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California Training Institute

Welcome to

Sexual Health Conversations as an Ally to Trauma Treatment

Las conversaciones sobre salud sexual como apoyo al tratamiento del trauma
(Interpretación al español comenzará pronto)

THE TRAINING WILL BEGIN SHORTLY! WHILE YOU'RE WAITING...

Icebreaker Question
(answer in the chat)

Would you rather always speak in rhymes or sing instead of speaking?

Survey & Certificate of Completion

Available following the training.

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SPANISH INTERPRETATION AVAILABLE!

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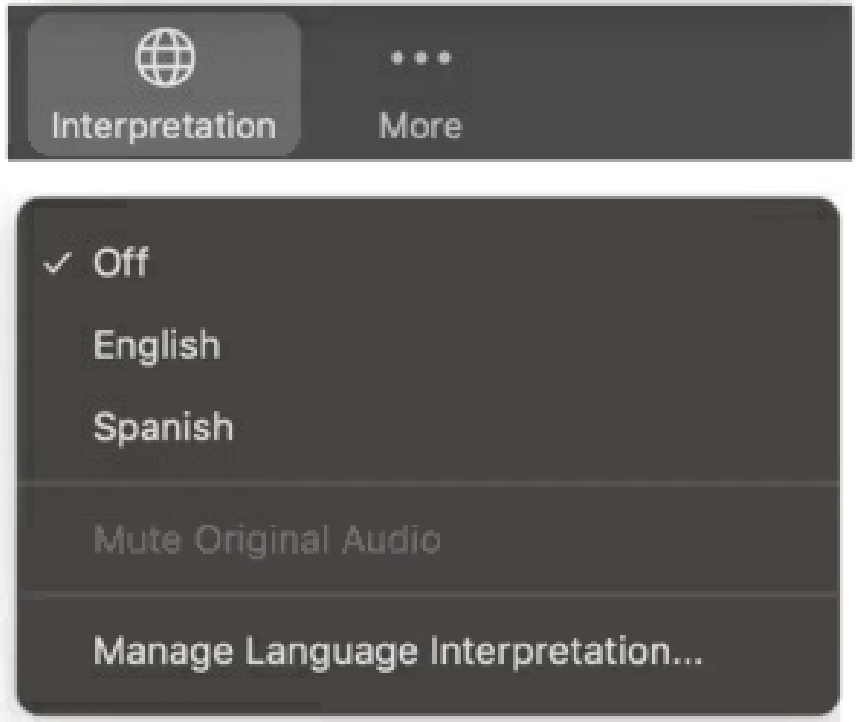
Today's training will be in both English and Spanish.

La capacitación de hoy será en español y ingles.

Click the "Interpretation" icon in your toolbar; select "Spanish."

Seleccione el ícono "Interpretation" de las opciones al debajo de su pantalla. Elige la opción "Spanish."



Hi. We're CalTrin

Supporting child abuse prevention in California through FREE professional development & extended learning.

Who We Are

CalTrin delivers free science-based training to staff of Family Resource Centers, Child Abuse Prevention Councils, community-based organizations, and other child- & family-serving systems.

What We Offer

- Live webinars & interactive, small-group training
- Virtual, self-paced courses
- Job aids & other resources

And check out our partner project, The California Evidence-Based Clearinghouse (CEBC)!

CEBC
The California Evidence-Based Clearinghouse

Advancing the effective implementation of evidence-based practices for children & families.

A FREE, searchable database of 500+ programs & resources for implementation.

SCAN TO LEARN MORE

UPCOMING TRAININGS

mark your calendars!

Visit caltrin.org to view and register for upcoming webinars or workshops

July 21: Overview of the Protective Factors

August 11: Strengths Based Leadership

August 12: Parenting Traumatized Infants and Toddlers: Myths vs. Facts for 0-5

August 18: Protective Factor of the Month: Parental Resilience

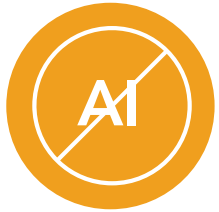
Before We Begin...

DURING

Access your notetaking slides now! The link can be found in the chat.

Review interactive features for today's session. Locate the controls on the toolbar at the bottom of your screen.

This presentation is being recorded.



External AI assistants are not allowed in CalTrin trainings due to California privacy laws.

AFTER

Complete the survey to receive your Certificate of Attendance. CEUs available for LCSWs, LMFTs, LPCCs, and LEPs.

A follow-up email will be sent to all participants within two days.

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Speaker SPOTLIGHT

Al Killen-Harvey, LCSW

The Chadwick Center for Children & Families, Rady Children's Hospital

- Worked at the Chadwick Center at Rady Children's Hospital for over 31 years
- Trauma Treatment therapist, Clinical Improvement Coordinator, Reflective Supervisor & trainer, and Licensed Social Worker
- Co-Founder of The Harvey Institute
  - The Harvey Institute is a training and consulting company the is improving health care outcomes through the integration of sexual health.
  - The Harvey Institute won the 2022 William Freidrich Lectures Series award from the Mayo Clinic

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Sexual Health Conversations as an Ally to Trauma Treatment

Presented by Al Killen-Harvey, LCSW

Learning Objectives

By the end of this 75-minute session, participants will be able to:

1. **Differentiate —** risk-only sexual safety approaches from a comprehensive sexual health framework built on the Six Principles.

2. **Apply —** developmentally appropriate sexual health conversations within trauma treatment to support safety, agency, and healthy development.

3. **Use —** suspending judgment and non-judgmental language to make sexual health conversations safe in clinical and advocacy settings.

4. **Recognize —** trauma treatment as a sexual health opportunity for children, adolescents, parents, and caregivers.

01

SECTION

Why Sexual Health Belongs in Trauma Treatment

The Clinical Case for Sexual Health

“Clinicians who fail to inquire about sexual behaviors may miss valuable clinical information. Sexual health is integral to physical, emotional, and social health across the lifespan.”

— Coleman et al., Journal of Sexual Medicine, 2013

1. **Sexual health is part of overall health** — Not a specialty topic — it belongs in every clinical encounter, including trauma treatment.

2. **Clinician discomfort drives avoidance** — Avoidance leaves children and clients without accurate information about their own bodies.

3. **Avoidance has clinical consequences** — Missed disclosures, shame, inadequate prevention, and treatment gaps.

AUDIENCE REFLECTION

“When was the last time you asked a client or a parent a sexual health question in a clinical encounter?”

Consider as you reflect:

- What made it easy — or what made you hesitate?
- What language did you use? What language do you wish you had?
- What did you imagine the child or parent needed in that moment?

The Global Burden of Sexual and Reproductive Health

18%

of the total global burden of disease

is attributable to sexual and reproductive health problems

32%

of the burden among reproductive-aged women

is from sexual and reproductive health problems

UNFPA / Alan Guttmacher Institute, Adding It Up (2003). Given stalled progress documented in the 2024 UNFPA State of World Population Report, this figure is unlikely to have improved.

02

SECTION

From Sexual Trauma to Sexual Health

Sources of Sexual Concern in Clinical Practice

Trauma history

- Adverse childhood experiences (ACEs) and sexual abuse
- Dysregulated sexual behavior as trauma response
- Confusion about consent, boundaries, and body autonomy

Developmental gaps

- Lack of age-appropriate information about bodies and development
- Missing language to describe experiences or ask questions
- Shame about normal sexual curiosity and development

System failures

- Abstinence-only education in 34 states
- Only 19–26 states require medically accurate sex education
- Clinical and school settings that avoid the topic entirely

Sexual Health Conversations Are Not “Extra”

They are part of healing and development.

For all children	Body knowledge, consent, and safety reduce confusion and shame.
For children with trauma history	Sexual health language restores agency and clarifies that abuse was not their fault.
For adolescents	Prevention, accurate information, and healthy relationships depend on open clinical dialogue.

Sexual Health and Trauma: The Clinical Gap

"As a trauma treatment professional, you develop significant experience 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 trauma best practices and ACE-informed care, ***often fails to address client sexual health."***

The National Child Traumatic Stress Network (NCTSN), funded by SAMHSA/CMHS, jointly coordinated by UCLA and Duke University

ACE research relevance: Adverse Childhood Experiences research consistently links childhood sexual trauma, neglect, and household dysfunction to long-term sexual health outcomes — early sexual debut, higher STI rates, and disordered sexual behavior in adolescence and adulthood. Trauma treatment is therefore always also a sexual health opportunity.

Trauma Treatment Is a Sexual Health Opportunity

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

Correct the distortions abuse creates

Clarify that the child's body is their own, abuse was not their fault, and healthy touch is possible.

Provide language

Children who have words for their experiences and body parts heal more effectively.

Interrupt shame cycles

Open, compassionate conversation from a trusted clinician is itself therapeutic.

Build a sexual health foundation

Early intervention protects long-term sexual development.

03

SECTION

What Is Sexual Health?

WHO Definition of Sexual Health (2006)

*"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, 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."

1. **Well-being** — not just absence of disease
2. **Positive, safe, pleasurable** — relationships
3. **Sexual rights** — respected, protected, fulfilled

Sexual Health Across Developmental Stages

Ages 4–10

- Correct names for body parts (no euphemisms)
- Body boundaries and autonomy; the right to say no and tell a trusted adult
- Curiosity about bodies is normal and safe to ask about

Ages 11–14

- Puberty normalization and accurate information
- Consent as a concept they can name and apply
- Recognizing healthy vs. unhealthy relationship patterns

Ages 15–18

- Comprehensive contraception and STI prevention
- Autonomy and confidentiality in sexual health
- Connecting pleasure, values, consent, and safety

Discussion: What does sexual health look like for a 7-year-old? A 14-year-old? *Consider developmental stage, clinical context, family values, and trauma history.*

04

SECTION

The Conversation Skills: Suspending Judgment and the Six Principles

CONVERSATION SKILL #1

Suspending Judgment

Before information can be exchanged, the client has to believe the conversation is safe. Suspending judgment is the deliberate practice that makes disclosure possible.

Separate the behavior from the person

Respond to what is described without signaling approval or disapproval of the person's worth.

Manage your own reaction first

The clinician's discomfort — not the content — is usually what closes a conversation down.

Stay curious, not corrective

Questions that seek understanding invite more than questions that seek to fix.

Make honesty safe

Thanking a client for honesty is itself an intervention; it tells them disclosure was the right choice.

PRINCIPLE 1 OF 6

Consent

Braun-Harvey & Vigorito, 2016

PRINCIPLE 2 OF 6

Non-exploitation

Braun-Harvey & Vigorito, 2016

PRINCIPLE 3 OF 6

Honesty

Braun-Harvey & Vigorito, 2016

PRINCIPLE 4 OF 6

Shared Values

Braun-Harvey & Vigorito, 2016

PRINCIPLE 5 OF 6

Prevention & Protection

Braun-Harvey & Vigorito, 2016

PRINCIPLE 6 OF 6

Pleasure

Braun-Harvey & Vigorito, 2016

CONVERSATION SKILL #2

Braun-Harvey & Vigorito, 2016

The Six Principles of Sexual Health

CONSENT

NON-EXPLOITATION

HONESTY

SHARED VALUES

PREVENTION & PROTECTION

PLEASURE

MINI-DISCUSSION · 4 MINUTES

“Which of these six principles do you already address in your clinical practice?”

“Which ones are hardest to talk about — and what makes them hard?”

05

SECTION

Why Conversations Matter for All Children

Why All Children Benefit from Sexual Health Conversations

1

Reduce confusion and shame

Children with accurate information and language for their bodies report less shame about normal development.

2

Teach boundaries and consent

Children who understand body autonomy are better equipped to identify violations and tell a trusted adult.

3

Normalize sexual development

Treating sexual development as health — not taboo — creates a lasting model for future conversations.

4

Make future conversations easier

Early investment in sexual health language makes later discussions of contraception, consent, and STI prevention far more effective.

06

SECTION

Why They Matter Even More After Abuse

What Abuse Distorts — and What Conversations Restore

Domain	Abuse distorts…	Conversations can restore…
Body image and ownership	Bodies feel unsafe, alien, or shameful	The body belongs to the child; its responses are normal
Understanding of boundaries	Boundaries feel unclear or non-existent	Clear boundaries, body ownership, and consent
Trust in relationships	Relationships feel unsafe or manipulative	Safe adults exist; trust can be rebuilt thoughtfully
Sexual development trajectory	Normal development gets distorted by early trauma	Normal development continues; healing is possible

CORE CLINICAL PRINCIPLE

Sexual health is part of trauma recovery — not separate from it.

Silence in trauma treatment does not protect children from sexuality. It leaves them to navigate it alone — often with shame and misinformation.

- Trauma-focused safety work without sexual health leaves clinical care incomplete (NCTSN).
- Early sexual health intervention is prevention — it reduces long-term risk behavior.
- Open, compassionate clinical language is itself a therapeutic intervention.

07

SECTION

What Do Sexual Health Conversations Sound Like?

Clinical Language: With Parents and Caregivers

Opening the conversation at an intake or session:

"What values do you want your child to learn about their body and relationships?"

→ **Invites the parent into a collaborative framework; respects cultural and family context.**

"How comfortable are you talking with your child about their body and reproduction?"

→ **Normalizes that parents may need support; opens the door to psychoeducation.**

"Are there questions your child has asked about their body that you'd like help addressing?"

→ **Centers the child's curiosity; positions the clinician as a resource, not an authority.**

"Has your child ever told you about anyone touching them in a way that felt uncomfortable?"

→ **Trauma-informed safety question framed as routine inquiry, not accusation.**

Clinical Language: With Children

Ages 4–10

“All body parts have names. These are your private parts: penis / vulva, bottom.”

→ **Body knowledge foundation**

“You always get to say no to touch, even from people you love.”

→ **Consent and body autonomy**

“If anyone touches you in a way that feels bad or confusing, you can tell me.”

→ **Disclosure invitation**

Ages 11–14

“Your body is going through a lot of changes. What questions do you have?”

→ **Normalization opening**

“Healthy relationships don’t pressure people. Does anyone make you feel pressured?”

→ **Relational safety check**

“You can ask me anything about your body — even things that feel embarrassing.”

→ **Open-door offer**

Clinical Language: With Adolescents

Confidentiality framing first: *"What you share with me stays between us, except if I'm worried about your safety."*

Opening a sexual history:

- *Are you in any relationships right now? Tell me about them.*
- *Are you, or have you been, sexually active? What does that mean for you?*
- *What do you use to protect yourself from pregnancy or infections?*

Connecting pleasure, values, and safety:

- *What messages have you gotten about sex or relationships — from friends, social media, family?*
- *What would a relationship feel like where you felt truly respected?*
- *What do you want your sexual health to look like going forward?*

Assessment Prompts for Sexual Health

For the child / adolescent

- How comfortable are you talking to your parent about your body?
- Does anyone touch you in a way that feels bad, confusing, or wrong?
- Do you have any questions about puberty, pregnancy, or STIs?

For the parent / caregiver

- Do you feel comfortable discussing sexual health with your child?
- What values do you want to pass on about bodies and relationships?
- Have you noticed any behaviors or questions that concern you?

08

SECTION

Implementation: A San Diego Case Example

Policy and Partners

The Sexual Health Sub-Committee — a sub-committee of the National Child Traumatic Stress Network (NCTSN), embedding sexual health into a trauma system of care.

California Senate Bill 245 (amended July 2017) — Provisions

1. Ensure access to comprehensive sexual health education for foster youth
2. Ensure existing reproductive rights of foster youth
3. Train child welfare personnel on sexual health and preventing unintended pregnancy
4. Develop a statewide standardized curriculum on sexual health and preventing unintended pregnancy for child welfare workers

MICRO

The Clinical Assessment

Chadwick Center Clinical Assessment · Sexual Health Conversations

When children and teens have experienced violence or abuse, they may have a harder time understanding safe and healthy boundaries in each area of development.

When incorporating physical and sexual health into our work, we teach and use medical terminology and discuss boundaries and body safety — including concepts such as voice, choice, and consent.

We always tailor the discussion in an age-appropriate manner.

MICRO

Parent Conversation Prompts

Chadwick Center Clinical Assessment · questions for parents and caregivers

1. Would you like to share any values related to sexual health that may assist me in working with your child? *(No / Yes — describe)*

2. Do you feel your child has access to medically accurate information about their physical and sexual development, reproductive health, and prevention of unplanned pregnancy and STIs? *(No / Yes — describe)*

3. Do you have any questions about the therapist using accurate, medically and anatomically correct language? *(No / Yes)*

4. When a child has experienced trauma, their physical and sexual health can be altered. Are you comfortable with us discussing consent and exploitation as a means of supporting positive sexual health? *(No / Yes)*

5. Do you feel comfortable having honest conversations with your child regarding their physical and sexual health? *(No / Yes)*

6. Do you have any concerns, or has your child expressed concerns, about their body due to the trauma they experienced? *(No / Yes — describe)*

09

SECTION

Closing — The Bridge to Sexual Health

Core Take-Home Messages

1. **Sexual health is part of clinical health** — It belongs in every session, encounter, and trauma assessment — not only in subspecialty referrals.

2. **Avoiding the topic increases risk** — Silence does not protect children. It leaves them with misinformation, shame, and no trusted source for questions.

3. **The Six Principles are a clinical map** — Consent, Non-exploitation, Honesty, Shared Values, Prevention & Protection, and Pleasure — adaptable across age, culture, and context.

4. **Prevention, development, and recovery are one domain** — Sexual health conversations prevent harm, support development, and aid trauma recovery — not separate clinical domains.

Evidence-Based References

1. World Health Organization. (2006). Defining sexual health: Report of a technical consultation on sexual health. Geneva: WHO.
2. Braun-Harvey, D., & Vigorito, M. (2016). Treating out of control sexual behavior: Rethinking sex addiction. Springer Publishing.
3. Coleman, E., Elders, J., Satcher, D., et al. (2013). Summit on medical school education in sexual health. Journal of Sexual Medicine, 10(4), 924–938.
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5. Nelson, K. M., et al. (2025). The state of sexual education. American Journal of Public Health, 115(10), 1723–1733.
6. Guttmacher Institute. (September 2025). Sex and HIV education state policy overview. www.guttmacher.org.
7. American Academy of Pediatrics. (2016). Sexuality education for children and adolescents. Pediatrics.
8. Friedrich, W. N. (2007). Children with sexual behavior problems: Family-based attachment-focused therapy. Norton.
9. UNFPA. (2024). State of world population report: Interwoven lives, threads of hope.
10. National Child Traumatic Stress Network. Sexual health and trauma resources. www.nctsn.org.

Resources for Sexual Health Information

Trusted, developmentally grounded sources for clinicians, advocates, and families:

World Association for Sexual Health (WAS)
The Declaration of Sexual Rights and global standards underpinning the sexual health framework.
worldsexualhealth.net

The National Child Traumatic Stress Network
Trauma-informed clinical resources, including guidance connecting trauma treatment and sexual health.
nctsn.org

AMAZE
Age-appropriate, accessible sexual health education for young people and the adults who support them.
amaze.org

The Harvey Institute
The Six Principles of Sexual Health, professional trainings, and the Sexual Health Principles video series.
theharveyinstitute.com

FINAL REFLECTION

“What is one sentence you could add to your next client visit that supports sexual health?”

Thank you for being here.

Al Killen-Harvey, LCSW | www.theharveyinstitute.com

Thanks for joining us!

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