

Sexual Trauma: How it Manifests, How to Heal

Sexual trauma is unfortunately far from an isolated issue. Recent worldwide figures show that one in three women have experienced physical and/or sexual violence by a partner or sexual violence by a non-partner. (The majority of this abuse is intimate partner violence—i.e. the perpetrators are not strangers.) Internationally, about 20% of women report being victims of sexual violence as children. And in America, it is no longer a secret that sexual assault is all too common on our college campuses. In a 2015 survey by the Association of American Universities of 27 universities (which included seven of the eight Ivy League schools), more than 20% of female students reported experiencing non-consensual sexual contact.

As absolutely dismal as this is—if you haven't experienced sexual trauma yourself, you likely know someone who has—there are paths available for healing. We spoke with Dr. Lori Brotto, psychologist and professor in the University of British Columbia's Department of Obstetrics and Gynecology, and director of the UBC Sexual Health Laboratory, who sees patients with a variety of sexual difficulties. Unfortunately, but not surprisingly, many of Dr. Brotto's patients have experienced sexual trauma. Below, she explains the healing process and underscores the big messages: It's not your fault, we're incredibly resilient by nature, and it's never too late to resolve an issue surrounding sexual trauma.

A Q&A with Dr. Lori Brotto

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How many of your patients have experienced sexual trauma?

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In my clinical practice, about half the women I see have experienced a sex-related trauma.

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How can sexual trauma be defined? What's the most prevalent form that you see?

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Trauma is often used in place of the full name of the condition, Post-traumatic stress disorder, or PTSD. PTSD is a psychiatric condition characterized by extreme levels of anxiety, flashbacks, and nightmares which persist for months. The symptoms start after the individual has experienced some terrifying or life-threatening event (e.g., a car accident, witnessing a natural disaster). What is important to note is that a person may experience distressing anxiety in response to a terrible event even without meeting all the symptoms of PTSD. In the case of sex-related PTSD (or trauma), it is an unwanted sexual encounter that is the trigger for these symptoms. In the clients I see, many of them have experienced sexual trauma in the form of a non-consensual encounter with someone they know (e.g., date rape), and childhood sexual abuse (often by a known family member, babysitter, or neighbor).

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How do lasting effects manifest in the lives of your patients today?

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In several of my patients, they willingly initiate sex or accept a partner's sexual invitation, but then during the sexual encounter they may begin to experience anxiety, panic, and even dissociate (when their minds escape from the here and now, and they might even begin to re-imagine the abuse happening). Sometimes a subtle cue, such as the smell of cologne or having a partner whisper in your ear, can trigger anxiety, especially if the perpetrator had the same distinguishing characteristics. This can be terrifying for the woman and her partner, particularly since she is willfully engaging in consensual sex. She may think to herself, "Why is this happening to me now, especially after all these years?"

In other patients, they may avoid sexual activity or relationships entirely due to a fear that they may not be able to identify when someone is a sexual perpetrator.

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Is it possible for women who have experienced sexual trauma to begin to enjoy sex again?

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Absolutely. Although the effects of a sexual trauma can be lasting for some women, it is important to remember that many women heal from the effects of an unwanted sexual encounter. Women are incredibly resilient, and

many are able to recover from the trauma completely with no long-term or ongoing difficulties.

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Is it ever too late to resolve an issue around sexual trauma?

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Not at all. In fact, many women do not seek out the support they need right after an assault because, for some of them, they try to make sense of what happened on their own. “How did this happen?” “How could this person I know do this to me?” “Could I have prevented this?” Unfortunately, most women do not press charges in the case of known perpetrator sexual violence because they do not want to have to share their story in court or face the perpetrator. As a result, countless women suffer in silence. Therapists and counselors skilled in helping victims of sexual violence regularly encounter clients whose abuse took place years, even decades, earlier.

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How do you begin therapy with a patient who has been sexually abused? What’s the most important thing for the patient to know?

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In my experience, one of the most important things I can provide my client is validation. By providing a safe and confidential environment in which she can share any and all of her thoughts and emotions related to the abuse, I am conveying to her that her feelings matter. Clients who feel validated by their mental health care providers consistently do better in therapy, and I would argue in the case of survivors of sexual trauma, this is particularly important.

The second most important piece of information I convey to women is that the assaults were not their fault, and that even if their bodies showed some sexual arousal during the assaults, that is not tantamount to them providing consent. Many women are greatly distressed that their bodies get aroused—and for some women they even reach orgasm—during an unwanted sexual encounter, and this leaves them confused about whether they did or did not provide consent. The genital sexual response in women is somewhat automatic. In other words, it is possible for physical arousal to take place even if a woman feels completely turned off or disgusted in her

mind. Physical arousal is not the same as consent, and just because she may have had vaginal lubrication, this does not mean that she agreed to the sex. Only her words can convey whether she has consented.

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Your practice is partly based in cognitive behavioral therapy (CBT). How can this form of therapy help women who have been sexually abused?

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Unfortunately, a sexual assault can give rise to new problematic thoughts such as: “No man can be trusted.” “I cannot go out at night or I risk being sexually assaulted.” Or, “All men are sexual perpetrators.” One aspect of CBT is to help the woman identify such beliefs and gently encourage her to find evidence to challenge such beliefs. For example, although she may have been victimized by a man at night, this does not mean that all men are perpetrators or that being out at night is dangerous. Another critical component of CBT involves teaching women skills to help them cope with anxiety. For example, there are effective muscle relaxation skills that can be practiced on a daily basis to cope with the heightened sense of tension and anxiety that many women experience. Another core aspect of CBT for dealing with sexual trauma is exposure. This might involve having the woman write about or talk about the trauma repeatedly until it does not evoke psychological distress or dissociation.

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Mindfulness also plays a key role in your practice—how does this work?

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Mindfulness is an incredibly powerful tool that is based on an incredibly simple practice: bring the attention to a focus point in the present moment, and do so while being kind to yourself. Mindfulness has been found in many studies to be an effective way of managing anxiety. Anxiety and fear are “future-oriented” emotions. In other words, a person may be afraid of something that may happen, or they may avoid a situation for fear of something. Mindfulness guides the person to focus their attention to the present moment, and in so doing, they learn to view their worrisome thoughts as simply by-products of brain activity, rather than predictions of proof. Not only do they experience a reduction in anxiety and worry, but they also learn to take great joy in living in the present moment after learning how to incorporate mindfulness into their life.

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Can you offer any takeaway or tools for those outside of your practice who have suffered some sort of sexual trauma?

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If you have the means to do so, reach out to a mental health professional who has experience working with clients who've experienced sexual violence. If you do not feel adequately supported or understood by someone, find another person. Finding a therapist you feel comfortable with is key to healing.

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What are some good resources for women who have experienced sexual trauma, or for women who have loved ones who have?

The Courage To Heal by Ellen Bass and Laura Davis is an excellent read for any woman who has experienced sexual abuse as a child. Another really excellent book for people healing from sexual trauma is *The Sexual Healing Journey* by Wendy Maltz.