

What's Sex Got to Do with It?

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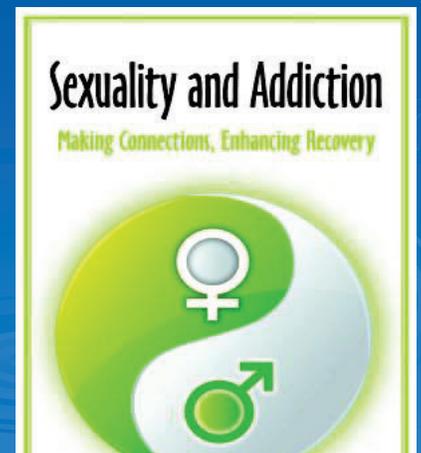
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Some Background

I like to have a martini
Two at the very most
After three I'm under
the table
After four I'm under
my host.

—Dorothy Parker



Overview

- Why sex?
- Impact of sexuality issues on physical and mental health outcomes
- Sexual health, an overview and model approach
- Sample programs with specific sexuality-related populations
- Intervention strategies
- Future steps...

Why talk about sex?

- Sexually abused individuals often have low sexual self-esteem and increased risks for health disparities and substance use
- Sexuality issues/links and subsequent substance abuse/health disparities include:
 - Trauma (including sexual and physical abuse)
 - Sexual dysfunction
 - Reproductive issues
 - HIV/STIs
 - Sexual orientation
 - Gender identity
 - Body image
 - Intimacy and relationships

Negative Sexual Experiences Health Outcomes

Abuse/Coercion Outcomes

- Anxiety
- Depressive Disorder
- PTSD
- Digestive problems
- Psychological conditions
- Behavioral manifestations
- Sleep disturbances
- Sexual dysfunction
- Desire disorders
- Re-victimization
- Trust

Possible Coping Behaviors

- Eating disorders
- Substance use
- Hyper/hypo sexuality
- Self-harm
- Isolation/Avoidance
- Suicidality
- Aggression/Rage
- Irritability

Negative Sexual Experiences Health Outcomes

Sexual Identity Impacts

- Internalized homophobia/transphobia
- Anxiety
- Depressive Disorder
- PTSD
- Digestive problems
- Psychological conditions
- Behavioral manifestations
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- Sexual dysfunction
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Child Sexual Abuse Prevalence

- Studies by David Finkelhor, Director of the Crimes Against Children Research Center, show that: 1 in 5 girls and 1 in 20 boys are victims of child sexual abuse; Self-report studies show that 20% of adult females and 5-10% of adult males recall a childhood sexual assault or sexual abuse incident;
- Adding online sexual abuse to generic child sexual abuse raised the overall CSA prevalence rate in this national sample from 13.5% to 21.7%. The rate for females (n=1762) increased from 19.8% to 31.6% and for males (n=820) from 6.2% to 10.8%. 'Other' gender participants increased from 35.6% to 41.3% (n=57).

Finkelhor, et al., 2024

Sexual Abuse Prevalence – Adult Women

In the U.S., 43.6% of women (nearly 52.2 million) experienced some form of contact sexual violence in their lifetime

Approximately 1 in 5 (21.3% or an estimated 25.5 million) women in the U.S. reported completed or attempted rape at some point in their lifetime.

Approximately 1 in 6 women (16.0% or an estimated 19.2 million women) experienced sexual coercion (e.g., being worn down by someone who repeatedly asked for sex, sexual pressure due to someone using their influence or authority) at some point in their lifetime.

More than a third of women (37.0% or approximately 44.3 million women) reported unwanted sexual contact (e.g., groping) in their lifetime.

National Intimate Partner and Sexual Violence Survey (2015)

Sexual Abuse Prevalence – Adult Men

Nearly a quarter of men (24.8% or 27.6 million) in the U.S. experienced some form of contact sexual violence in their lifetime.

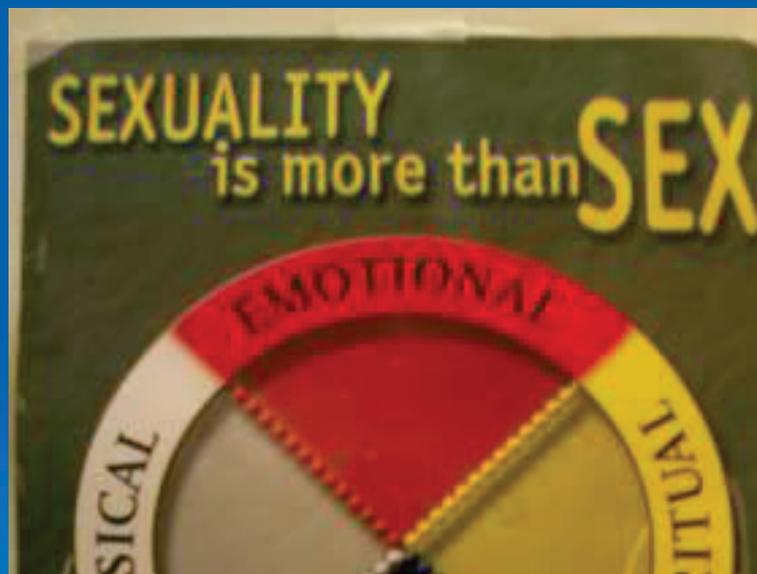
About 2.6% of U.S. men (an estimated 2.8 million) experienced completed or attempted rape victimization in their lifetime.

Approximately 1 in 10 men (9.6% or an estimated 10.6 million men) experienced sexual coercion (e.g., being worn down by someone who repeatedly asked for sex, sexual pressure due to someone using their influence or authority) in their lifetime.

Almost one-fifth of men (17.9% or approximately 19.9 million men) reported unwanted sexual contact (e.g., groping) at some point in their lifetime.

National Intimate Partner and Sexual Violence Survey (2015)

What is Sexuality? Sexual Health? Sexual Self-Esteem?



What is Sexuality?

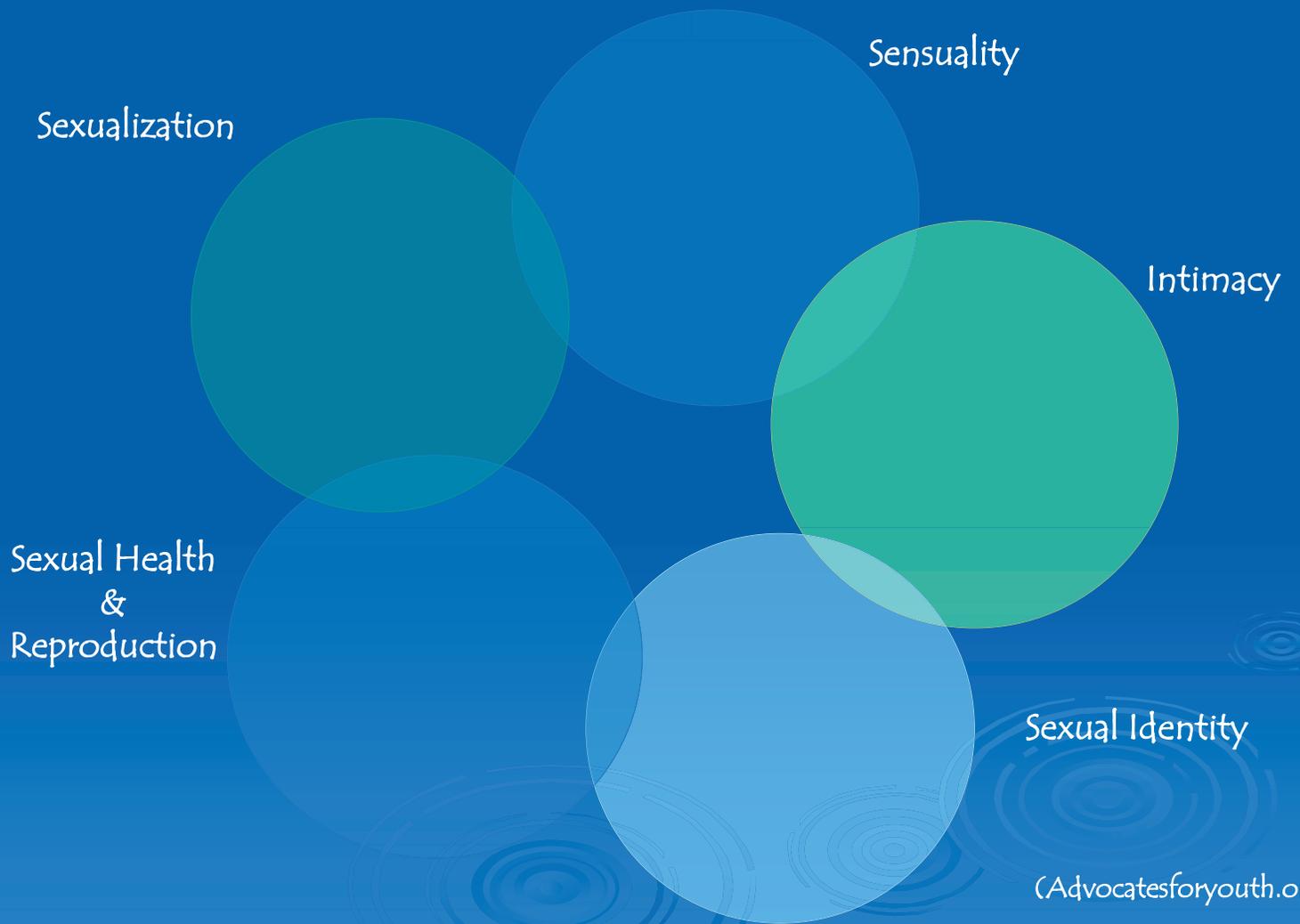
Sexual health cannot be defined, understood or made operational without a broad consideration of sexuality, which underlies important behaviors and outcomes related to sexual health. The (WHO) working definition of sexuality is:

- "...a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors." (WHO, 2006a)

From birth to death,
we are sexual beings...



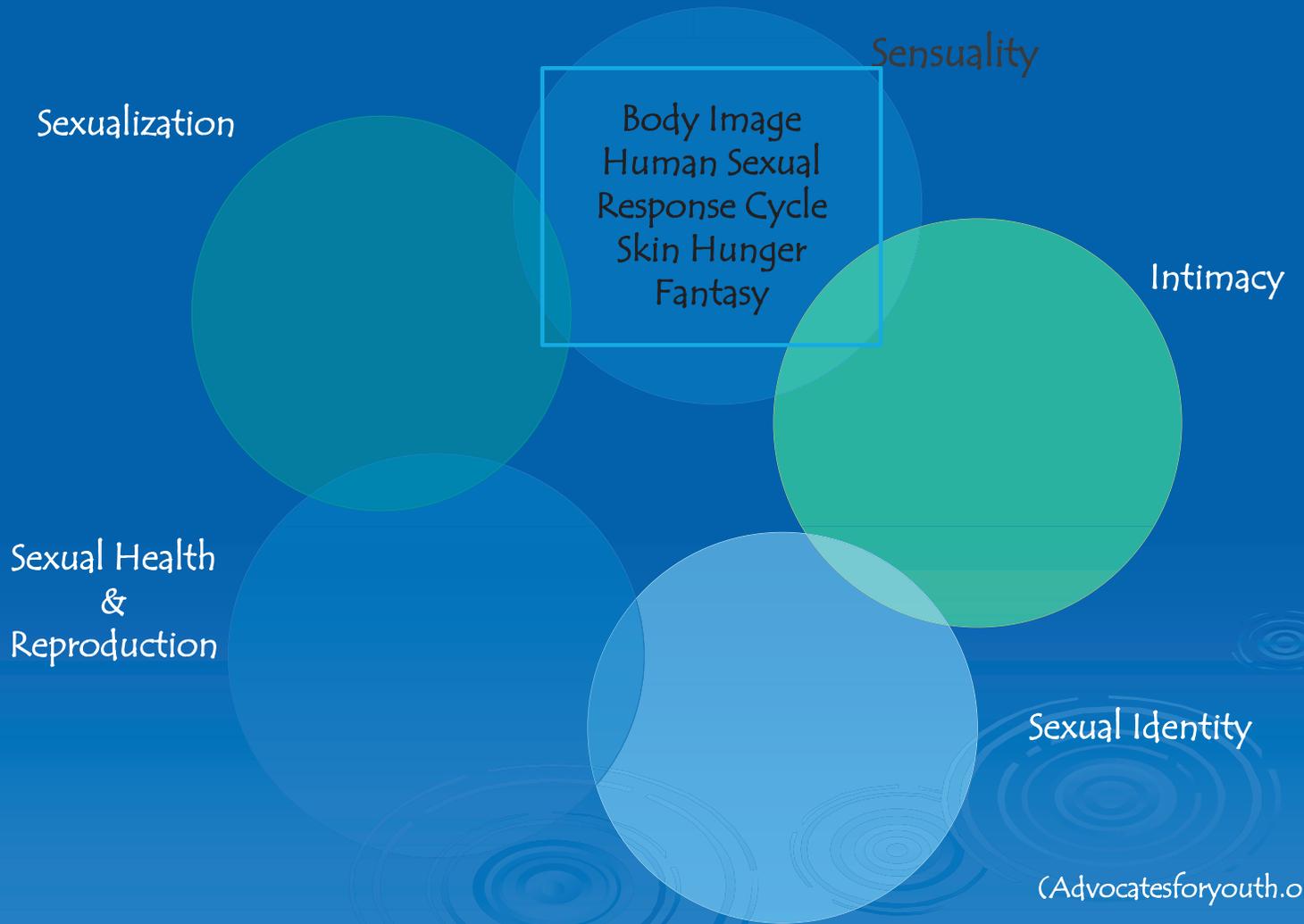
Sexual Beingness



Sexual Beingness

- **Sensuality** -physiological enjoyment of one's own body and the bodies of others

Sexual Beingness

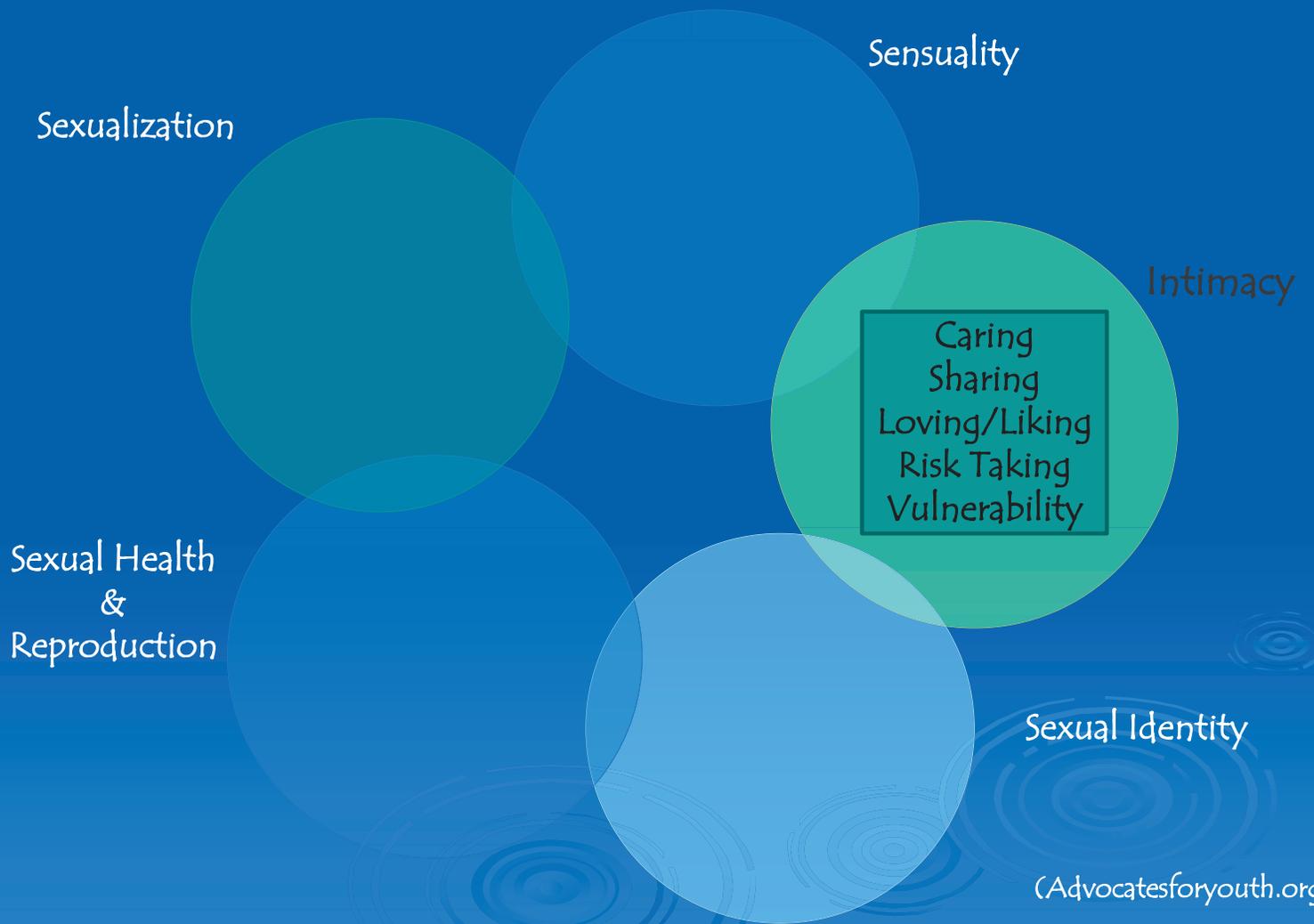


(Advocatesforyouth.org)

Sexual Beingness

- **Intimacy** – the need to be close to another human being and have that closeness returned

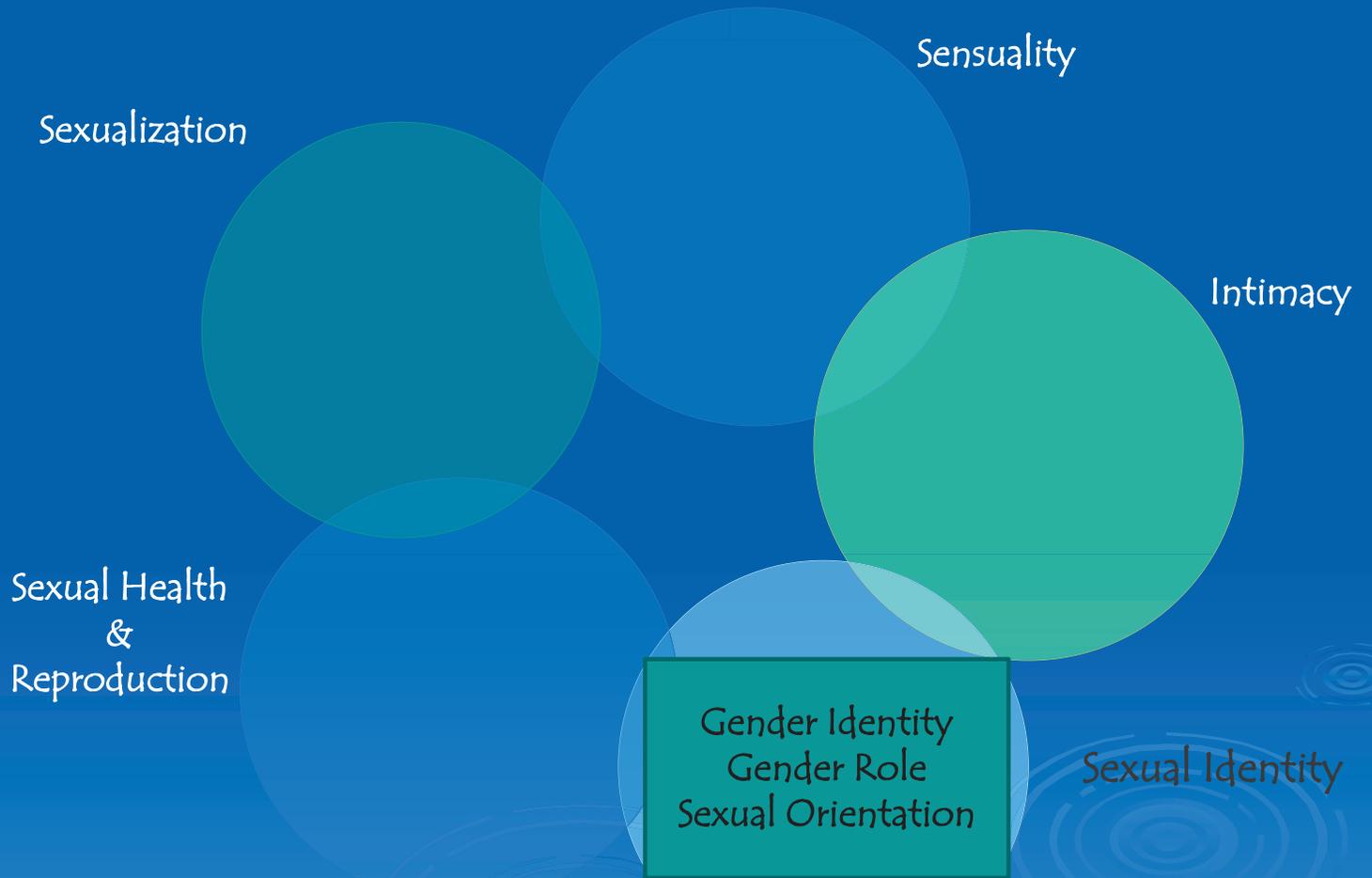
Sexual Beingness



Sexual Beingness

- **Sexual Identity** – a sense of who one is attracted to and a sense of maleness and femaleness

Sexual Beingness

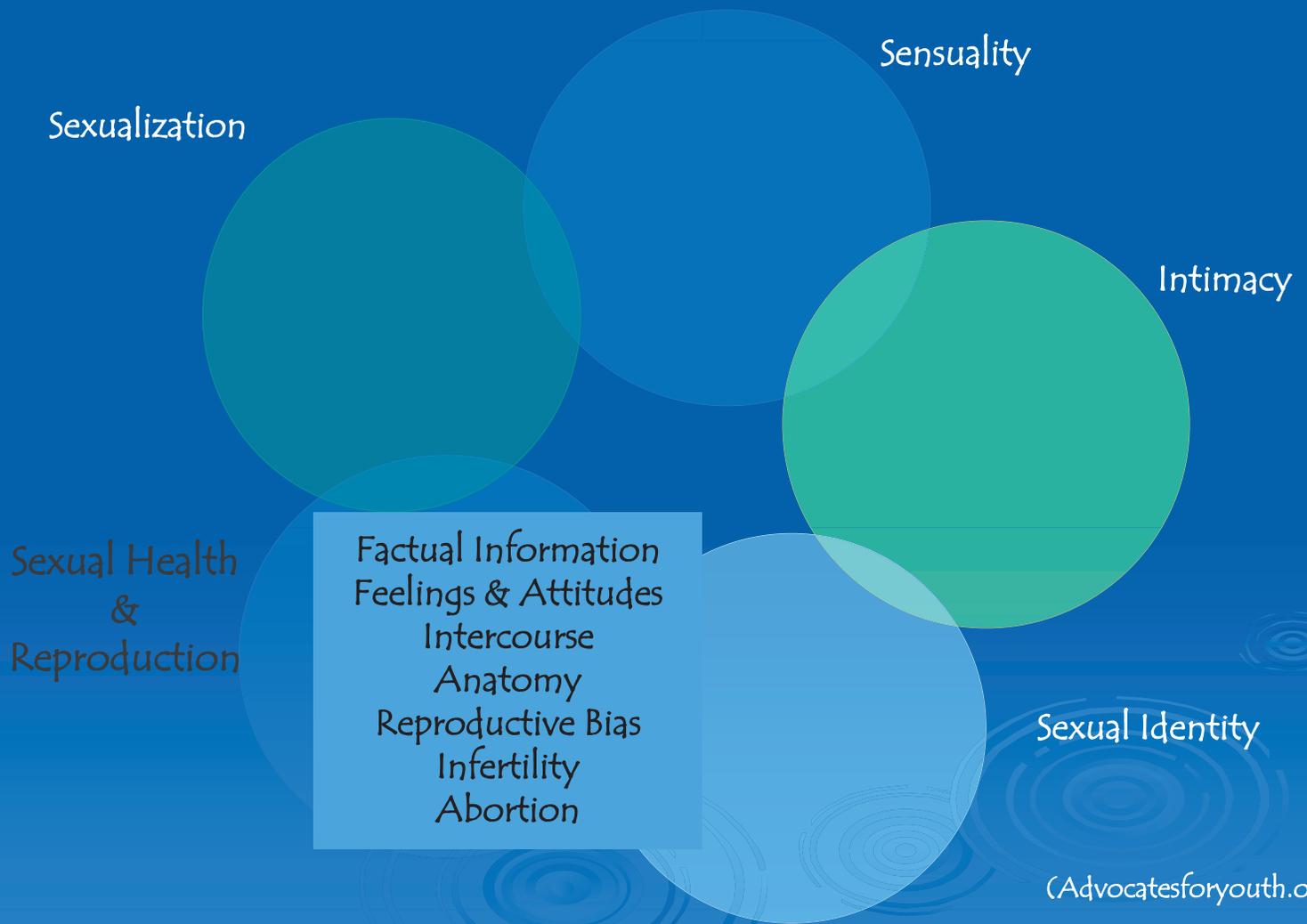


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Sexual Beingness

- Sexual Health and Reproduction – anatomy, functioning and care of reproductive organs and systems

Sexual Beingness



Sexual Beingness

- Sexualization – the use of sexuality to manipulate or influence others

Sexual Beingness

Sensuality

Sexualization

Rape
Incest
Sexual Harassment/Assault
Withholding Sex
Seduction
Flirting
Sex Trafficking

Intimacy

Sexual Health
&
Reproduction

Sexual Identity

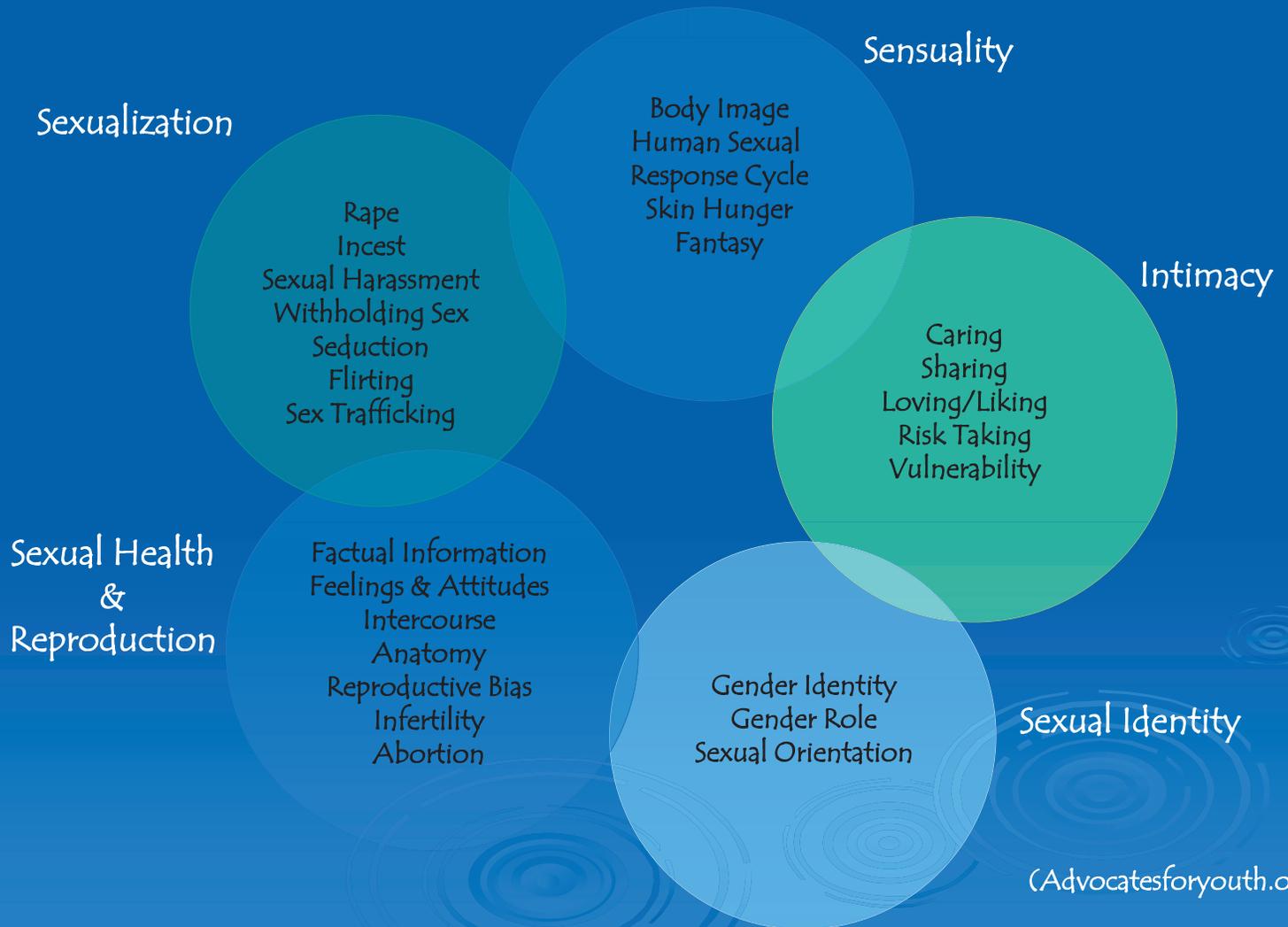
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What is Sexual Health?

According to the current working definition, 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" (WHO, 2006a).

Sexual Beingness



Sexual Self-Esteem

"The tendency to value, versus devalue, one's own sexuality, thereby being able to approach rather than avoid sexual experiences both with self and others (Gaynor & Underwood, 1995)"

"One's affective reactions to one's sexual thoughts, feelings and behaviors (Zeanah & Schwarz, 1996)"

"If individuals have acquired negative sexual self-esteem, this may contribute to their substance abuse, addiction and relapse if not addressed in treatment (Badger, 2011)"

Themes of Sexual Shame

➤ Related to:

- Being raped
- Being blamed for rape or molestation
- Not being believed about sexual abuse
- Reactions from family and friends
- Religious messages
- Sexual behaviors (prostitution, multiple sex partners, etc.)
- Not feeling comfortable about sex
- Feeling pleasure from sex
- Not feeling comfortable about their bodies
- Not being able to have children
- Getting HIV and STIs
- Inability to orgasm with a partner
- Same sex orientation
- Not feeling "good enough" sexually

Perceptions of SUD Treatment and Sexual Health

- Desire to talk about sex in treatment
- Sex education group
- Being able to incorporate sexuality activities in groups re: boundaries in relationships, increased body image, feelings and attitudes
- Validation of feelings around abuse
- Increased sexual self-esteem
- Decreased feelings of shame
- Permission to talk about sex and sexual abuse
- Self-confidence
- Awareness of sexual relapse triggers

Incorporating Sexuality into EAS

- Specific Programming
- Trauma-Informed Practices
- Nuanced Learning
- Comfort in Sexual Communication

Sex Trafficking Pilot Program (STPP)

- Goals – Reduce symptoms of PTSD and related disorders (irritability, isolation, anger, paranoia, etc.)
- Objectives – Partnering with horses to facilitate
 - Connection
 - Emotional regulation
 - Socialization (for the survivors of Human Trafficking)
- Desired Outcomes – to help promote reintegration back to the community post-victimization (trafficking)

STPP – Trauma Informed Principles

Principles of Trauma-Informed Care



Findings and Parallels – Socialization

- Commodified and Exploited
 - Branding
 - Herd Dynamics
 - Consent and Empowerment
- 

Findings and Parallels: Emotional Regulation

- Increased emotional awareness
 - Connection
 - Improved socialization
 - Increased autonomy
- 

Thrive Trans Retreat/Workshop

- This daylong workshop provided a space for connection through art, animals (dogs and horses), nature and authenticity
 - A personal wellness workshop for trans and gender-fluid identifying people
 - Nonjudgmental
 - Welcoming
 - Choices
 - Safety
- 

Thrive Trans Objectives

- Hold space for self-reflections on what is needed for acceptance and thriving as your authentic self
- Explore the concept of a trauma-informed lens, as potential to support the intention of thriving
- Gain insights through a mindful Thrive Story practice, about what you may need more of in order to thrive
- Discuss suggestions and practical takeaways for real-world experiences, i.e., how to deal with or foster change under challenging situations

Military Sexual Trauma (MST)

- Military sexual trauma is when an individual experiences sexual assault or repeated sexual harassment while in the military (Street, et al., 2019).
- MST is often directly associated with both anxiety and depression (Signal et al., 2014).
- Men who are survivors of MST reported higher levels of suicidal ideation than those without (controlling for premilitary CSA and sexual assault) (Schry et al., 2015).
- Depression correlations include eating disorders, sexual dysfunction, dissatisfaction, adjustment to civilian life, emotional dysregulation, interpersonal difficulties and other trauma symptoms accompany this diagnosis (Bradshaw et al., 2022).

Military Sexual Trauma

- EAS can help with adjustment, emotional regulation and relationship skills
- The need for treatment for veterans recovering from MST exists
- Successes with EAS and MST
- A wide range of equine-assisted activities exist, which have demonstrated positive health changes in veterans with mental health disorders and adjustment issues.
- The growing body of literature suggests that spending time with horses calms the autonomic nervous system, improves self-esteem, and self-efficacy (Mckenna, 2020).

Intervention & Communication Strategies

- Importance of Language
- Taking a Sexual History
- Communication Skills
- Creating a Positive, Safe Environment (*How to Ask, Avoid Assumptions, etc.)
- *Addressing Resistance and Personal Bias (personal assessment and training)
- Providing sexual health groups

Creating a Safe Environment: Guidelines

- Have sexual health material in waiting rooms, offices, and so on
- Have welcoming, diverse individuals on staff
- Do not make assumptions about client behaviors, sexual orientation, sexual identity, relationship status, or health status
- Do not assume that there is only one issue or that the presenting issue is necessarily what the client really wished to discuss
- Use nonjudgmental language and monitor nonverbal responses
- Do not judge clients for engaging in behavior that is not in line with your moral values or beliefs
- Use open-ended questions; let the client take the lead and encourage further exploration of issues
- Meet the client where they are at; do not force them to a solution that they do not want or agree on
- Explore the pros and cons of situations; let the client experience or struggle with their ambivalence over decisions (this can aid them in moving toward change)
- Ask about their expectations of the session and what they hope to achieve

Creating a Safe Environment: Guidelines

- Be understanding and supportive
- Use language that the client understands
- If you do not understand terminology your client is using, ask him or her to explain it to you
- Be confident
- Respect clients' nondisclosure and privacy
- Be youth and "queer" positive: respect who the client is as an individual
- Use inclusive language (be familiar with terms of sexual diversity)
- Do not push your views on clients (i.e., abortion, abstinence, or religion)
- Make sure that the client knows that the support being provided is part of a collaborative process but that the final decision belongs to them
- Assist clients in developing plans for risk reduction and so on
- Provide relevant services, including referrals (adapted from Canadian Federation for Sexual Health, 2011)

Canadian Federation for Sexual Health

- <https://www.actioncanadashr.org/resources/sexual-health-hub>
- https://www.sieccan.org/_files/ugd/283cae_5b71703709d848f79dbc0a0367b0509c.pdf

Addressing Resistance & Personal Bias

- Counselors should be aware of their knowledge and biases
- Self-awareness of countertransference issues
- Attend sexuality attitude reassessment training (SAR)
- Develop comfort in discussing sexuality



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ACT. CONNECT. EMPOWER.

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SUPPORT ADVOCATES FOR YOUTH

Activist Spotlight

NAME: DANIELLE

"I went to my first protest my sophomore year of college, against a personhood bill, and I've been an active protestor, organizer and organization member since then."



FIND OUT MORE ABOUT DANIELLE

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american association of sexuality educators counselors and therapists

USERNAME PASSWORD

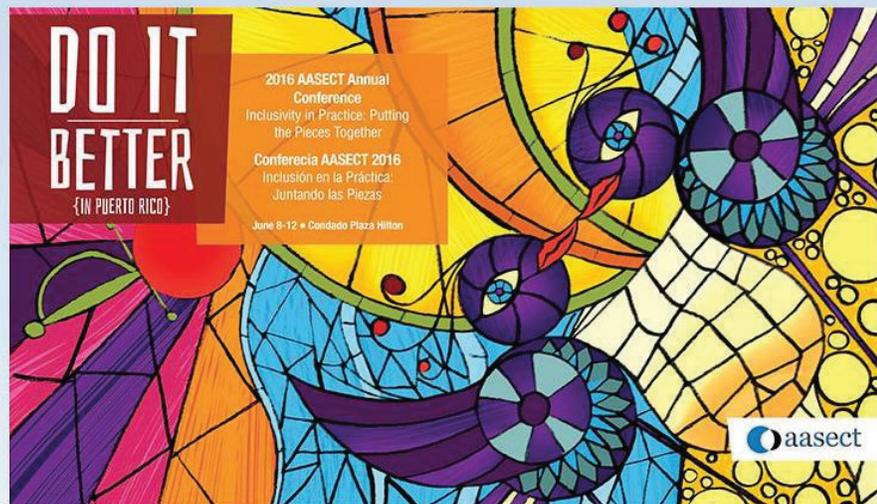
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Sexual Health Certificate Program



The mission of the University of Michigan Sexual Health Certificate program is to provide comprehensive education and training to professionals about sexual health. The Certificate Program will address the learning needs of sexuality educators, sexuality counselors, and sex therapists. The Sexual Health Certificate Program believes that sexual health is an important part of every individual's general health. Individuals and couples may experience problems in their sexual health related to psychological, environmental, hormonal, medical or relational facets of sexual health. The goal is to provide excellence in the training of professionals in sexual health education, counseling, and therapy.

The Sexual Health Certificate Program provides comprehensive education and training to professionals interested in the field of sexual health in five tracks:

- [Sexuality Education](#) » (for educators)
- [Sexuality Counseling](#) » (for health professionals)
- [Sex Therapy](#) » (for mental health professionals)



Questions???



Sexuality Resources

- <https://www.aasect.org/>
- <https://www.advocatesforyouth.org/>
- <https://www.health.state.mn.us/people/sexualhealth/circlesofsexuality.pdf>
- <https://pdfs.semanticscholar.org/7be7/c60a105bd655809a87c0c59d2d4030f40baa.pdf>
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- <https://www.scarleteen.com/>
- <https://www.sexedlectures.org/>
- <https://kinseyinstitute.org/about/index.php>
- <https://www.cosmopolitan.com/interactive/a45947489/sex-after-60-kinsey-survey/?fbclid=IwAR3RtaOkGfdkuu23O6P5ca9vSbE3ckAdzPM3tZ-XmTt9l9AzZQGWjvzQlmE>

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