape the person we become. It is critical for sexual assault counselors to provide information about sexual identity development and a safe space for young people to sort through these difficult feelings.

Alex's Story: Alex was a survivor of child sexual abuse and had fears about sexual identity because the abuser was the same sex. Alex was able to share these fears with a counselor who could explain that sexual abuse doesn't define sexual identity and in some cases people who sexually abuse children even use sexuality to confuse and manipulate a child.



SEXUALITY IS MORE THAN SEX

A person's sexuality is made up of five major components: sensuality, intimacy, sexual heath and reproduction, sexualization, and sexual identity. Sexuality is more than sexual feelings; it is an important part of who every person is. It includes feelings, thoughts, and behaviors on a continuum of feminine to masculine, being attracted and attractive to others, being in love, as well as being in relationships that include intimacy and physical sexual activity (Advocates for Youth, n.d.).

Sexual Identity is the label with which a person identifies or how they see themselves. Sexual identity and gender identity are not the same.

Gender identity is a person's internal sense of being more feminine or masculine, not their physical body, but how they feel inside.

It is often the assumption that orientation, behavior and identity are all the same. The truth is there is no right way for sexual identity to line up.

Your goal is to create a safe space for youth to explore aspects of their sexuality. Some things to be mindful of:

- Allow time for the young person to share with you. They may be hesitant to share in the beginning, given the harassment and discrimination many LGBTQ and gender non-conforming youth have experienced.
- Be aware of your non-verbal reactions, especially if a youth shares something different than what you expected. Also recognize that identies and terms may switch from moment to moment.
- If a young person shares with you be affirming, allow the opportunity to talk more if they choose, explore what it means to them and how it connects to their identity and experiences.
- Use the words that they use to describe themselves right now and see them for the unique individual that they are, rather than a term or label.

HOW TO START THE CONVERSATION ABOUT SEXUAL HEALTH

Sexual assault counselors need to get comfortable approaching the topic of sexuality and sexual health with youth. Prepare by reviewing sexual education materials yourself, but remember that you don't need to have all the answers as long as you provide the safe space for the conversation to happen. Youth may be hesitant to start the conversation even if it is something they are interested in talking about.

Try approaching the topic by talking openly about the experiences that other youth have had: "Sometimes the young people I work with feel pretty confused or worried about future sexual experiences and relationships. Is that something you ever think about?"

Using Motivational Interviewing (Miller & Rollnick, 2002) skills such as asking open questions, affirming, reflecting, and summarizing (OARS) can go a long way to helping youth open up. Statements like, "How can I be helpful?" and "What challenges are you facing with this right now?" may help them organize their thinking.



AFFECT REGULATION

Affect regulation involves affect or emotions; cognition or thinking; physiological reactions; and behavior. Memories can stir up distressing feelings about trauma. Sexual assault counselors can prepare youth for emotional discomfort by teaching them how to use multi-sensory self-soothing activities. Some examples are deep breathing, guided imagery, doodling, playing with something like playdough, listening to soothing music, and most any exercise or body movement (Schladale, 2013).

How people think about trauma plays a big role in managing it. Youth must learn to slow down thinking processes and focus attention on present thoughts and feelings. Sexual assault counselors can help youth to practice thinking through what they like and don't like, and role play communicating this important information in their intimate relationships.

Survivors may feel a tremendous amount of guilt and shame about their body's response to sexual abuse. Many young people are not informed about the complexities of physiological arousal. They may not understand how their body could experience sexual pleasure, and possibly orgasm, at the same time they may have been hurt and terrified through experiences of sexual abuse. In addition, male survivors may experience further complicated feelings due to pressures of gender stereotypes and roles related to masculinity and sexuality. Exploring feelings related to physiological arousal and educating youth about normal body responses is vitally important to the healing process.

It can also be very confusing when emotions, such as fear, that are not usually associated with sexual arousal present themselves during consensual sexual activity. Educating youth about both non-sexual and sexual arousal can help them learn to identify it and use self-soothing skills to manage their body response.

Taylor's Story: Taylor was a survivor of sexual assault and told a counselor about some struggles with sexual decisions. Whenever a partner began touching or caressing Taylor would "zone out" and become present again either during intercourse or after having intercourse. Taylor worked with the counselor and in current intimate relationships to learn to slow down foreplay, pay attention to feelings and make decisions about if and how to proceed sexually.

When you offer time and support to youth you have the potential to create a moment that can change the trajectory of their lives. Supporting young people in understanding that everyone can celebrate their sexuality regardless of previous victimization can help them create a vision for life-long sexual health. By speaking with them openly and honestly about the impact of sexual violence on their sexual health and well-being you help them open the door to a better life.

ABOUT THE AUTHOR

Joann Schladale, M.S., L.M.F.T. is founder and Executive Director of Resources For Resolving Violence, Inc. She has been specializing in trauma, interpersonal violence, and sexual health since 1981. We thank Joann for generously sharing her expertise and time to create this resource.

WE THANK OUR FIELD REVIEWERS FOR THEIR TIME AND CONTRIBUTIONS

Julie Evans, MSW, Pittsburgh Action Against Rape, Allegheny County Sara Smith, M.S., M.S., Victim Assistance Center, York County

RESOURCES

National Sexual Violence Resource Center http://www.nsvrc.org/saam/healthy-sexuality-resources

Planned Parenthood

https://www.plannedparenthood.org/learn/ sexuality

Safe Teens http://www.safeteens.org/

Schladale, J. (2010). The T.O.P.* Workbook for Sexual Health. Freeport, ME: Resources for Resolving Violence, Inc. http://practiceselfregulation.com/index.php/t-o-p-workbook-for-sexual-health/

Sexuality Information and Education Council of the United States (SIECUS) http://www.siecus.org/

Trans Student Educational Resources: The Gender Unicorn http://www.transstudent.org/gender

REFERENCES

Advocates for Youth. (n.d.). *Circles of human sexuality*. Retrieved from http://www.advocatesforyouth.org/for-professionals/198?task=view

Centers for Disease Control and Prevention. (2008). *Prevalence of individual adverse childhood experiences*. Retrieved from South Eastern Centre Against Sexual Assault & Family Violence: http://www.secasa.com.au/assets/Statstics/prevalence.pdf

Duncan, B. L., Miller, S. D., Wampold, B. E., & Hubble, M. A. (Eds.). (2010). *The heart and soul of change, second edition: Delivering what works in therapy.* Washington, DC: American Psychological Association.

Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York, NY: The Guilford Press.

National Research Council, & Institute of Medicine. (2002). *Community programs to promote youth development*. Washington, DC: National Academy Press. Available from http://files.eric.ed.gov/fulltext/ED465844.pdf

Schladale, J. (2013). A trauma informed approach for adolescent sexuality. Retrieved from Resources for Resolving Violence: http://resourcesforresolvingviolence.com/wp-content/uploads/A-Trauma-Informed-Approach-for-Adolescent-Sexual-Health.pdf

Schore, A. (2003). Affect regulation and the repair of the self. New York: W.W. Norton & Company.

Substance Abuse and Mental Health
Services Administration. (2014, Spring). Key
terms: Definitions. SAMHSA News, 22(2).
Retrieved from http://www.samhsa.gov/samhsaNewsLetter/Volume 22 Number 2/trauma_tip/key_terms.html

Steinberg, L. (2014). Age of opportunity: Lessons from the new science of adolescence. Boston, MA: Houghton Mifflin Harcourt.

Stemple, L., & Meyer, I. H. (2014). The sexual victimization of men in America: New data challenge old assumptions. *American Journal of Public Health*, 104(6), e19-e26. doi:10.2105/AJPH.2014.301946

U.S. Department of Health and Human Services, Office of Adolescent Health. (n.d.). *A practical guide for creating safe and supportive environments in teen pregnancy prevention programs.* Retrieved from http://www.hhs.gov/ash/oah-initiatives/assets/ta-9-safe-and-supportive-environments.pdf

World Health Organization. (2006). *3* Retrieved from health.pdf



PENNSYLVANIA COALITION AGAINST RAPE

125 North Enola Drive • Enola, PA 17025 717-728-9740 • 800-692-7445 • TTY 877-585-1091 • pcar.org © Pennsylvania Coalition Against Rape 2016. All rights reserved.