

WORKING TOGETHER ON INTIMACY AND SEXUALITY AFTER SEXUAL VIOLENCE

EUROPEAN WOMEN'S NETWORK AGAINST SEXUAL VIOLENCE December 12 2022

Jannetta Bos psychotherapist sexologist NVVS

Alice de Bree, psychologist

Program

1. How to talk about sexuality?
2. Short introduction
2. Role play: example of a possible intervention
4. More ideas



How to talk about sex



- Ask permission to discuss the topic
- Make clear why you want to talk about it

‘Many woman who survived abuse experience problems in making contact with their own body, with intimacy, with their sexuality. So I would like to look at this topic with you’

- Check if the woman is able to say ‘no’ to you
- Find agreement about word usage
- Ask open questions
- Check how the conversation was experienced



Possible sexual problems that can occur after sexual violence

Research in the Netherlands shows: twice as many sexual problems in women who have experienced sexual violence*

- More frequent problems with sexual desire
- More frequent sexual aversion
- Problems in feeling/ feelings that can be turned off/ dissociation

* Kedde, 2012



Possible sexual problems that can occur after sexual violence

- More frequent sexual arousal problems
- More frequent orgasm problems
- Pain during intercourse or on entering the vagina
- Less satisfaction
- Negative experience of sex and/ or of her own body



- Increased high risk sexual behaviour and consequently an increased risk of experiencing sexual violence again

Not learned to say 'no'

Not learned that your body belongs to you

Freezing of the body

Thinking of yourself as worthless

- Being depressed due to the trauma and losing interest in sex - both in making love to oneself and in making love to someone else



Possible sexual problems that can occur after sexual violence

Sexual problems mainly occur in people who have PTSD

- Physical/ sexual contact activates the traumatic memory
- The body 'keeps the memory'
- Physical contact activates the anxiety, the aversion, the disgust



Treatment

- The treatment is primarily a trauma orientated therapy for sexual problems occurring as a result of sexual violence
- Research by Paula Schnurr shows that when PTSD decreases, sexual problems also decrease

Paula P. Schnurr, J. Womens Health, 2009 Oct;18 (10):1549-57.

N=242



Research by Iva Bicanic

Iva investigated whether young female adults have sexual problems after single sexual abuse and after an evidence-based trauma treatment

On average, the rape was 4.7 years ago.

On average, 3.3 years had elapsed after trauma treatment

I. Bicanic, 2014 'Psychological and Biological Correlates of Adolescence Rape'.

N=89. Control group N=114



The outcome

- Pain during intercourse and difficulty getting aroused occurred in 44.6 % in the survivors group, compared to 19.5 % in the control group
- Even after psychotrauma treatment, there is more than twice as much chance of sexual problems compared to women who have not experienced a sexual assault



Research by Iva Bicanic 2

Compared to the control group, pelvic floor problems occurred in 26% of women

Women who survived rape are almost 3 times more likely to have pelvic floor problems than women who have not experienced sexual assault



Conclusion

After treatment, attention is often needed to restore intimacy and sexuality.

If the woman wants

Pay attention to dealing with intimacy and sexuality during trauma treatment

- To prevent/ understand about retraumatization (in her relationship)
- To check whether her limits are being crossed again, for example because she has pain during love making
- To provide sex education when needed

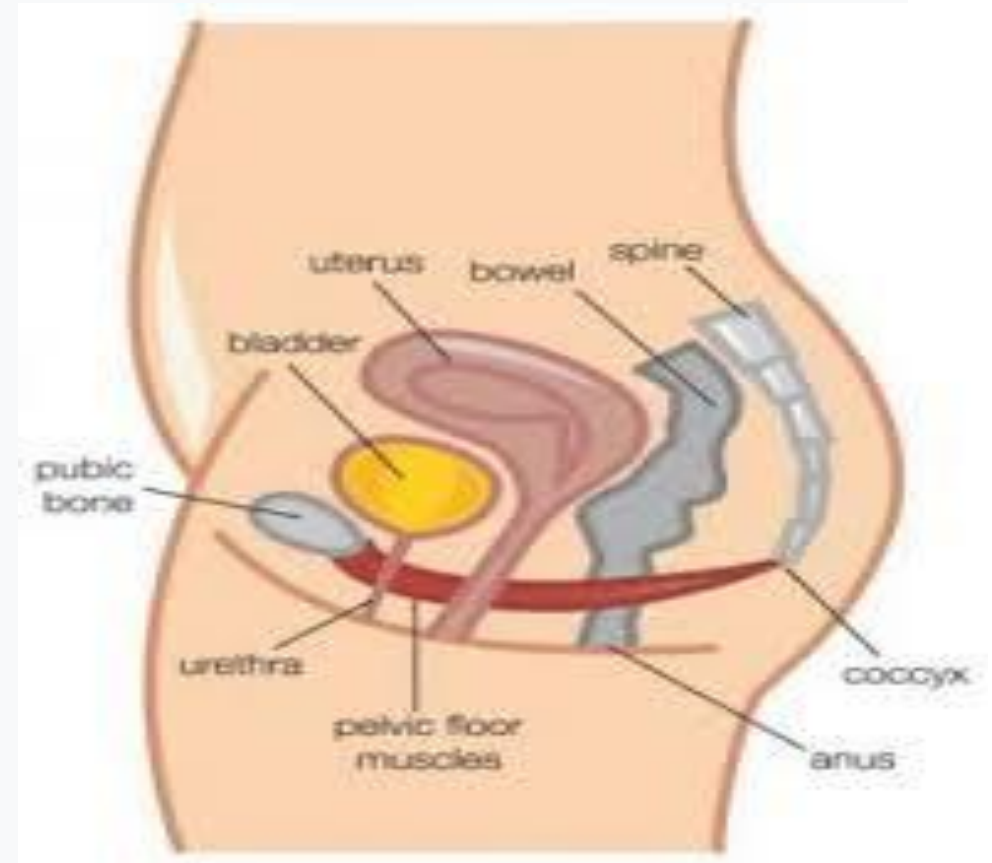


What is the pelvic floor?

It is a kind of hammock of muscles that supports the organs contained in the pelvis:

- Bladder
- Uterus
- Small intestine
- The last part of the large intestine

Women have three openings in the middle:
The vagina, the urethra and the anus



- Post-traumatic stress disorder can manifest itself in the form of an overactive pelvic floor



Pelvic floor is an emotional organ

Pelvic floor tension is an emotional response: an expression of a general defence mechanism in the face of attachment problems, trauma, pain, or fear of pain

Thanks to prof. dr. Ellen Laan



An increasingly tense pelvic floor can lead to

- Chronic abdominal pain
- Chronic lower back pain
- Lower urinary tract symptoms

leading to chronic urinary inflammation. Because urination is not completed, urine remains in the bladder resulting in an increased risk of infection

- IBS complaints (stool and intestinal complaints)
diarrhea or constipation
- Pain during intercourse/ entering the vagina



- Medical examination is necessary if it has not been done before
- Be aware of over-medicalization

Chronic abdominal pain:

Lack of understanding of the role of trauma in the past in the Netherlands resulted in the uterus being removed



Ideas for treatment



Example of a possible intervention

Role play

Thanks to Alice



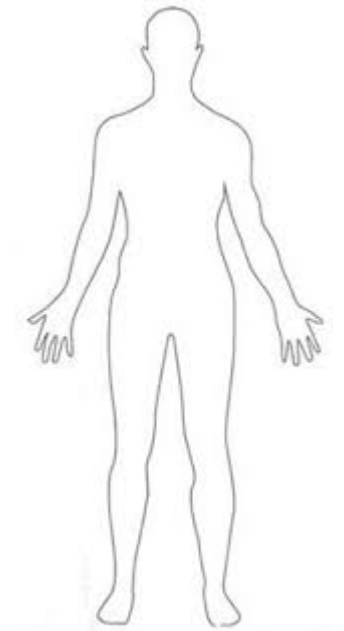
Drawing of the body

Drawing of front or/and back of the body. The woman decides how to draw: with clothes on or nude?

Green: touching can be done with a reasonably calm feeling

Orange: sometimes touching is possible, sometimes not

Red: can't be touched



Examples of how to (re)connect with one's own body

- What's going well? What do you like?
- Do you have ideas?
- What is going well, could you increase it? What would you like?
- Make a list together, let her choose what to practice



Examples of how to (re)connect with ones own body

- Press your feet firmly on the floor
- Exercises ala Jacobson
 - contraction and relaxation of muscles
- Breathing exercises
 - Place your hand on your belly while breathing
 - Feeling warmth/ cold
 - Feeling of the fabric of your clothes



Examples of making contact with one's own body

- Where does your body feel soft, where rough? For example your face feels soft
- Showering: feeling of heat, difference between a hard and a soft jet.
- Feeling of the fabric of your towel



Examples of (re)connecting with one's own body

- Touching part of your body with your fingertips, with a feather
- Apply body lotion
- Looking at yourself in the mirror, try to do it without judgement, be mindful
- Touching your chest (with or without your clothes)



Working with a couple

Goals:

- Explore the dynamics between the couple. For instance:
 - If I say yes, might it go too far? A leads to B. It is best to avoid all
 - My partner has the right to have sex. I need to endure it/ pain is part of it
 - She probably doesn't love me anymore
 - I (partner) feel like I am the offender
 - It's best not to touch her anymore, I don't want to hurt her. I don't know what to do anymore
- Psychoeducation

Drawing of the body with couples



Drawing of the body with couples

Drawing of own body

- Where is it **green**? Where can my partner touch me? Where is it **orange**? Where is it **red**?

Drawing off the front and back of the partner

- Where can I touch my partner? Where sometimes yes and sometimes no? Where is it not possible (yet)



After drawing

Create a plan with clients. Tune in well. **Nothing has to be done**

- For example, start by touching of the **green areas**
- Learn to feel your own hand with attention



Working together with a couple

- What do you want to try out together around the green areas?
- Important: you can always say stop
- Check if she can say 'no' to her partner. Or exercise this in a role play
- Explanation: stick to the agreement you made together. Do not go further than agreed, so that touching remains safe.



Working together with a couple

Then see if someone wants to go to the orange areas? Together look at when something is or isn't possible. What are the conditions?

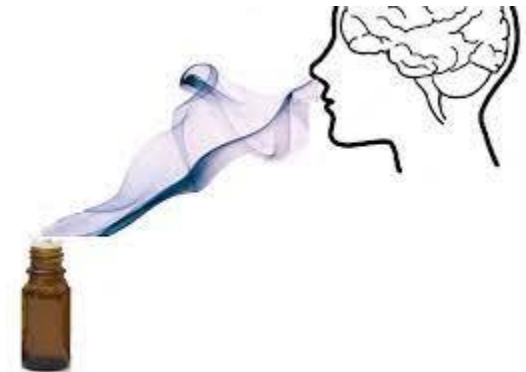
With orange and red:

- Discuss with the couple which touches brings back traumatic memories
- The body also stores memories
- Map them together. Can they be avoided?



Examples of dealing with triggers

- Don't touch unexpectedly
- Or from behind when someone cannot see you coming
- Many memories are experienced through the senses. For example, smells can evoke aversion. Does the partner smell nice?



Examples of dealing with triggers

This way you can check different bad memory-evoking situations via the senses.

- For example: maybe making love with your eyes open would help, so you can see your current partner?
- With your partner's voice or not?
- If the abuse took place in bed: maybe you can make love in another place in the house?
- Determine which sexual acts are not possible?



Examples of connecting together

Our largest sexual organ is our skin. Where would you like to be touched again?

For example:

- Holding hands
- Caressing faces
- Sitting together on the couch again



Examples of connecting together

- Caressing through the hair
- Drying each other off
- Rubbing lotion
- Massaging feet
- Lying spoonful



Examples of connecting together

- What could the next step be?
- If it doesn't feel comfortable anymore, how could you make that known?



Kintsukuroi



kintsukuroi

(n.) (v.phr.) "to repair with gold"; the art of repairing pottery with gold or silver lacquer and understanding that the piece is more beautiful for having been broken



Thanks to all clients and colleagues from whom I have learned so much.

Thanks for your attention

Good luck with your journey

More questions?

