



Caring for yourself

Sex and intimacy after sexual violence

Dr. Jessica Taylor & Chloe DiMaccio

VictimFocus
LEARNING ACADEMY

Caring For Yourself:

Sex and Intimacy After Sexual Violence

This course aims to support you in exploring how you care for yourself and how you cope with sex and intimacy after being subjected to sexual violence. Importantly, it also aims to support you in having positive and pleasurable experiences with sex and intimacy.

This course is for you even if you haven't identified one specific instance of sexual violence that you have been subjected to in the past. Living in a world where the dominant culture is sexualising, and objectifying can already be traumatic and lead to issues with sex and intimacy. Moreover, societal messages about rape can inhibit women from realising that a sexual encounter was non-consensual, forced, or exploitative.

You may have previously completed the free course titled 'Caring For Yourself After Sexual Violence'. This resource has a similar outline; consisting of modules of information and reflection tasks to work through at your own pace, except it focuses specifically on sex and intimacy. There may be some overlap with the Sex and Intimacy module from Caring For Yourself After Sexual Violence, feel free to skip anything you feel you've already covered.

In addition, feel free to skip anything that:

- You don't feel comfortable with/don't want to answer
- Is not relevant to you
- You're not sure how to answer

Before we get started, there are a few things to consider:

1. Be patient with yourself and kind to yourself.
2. Try not to overconsume this resource or throw yourself into too much of this at a time.
You might want to cover a module per week, for example. This will give you time to process the information and your feelings and thoughts without overwhelming you.
3. If you find the material triggering or distressing, please talk to someone you trust. If you have no one you can talk to, please email us: admin@victimfocus.org.uk
Note: we do not provide a frontline service at VictimFocus, however, we can signpost you to support services.
4. Most of all, if you find that this course is too heavy or is making you feel unsafe, please stop reading. Choosing to learn about sexual trauma and your own responses and thoughts is a big step. Take your time with this and seek help when you need to.
Note: You may want to keep a journal/notebook handy whilst you are working through this course. There are optional written/mental tasks for you to complete if you would like to explore your feelings and thoughts further

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Introduction

It is important to have space to think and talk about having sex after sexual violence. It is completely normal and very common for our sex lives to be harmed by sexual violence and abuse we have been subjected to. Everyone is different in the way they cope with sex after sexual violence. Many people report feeling guilty or ashamed of their physical responses while being subjected to abuse, and don't know how to separate that from experiences during consensual sex.

When we have been subjected to sexual traumas and we disclose or seek help, lots of our conversations become about the rapes, abuse, and assaults. Professionals talk to us about the sexual violence. Police talk to us about sexual violence. We think about the sexual violence. We can easily become engulfed by harmful and traumatic memories, conversations, and images of sex. What is known is that most of us have never spoken to anyone about our sex lives after we were raped or abused and many of us have never spoken to anyone about our sex lives even before we were raped or abused. For this reason, again, it is important to have information about having sex or being intimate after we have been subjected to abuse.

Lots of us will go on to have healthy and happy sex lives. Many people can have enjoyable, pleasurable sex with partners since they were raped and abused. People who have good sex after rape and abuse have partners who are respectful, who listen to them and who honor their boundaries. A good partner means asking you if you are okay, whether you consent and whether you are enjoying the sex. If you do tell your partner about the sexual violence and they are not supportive, they do not believe you, they blame you or they ignore your boundaries - this is a red flag.

Processing trauma and engaging in therapeutic work can help you to establish what you want and enjoy. This may help you become more in tune with your body and more aware of what you want from self-intimacy if you do want anything. It's important to only do things you are comfortable with and actively want to do.

Remember

There is no rule which states that we must be in relationships with people or have sex with people. Many people live long, happy lives whilst choosing not to have sex or intimate relationships. If sex is traumatic for us, or being in a relationship makes us feel worse, we do not have to put ourselves through either sex or relationships if we do not want them.

Warm Up Questions

1. What do you want to achieve by completing this course?
2. How are you feeling about completing this course?

Module 1: Let's Talk About It

This module aims to get you thinking about sex and intimacy, what it means to you and what you struggle with when it comes to talking about it.

Warm Up Task

This module aims to get you thinking about sex and intimacy, what it means to you and what you struggle with when it comes to talking about it.

Fear	Excitement
Awkwardness	Desire
Anger	Enjoyment
Frustration	Comfortability
Dread	Excitement
Shame	Empowerment
Sadness	Happiness
Confusion	Pleasure

Write down any of the above feelings about sex which you have experienced and add any which you've experienced that aren't included above.

Defining Intimacy

The Cambridge Dictionary defines intimacy as:

"A situation in which you have a close friendship or sexual relationship with someone"

Intimacy is subjective to us individually; you may consider intimacy as physical acts (sexual and/or non-sexual), or you may not engage in any physical acts at all with people and therefore consider intimacy to be exclusively an emotional connection. Intimate relationships are different for everybody, they may or may not include sexual activity, they may or may not include physical closeness such as hugs and handholding, or they may be virtual relationships involving emotional intimacy only.

Some examples which you may or may not consider as an intimate act are:

- Hugging
- Holding hands
- Kissing
- Sexual intercourse
- Talking about your hopes and dreams
- Meditating

Some relationships which you may or may not consider as intimate:

- An emotional relationship with a friend
- A sexual relationship with a casual partner
- A platonic relationship with a spouse who you are separated from
- A co-parent (who you are or aren't in a romantic relationship with)
- A colleague who shares your spiritual interests

Previous research by Dr Jessica Taylor found that people do indeed differentiate between sex and intimacy and people also experience difficulties with sex separately to their difficulties with intimacy. For example, some participants found that they were able to enjoy sex sooner than they were able to be intimate with another person and allow an emotional connection.

Defining Sex

The Cambridge Dictionary defines sex as:

“Physical activity between people involving the sexual organs”

Like intimacy, sex is subjective to us individually; some people may believe that sex and intimacy do not interact, whilst some people may believe sex and intimacy cannot be independent of one another. For example, participants in previous research by Dr Jessica Taylor stated they choose to engage in ‘no strings attached sex’ and described sex as a tool which they utilise without allowing emotional responses, thus independent from intimacy.

There are definitions for specific physical acts which are sexual however, this is primarily to aid in law, health, and teaching. What we enjoy and choose to engage in is different for everyone and depending on this in addition to our sexuality and our experiences, our definitions of sex will differ. For example, someone might not consider oral sex as sex, as opposed to another person who may only engage in oral sex and therefore that is their exclusive definition of sex.

Consider the following questions:

1. How do you define sex?
2. What does sex mean to you?
3. Is it important? Is it a big part of your life?
4. How do you define intimacy?
5. What does intimacy mean to you?
6. Is it important? Is it a big part of your life?

Talking About Sex and Intimacy

It’s no secret that people find it difficult to talk about sex and intimacy. Speaking about sex, our bodies and our intimate experiences is not easy, and we may find it more difficult to talk about such after being subjected to sexual violence. Sex is often associated with shame and the topic remains stigmatised and taboo in society. We are far from sexual pleasure being viewed as liberating or powerful as the cultures we exist in silence women’s sexuality. Even when sex is spoken about, societal expectations set ‘boundaries’ about what is and isn’t acceptable to discuss. This suitable ‘sexual etiquette’ can cause people to withdraw from conversation and instead decide not to discuss sex out of fear of being judged. Pleasure seeking women who are open about their experiences are often subjected to shaming and judgement when such experiences are perceived as ‘shocking’ or ‘vulgar’. The following scenarios can make us feel anxious, uncomfortable, or embarrassed:

- Talking to a friend and quoting words a perpetrator has used during abuse
- Reporting a sexual offence to the police
- Having a conversation with a partner about what arouses you
- Talking to a colleague about a positive sexual experience

We know that women find it difficult to name what has happened to them and previous research demonstrates the difficulty that women have in using the word rape specifically. This is possibly due to the word rape being perceived as a shocking word which refers to a violent/extreme act. In addition, the rape myths which are prevalent in society can mean that victims don't necessarily associate the word with what they have been subjected to. We also know that society has created many slang words or 'pet names' for anatomical body parts and sexual acts as the alternative words are often deemed better etiquette or less embarrassing (in reality it makes it more difficult to have open conversations about sex, intimacy, and sexual violence). For example, using the word 'mimi' instead of 'vulva' or the words 'hooking up' instead of 'sexual intercourse'.

The societal attitudes towards sex make it more difficult to have open conversations about sex, bodies, and intimacy and make us feel uncomfortable when using certain words in conversations about sex and intimacy or sexual violence. Due to this uncomfortableness, we may use slang words which we are comfortable with, avoid specific discussions, or avoid the topics altogether. It is very common to be 'lost for words' or have difficulty participating in conversation about sexual violence and/or consensual sex and intimacy.

There is very little research around difficult language in adult disclosures and conversations about sex and intimacy, however most women feel uncomfortable talking about sex and it is important to acknowledge that this issue exists, and it is normal. Language stigma and associating language with trauma may act as a barrier to communicating about sexual violence, sex, and intimacy.

Talking about sex and intimacy can help us understand what we do and don't like, what we want from sex and intimacy in our lives and enable us to communicate better with sexual partners. When trust and confidentiality is present, it has been found that talking about sex with friends is beneficial and increases feelings of support and emotional bonding. In addition, talking about sex and intimacy with partners has been found to heighten pleasure. However, many of us:

- Do not have trust and confidentiality in another person to such an extent that we are able to have conversations about sex and intimacy
- Simply choose not to speak to others about sex and intimacy
- Feel that we are unable to speak about sex and intimacy
- Feel that we don't need to speak about sex and intimacy

All of this is ok, what is important is that you are comfortable and happy.

Difficult Language

1. Are there any words which you find difficult to say?
2. If yes, what are they?
3. Why do you think are they difficult to say?

Task

If you feel comfortable, practice saying the following words to yourself (write down the most difficult ones and practice these when you feel you can). Feel free to also add any words that aren't included.

Anal	Erect	Rape
Anus	Feces	Semen
Arsehole	Fanny	Slag
Bleeding	Fisting	Slut
Breasts	Lube	Strap on
Clitoris	Nipples	Testicles
Cock	Oral sex	Tits
Cum	Orgasm	Urine
Dick	Penetration	Vagina
Dildo	Penis	Vibrator
	Pussy	Wank

Reflection

How does it feel to say difficult words out loud?

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Module 1 References

Angel (2022); Falconer (2020); Granville & Pregler (2018); Tumminio Hansen (2020); Harris (2011); Hinchliff et al. (2021); Johnstone (2016); Kelly & Rehman (2016); Marais (2019); Stahl, Gale, Lewis & Kleiber (2019); Vollans (2022).

Module 2: Triggers and Coping

This module will explore triggers which we may experience during sex and intimacy, ways in which we respond to triggers and ways in which we cope with sex and intimacy after sexual violence.

Triggers

Previous research by Dr Jessica Taylor reports that out of 756 people, 76% of them were having flashbacks or were being triggered during sex or sexual contact with partners. Over three quarters of people were experiencing these triggers and flashbacks. This is normal, but most people reported them as being very distressing. Some triggers are easier than others to figure out. Some people knew what their triggers were during sex or sexual contact and avoided them at all costs (the smell of cigarettes, for example). However, others took years to learn their triggers or were still having flashbacks and triggers that they didn't understand or couldn't control.

You may have triggers which impact sex for you specifically. For example, the smell of a specific lubricant, the appearance of a person's body hair or the feeling of being touched on a certain area of your body. These are important ways that our brain is trying to keep us safe. You may also have triggers which impact intimacy for you specifically. For example, the taste of coffee, talking about your personal life or the view out of a window.

Consider each of your senses and any triggers which have arisen during sex and intimacy for you (some examples are included below):

- Touch – your breasts being touched
- Sight – the sight of a sex toy
- Smell – the smell of a specific aftershave
- Sound – the sound of a certain song
- Taste – the taste of chewing gum

Responses To Triggers

When you have been triggered during sex or intimacy, you may have responded to this in a way you did or didn't expect, this is because after being subjected to sexual violence, our bodies may naturally trigger trauma responses, whether there is or isn't a threat of harm. For example, an intimate partner may put music on whilst you are engaging in enjoyable and consensual sexual activity, but a song which triggers you may start playing and your body may naturally trigger you to push your partner away and leave the room.

It's important to remember that all of our trauma responses are important. Our brains are triggered by certain things to protect us from further harm and our brains and/or bodies respond in an attempt to keep us safe. When thinking about our triggers and trauma responses, it can be helpful to remind ourselves of the Five Fs: Fight, Flight, Freeze, Friend and Flop.

1. Fight - This trauma response is where we try to argue, fight, shout, push, kick, punch, swear, bite or any other response to being sexually abused or raped. It is a very rare form of trauma response in interpersonal violence. However, it is still seen by many as the 'first' trauma response - and so we are expected by society to have fought our attackers. Unfortunately, many of us have also been socialised to believe this myth too, which means we can often feel guilty or confused when we cannot explain or understand why we did not fight back.

2. Flight - This trauma response is where we try to avoid, escape, or get away from the abuser or the abuse. We may try to do this in many different ways and does not mean we have to 'run' to have a flight response. Some people have flight responses they cannot act on, such as thoughts and feelings that tell you to 'get out' or 'leave', when you become aware you are in danger. Similar to 'fight', this response to trauma is rare. Most people do not escape a sexual assault or rape.

3. Freeze - This trauma response is the most common. 70% of us will 'freeze' during a rape or sexual assault. A freeze response is one in which we feel as though we cannot move, cannot talk, cannot fight the person off or do anything to protect ourselves. People who freeze often do so to limit further harm from the perpetrator. However, this trauma response often induces feelings of guilt because people feel as though they should have fought back.

4. Friend - This trauma response is where we try to talk or appease the abuser. Lots of us use this approach, especially those of us in long term abusive situations with parents, carers, partners, or ex-partners. It is common for people who have a friend response to trauma to try to bargain with the abuser, to calm them down, to agree to one sex act but to ask not to be hurt, or to agree to something to protect someone else (including kids or family members).

5. Flop - This trauma response is argued to be a reaction to such high levels of cortisol (stress hormone) in the blood that our body shuts down non-essential muscles and body parts to keep us alive. This causes us to sort of 'flop', which some people describe as feeling like going limp, fainting, passing out or feeling like 'a rag doll'.

If you have identified triggers in the previous reflection, consider the following questions about your response(s) to those triggers:

1. What did you think, feel, and do? (consider your emotional and physical responses)
2. What made you do/think/feel those things?
3. How long did your trauma responses last?
4. How did those trauma responses make you feel at the time?
5. Were your trauma responses useful for protecting yourself or others?
6. If not, what do you think they meant?

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If you answered the previous question (what did you think, feel, and do?), categorise your responses the best you can into The Five Fs:

Fight	Flight	Freeze	Friend	Flop

Coping with Sex and Intimacy

There is not one way of coping with sex and intimacy after being subjected to sexual violence, sex and intimacy means different things to different people, thus our coping mechanisms and our reasons for our coping mechanisms will also be different and individual to us. Some of us may have developed various ways of coping, some of us may have one specific coping mechanism, some of us may not know how to cope, some of us may not need coping mechanisms at all, and some of us may not be coping and are instead struggling, simply existing and trying to live our lives with or without sex and intimacy.

Despite there being a limited amount of research in this area, the research which does exist has identified various ways in which we may try and cope with sexual and intimate relationships after being subjected to sexual violence:

- Avoiding sex and intimacy altogether
- Having intimate relationships but avoiding sexual activity or vice versa
- Increasing sex and/or intimacy with one or multiple partners
- Using substances prior to engaging in sexual activity
- Self-harming after sexual activity
- Setting clear boundaries with sexual partners
- Meditation
- Exercise
- Attending therapy
- Self-care at home e.g., wrapping up in a blanket or lighting some candles

There are numerous different reasons for using specific coping mechanisms; everyone is an individual so our use of coping mechanisms and our reasons for doing so will be personal to ourselves, however research has looked at some coping mechanisms and the possible associations, they are presented below. This may be helpful for you to understand why you use certain coping mechanisms.

Coping Mechanism	Association(s)
Increased engagement in sex (partners or activity)	Bodily autonomy, shame, self-objectification
Avoiding sex and intimacy altogether	Survival needs i.e., perceived reduction of risk from others
Engaging in sexual activity but avoiding intimacy	Previously subjected to SV by an intimate partner, shame, self-objectification
Having intimate relationships but avoiding sex	Sex is triggering, feared or not desired, to feel loved, seeking intimacy without abuse
Substance use prior or after sex/intimate experiences	The need to 'block it out' or detach from experience(s)
Self-harm after sex/intimate experiences	Shame, to punish self, a release from distressing thoughts/feelings
Setting clear boundaries with sexual partners	Desire of control in order to protect self
Meditation	For relaxation and calmness, a release from distressing thoughts/feelings
Exercise	To feel good about self, to boost positive emotions
Attending therapy	To process trauma and talk about the impact it has on our lives

Coping Mechanism

Association(s)

Attending therapy

To process trauma and talk about the impact it has on our lives

Self-care e.g., wrapping up in a blanket or lighting candles

The need to feel safe and comforted

Exercise

To feel good about self, to boost positive emotions

Attending therapy

To process trauma and talk about the impact it has on our lives

Self-care e.g., wrapping up in a blanket or lighting candles

The need to feel safe and comforted

It is important to look at our coping mechanisms and whether they are helpful or harmful.

Consider the following questions:

1. What do you do to cope with sex and intimacy (if anything)?
2. When do you use coping mechanisms during sex and intimacy?
3. Is there anything or anyone that triggers the use of your coping mechanisms?
4. Do you have lots of different coping mechanisms, a few or just one?
5. Which of your coping mechanisms make you feel better?
6. Do any of your coping mechanisms make you feel worse?
7. When did you first start using coping mechanisms? Was it during or after the abuse?
8. How did your coping mechanisms help you at the time?
9. How do your coping mechanisms help you with sex and intimacy?
10. What is this coping mechanism protecting you from? Thoughts? Fears? Feelings?
11. Are there any circumstances where you feel you don't need coping mechanisms?
Is there someone, somewhere or something that makes you feel totally safe?
12. Do you think your coping mechanisms are working for you? Are they helpful? Are they harmful?

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Module 2 References

Eaton (2019); Moschella (2020); Ullman (2013)

Module 3: Your Sex Life and Preferences

This module will explore your current sex life and preferences and how these may have changed since being subjected to sexual violence. In addition, this module begins to explore positive sex lives and what we want.

Everyone has different ways of responding to sex and intimacy after being subjected sexual violence. There isn't a right or wrong way of responding. You may recognise some of your own responses in the following list (this is no way an exhaustive list):

- You are having more sex and/or with more sexual partners
- You are having less sex and/or with less sexual partners
- You are not having sex at all
- What you find erotic is now different/you feel different about specific sexual acts
- You question your sexuality and/or expression of it

In research by Dr Jessica Taylor, people stated how they felt that the abuse they've been subjected to changed who they were attracted to, what types of sex they enjoy and their own understanding of their identity. People may avoid sex with people who are the same sex as their abuser. People may also wonder if the abuse influenced their attraction to a particular sex. It is completely normal for people to question their sexuality and for their sexual preferences to change after sexual violence.

Increasing your sexual activity or having sex with more partners is very common after being subjected to sexual violence. Many people state they engage in lots of casual sex to regain feelings of control and claiming back their body. Many people state they do so to crave love and affection and many people use sex as a means of blocking things out. Some people state they have low self-worth as a result of the sexual violence and therefore carry this and want to degrade themselves to the self-worth they feel, by having lots of sex with lots of people. These are all normal decisions and feelings and nothing to be ashamed of.

Abstaining from sex and intimacy, whether temporarily or long-term is a common response to being subjected to sexual abuse and violence. Many people feel that celibacy or abstention is the only way they can cope with the trauma of abuse. Others say that waiting before engaging in sex or intimacy again was a process of healing and felt happy and ready to have sex again after a period of time elapsed (weeks, months, or years). Some people feel pressure to resume sexual contact with a partner by society, friends, and family, or by the partner themselves. Some people feel nervous about sexual pleasure due to shame around feeling pleasure during the sexual violence they have been subjected to (this is totally normal and common).

Some people may feel they have become accustomed to or fantasize about violent, degrading, or rough sex since being abused or trafficked, and therefore engage in violent, rough, and degrading sex that is like the abuser or rape they have been subjected to. Many people may question whether they enjoy it, some people may enjoy sex acts that replicate their abuse or things that abusers had done to them in the past, some people may enjoy rough or degrading acts that are not in any way related to the abuse they were subjected to.

These can be complex and confusing feelings; it is worth noting:

- The idea that one can choose and consent to rough sex can provide a feeling of being in control
- The media and pornography can influence people to try or accept rough sex or BDSM, by framing it as 'cool' or 'edgy' and juxtaposing it with 'boring' or 'vanilla' sex
- Feelings of shame and low self-worth may transfer to the desire of rough or degrading sexual acts
- It's ok if you enjoy 'rough' sex acts as long and you are comfortable, it is consensual, and no one is harmed

Consider the following questions:

1. What was your sex life like before being subjected to sexual violence?

- a. Were you intimate with people before being subjected to sexual violence?
- b. Did you enjoy sex and/or intimacy before being subjected to sexual violence?
- c. If any, what type of person were you sexually attracted to before being subjected to sexual violence?
- d. If any, what were your sexual preferences before being subjected to sexual violence? What did you like? What did you dislike?

2. What is your sex life like since being subjected to sexual violence?

- a. Are you intimate with people since being subjected to sexual violence?
- b. Do you enjoy sex and/or intimacy since being subjected to sexual violence?
- c. If any, what type of person are you sexually attracted to since being subjected to sexual violence?
- d. If any, what are your sexual preferences since being subjected to sexual violence? What do you like? What do you dislike?

What do you think has changed about your behaviour, thoughts and feelings towards sex and intimacy since you were abused or raped?

Reflecting on your answers above, consider the following questions:

1. Do you dislike things you used to like?
2. Do you like things now that you didn't before?
3. Has your sexual attraction to people changed?
4. Are you not sure how sexual trauma has influence your preferences?
5. Experiences change our perspectives, our world view, our values, and our priorities.

Do you think that sexual trauma has influenced your thoughts feelings and behaviours concerning sex and intimacy?

Consider The Things You Do And Don't Like Now:

Note: this can be sexual contact, intimacy with certain people or anything which you consider sex or intimacy

1. Are there any things you would like to stop doing?
2. Are there any things you would like to try more of?

Feelings About Your Sex Life

We all make decisions about our sex lives and respond in different ways to sex and intimacy after being subjected to sexual violence. We may have made conscious choices and also experienced unconscious responses. However, it is common and normal for your sex life to be different after being subjected to sexual violence. With changes, we will experience different feelings. It may be that you are unhappy with your current sex life and want to make changes, it may be that you are happier and more satisfied with your current sex life. However, you feel, it is important to reflect on these feelings so you can understand your needs and wants from sex and intimacy.

In the previous research by Dr Jessica Taylor, even people who describe current positive sexual relationships and sex lives, state they would be scared, anxious feel other negative emotions when thinking about having sex with someone who is not their current sexual partner. What this shows is that you can have positive feelings towards your sex life, and this can completely change. Feelings about our sex lives are not static, they are complex and sometimes reliant on different factors. Therefore, it is important to recognise if you have current negative feelings about your sex life, this can change.

In this research, participants spoke on their feelings about their sex lives and there were many diverse responses, these feelings included:

- Frustration: due to 'not being over it' many years later and thus not enjoying sex
- Fulfilment: from connection with a considerate partner
- Satisfaction: with the absence of an active sex life
- Enjoyment: through masturbation and being comfortable with their own body
- Anger: that sex is tainted (anger directed at perpetrator of sexual violence)
- Shame: of enjoying acts which relate to the sexual violence previously experienced
- Guilt: of not 'providing' sex to romantic partner
- Embarrassment: due to not being/feeling 'normal'

Consider the following questions:

1. How do you feel about your sex life? Can you relate to any of the above feelings?
2. Are you satisfied?
3. Are you comfortable with the decisions you have made?
4. How do your responses to sex and intimacy make you feel?
5. What would you like to change?
6. What would you like to keep the same?

Module 3 References

Carreiro, Micelli, Sousa, Bahamondes & Fernandes (2016); O'Callaghan, Shepp, Ullman & Kirkner (2019); O'Driscoll & Flanagan (2016). Rape Crisis Scotland (2019).

Module 4: Expectations and Shame

This module will explore societal expectation of female sexuality and the contradictory shame and blame which is placed on women for being feminine and sexually active. This module will provide questions to reflect on how expectations and shame has influenced your behaviour and feelings around sex and intimacy.

Women and girls are blamed for sexual violence that they have been subjected to, simply for things which are perceived as female, for example wearing a skirt or makeup. In 2011, 50% of American university students believed that women 'ask' to be raped by the way they act or dress. In 2017 in the UK, 34% of women and 36% of men believed that women are partially or totally to blame for being raped. In addition to victim-blaming women for being feminine, society shames women and girls for their sexual behaviour and blames them for sexual violence they have been subjected to if their sexual behaviour is outside of the societal expectation of female behaviour. For example, women who choose to have casual sex with multiple partners are 'slut-shamed' and blamed if they are raped because they are 'promiscuous'.

Even if people don't blame women for sexual violence they have been subjected to, they may still have misconceptions and misunderstandings about how a woman copes or what triggers her after the event. Some people believe that women who have been subjected to sexual violence should get over it and that after a certain amount of time it shouldn't affect them anymore. These ideas can lead to more self-blame and pressure to act unbothered or unaffected by hiding true feelings.

Women being shamed and blamed for femininity and sexual behaviour is an obvious contradiction, as society sexualises women in film, tv, social media and music and enforces expectations of women to be sexual and feminine. Pornography has been found to increasingly feature in the mainstream and this sexualisation of women in the mainstream media is sometimes referred to as 'porn culture'. Sexual behaviours are shaped by the consumption of porn culture and pornography, and this incites expectations in real-life sexual relationships. For example, by misrepresenting bodies and sexual acts. Research has found that pornography interferes with women's pleasure and society subordinates female pleasure. It is worth noting that 90-97% of all pornography shows violence against women and unsurprisingly contributes to intimate partner sexual violence.

Pornography and porn culture in the media convey compelling messages about what sex is, how it should be performed, how woman and girls should behave and what men and boys should expect and want. Such messages and expectations can make us feel judged or pressured into certain behaviours.

Given society has such conflicting expectations of girls and women, it is impossible for any girl or women to live up to societal expectations. As a result, many girls and women may experience feelings of shame, even when their choices are bringing them pleasure or feelings of guilt for not providing what society expects of them. You may relate to some of the following feelings, if so, write them down and answer the questions which follow.

You shouldn't wear clothing which shows skin/body parts which are sexualised in society

You should dress and look feminine
You should be attractive and sexually available

You shouldn't wear makeup or flirt with people

You should perform sexual acts depicted in pornography and enjoy rough/violent sex

You shouldn't engage in 'vulgar acts'

You should be 'ladylike'

You shouldn't have casual sex

You shouldn't be a 'slut'

You should enjoy sexual advances, engage in casual sex, and provide pleasure to sexual partners

1. Did you experience any of the above feelings prior to being subjected to sexual violence?

What about after being subjected to sexual violence?

Why do you think this is?

2. What expectations have you been subjected to relating to femininity and sexuality?

a. How have these expectations in relation to femininity and sexuality impacted you?

For example, do you feel anxious about how people perceive you etc.

b. How have you responded to expectations in relation to femininity and sexuality?

For example, have you changed what you are wear, how you behave etc.

3. What expectations have you been subjected to relating to sex and intimacy?

a. How have these expectations in relation to sex and intimacy impacted you?

For example, do you feel anxious about what you're expected to enjoy?

b. How have you responded to expectations in relation to sex and intimacy?

For example, do you engage in sexual acts because you feel you are expected to?

4. Consider some of the messages you've seen in the media, how has this impacted you and sex and intimacy within your life?

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Module 4 References

Allison (2021); Ashton, McDonald & Kirkman (2019); Eaton (2019); Goblet & Glowacz (2021); Nemesu (2021); Tarzia & Tyler (2021); Taylor (2018).

Module 5: Disclosure

This module will explore the choice to disclose to an intimate partner about the abuse we have been subjected to. It will also explore the reactions we may receive and how they can impact us.

As previously stated, what constitutes an intimate relationship is personal to us all as individuals. We may perceive a relationship to be intimate if it is romantic, sexual, emotional and/or spiritual. We may perceive our relationships with partners, friends, family, or colleagues as intimate. We may have intimate relationships which are affectionate but platonic, sexual but casual or romantic but non-sexual. All of this is ok, and we all have different preferences in around relationships.

Navigating our intimate relationships after being subjected to sexual violence can be difficult and confusing. Many of us will worry about how our trauma impacts our relationships and wonder if/how we can cope with this. There may come a time when you want to disclose to an intimate partner about what you have been subjected to.

It is absolutely your choice whether you disclose. If you have an intimate relationship with someone who is respectful, open, and non-judgemental about other personal matters and you feel you would like to talk to them about this, it is your choice to do so. Previous research shows that people who have told a loving and respectful partner that they had been raped or abused, may feel that it really helps their sex lives. However, other people tell partners who do not support or respect them and felt they used their knowledge to inflict further abuse and harm.

It can be a difficult decision to disclose and many of us choose not to for various reasons. Many of us will choose to disclose to friends, family or partners, and there may be reasons why we choose certain people specifically. Some of the reasons we may not to disclose are:

- Concerns about our safety being compromised
- Concerns about being pressured to report to the police
- Feelings of embarrassment or shame about what we were subjected to
- The feeling that there is never a right time
- Concerns about the reaction we will receive
- Our family or friends still have a relationship with the perpetrator
- Fear of reprisal

It is not surprising that we would be concerned about the response we may receive to a disclosure, given that society victim blames and there are so many negative attitudes towards victims of sexual violence. Research has found that negative responses to a disclosure might include any of the following features (below are some examples too):

- Victim blaming: “you should have” or “what if you hadn’t”
- Disbelief, doubt, or queries: “are you sure that X happened?”
- Anger or aggression: “I’m so annoyed that you let him into your house”
- Lack of support or minimisation: “well at least they didn’t...”
- Taking control or pressure to act in a certain way: “you should go to the police”
- Making assumptions or giving a personal opinion: “you need to” “I think if... then...”
- Distracting or dismissing: “I’m just going to take this call” “anyway, how’s work?”
- Toxic positivity: “it could’ve been worse” “you’re a survivor; you inspire others”

If you do tell someone about the sexual violence you have been subjected to and they are not supportive, they do not believe you, they blame you or they ignore your boundaries - this is a red flag for an abuser and if you can, you need to do all you can to protect yourself and seek support to leave them.

It is important to remember that however someone else reacts is not your fault and is not your responsibility. If someone loves and respects you, they will listen, learn, and respect your boundaries, wants, and needs. If you do disclose to someone and they respect and care about you, their response may include one or more of the following:

- “Is it ok if I ask when this happened?”
- “Is there anything I can do to help?”
- “I believe you”
- “It’s entirely up to you whether you report this or not”
- “I am really sorry you were subjected to that”
- “I know an organisation which may be able to provide you with some support...”
- “What you were subjected to is not your fault”
- “Would you like to tell me more?”

Try to bear in mind that lots of partners don’t really know what to say or how to support their partners when they disclose rape or abuse. If you have told a partner who loves you and respects you, but they do not know what to say or how to support you, it might be worth seeking support together. This is different from a partner who is uncaring or does not respect your boundaries.

Consider the following questions:

Imagine your partner has told you that they were abused in childhood, how would you respond to make sure they felt safe and happy whilst being intimate with you?

If you haven’t ever disclosed, consider what it may be like to disclose to someone you have an intimate relationship with:

1. What might you say?
2. How might you feel?
3. How would you want someone to respond?

If you have disclosed to someone you have an intimate relationship with:

1. What did they do or say?
2. Was it helpful/were they supportive?
3. If yes, is there anything you wish they did differently? If no, why not?
4. How has disclosing impacted you?

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If you were in a physically intimate relationship with the person you disclosed to:

1. How did it impact the physical intimacy in your life?
2. If you had a sexual relationship, how did the disclosure impact your sex life?

It is totally normal and natural to be concerned about how your trauma and/or disclosure will impact your intimate relationships. It is normal to not want to disclose because of these concerns, and it is also normal to feel guilty if your relationship does change after your disclosure. It is normal to feel guilt or shame after you have disclosed; you may feel uncomfortable or ashamed about how the person perceives you now, or you may feel guilty about how your disclosure has impacted them. The research shows that relationships can be impacted by disclosures, but when there is communication and respect within the relationship, people are able to work through these changes. Of course, sometimes people may not be able to get past a disclosure they have received, and the relationship may breakdown, however it is important to remember that this is not your fault, and you deserve to be treated with respect. Below are some of the common concerns you may have:

- Causing the person psychological distress e.g., by envisioning the abuse you have been subjected to
- The person viewing you differently now e.g., 'damaged'
- Changes to your sex life e.g., a partner having less desire to engage in sexual activity
- The person feeling unable to help and distancing themselves
- A negative reaction to your disclosure strains or ends the relationship
- Tension within your relationship, not knowing how to move forward after disclosure
- Avoidance from the person leading to communication breakdown
- The person feeling guilty for not being able to stop what you were subjected to, leading to them engaging in overprotective behaviours

If you are considering disclosing or have already disclosed, it is important to communicate your concerns about how your relationship may be impacted. Open and honest communication is part of a healthy relationship. If your relationship(s) are suffering or you're concerned about the impact of your trauma and/or disclosure on a relationship, you may want to seek support together to work through this.

Remember: if a relationship suffers or breaks down after your disclosure, it is not your fault

Consider some of the following questions:

1. Have you disclosed to someone you have an intimate relationship with?
(if yes, continue through the questions, if no, move to question 7)
2. Did you have concerns about how your disclosure would impact your relationship?
3. Was your relationship impacted?
4. Were you able to work through this with the other person?
5. Is your relationship still impacted now?
6. Has your experience changed whether you would disclose in the future?
7. Do you have any concerns about disclosing to someone you have an intimate relationship with?
8. What are they?
9. How could you communicate these concerns to the other person?
10. What advice would you give to someone else with these concerns?

Module 5 References

Lukacena & Mark (2022); MacIntosh, Fletcher & Collin-Vezine (2016); O'Callaghan, Lorenz, Ullman & Kirkner (2021).

Module 6: All About You

This module will explore your feelings about yourself, self-pleasure, and embodiment.

Feelings About Yourself

As explored in module 4, the society we live in sexualises women in film, tv, social media and music and enforces expectations of women to be sexual and feminine. It is not surprising that we would be impacted by this and transfer the societal objectification to our view of ourselves. In addition, being subjected to sexual violence where our bodies have been treated like they exist for another person to use or consume, has been found to enhance the objectifying perspective we have of ourselves and indeed lead to us taking the view that our bodies exist for others. When we objectify ourselves, sex and intimacy in our lives and our sexual satisfaction has been found to be negatively impacted.

It is common that our self-esteem and feelings about ourselves will be negatively affected by the sexual violence we have been subjected to. This may not be due to objectifying ourselves but can certainly be linked. There may have been a certain part of your body which you dislike since being subjected to sexual violence. You may struggle with seeing yourself naked. You may have lost confidence in initiating sex because of how you feel about your appearance or sex appeal.

It can be really difficult not to objectify ourselves and starting to explore this and reflect on our feelings about ourselves is a big step. There are some questions below to reflect on your own experience with self-objectification. Please note that if you are distressed by your body and how you perceive it, you should talk to someone you can trust and/or seek help from a professional.

Questions:

1. Are there parts of your body you dislike or don't want anyone to touch?
2. Do you prefer to have sex where you cannot be seen e.g., in the dark?
3. Has your confidence around sex been impacted? E.g., initiating sex
4. Do you feel sexy? Do you sexualise yourself? Is this in a positive way?
5. Do you view yourself differently since being subjected to sexual violence?
6. Do you think you objectify yourself?
7. Do you think you objectified yourself prior to being subjected to sexual violence?
8. Do you think you objectify yourself since being subjected to sexual violence?
9. Do you think that you objectify yourself more/less since being subjected to sexual violence?
10. How do you define yourself?
11. Define yourself using 5 positive words which are NOT related to your physical appearance.

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Embodiment and Self-Pleasure

Being in tune with your own body and being intimate with yourself can have a positive impact on your self-esteem and relationship with sex and intimacy. You do not need to have a partner to have a healthy relationships with sexual pleasure.

1. Do you think society shames women for self-pleasure?
2. Is it a taboo topic?

It is helpful to feel connected and safe in the body, but that can be a difficult process if someone has been made to feel unsafe, vulnerable, and threatened in a sexual context. Before doing that with a partner, connecting with your body, and your private sexual self can be the first step to improve your pleasure. There are many ways to do that, apart from masturbation. Here is a list of ideas, think about them and try the ones that sound good or get inspired to create your own practices:

- Move your body. Dancing or doing gentle yoga is a great way to experience fun, relaxation, or release in the body and can help you understand how to embody those positive emotions. There are yoga practitioners that are trauma-informed who can lead you through in a safe way
- Connect to all your senses. Thinking of sexuality, we position touch as having a very central role. But sensuality can be reached through other channels. Examples:
- Make a playlist that gets you in the mood and relaxes you
- Try eating something yummy, like a dessert, in a mindful way
- Find scents that you like and spend some time enjoying them
- Take a mirror and look at your vulva, try to describe it in positive ways and if you are into art, draw/paint a representation of it. This exercise might be triggering, so you can start slowly, maybe with another body part like your eyes or chest

Task

1. Write about intimate contact with yourself (this doesn't have to be masturbation, it can be simply having a bath or moisturising your body for example)
 - a. Do you enjoy it?
 - b. Do you avoid it?
 - c. Are there certain things you'd like to do?

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Many women want to explore self-pleasure before sexual contact with another person after being subjected to sexual violence, some women aren't interested in self-pleasure and some women are already having sex with people but want to engage in more self-pleasure. Whatever you feel about masturbation and self-pleasure is ok, the most important thing is that you are comfortable and safe.

As explored at the start of this course, sex and pleasure are often associated with shame and the topic remains stigmatised and taboo in society. Pleasure seeking women who are open about their experiences are often subjected to shaming and judgement. The topic of female masturbation is even more stigmatised and given lack of attention.

Previous research shows that women experience feelings of shame and embarrassment and also fear stigmatization in regard to self-pleasure. In addition, research has found female masturbation to be frames as negative and transgressive. Society very much has a view of ‘keeping it to yourself’. This is not helpful when you want to be in tune with your body and experience pleasure like you deserve!

We want to reduce the stigma, so here’s some facts about the clitoris!

- 50 to 75 percent of women who have orgasms need to have their clitoris stimulated
- Most women are unable to have an orgasm through intercourse alone
- The clitoris contains 8,000 sensitive nerve endings
- The clitoris is designed to bring a woman pleasure. That is its sole purpose.

Consider the following questions about masturbation:

1. Were you able to relax and pleasure yourself prior to being subjected to sexual violence?
2. Are you able to relax and pleasure yourself since being subjected to sexual violence?
3. Do you feel embarrassment or shame around masturbation?
4. What do you think would help you to relax?

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Module 6 References

Claudat & Warren (2014); Clayton & Humphreys (2019); Mercurio & Landry (2008); Rooney (2016); Waskul & Anklan (2020).

Final Thoughts

Well done to you for working through this course.

The aim of this course was to explore how you care for yourself and how you cope with sex and intimacy after being subjected to sexual violence. Additionally, the aim was to support you in having positive and pleasurable experiences with sex and intimacy. One of the best ways to do this is to learn as much as we can about ourselves, our own responses, and our own feelings. This course was designed to help you to do this, whilst also learning about research, theory, and evidence. I hope you found the course interesting and enlightening.

Well done to you if you managed to do some of the tasks. You can always bookmark pages and come back to them whenever you need it. If you know someone who might benefit from this course, please do share this with them.

Take care and remember that you are capable of incredible things x



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The logo for VictimFocus, featuring the word "Victim" in dark blue and "Focus" in dark blue with a red speech bubble icon integrated into the letter 'O'.

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