

# NEWSLETTER

## Summer 2020

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The mission of ACSSW is to promote sexuality as a central aspect of being human that includes the intersection of intrapersonal and interpersonal influences on sexual expression and experiences.

### Defining Sexual Wellness

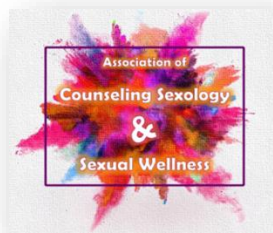
The unique, subjective experience of physical, emotional, mental and social well-being in relation to sexuality essential to overall wellness. While sexual wellness can include the absence of disease, dysfunction, or infirmity, the holistic and subjective nature of sexual wellness extends beyond one's physical health status to include a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sensual experiences, free of coercion, discrimination, and violation. Sexual wellness encompasses diversity in both expression and influences, respecting, protecting, and fulfilling the sexual rights of all persons.

### Defining Sexuality Counseling

A professional relationship that empowers diverse individuals, families, and groups to:

- Increase comfort and awareness of sexuality and sexual experiences
- Validate sexuality as a core aspect of the human experience that is actively included throughout the counseling process based on the needs of clients
- Provide empirically-based education, guidance, and resources regarding sexual health concerns
- Support clients as they navigate various influences on their sexuality in their goal toward overall wellness
- Empower clients to express their sexuality with respect to their individual and other's sexual rights
- Promote sexual wellness

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## Letter from ACSSW President...

June is a celebratory time of both Juneteenth and Pride, so what better way to celebrate Black queer history than to follow the lead of Kerry Washington who proposed advancing the narrative of Black history right here, right now. I'd like to take this particular time to celebrate some of the prolific Black queer leaders in American history.

Everyone knows James Baldwin. At least I hope you do. James Baldwin was a profoundly gifted composer of words. He was a poet, a novelist, a playwright, and an essayist. He was also unapologetically open as a gay activist during a time when being Black, gay, and an activist put him in great danger. He challenged the social injustices of his time. With his words, he highlighted the psychological pressures of being Black in America.

"The American IDEAL, then, of sexuality appears to be rooted in the American IDEAL of masculinity. This ideal has created cowboys and Indians, good guys and bad guys, punks and studs, tough guys and softies, butch and f\*\*\*\*t, black and white. It is an ideal so paralytically infantile that it is virtually forbidden—as an unpatriotic act—that the American boy evolve into the complexity of manhood."

– James Baldwin, *The Price of the Ticket*

Self-described as a "Black, lesbian, mother, warrior, and poet", Audre Lorde was a fearless writer who used her voice and words to progress the conversation to honor differences and attack issues of racism, sexism, oppression, and sexuality in the United States. In her classic essay, "*Uses of the Erotic: The Erotic as Power*," Lorde poignantly challenged women to acknowledge their own erotic power (Be sure to see the poster presentation on this essay on page).

"When we look away from the importance of the erotic in the development and sustenance of our power, or when we look away from ourselves as we satisfy our erotic needs in concert with others, we use each other as objects of satisfaction rather than share our joy in the satisfying, rather than make connection with our similarities and our differences. To refuse to be conscious of what we are feeling at any time, however comfortable that might seem, is to deny a large part of the experience, and to allow ourselves to be reduced to the pornographic, the abused, and the absurd."

– Audre Lorde, *Uses of the Erotic: The Erotic as Power*

And we cannot have a list of amazing queer Black leaders during Pride without Marsha P. Johnson, a transgender rights activist who fought for civil rights as much as she did gay rights. Johnson was a self-identified drag queen and trans woman who fought for Black and queer liberation. Considered to be a key organizer during the Stonewall Uprising of 1969, Pride wouldn't exist without the efforts made by Johnson. Along with fellow trans activist Sylvia Rivera, Johnson established the Street Transgender Action

Revolutionaries (STAR), a radical political organization that provided housing and support to sex workers and homeless queer youth in Manhattan.

A second incredible leader during the Stonewall Uprising of 1969, Miss Major Griffin-Gracy, often referred to as Miss Major, is a trans woman activist and community leader for transgender rights. Her work focuses greatly on the issues facing trans women of color. She currently serves as the Executive Director for the Transgender Gender Variant Intersex Justice Project, which assists transgender people who are excessively incarcerated and discriminated against by the justice system. In her film, "MAJOR!", Griffin-Gracy explained the urgency to highlight the lives of trans women in prison, "There's girls in prison who need to hear from us. Who need to know that somebody out here gives a damn whether they live or die."

Last but not least for this excerpt, a man who was considered to be the genius behind Martin Luther King Jr., Bayard Rustin was a prolific civil rights activist and openly gay man. In his essay "From Montgomery to Stonewall," Rustin wrote,

"There is a small percentage of people in America who understand the true nature of the homosexual community. There is another small percentage who will never understand us. Our job is not to get those people who dislike us to love us. Nor was our aim in the civil rights movement to get prejudiced white people to love us. Our aim was to try to create the kind of America, legislatively, morally, and psychologically, such that even though some white continued to hate us, they could not openly manifest that hate. That's our job today: to control the extent to which people can publicly manifest antigay sentiment."

How can we all honor the sentiments of Rustin? As counselors, how can we work to challenge the systems that openly manifest hatred? A question I am personally taking to heart.

In light of such amazing leaders, I can't help but to wonder where America would be today without them. Without the composure of Baldwin, the hope of Rustin, the consciousness of Lorde, the fearlessness of Johnson, and the limitless energy of Major – where would we all be?

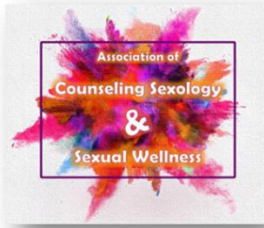
*Angela Schubert, Ph.D., LPC, CCMHC*

*President, Association of Counseling Sexology & Sexual Wellness*

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*Preferred Pronouns: She helped herself to the door. Her jacket is by the door.*





## Committee Spotlight: Social Justice & Advocacy

While social justice and advocacy is a critical aspect of the work we do as counselors and mental health professionals it is too often overlooked. There seems to be too much to do and we feel helpless to make much of an impact. However, as we have seen in the last month, when those of us who are in privileged positions of power do not step up, horrible things happen to people who continue to be oppressed. Anyone who is reading this newsletter can count themselves among the privileged, so this call goes out to all of us. We need to be catalysts of change in our world today. ***There is no better time than now.*** The purpose of the Social Justice & Advocacy (SJ&A) Committee is to be the voice within ACSSW to make sure our members are aware of important social justice issues related to sexuality. The SJ&A Committee is responsible for providing organizational leadership related to issues of social justice as it pertains to sexuality and sexual wellness and advocating both within the counseling profession and the wider communities we navigate. ACSSW has adopted the sexual rights definition listed on the World Health Organization's ([https://www.who.int/reproductivehealth/topics/gender\\_rights/sexual\\_health/en/](https://www.who.int/reproductivehealth/topics/gender_rights/sexual_health/en/)) website. According to the WHO website, "sexual rights embrace human rights and include the right of all persons, free of coercion, discrimination, and violence, to:

- the highest attainable standard of sexual health, including access to sexual and reproductive health care services;
- seek, receive and impart information related to sexuality;
- sexuality education;
- respect for bodily integrity;
- choose their partner;
- decide to be sexually active or not;
- consensual sexual relations;
- consensual marriage;
- decide whether or not, and when, to have children; and
- pursue a satisfying, safe and pleasurable sexual life."

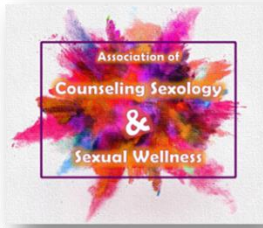


Beginning fall 2020 the committee will begin meeting every other month on the 3<sup>rd</sup> Friday of the month at 1p CST. I will be reaching out to all ACSSW members who have indicating an interest in joining the Social Justice & Advocacy Committee to join me via Zoom on September 18<sup>th</sup> at 1p CST.

*Frances McClain, MA, LCPC, NCC, Social Justice & Advocacy Committee Chair  
President Elect, Association for Counseling Sexology & Sexual Wellness  
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Preferred Pronouns:

<b>Ze</b>	<b>Ze</b> laughed	I called <b>zir</b>	<b>Zir</b> eyes gleamed	That is <b>zirs</b>	<b>Ze</b> likes <b>zirsself</b>
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# Articles...

## **Youth, Technology, and Cyber-Sexual Assault: It Is Time We Talk About Safely Navigating Technology in a Digital Age**

by Kelley Holladay  
University of New Mexico

Cyber-sexual assault (CBSA) is a form of sexual violence (Holladay, 2016), and has been referred to as “nonconsensual pornography” or “revenge porn” (Citron & Franks, 2014; Henry & Powell, 2015). CBSA is the nonconsensual sharing of sexually explicit images online, through social media, or other forms of technology. Suicidal thoughts have been shown to correlate with the experience of online sexual assault. In a sample of adult survivors ( $N = 97$ ) of CBSA (Holladay, 2016), 34% ( $n = 33$ ) of adults reported yes to the statement, “I wished I were dead” nearly every day for two weeks (see Figure 1). In an unpublished study by Jacobs (2013), 51% of young adults (18 – 30 years old) reported having suicidal thoughts due to being a victim of “revenge porn.” In general, there appears to be a significant association between sexting behaviors and suicidal thoughts (Dake, et al., 2012), though more research is warranted among adolescents.

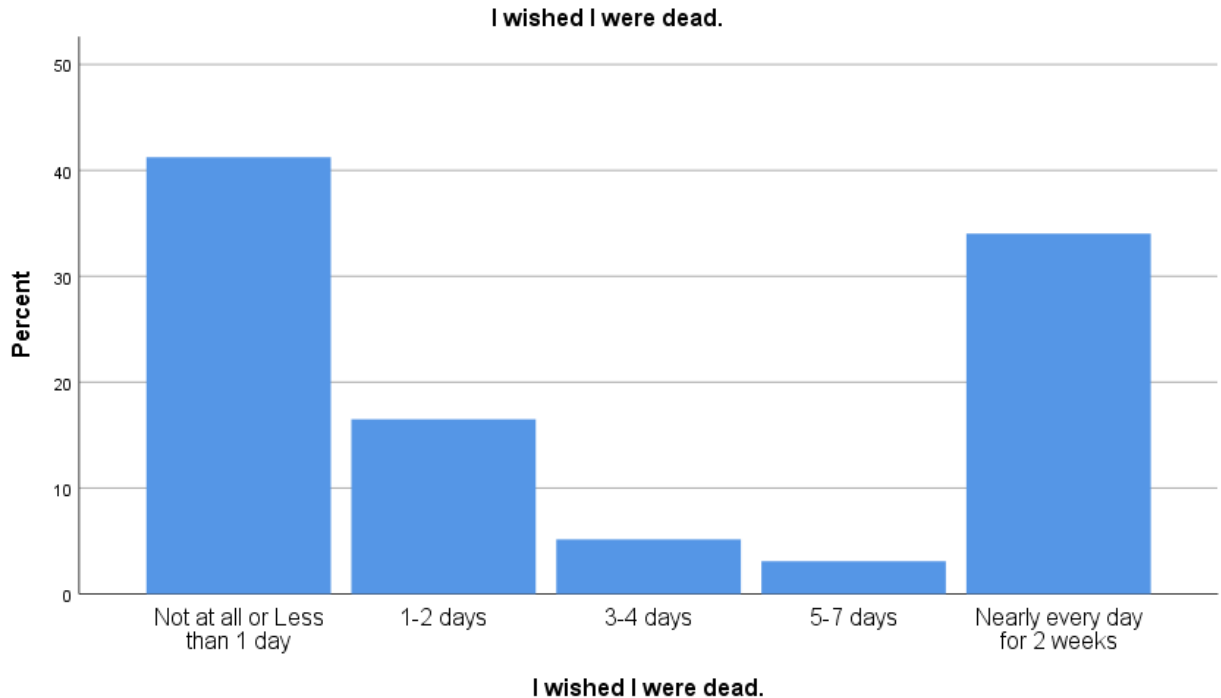
Sexting is the digital sending of self-created and sexually explicit material, where the images and media are digitally shared through email, social media, and text messaging (Henry & Powell, 2014; Humbach, 2014). Within the research community lies a conceptual debate (Gassó et al., 2019) regarding sexting among youth. Some authors hold the belief that sexting is a normal part of sexual expression in a relationship (Döring, 2014; Villacampa, 2017), and that education about “safe sexting” may reduce negative consequences. Contrary to this (Gassó et al., 2019), some authors believe that sexting is a risky and deviant behavior that requires both intervention and prevention to reduce the prevalence and negative outcomes (Döring, 2014; Rice et al., 2014; Brenick, 2017).

Regardless of one’s stance, sexting is happening. Among youth (<18 years old), 14.8% to 27.4% have engaged in the sending and receiving of sexts (Madigan et al 2018), where an average of 12% of youth had nonconsensually forwarded a sext, and an average of 8.4% had received a sext without the persons' consent. The mental health outcomes of this abuse are still being studied, although limited literature exists. The following three young women made national headlines after the victims were sexually assaulted, their privacy revoked, and abuse proliferated online. Jada, a 16-year old female, was drugged and raped. Soon after the assault, harassing photos of herself appeared on popular social media sites, and the pictures went viral (The Guardian, 2015). Jada’s story ends with her creating a powerful movement combating this abuse (see Matthews, 2014). Tragically, however, not all do. Two young women, Rehtaeh Parsons and Audrie Potts, died by suicide after the dissemination of nonconsensual sexually explicit pictures that captured their sexual assaults. The teens were sexually assaulted and their rapes were captured by their perpetrators. Their photos were disseminated vigorously and the teens experienced relentless bullying. While separate cases, their stories are similar. The continuous bullying, harassment, rape culture, shaming, and lack of action taken by school systems and law enforcement, contributed to the compounding trauma of their sexual assaults (Burleigh, 2013; Newton, 2013).

So, what do we do? I believe that as educators, teachers, counselors, and parents, we begin with honest conversations with our teens about sexting. I believe we increase training for school counselors through materials aimed at teachers, parents, bystanders, and potential perpetrators and victims. I also believe in advocacy tools aimed at communities experiencing poverty, family systems, and laws

protecting victims, so that counselors may continue to raise awareness about this tough, but relevant topic. Lastly, John Sommers-Flanagan (2020) writes frequently on the topic of suicide assessment, which may also be part of the conversation surrounding sexting.

Table 1. Suicide Question based on the CESD-R.



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## **Counselor Trainees' Considerations on Working with Clients Around Sexuality and Sexual Health**

by C. Rosie Bauder, Meghan Breedlove, & Colette T. Dollarhide  
The Ohio State University

Topics and curiosities around sex and sexuality are usually important concerns of clients at any age (Russell, 2012), yet many counselors and counselor trainees (CTs) find it challenging to ask about sex (Dupkoski Mallicott & Gibson, 2013; Zeglin et al., 2018). Clinicians report not asking clients about sex because they felt afraid of offending a client or thought they had inadequate training in sexual health and related topics (Althof et al., 2013; Luke et al., 2011) and many do not ask about gender, sex, and sexual orientation in a competent way (Skaistis et al., 2018).

In the fall of 2018, a pilot study was conducted to examine CTs' knowledge, attitudes, and skills pertaining to sexual health concerns among their clients including those with intersectional identities. The first two authors conducted focus group interviews with six master's students in the mental health counseling program at their University. The following are excerpts from the focus group interviews with self-selected participants. Several commonalities were shared among students, especially comfort with sexuality and the topic of sexual health, the role of their identity, and concerns around working with children and adolescents.

### **Comfort with sexuality and sexual health topics as connected to personal experience**

Students expressed varying levels of comfort when discussing sexual health with clients. There was a range of life experiences endorsed by CTs who participated in our focus group interviews that shaped their comfort around discussing sexuality or sexual health including: an open family discussion about sexuality, a program at school, training with a supervisor, and exposure to various [sexual/gender] identities as a child. One participant in the first year of her clinical counseling program described her own comfort with talking about sex as a result of open and honest discussions with her parents at a young age. She shared "I am very comfortable talking about sex for myself...I think having that confidence within me makes it that's a huge reason why it makes it easier for me to talk about it".

In contrast, another participant shared his experiences in a small conservative school where sexuality and sexual health was not discussed, stating "...it was never addressed growing up and then even in college, going to a very conservative small private Catholic school, it was talked about amongst like students but definitely not in ways that were really empowering."

While all participants shared at least some level of comfort with discussing sex in their own lives or with their clients, there was a wide range of experiences discussed which contributed to their level of comfort. Some experiences stemmed from how sexuality was framed from a young age with family or in school programs, whereas others spoke about meaningful experiences with others or in the counseling program.

### **The role of identity**

Participants were asked about their own identities as a factor in broaching the topic of sexuality with a client. Participants shared how they believed pieces of their identities, most often their own sexual orientation or gender identity, could serve as either a strength or a challenge when discussing the topic of sexuality with clients. One participant who identifies as Atheist described how this identity contributed



to her ability to be open-minded with clients, sharing, "I think not having a religious or spiritual belief system that has sort of rules and norms around sex and sexual behavior has helped me to be more open-minded to the variety of sexual experiences and identities that people have."

Another participant recognized her sexual orientation as a strength in asking about sexual health with clients. She shared how this part of her identity helps when working with individuals from the same community:

I'm a member of the LGBTQ community so I feel like that's something I feel comfortable talking about, whereas, I could imagine that if a counselor... isn't a part of that community, they might feel uncomfortable discussing sexual health with a client who is a member of that community.

All participants acknowledged the role of their own identities and the subsequent dynamic in the counseling relationship, especially in broaching topics such as sexuality and sexual health. No single identity was described as the most salient in a counseling session, instead, a range of identities such as religious beliefs, sexual orientation, and gender identity were discussed.

### **Concerns about children and adolescents**

Lastly, when participants were asked about any potential barriers or populations in which it may be difficult to discuss sexual health, working with children and adolescents came up in several interviews. Specifically, several participants spoke about concerns related to parental beliefs when considering discussions of sexual health with minors. One participant described the challenges of considering developmentally appropriate sexual health conversations with minors, "[With kids] it's sensitive subject based on what your views are, whether or not it's appropriate to talk about with them...or whether it's developmentally appropriate. or if it's something...like sexual abuse."

Another participant, currently placed in a clinical counseling position in a school, described the importance of recognizing and respecting boundaries with parental beliefs and messages from home. But also [working with] parents", the student explained, "and because all my clients are minors, trying also to make sure that I'm being respectful of what they might be told at home or not told at home, so that I'm not overstepping those parental boundaries.

While participants also mentioned concerns about discussing sexual health with other populations such as individuals who have experienced sexual assault or with members of marginalized populations such as the LGBTQ community, concerns about minors were identified as a particular area of concern.

### **Implications**

The focus group interviews were part of a larger pilot study that also involved pre and posttest measures of students' attitudes, knowledge, and skills in working with clients around sexual health. While these findings come from a small sample of CTs early in their training and are not generalizable, we hope the results from this small sample illustrate the importance of teaching CTs how to effectively and respectfully discuss sexual health with clients.

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## **When Men Say No: Towards a More Inclusive Conversation Surrounding Consent**

by Gerald Pennie and Dom Martin  
Texas A&M University – Central Texas  
Department of Counseling and Psychology

### **Introduction**

It has been almost two decades since its release but the relevance of the movie *40 Days and 40 Nights* (Lehmann, 2002) still lingers. The storyline of this modest hit illustrates the need for a revised view of sexual consent. Matt Sullivan, played by Josh Hartnett, decides to give himself time away from sexual contact including self-stimulation for 40 days after failed attempts at romantic relationships. The crux of this story finds that in the last hours of the final day of this self-imposed abstinence, a former lover enters the apartment where Matt resides and forces him to ejaculate against his will (Lehmann, 2002). Although this portion of the movie is but a single scene, the ramifications of this behavior leads Matt's current partner to experience heartbreak and leave the relationship causing Matt to experience frustration and disappointment in the natural bodily response of ejaculation, the premeditated behaviors of a former partner, and the current emotional and behavioral response of the most recent partner (Lehmann, 2002).

### **The Problem**

When it comes to conversations about consent, there is very little that has been said of the psychological struggles that men have with engaging in non-consensual sexual activity with individuals who identify as women (Weare, 2018a, 2018b, 2018c). Sexual coercion includes verbally and physically coercive behavior, the exploitation of an individual under the influence of drugs or alcohol, and the active use of alcohol or drugs to engage in non-consensual sexual activity (Oswald & Holmgreen, 2013). The use of sexually aggressive tactics by women has been studied over the last three decades beginning with Struckman-Johnson (1988) and continuing up the most recent publications of Weare (2018a, 2018b, 2018c). Some notable findings include Anderson (1998) found that between 26% and 36% of women in their sample reported using sexually coercive behaviors, including use of arguments, threats towards relational termination, threats of physical violence, actual physical violence, using a weapon to obtain sex acts from a male partner and using drugs to reduce the inhibitions of their partners. The findings in the Russell and Oswald (2001) article echo this sentiment across institutions of higher education with 18% of women in a college sample reported engaging in similar sexually coercive behaviors. When men reported their experiences with sexual assault through the use of coercion or other aggressive or violent tactics, the numbers echo similar sentiments. Struckman-Johnson and Struckman-Johnson (1998) found that 43% of college men sampled reported experiencing a coercive incident, 36% reported unwanted touch and 27% reported being coerced into sexual intercourse. Russell and Oswald (2002) found that 44% of college men sampled reported being the victims of a sexually coercive tactic. Both studies confirm the use of verbal and physical acts stated by women. As it relates to the emotional well-being of victims of "forced to penetrate" experiences, Weare (2018c) found that there was significant emotional and psychological distress experienced by victims. For example, almost 50% of those surveyed "rated the impact as being in the reasonably severe—severe negative range of 7 to 10 on the 10-point scale." (p. 18).

## Recommendations

Although the study of this phenomenon has existed for decades, little has changed in popular culture and social milieu surrounding consent. Anecdotally, men I have interacted with on a personal and professional level have stated that in various stations of life they have experienced being coerced and other aggressive acts as a way to force sexual compliance. When asked what keeps them from speaking up about these experiences, the overwhelming sentiment is that no one would believe them. The silence of victims, either voluntarily or by force, is in and of itself a social justice and advocacy issue for counselors. Equity and equality among clinicians and advocates alike require that the voices of men who have experienced sexual abuse at the hands of their partners be heard. In their most recent multicultural and social justice advocacy competencies, the American Counseling Association (Ratts et al., 2016) points to the need for clinicians to assess their own attitudes and knowledge regarding personally held biases and skills to work with members of marginalized populations. Additionally, the fourth component of the multicultural and social justice advocacy competencies is the need for counseling and advocacy interventions. On multiple levels and in numerous institutions the need for advocacy is paramount. Targeted efforts to change the social milieu surrounding sexual scripts must be among our efforts as multicultural and social justice competent counselors. As it stands, current sexual scripts suggest that "men are expected to be the initiators of sexual encounters" (Oswald & Holmgren, 2013, p. 84), "to maintain a constant vigilance for sexual opportunities, and pursue ever increasing levels of intimacy" (O'Sullivan et al., 1998, p. 191), and are "sexually insatiable [with the consequence that] virtually all sex is welcome" (Stemple & Meyer, 2014, p. e20) all of the time.

These efforts must include a rewriting of what is considered a functional form of progress towards sexual intercourse in heterosexual relationships in which the person who identifies as a woman initiates the process. As it relates to expectations of sexual desire and accessibility, it needs to be communicated that men have the authority and autonomy to exercise consent in the same ways of non-men. This means that men can have hesitations toward sexual intercourse and their protests, silent or otherwise, should be considered with the same seriousness. Additionally, men need support for and safe places to, process the trauma of "forced to penetrate" experiences as they will undergo a difficult reconstruction of their identity relating to masculinity. Finally, more studies need to be conducted on this topic.

## Conclusion

The voices of victims of "forced to penetrate" who are men are currently being silenced in the social milieu and popular culture. Conversations about consent must be expanded to include this portion of the population. As culturally competent and social justice aware counselors, we must lead the fight to change these damaging narratives and offer support as victims reconcile their identities.

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# Poster Presentation

## Uses of the Erotic: The Erotic As Power

### An Essay and its Influence by Nathan Robbel

Penned and presented in 1978, Audre Lorde's essay *Uses of the Erotic: The Erotic as Power* was inspired by Second Wave Feminist debates on the nature of pornography and sexual oppression (Lorde, 1984).

Though it clocks in at under 2,500 words, Lorde's concise manifesto communicates a potent message that continues to inspire and empower. Her influence can be felt in philosophies and ideologies that have followed.



"black, lesbian, mother, warrior, poet"  
- Audre Lorde, self-described

Audre Lorde (1934 – 1992) was a prolific writer of poetry and prose whose works primarily reflected on and addressed oppressive and abusive power structures. Though she spent most of her life in New York City, Lorde engaged in activism and education initiatives

that resonated the world over.

Popular works include *The Cancer Journals* (1980), *Zami: A New Spelling of My Name* (1982), *Sister Outsider* (1984), as well as multiple essays and contributions to collected works.

Among her many awards and recognitions, Lorde was the recipient of a fellowship from the National Endowment for the Arts and was named Poet Laureate of New York from 1991-1992 ("Audre Lorde", 2020).

### Fearing the Yes and the Nature of the Erotic

By its very nature, the topic of Lorde's essay is theoretical, and inspires individuals to seek their own sense of the practical without instructing. Though very short, Lorde addresses multiple points that expertly flow into a cohesive whole.

- Power, either individual or collective, can be used to uplift, nurture, and protect, or to oppress and corrupt.
- All individuals and groups wield power, and some are inherently threatening. Often, exterior groups will seek to diminish, corrupt, and/or pervert the power they fear.
- Women's sense of "yes" is the source of their power, and the manifestation of this is the *erotic* that Lorde speaks of.

- Those who are oppressed are conditioned to associate their own inherent power with shame.
- Pornography, per Lorde, represents the opposite of the erotic, often engaging in a parody of the desires of women and trading their power for that of the user and the user's gratification.



Still from *Portrait of a Lady on Fire*, directed by Celine Sciamma, produced by Lilies Films

"We have been raised to fear the yes within ourselves, our deepest cravings... The fear of our desires keeps them suspect and indiscriminately powerful, for to suppress any truth is to give it strength beyond endurance. The fear that we cannot grow beyond whatever distortions we may find within ourselves keeps us docile and loyal and obedient, externally defined, and leads us to accept many facets of our oppression as women."

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## Current Influence and Evolution

Lorde's essay has been influential in feminist politics and philosophy since its inception and maintains its influence even among contemporary theorists. Some notable stand-outs:

- While much of *Uses of the Erotic* is left vague in terms of practical applications, Adrienne Maree Brown's popular 2019 book *Pleasure Activism* cites Lorde as the basis of her practical recommendations to find strength through pleasure. In fact, the first half of her text contains a reprinting of Lorde's essay.
- Some Black, feminist scholars are revisiting Lorde's collective activist prose to examine the nature of the erotic (and erotic intimacy) within cross-racial political unions (Strongman, 2017).
- The evolution of the corruption of the erotic has been examined by celebrated journalist Ariel Levy, who suggests that within our current social climate, young women are prone to engage in their own exploitation, mistaking it for liberation (Levy, 2005).

## Helpers & The Erotic

Not surprisingly, a client who wishes to reclaim their own sense of erotic power would be wise to seek out a therapist with a feminist orientation: one who understands reclaiming and celebrating the feminine within an individual while also recognizing the systematic powers that seek to silence it (Tiefer, 1996).

Additionally, Narrative therapy methods, involving recognizing and giving name to both internal and external obstacles in an attempt to own one's own narrative (Morgan, 2000), could be a powerful method to accept and celebrate one's own desires and embrace the power of "yes."

### Learn More

- Audre Lord reads aloud *Uses of the Erotic*: [bit.ly/37XdZiA](http://bit.ly/37XdZiA)
- Adrienne Maree Brown's blog: [adriennemareebrown.net](http://adriennemareebrown.net)
- *As I Am*, a podcast by LaToya Maria, exploring feminine empowerment, acceptance, and inner truth: [bit.ly/2BAmy6X](http://bit.ly/2BAmy6X)
- *A Feminist Therapist* podcast, examining the privileged and the silenced: [bit.ly/2CFjw7](http://bit.ly/2CFjw7)
- The British Film Institute: *10 Great Films About Female Desire*: [bit.ly/2Nsj5Kq](http://bit.ly/2Nsj5Kq)

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Correspondence concerning this poster presentation should be sent to Nathan Robbel via email at [nrobbel@ego.thechicagoschool.edu](mailto:nrobbel@ego.thechicagoschool.edu).



# Upcoming Events...

## Join Us! A Live Online Conference Weekend



### Sexual Health Alliance

Presents

A SECEPTIONAL ONLINE WEEKEND



### Day 1: 8 CEs

Friday, August 28th 9am-5pm CST  
Stephen Snyder, MD

Rapid Assessment &  
Treatment of Sexual Problems

Male Sexual Health

### Day 2: 8 CEs

Saturday, August 29th 9am-5pm CST  
Sameera Qureshi, MScOT

Sex Education &  
Muslim Communities

[https://sexualhealthalliance.com/online-conferences?mc\\_cid=dca8d97703&mc\\_eid=35d75f0010](https://sexualhealthalliance.com/online-conferences?mc_cid=dca8d97703&mc_eid=35d75f0010)





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## Journal of Counseling Sexology & Sexual Wellness

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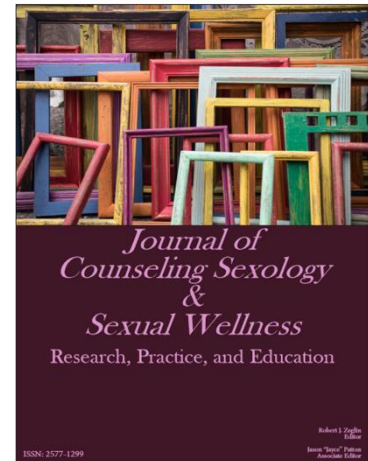
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**The Spring issue of the JCSSW is out now! Check it out at <https://digitalcommons.unf.edu/jcssw/>**

**We are now accepting submissions for Spring 2021 Issue through October 15!**

# Sexuality Resources...

<https://www.zurinstitute.com/resources/human-sexuality-resources/>

## **Human Sexuality**

- **American Association of Sex Educators, Counselors, and Therapists** – AASECT members common interest is in promoting understanding of human sexuality and healthy sexual behavior.
- **American Sexual Health Association** – ASHA programs include: the ASHA Research Fund, HPV Cervical Cancer Prevention Resource Center, Cervical Cancer Prevention Project, !SALSA! (STDs, Adolescents and Latinos: Sexual Health Awareness), Herpes Resource Center, ASH-Net (Adolescent Sexual Health and the Internet), Herpes Foundation, and Viral Hepatitis Education and Training.
- **American Society of Reproductive Medicine** – ASRM is an organization devoted to advancing knowledge and expertise in infertility, reproductive medicine and biology.
- **Association of Reproductive Health Professionals** – AHRP is a multidisciplinary association of professionals who provide reproductive health services or education, conduct reproductive health research, or influence reproductive health policy.
- **Foundation for the Scientific Study of Sexuality** – FSSS' mission is to promote funding for conducting scholarly, scientific research related activities to further the understanding of all aspects of sexuality.
- **The Alan Guttmacher Institute** is focused on sexual and reproductive health research, policy analysis and public education.
- The **International Society for the Study of Women's Sexual Health** is an academic and scientific organization that provides opportunities for communication among scholars, researchers and practitioners about women's sexual function and experiences, and supports high standards of ethics and professionalism in research, education and clinical practice of women's sexuality.
- **Kinsey Institute** – The Institute's mission is to promote interdisciplinary research and scholarship in the fields of human sexuality, gender, and reproduction.
- **Sexuality Information and Education Council of the US** – SIECUS develops, collects, and disseminates information, and promotes comprehensive education about sexuality. The site
- **The Society for the Advancement of Sexual Health** provides information about sex addiction for lay persons as well as clinicians.
- The **Society for Sex Therapy and Research** is composed of a range of professionals who have clinical or research interests in human sexuality. SSTAR aims to facilitate communications among clinicians who treat problems of sexual identity, sexual function, and reproductive life.

## **Gender Identity**

- **The World Professional Association for Transgender Health** – The Association is devoted to the understanding and treatment of gender identity disorders and provides opportunities for scientific interchange among professionals through its biennial conferences and publications.
- **International Foundation for Gender Education** – IFGE is an advocate and educational organization for promoting the self-definition and free expression of individual gender identity.
- **Intersex Society of North America** – The ISNA's "Medical Treatment of Intersexuality" page includes recommendations for treatment of intersexed children.

## **Sexual Orientation**

- **American Academy of Family Physicians' Gay, Lesbian, Bisexual and Transgender Information** – This page contains links to sexual orientation sites for physicians and their patients.
- **Association for Gay, Lesbian and Bisexual Issues in Counseling** – The mission of the Association for Gay, Lesbian, and Bisexual Issues in Counseling is to educate mental health service providers about issues confronting gay, lesbian, bisexual and transgender (GLBT) individuals.
- **Association of Gay and Lesbian Psychiatrists** – The AGLP provides networking and support for lesbian, gay, bisexual and transgendered psychiatrists, and education and advocacy on GLBT mental health issues.

- **Gay and Lesbian Medical Association** – GLMA members include lesbian, gay, bisexual and transgendered physicians, medical students, and other health care professionals, as well as patients throughout North America.
- **National Association of Lesbian and Gay Addiction Professionals** – The Association is dedicated to the prevention and treatment of alcoholism, substance abuse, and other addictions in GLBT communities.
- **National Gay and Lesbian Task Force 2000 Census and Same-Sex Households** – The Census 2000 reporting statistics released by the US Census Bureau have continued to show an increase in the number of reported same-sex partner households across the United States.
- **Society for the Psychological Study of Lesbian, Gay and Bisexual Issues, Division 44, American Psychological Association** – Division 44's goals include: advancing the contribution of psychological research in understanding lesbian, gay, and bisexual issues; promoting the education of psychologists in matters of lesbian, gay, and bisexual concerns; and informing psychologists and the general public of relevant research, educational, and service activities. The site includes a newsletter, *Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients*, and a list of member's publications.
- **It Gets Better** – TAKE THE PLEDGE: Everyone deserves to be respected for who they are. I pledge to spread this message to my friends, family and neighbors. I'll speak up against hate and intolerance whenever I see it, at school and at work.

#### ***Sexual Abuse***

- **Association for the Treatment of Sexual Abusers** – ATSA was founded to foster research, further professional education and provide for the advancement of professional standards and practices in the field of sex offender evaluation and treatment.
- **Child Welfare Information Gateway – Child Sexual Abuse: Intervention and Treatment Issues** – This manual is intended to address the needs of professionals who encounter child sexual abuse in the course of their work.

#### ***Sexual and Reproductive Health***

- **CDC's Reproductive Health Information Source** – Resources cover: assisted reproductive technology reports; unintended pregnancy; women's reproductive health; men's reproductive health; surveillance and research; racial and ethnic minorities; scientific and technical assistance.
- **Consortium for Improvement in Erectile Function** – CIEF is a membership organization comprised of multidisciplinary healthcare practitioners who share an interest in developing and participating in a variety of educational and interactive programs designed to enhance the clinical outcomes of erectile dysfunction therapy.
- **The National Vulvodynia Association** (NVA) is a nonprofit organization created in 1994 to improve the lives of individuals affected by vulvodynia, a spectrum of chronic vulvar pain disorders.

#### ***Sexually Transmitted Diseases (STDs)***

- **AIDSInfo** – Links to regional training centers; cultural and gender resources; management of HIV complications; maternal-child transmission; information for exposure to HIV and how to prevent it; and treatment consultation.
- **American Foundation for AIDS Research** – AmfAR's mission is to prevent HIV infection and the disease and death associated with it and to protect the human rights of all people threatened by the epidemic of HIV/AIDS. amfAR has active programs in basic and clinical research, public and professional education, public policy, prevention science, and global initiatives.
- **Center for AIDS Prevention Studies** – CAPS conducts interdisciplinary research on methods to prevent HIV infection and its consequences. The site includes a list of current research projects, links to model prevention programs, intervention curricula, and survey instruments.
- **HIV/AIDS Bureau – Health Resources and Services Administration** – oversees the CARE Act, which funds primary care and support services for individuals living with HIV who lack health insurance and financial resources for their care.
- **HIV/AIDS – National Prevention Information Network** – Includes: recent publications about HIV/AIDS prevention; the current state of the epidemic in the US; statistics; CDC

guidelines and recommendations for the detection, treatment, and care of HIV/AIDS; program evaluation materials; resources for locating counseling, testing, and referral services; and CDC guidelines for surveillance activities.

- **HIV InSite – Medical Issues** includes information on epidemiology, diagnosis, management, transmission and prevention, treatment resources, antiretroviral management, interactions database treatment guidelines, treatment access & advocacy, patient fact sheets, conference abstracts and summaries, and links to medical newsletters for clinicians.
- **NIH – Division of Acquired Immunodeficiency Syndrome** – “Research Resources and Programs” cover AIDS-related data sets; a database for anti-HIV compounds; an HIV / 01 therapeutics database; an HIV sequence database; an HIV molecular immunology database; the NIAID/NCI inter-institute program for development of AIDS-related therapeutics; the NIH AIDS research and reference reagent program; a resource guide for the development of AIDS therapies; and links to reagent programs and repositories. Click on “Resources for Patients, Physicians, and Investigators”
- **STD Prevention – Centers for Disease Control** provides national leadership through research, policy development, and support of services to prevent sexually transmitted diseases and their complications. The site contains information on funding, program guidelines, research, surveillance, statistics, and treatment guidelines.

### **Journals**

- *Archives of Sexual Behavior*
- *Canadian Journal of Human Sexuality*
- *Contemporary Sexuality*
- *Culture, Health & Sexuality*
- *Gender & History*
- *Gender and Development*
- *Gender and Society*
- *Gender Issues*
- *Gender, Work, and Organization*
- *Journal of Counseling Sexology & Sexual Wellness*
- *Journal of Gay & Lesbian Psychotherapy*
- *Journal of Gay & Lesbian Social Services*
- *Journal of Homosexuality*
- *Journal of Sex and Marital Therapy*
- *Journal of Sex Education & Therapy*
- *Journal of Sex Research*
- *Journal of Women’s Health & Gender-Based Medicine*
- *Perspectives on Sexual and Reproductive Health*
- *Psychology, Evolution & Gender*
- *Sexual Addiction & Compulsivity*
- *Sexual Science*
- *Sexuality & Culture*
- *Sexuality and Disability*
- *Sexually Transmitted Infections*
- *Studies in Gender and Sexuality*
- *Theology & Sexuality*

### **Other electronic journals:**

- *Electronic Journal of Human Sexuality*



# BECOME A MEMBER

<https://www.counselingsexology.com/>

ACSSW has now applied to become an Affiliate Association of ACA. We are on our way to becoming an ACA Division! While you do not have to belong to ACA to be a member of ACSSW in order for ACSSW to become an ACA Division we need ACA members. This is a critical part of our mission of promoting education and training on sexuality for counselors.



*ACSSW Executive Council is looking for members who are interested in taking on leadership roles as ACSSW continues to grow and develop. Contact either Angela Schubert or Frances McClain if you are interested.*