



Sexual Health and Trauma

Sexual health is a fundamental part of your physical and emotional health, and has an impact on your overall well-being. Defining sexual health, however, can be complex as the concept varies widely across cultures, societies, individuals, and even geography. According to the World Health Organization, “sexual health is the 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, the possibility of having pleasurable and safe sexual experiences, free of exploitation, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”¹

Most youth in the United States face significant barriers for accessing accurate and informed sexual health information. Receiving trauma treatment should not be another barrier for youth to access sexual health conversations and information.

When a child enters trauma treatment, it is an opportunity to engage in a positive sexual health conversation.

You, as a professional, are trained to address relationship components as well as any psychological and medical symptoms of traumatic events and their consequences. Trauma treatment offers an effective method for healing and developing coping strategies that integrate traumatic events with the hope of preventing future harm.

When you work with youth who have experienced violence and trauma which includes sexual, intimate partner, or physical abuse, trauma treatment necessitates a discussion of medically accurate sexual information concerning sexually transmitted infections (STIs), pregnancy, and the retelling of their story with specific and detailed sexual content (trauma narrative). As a trauma treatment professional, you develop significant experience in guiding and discussing clinical treatment in terms of risks, consequences, and danger associated with non-consent and sexual exploitation. Prioritization of sexual safety, while essential to current best practices for trauma treatment, often fails to address client sexual health.

Challenges

Most professionals are unprepared to talk about sex with youth until a negative outcome occurs, like a STI, unwanted pregnancy, or relational trauma. Nevertheless, there is still an expectation for you to guide these conversations without training or adequate supervision. A youth's physical, emotional, spiritual, and sexual health can alter as a result of traumatic experiences. You must begin to expand trauma treatment methods that address the complicated link between sexual health and overall health and well-being.

Our culture perceives sexual health conversations as taboo. Many myths perpetuate the idea that talking to youth about sex will increase the likelihood of youth engaging in sexual activity too early in their development, or under circumstances disapproved of by their family, culture, religion, law, and society. Research consistently shows that when youth have access to reliable and accurate sexual health information, youth wait longer to engage in sexual activity and are more likely to avoid negative sexual health outcomes.²

Another challenge you may face is your own cultural beliefs about sex or sexual health. These beliefs may include fear or stigma around talking about sex or sexual issues, especially as these may vary between households, families, cultures, or communities. However, as with many other difficult topics, addressing it is much more effective for increasing knowledge and developing skills to manage it. As such, acquiring the ability to engage in sexual health discussions and practices serves as a protective factor, even if a youth has yet to experience such trauma.



Suspending Judgment

A fundamental characteristic of good clinical practice is developing self-awareness, reflection, and suspension of judgment. In discussing issues of sexual health, it is imperative to practice and to model these for [youth](#) so they are able to do so themselves and with their current or prospective partner(s).

To engage effectively in a sexual health conversation, it is important to understand that as human beings we make judgments and have our own biases. You need to be aware of these and their effect on how you engage in any discussion on topics that may feel uncomfortable.

A respectful and open dialogue that acknowledges differences in cultural and other beliefs and practices between you and your client, can facilitate a more supportive and meaningful clinical relationship. These conversations increase the likelihood of helping youth develop healthier sexual relationships that are consensual, non-exploitive, honest, of shared values, safe, protective, AND pleasurable.

Sexual health is not a value-free concept. It is based on individual value systems, not the prescribed sociocultural values that define what is or is not acceptable sexuality. Sexual health principles help youth construct unique and healthy sexual relationships that align with their identity and beliefs. Keep in mind, the choices made by a youth in your care, may not align with how you define or construct healthy sexual relationships. [Everyone's ideas](#) or values of sexual health are fluid and change over the course of our lifetime.

The objective for integrating sexual health into trauma treatment is to assist youth with identifying, communicating, and developing a sexual health language and lifestyle that promote both physical and emotional sexual well-being within themselves and their relationship(s). As a provider, if you do not already, you will need to think about how to incorporate trauma-informed sexual health conversations as part of psychoeducation. Sexual health information needs to be part of all conversations about health and development. The more educated and informed youth are about their sexual development reduces risk of future harm.

Many youth receive erroneous, medically inaccurate sexual health education and information in unsafe and unhealthy environments. Youth who have experienced sexual abuse or any type of relational trauma, may have negative cognitions about the ownership of their own body and own experience. Psychoeducation with sexual health content will help youth build autonomy over their bodies and [choices](#), and create a shared language to help them advocate for themselves. It will also help reverse the negative messaging they have encountered. These skills will benefit them in other domains of their lives, as well.

There are six fundamental sexual health principles to guide sexual health conversations as core concepts with **ALL** children and families. ([Braun-Harvey, 2009](#)).

Consent – Sexual health is founded on the universal principle of consent. Yet it remains a far too common sexual health violation. Consent is both a legal and an ethical concept. Ethical consent is non-coerced, positive, sober approval or agreement to do a clearly specific activity. People who are intoxicated, intellectually or developmentally disabled, or underage are not capable of giving affirmative consent. Age of consent is a legal concept that varies by country and between U.S. states. Non-consent is the sexual health principle most often the focus of clients reporting sexual abuse, assault, rape, etc.

To find state specific information go to the following page for more information

<https://apps.rainn.org/policy/>

Non-Exploitation – Sexual health is non-exploitative sexual practices that are interactive, respectful, and collaborative. Sex becomes exploitative when there is misuse of one's power over another. Using a position of power to gain access to another person for sexual gratification is a common form of sexual exploitation of children and youth.

Protected from STIs, HIV, and unwanted pregnancy – Sexual health requires you to know your STI and HIV status (and your partners') and to be cognizant of the possibilities of an unwanted or unplanned pregnancy. Sexual health includes access to contraception methods, condoms and PrEP (pre-exposure prophylaxis), as well as access to affordable and medically accurate treatment for STIs.

Honesty – Sexual health involves individuals who are responsible for determining their standards for honesty about sexual health with their sexual partners, medical providers, community, and themselves. As a professional, you are expected to provide medically accurate, factual, honest, consistent, and transparent sexual health communication.

Shared Values – Sexual health understands that human sexual activity and relationships have meaning. Shared values need to be actively and verbally expressed to the individuals involved. Sexual health conversations about values are too often avoided all together by making assumptions that we know our partner's values. Studies have consistently identified the high priority youth place on opportunities to explore and clarify their sexual values and choices.³

Pleasure – Sexual health is giving and receiving desired touch and connection. Pleasure is a fundamental element of human sexuality. Sexual response or excitation can happen and be unwanted in the context of a non-consensual or exploitative situation. Sexual pleasure is a wanted and desired sexual response within a consensual context.

If at any point in your clinical practice with youth and families, you have used or addressed even one of these sexual health principles, you have the foundation for a sexual health conversation.

Here are steps to consider in continuing to develop these sexual health conversations with youth.

- Consider the connection between sexual health principles and trauma treatment. Best practice indicates that we incorporate sexual health conversations into trauma-informed trauma treatment.
- Make sure you are not working with youth in isolation. Parents, caregivers, and other adults in every youth's life needs psychoeducation too, which includes sexual health content.
- Incorporate sexual health conversations during psychoeducation at the beginning and throughout trauma treatment.
- Explore with a youth what a relationship may look like if it was based upon the principles of sexual health. This is exceptionally important to include when working with a youth who has experience relational trauma. This will allow you to help them define intimacy for themselves.
- Increase your self-awareness of your own comfort, knowledge, and ability for initiating or responding to sexual health concerns.

Address the everyday sexual language of our culture and societal practices, which may be a barrier to meaningful and respectful sexual health conversations with youth and families. The positive language used in these six principles of sexual health offer a helpful place to start.



- Consider where your client is developmentally – make sure you are breaking down age specific information and language. If you need help, check out the resources included.
- Listen while suspending your personal judgments, regulate your personal opinions while remaining present and attentive to the sexual health question or concern presented.
- Understand current data and research information about sexual health and prevention.
<https://nationalcoalitionforsexualhealth.org/>
- Know the policies and procedures of your setting. Some providers may be very comfortable talking about sex, yet they remain uninformed about current policies.
- Help youth develop assertive communication skills, which will aid them in having these conversations with their peers and partners.
- Seek out training and information on how to develop sexual health conversations.

Examples

Here are a few examples of how you can incorporate sexual health content throughout treatment – assessment to termination. As well as how youth could have a conversation with a [prospective partners](#), and how youth would negotiate uncomfortable situations:

1 Listen while suspending your personal judgments

You are meeting with a transitional age youth and the topic of sexual health emerges. They begin sharing about their beliefs and experiences that make you feel uncomfortable or do not align with your own upbringing, past, or beliefs.

Over time, you create a safe space for the youth and yourself by focusing on actively listening while engaging in some quiet, controlled breathing. You also focus on developing a greater understanding of their question or concern, while also considering where they are coming from. You internally acknowledge your own judgment, and remember that people can vary greatly in their views, feelings, and experiences in sexual and intimate relationships; you can also take this opportunity to reassure them of this perspective as well.

By utilizing resources that you have prepared for the session, you can facilitate the discussion of sexual health principals and facts while being trauma-informed and objective. This allows you to explore and listen to their thoughts and feelings regarding the different areas they address.

Using the materials as a guide and continuing to remain calm, you proceed without judgment toward yourself or the youth, knowing that this can be sensitive and difficult for either or both of you.

2 Use Sexual Health Language

A 15-year-old male is homeless, living on the street and has engaged in sexual acts as a means of survival. He has engaged in various sexual acts with both men and women in exchange for money, food, and sometimes a place to stay for the night. This youth does not see himself as a “victim” of commercial sexual exploitation because he “willingly” engaged in sex acts in order to meet his basic needs.

This provides an opportunity to educate the youth on consent and non-exploitative principles of sexual health. Explain to the youth that as a minor, he cannot consent to being bought or sold for sex. While the youth may feel like that they consented, this would be a good opportunity for you to introduce the concept of exploitation.



3 Discuss Sexual health during psychoeducation for relational trauma

You are providing a trauma-informed evidence-based treatment to a 9-year-old girl who experienced ongoing emotional abuse by her father and physical abuse by her stepfather. Her non-offending mother is also participating in treatment.

During the initial psychoeducation session, you introduce the concept of sexual health to mother by saying, “After having experienced boundary violations by men who should have protected her and kept her safe, it would really help your daughter to learn some things about healthy relationships, like consent, non-exploitative, and other principles of sexual health.”

You describe the principles of sexual health and her mother agrees for you to discuss this with her daughter. You introduce sexual health principles to the child in a similar manner during her parallel psychoeducation session.

- The Harvey Institute: <http://www.theharveyinstitute.com/>
- Improving LGBTQ Treatment Outcomes through Integration of Sexual Health
<https://learn.nctsn.org/mod/nctsnwebinar/view.php?id=10463>
- World Association for Sexual Health – developed a Declaration of 16 Sexual Rights:
<http://www.worldsexology.org/resources/declaration-of-sexual-rights/>
- Love Is Respect – <http://www.loveisrespect.org/healthy-relationships/> - provides guidelines for health communication, boundaries and relationship boosters:
- The Relationship Foundation: <http://www.therelationshipfoundation.org/>
- Sex Positive Families - <https://sexpositivefamilies.com/>
- Five Action Steps to Good Sexual Health - <https://www.fiveactionsteps.org>
- National Coalition for Sexual Health - <https://nationalcoalitionforsexualhealth.org/>
- For more information please go to www.nctsn.org
- For Youth
<http://www.iwannaknow.org/teens/sexualhealth.html>
<https://www.teensource.org/relationships/healthyrelationships>
<https://advocatesforyouth.org/>
<https://amaze.org/>

End Notes:

1. World Health Organization (2006) *Defining sexual health: report of a technical consultation on sexual health, 28–31 January 2002*, Geneva: World Health Organization.
2. *Consequences of Sex Education on Teen and Young Adult Sexual Behaviors and Outcomes*. Journal of Adolescent Health. Volume 51, Issue 4, October 2012, Pages 332-338.
3. Braun-Harvey, D. (2009). *Sexual Health in Drug and Alcohol Treatment: Group Facilitator's Manual*. Springer Publishing Company.