

# ACSSW Fall 2025 Newsletter



Association of Counseling  
Sexology and Sexual Wellness

## Join ACSSW to keep receiving the ACSSW Newsletter!

### Why join as a paid member?

Here are a few reasons to stay connected and engaged with our unique and powerful organization:

- Reduced cost for ACSSW events, including monthly webinars and upcoming certification track (est. release date is 2026)
- Access to video archive of monthly webinars
- Access to archived newsletters and the Resource Library
- Free consultation with ACSSW therapists who have expertise in sexuality counseling
- ACSSW membership logo
- Enrollment to ACSSW email listserv and ACA Connect community
- Networking with ACSSW members

### How to join:

If you are a **current ACA member**, call the ACA Member Services Center (MSC) at 1-800-28-2276, Mon-Fri, 8:30 am – 5:30 pm ET to add ACSSW as a division membership on to your existing ACA member profile.

**Non-members** of ACA must contact the MSC team for assistance. You may join ACSSW on or after July 1, 2025.

If your ACA membership is up for renewal, join ACSSW as a division in the ACA member portal online.

### Division Dues:

Professional: \$50

Regular: \$50

New Professional 1 (first year): \$45

New Professional 2 (second year): \$45

Student: \$40

Retired: \$40

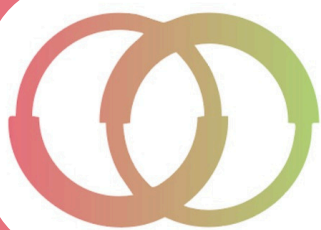
### Recommended Citation:

ACSSW Newsletter. (Fall, 2025). Association of Counseling Sexology & Sexual Wellness Newsletter, 6(3)

The mission of ACSSW, an Organizational Affiliate of ACA, 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.

## Introducing ACSSW's New Logo & New Look!

The mission of ACSSW is to promote sexual wellness as a central aspect of a person's mental wellness.



**Association of Counseling  
Sexology and Sexual Wellness**

ACSSW is now the  
20<sup>th</sup> Division of ACA

Only paid members will be receiving member benefits starting in January 2026, such as receiving discounts to our monthly webinars and ACSSW listserv emails. Be sure you call in to add ACSSW as your division! Or, when you renew your ACA membership be sure to add ACSSW to continue to receive member benefits.

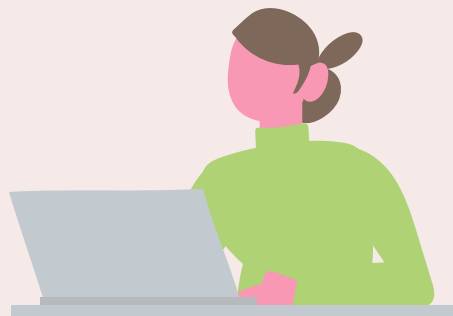


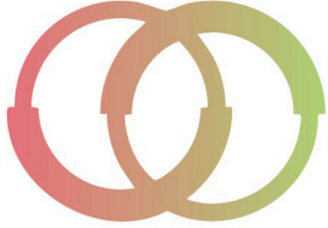
# ***ACSSW Website Update***

For more information, visit:  
**<https://www.counselingsexology.com>**

**The Association of Counseling  
Sexology and Sexual Wellness will be  
moving to a new website. Stay tuned!**

**New website coming soon:  
<https://www.counselingsexology.org>**





# Association of Counseling Sexology and Sexual Wellness

## ***Table of Contents***

President's Letter	...1
ACSSW Inaugural Awards	...3
ACSSW Board of Directors Call for Nominations	...6
ACSSW Annual WebinarSeries: Exemplary Practices	...8
Committee Reports	...9
Articles:	...11
• Harmonizing Body, Mind & Sexual Well-Being: Integrating Sound Baths into Sexual- Wellness and Trauma-Informed Practice	
• Sexual and Reproductive Health Service Intervention Implementation Amid Budgetary Constraints	
• Breaking the Taboo of Self-Pleasure: Integrating Sexual Wellness into Counseling Practice	
• Silent Struggles, Hurtful Words: Reproductive Microaggressions and the Counselor's Role in Promoting Reproductive Justice	
• Embracing Sexuality in Challenging Times	
Sex & Sexuality Celebration & Remembrance Days	...29
Call for Manuscripts:	...31
• ACSSW Newsletter	
• Journal of Counseling Sexology & Sexual Wellness	
ACSSW Leadership	...32
Sexuality Resources	...34

# Letter from the President

Dear ACSSW community,

As we reach the one-year mark of becoming an official division of the American Counseling Association, I am deeply grateful for our members, leaders, and collaborators whose dedication and enthusiasm guided us through this transformative year. This milestone reflects ACSSW's growth as an organization and our shared commitment to advancing counseling sexology and sexual wellness as an integral part of the counseling profession.

I am delighted to **welcome new members of to our Board of Directors**, whose energy and insights strengthen ACSSW's vision. We welcome Sheldon Aaron as our President-Elect, Dr. Julia Lancaster as our Secretary, and Kim Hughes as our Graduate Student Representative. I also want to extend a **huge thank you to our returning Board members**. Dr. Laurie Bonjo has stepped into role of Past President, and Kameela George, our Treasurer, is doing a lot of behind-the-scenes work with establishing our budgetary procedures as a new division. And of course, to our Trustees, Drs. Patricia Arrendondo, Martin Jenicus, and Jane Rheineck, and Governing Council Representative, Dr. Angela Ryckman-Thalassites, for their continued guidance as we navigate these new waters as a division.

I also want to recognize our **Emerging Leaders**. Jerry Mize, as our doctoral level Emerging Leader, brings a strong interest in advancing scholarship in counseling sexology. Our master's level Emerging Leader, Iris Wilson-Farley, is dedicated to advocacy and promoting inclusive, affirming practices within the counseling profession.

This year, we established our inaugural awards suite, with each award named in honor of its first recipient: The **Angela Ryckman-Thalassites Distinguished Professional Service Award**, the **Frances McClain Advocacy Award**, and the **Shannon Shoemaker Emerging Professional Leader Award**. You can read more about the awards and recipients' contributions to ACSSW later in the newsletter.

ACSSW continues to work towards enhancing sexuality counseling training and collaboration opportunities for helping professionals. Our **2025-2026 webinar series** is grounded in the *Exemplary Practices for Counseling Sexology and Sexual Wellness*. **Join us on the third Friday of each month** for a deeper dive into an Exemplary Practice area, presented by leading scholars and practitioners in the field.

Our Research and Scholarship Committee are creating **fun and accessible infographics** to expand the practical reach of the Exemplary Practices. Also, our Education and Training Committee is diligently working on an **ACSSW certification track**, a series of web-based trainings designed to provide a foundational background in counseling sexology for helping professionals. Our Social Justice and Advocacy Committee drafted a letter to CACREP, offering recommendations to **strengthen the inclusion of sexuality in counselor education accreditation standards**. These initiatives mark an important step towards expanding access to comprehensive sexuality counseling education.

Another exciting development is the upcoming launch of our new website, which will offer improved navigation and increased access to member resources, including free on-demand access to our past webinars. Our Promotion and Membership Committee has been hard at work **communicating ongoing changes with ACSSW members** during the transition from ACA organizational affiliate to division and identifying new opportunities for ACSSW members to connect and grow within our community.

We are seeking **ACSSW members to join our committees**, including the BIPOC Committee and the newly established Awards Committee. Please contact us if you are interested in volunteering!

While less glamorous but just as important, our Board has been hard at work on **bylaws revisions** to establish a Treasurer-Elect position and Financial Affairs Committee and drafting **a policy and procedures manual**. These efforts will strengthen our organizational structure, transparency in operations, and long-term sustainability.

Thank you for giving me this opportunity to serve as ACSSW President. I am honored to work with you as this year unfolds, looking ahead with readiness and purpose to strengthen ACSSW's impact in our field.

In Community,



Amber Pope, PhD, LPC, LMHC  
ACSSW President



## The Angela Ryckman-Thalassites Distinguished Professional Service Award

The **Angela Ryckman-Thalassites Distinguished Professional Service Award** honors an ACSSW member whose sustained leadership, vision, and service have made a profound and lasting impact on the organization and the field of counseling sexology and sexual wellness.

The recipient of this award has maintained sustained membership in ACSSW, has engaged in leadership and service roles on behalf of the organization, and has performed essential service responsibilities that are vital to the functioning, development, and continued success of ACSSW. Their contributions reflect a deep commitment to the mission of ACSSW and to advancing sex-positive, justice-oriented professional practices through mentorship, organizational leadership, community building, and structural support.

### 2025 Recipient

Dr. Angela Ryckman-Thalassites is a co-founder and past president of ACSSW. Her influence is imprinted on every aspect of our organization, from its foundational mission to its thriving professional community. Without her vision, persistence, and passion for building an inclusive, sex-positive, and justice-driven professional home, ACSSW simply would not exist.

Dr. Ryckman-Thalassites's research and clinical interests center human sexuality and sexual development across the lifespan, with an emphasis on intersectionality, policy, gender, and systems of oppression that shape and restrict the sexual experiences of historically marginalized communities. Through her teaching and supervision, grounded in experiential learning, somatic processing, and equity-centered pedagogies, she continues to cultivate a generation of clinicians who are attuned to the complexities of sexuality, power, and liberation.

In addition to her leadership within ACSSW, Dr. Ryckman-Thalassites is an AASECT Certified Sex Therapist. She serves as editor of the *Clinical Counseling Chronicle*, sits on the editorial board for the *Journal of Counseling Sexology & Sexual Wellness*, and contributes to the broader field through her popular podcasts *Let's Get Uncomfortable* and *Supervision Time*. These platforms reflect her commitment to challenging norms, demystifying clinical practice, and creating dialogue that is as intellectually rigorous as it is human and honest.

Dr. Ryckman-Thalassites service to the profession ACSSW has been nothing short of transformative. It is with deep appreciation and pride that we honor her as the first recipient of the award that bears her name: the Angela Ryckman-Thalassites Distinguished Professional Service Award.





## The Frances McClain Advocacy Award

The **Frances McClain Advocacy Award** honors an ACSSW member who demonstrates an unwavering commitment to advocacy in the field of counseling sexology and sexual wellness. This award celebrates those who boldly and consistently champion inclusion, equity, and access for all individuals and communities.

The recipient of this award engages in advocacy that is action-oriented, community-informed, and structurally impactful. Their work may take the form of public scholarship, organizational leadership, community partnerships, clinical justice work, policy change, or mentorship, always with a focus on uplifting historically marginalized communities and expanding access to sexual wellness. Their contributions reflect a deep alignment with the liberatory, sex-positive, and intersectional mission of ACSSW.

### 2025 Recipient

Dr. Frances “Fran” McClain is a co-founder of ACSSW. She has exemplified what it means to advocate boldly and compassionately at every level of our field. As ACSSW President (2022–2023), she established the BIPOC Task Force to center the sexuality education and training needs of Black, Indigenous, and People of Color—a critical initiative that reflects her unwavering commitment to justice, access, and liberation.

She has also served as a foundational thought leader, sitting on the editorial board of the *Journal of Counseling Sexology & Sexual Wellness: Research, Practice, and Education*, editing the quarterly ACSSW newsletter, and leading a longstanding partnership with The Chicago School through a dynamic webinar series focused on sexuality and sexual wellness.

Her advocacy extends far beyond ACSSW. Dr. McClain is a respected voice on the Advisory Board of *Teach While Queer*, where she helps guide an international, justice-oriented nonprofit. In her clinical work, she embodies her values by offering pro bono psychotherapy services and providing training and consultation to community agencies, hospitals, and court systems throughout Cook County.

With this award, we honor Dr. McClain’s profound impact on our field and affirm that her work continues to shape the future of counseling sexology. We are proud to recognize her as the first recipient of the Frances McClain Advocacy Award, named in her honor and inspired by her legacy.



## Shannon Shoemaker Emerging Professional Leader Award

The **Shannon Shoemaker Emerging Professional Leader Award** honors an ACSSW member earlier in their careers whose visionary leadership is transforming the field of counseling sexology and sexual wellness. This award recognizes individuals who embody her legacy of pleasure-centered, inclusive, and creative leadership.

The recipient of this award demonstrates bold, emerging leadership in the field of counseling sexology and sexual wellness, making an impact through leadership roles, scholarship, programming, public education, supervision, advocacy, or clinical innovation, especially those that challenge status quos and make space for underrepresented voices. Their work pushes the boundaries of conventional practice and thought by introducing bold new ideas, models, or approaches, and aligns with the mission of ACSSW through a commitment to social justice, creativity, and professional growth.

### 2025 Recipient

Dr. Shannon Shoemaker served as ACSSW President from 2023–2024 and currently serves as Editor of the *Journal of Counseling Sexology and Sexual Wellness (JCSSW)*. Under her leadership, she guided ACSSW with steadiness, vision, and compassion. During her term as ACSSW President, Dr. Shoemaker advanced pleasure as a liberatory and transformative theme, challenging the field to embrace joy, embodiment, and justice as integral to sexuality counseling.

Across her clinical practice, scholarship, and leadership, she implements culturally sustaining and innovative approaches that support holistic sexual wellness. Dr. Shoemaker is committed to collaborative, equity-driven, and socially conscious counseling and counselor education. Drawing from postmodern and experiential frameworks, she integrates critical reflection and creative applications to prepare emerging clinicians to navigate the intersections of sexuality, identity, and power with depth and integrity.

A dedicated mentor, Dr. Shoemaker has also cultivated and supported emerging leaders within ACSSW. Her influence extends nationally and internationally through her engagement with professional organizations, including the American Counseling Association and the Association for Creativity in Counseling.

This award honors her visionary leadership within ACSSW and her efforts to promote radical sexual wellness across communities. We are proud to recognize her as the first recipient of the award that bears her name.

# ***ACSSW Board of Directors Nominations for 2026 Elections***

Hello, ACSSW Members!

We are seeking nominations for the 2026-2027 Board of ACSSW! Join us as a member of our Board to help shape our organization and promote training, research, and education related to sexual health and wellness!

*We are currently seeking nominations for a variety of Board positions.* Applicants must be active members of both ACA and ACSSW prior to nomination. See below for details of each available position. We welcome self-nominations as well.

President-Elect (3-year commitment: 1 year as President-Elect, 1 year as President, 1 year as Past-President)

- **President-Elect:** Shall perform the duties of President as needed. The President-elect shall coordinate nominations processes for ACSSW. President-Elect appoints committee chairs in accordance with and except as otherwise specified in ACSSW Bylaws, policies and procedures.
- **President:** Preside over all meetings of ACSSW. The President shall chair and preside at meetings of the Board. The President shall perform the duties customary to that office and such additional duties as advised by the Executive Council.
- **Past President:** Shall perform the duties of President as needed. Past-President supports organizational efforts and initiatives.

# ***ACSSW Board of Directors Nominations for 2026 Elections***

- **Governing Council Representative (3-year commitment):**  
Serves as a liaison between ACSSW and ACA; ex-officio (non-voting) on the board of directors. GC representative will provide guidance to the executive council and act as the ACSSW representative on the ACA Governing Council.
- **Graduate Student Representative (1-year commitment):**  
Serves as a liaison between ACSSW and student membership to ensure ACSSW executive council considers the needs of student members. Additionally, graduate student representative serves as a voting member on the ACSSW board of directors.
- **Clinical Representative (1-year commitment):** Serves as a liaison between ACSSW and members who are clinical practitioners to ensure ACSSW executive council considers the needs of practitioners and the populations they serve. Additionally, the clinical representative serves as a voting member on the ACSSW board of directors.

To indicate interest in any of these opportunities, please complete the ACSSW Call for Nominations survey found at [HERE](#) no later than Sunday, December 7th, 2025 at 11:59pm EST. Read more about our mission and Board at <https://www.counselingsexology.com/>. If you have any questions, please contact ACSSW President-Elect, Sheldon Aaron: [sheldon.aaron93@gmail.com](mailto:sheldon.aaron93@gmail.com)

In Solidarity,

Sheldon Aaron, LCPC (IL), NCC  
ACSSW President-Elect

# ***ACSSW Annual Webinar Series 2025/2026***

## **Exemplary Practices for Counseling Sexology & Sexual Wellness**

<b>December 19th</b>	<b>How Sexuality Develops &amp; Changes Over Time</b>	Dr. Bill Willis, Co-Author of the text, <i>"Sexuality Counseling: Theory, Research, and Practice"</i>
<b>January 16th 2026</b>	<b>Attractions</b>	Dr. Clark Ausloos, President of SAIGE, Co-Author of the Exemplary Practices
<b>February 20th</b>	<b>Intimacy &amp; Interpersonal Relationships</b>	Dr. Julianna Lytle, Research & Scholarship Committee Chair, Co-Author of the Exemplary Practices
<b>March 20th</b>	<b>Pleasure &amp; Sexual Subcultures</b>	Dr. Bianca Augustine, Co-Author of the Exemplary Practices
<b>April 17th</b>	<b>Sexual Functioning</b>	Chelsea Yang, LCPC, CST, Doctoral Student

These webinars are offered at \$10 to ACSSW Members. Contact [ACSSW@counselingsexology.com](mailto:ACSSW@counselingsexology.com) if you have trouble with registering for ACSSW webinars or need the coupon for reduced rate as ACSSW member.

These programs have been approved for APA, CA BBS, IL IDFPR, NBCC, and AASECT.

The Office of Continuing Education at The Chicago School is now a Continuing Education Provider for the American Association of Sexuality Educators, Counselors and Therapists (AASECT).

Be sure to check out all of the past ACSSW webinars available for homestudy CEs at: <https://tcspofficeofce.com/the-association-for-counseling-sexology-sexual-wellness-acssw/>



# ***ACSSW Committee Reports***

## ***Membership & Promotions Committee***

***Chair: Tanisha James***

The Membership & Promotions Committee would like to thank **Kallie Chapman for compiling an incredible list of sexuality celebration days**. This was a four-year endeavor for the committee, and as part of a senior year practicum experience project, she took this project and ran with it! The Committee thanks Kallie for her tireless work in compiling an expansive list of days! We will share these sexuality days each newsletter and will be promoting them on the website.

The Membership and Promotions Committee would like to thank **Cameron Chaikin** for her four-year dedication to the committee. During her time, she assisted in promoting ACSSW via our Instagram social media account, which included recognizing national sexual health and sexuality celebrations, recognizing BIPOC communities, and promoting ACSSW's monthly webinars. We wish Cameron well during her next endeavors!

The Membership and Promotions Committee is seeking two committee members who are passionate about communicating with members! Primary duties will include promotion via social media and email marketing. Fresh ideas and a commitment of 2-4 hours per month are desired. If interested, reach out to [acssw@counselingsexology.com](mailto:acssw@counselingsexology.com).

## ***Social Justice & Advocacy Committee***

***Co-Chairs: Dana Kirkpatrick & Iris Wilson-Farley***

The Social Justice & Advocacy Committee has been coordinating with SAIGE regarding current legislature and trends targeting the LGBTQIA+ communities, especially as it related to the transgender community and recent attempts to reintroduce conversion therapy. Additionally, the committee is exploring ways ACSSW can advocate for issues such as body autonomy, access to sexual health and wellness care, and improved sexual education for all ages.

# ***ACSSW Committee Reports***

## ***Research & Scholarship Committee***

***Chair: Juliana Lytle***

The Research & Scholarship committee is currently working on sharing infographics on exemplary practices for the new year. The committee will also be **seeking researchers and authors to spotlight their research**. Please be on the lookout for more information soon!

## ***BIPOC Committee***

***Co-Chairs: David Julius Ford, Jr.***

The BIPOC Committee is exploring ways to shore up the counselors and other divisions with the trends toward canceling DEI initiatives and other programming supporting equity and inclusion. Many of the legislative trends directly impact BIPOC communities, especially making access to sexual healthcare more challenging.

## ***Education & Training Committee***

***Co-Chairs: Angela Ryckman-Thalassites & Brandon Pettry***

Our ACSSW Education and Training Committee co-chairs, Dr. Angela Ryckman-Thalassites and Brandon Pettry, are energized by our mission to equip all mental health professionals, and especially those in counselor education, with the skills, language, and confidence to navigate human sexuality in ethical, inclusive, and culturally responsive ways. Guided by the twelve Human Sexuality Counseling Exemplars published by Dr. Amber Pope and the Research Committee, we are developing an immersive training curriculum that blends personal reflection, foundational knowledge, and applied clinical practice.

The Fundamentals of Sexual Wellness Counseling certificate includes a ten-module series spans core areas such as values and belief exploration, anatomy and identity, ethical decision-making, lifespan development, medical considerations, sexual intimacy in relationships, paraphilic disorders, and trauma-informed care. As we near completion of the certificate track outline, we are excited to expand the field's access to structured, research-informed sexuality training. Our aim is to publish the human sexual wellness certificate by May 2026!

# Articles

## Harmonizing Body, Mind & Sexual Well-Being: Integrating Sound Baths into Sexual-Wellness and Trauma-Informed Practice

*Beda Bjorn, PhD, LMHC, QS  
Barry University*

### Introduction

In the evolving landscape of sexual health, wellness, and trauma-informed care, practitioners are increasingly exploring holistic and integrative modalities that honor the interplay between body, nervous system, relational attunement and sexual expression. One such modality gaining both popular interest and emerging research support is the “sound bath”, a guided immersion in vibrational sound using instruments such as singing bowls, gongs, chimes and tuning forks, in which individuals are invited to rest or receive while “bathed” in sound waves and vibrations (Goldsby, Goldsby, McWalters, & Mills, 2016; Goldsby & Goldsby, 2020; Kim & Choi, 2023; Rio-Alamos, Montefusco-Siegmund, Cañete, Sotomayor, & Fernandez- Teruel, 2023). As counselor educators and supervisors working in sexology and sexual wellness, we have a unique opportunity to consider how sound-bath healing can be intentionally and ethically woven into sexual-health interventions, trauma healing frameworks, coupleswork, and individual counseling practices (Sanabria & Murray, 2019).

In this article, I outline (1) the conceptual rationale for sound baths in sexual-health and trauma contexts; (2) the emerging evidence base for sound/vibrational therapy and its relevance to sexual wellness; (3) a trauma-informed framework for integrating sound bath structures into counseling and sexology practice; (4) practice considerations, contraindications and ethical cautions; and (5) suggestions for future directions in research, training and supervision. My aim is to provide an integrative resource for counselor educators, supervisors, and clinician-practitioners who wish to expand their repertoire of holistic, nervous-system-sensitive interventions in sexual wellness.

### 1. Why Sound Baths? Rationale for Sexual-Health and Trauma Healing Integration

Sexual health is more than the absence of dysfunction; it is the positive embodiment of pleasure, connection, autonomy, safety, nervous-system regulation, and relational attunement. Trauma, especially sexual trauma, often disrupts nervous system regulation, somatic awareness, interoception and the capacity for present-moment pleasure or safe bodily attunement. The metaphor of “vibrations” resonates. Trauma may leave the body “holding” tension, dissociation, rigidity or hypo/hyper-arousal while, conversely, pleasure and sexual vitality often emerge when the nervous system is regulated, the body’s aliveness is felt, and one can inhabit one’s soma safely and fully (Meneses, 2015).

Sound baths offer a way to intervene at the level of vibration, resonance and nervous-system regulation. The vibratory input of singing bowls, gongs or chimes can be conceptualized as a somatic/sensory cue to the nervous system, inviting the shift from sympathetic dominance to a more parasympathetically-mediated state (rest, repair, connection). By doing so, a client or couple may become more embodied, more attuned, relaxed, less hypervigilant, more present to sensation and relational attunement, qualities that directly bolster positive sexual health and healing from trauma. From a sexology lens: if pleasure is grounded in safe somatic receptivity, then interventions that support regulation and receptive embodiment are vital. From a trauma lens: somatic interventions that do not rely solely on cognitive processing but engage the nervous system, body and senses can deepen healing.

Thus, integrating sound bath healing structures into sexual-health work can serve multiple functions: (a) as a nervous-system regulation entry point; (b) as a somatic “reset” or attunement before relational/sexual work; (c) as a relational lever in couples work (shared immersive experience of sound); (d) as a symbolic/ritual container for the transition from trauma-holding to pleasure-embodied states; and (e) as a psychoeducational tool for clients to embody the connection between body, sensation and sexual wellness.

## **2. Emerging Evidence: Sound Healing, Nervous System Regulation & Sexual Wellness**

While the research based on sound baths per se remains nascent, a growing body of literature in sound/vibrational therapy, music therapy, and sensory-somatic interventions provides initial support for their value in wellness, trauma and relational contexts.

### ***Nervous System Regulation & Sound***

One observational study found that participants in a “Tibetan singing bowl” sound meditation reported significant reductions in tension, anger, fatigue and depressed mood, and increases in spiritual well-being, after a single session (Walter & Hinterberger, 2022). The authors stated that the “relaxation response” (i.e., shift to parasympathetic dominance) may be the active mechanism. Another review noted that sound baths may affect brain-wave entrainment (e.g., greater theta/delta waves) and heart-rate variability (HRV), both markers of nervous system regulation (Goldsby, 2025; Walter & Hinterberger, 2022).

### ***Trauma Healing and Sound***

Sound therapy is emerging as a complementary method in trauma and post-traumatic stress disorder (PTSD) work. For example, published reviews have highlighted how rhythmic auditory stimulation and sound-vibrational modalities may help with trauma symptoms by altering arousal-regulation, promoting embodied sensory processing and providing non-cognitive somatic pathways to emotion release (Landis-Shack, Heinz & Bonn-Miller, 2017; Goldsby, 2025).

### ***Sexual Health Relevance***

Although less common, there is evidence linking acoustic sound-wave therapies (in a medical context) with sexual-health outcomes: for example, sound wave therapy has been used in male sexual dysfunction (erectile dysfunction, increased blood flow, improved sensitivity) through acoustic shock-wave treatments (Avanti Medical Center, n.d.). For female reproductive and sexual-health contexts, some recent sources suggest that sound therapy may improve vagal tone, hormonal balance and interoceptive awareness in reproductive health contexts (Avanti Medical Center, n.d.). Furthermore, in relational work, sound therapy has been described as enhancing emotional intimacy, synchronizing heart-rates and breathing between partners, improving communication and trust, dimensions central to sexual wellness (Transcend Sound Healing, n.d.).

Taken together, the data suggests that while empirical research is still emerging, and rigorous randomized control trials are scarce, there is sufficient conceptual and pilot-level support for the relevance of sound bath healing structures in sexual-health and trauma- therapeutic work. As counselor educators and supervisors, we can approach this integration with both cautious optimism and ethical mindfulness.

### **3. A Trauma-Informed Framework for Integrating Sound Baths into Sexual-Health Practice**

When integrating sound-bath structures into sexual health and trauma work, it is essential to do so within a trauma-informed, ethics-driven, culturally humble framework. Below is a suggested multi-phase model for implementation, adaptable for individual therapy, couples work, group workshops, or supervision contexts.

#### ***Phase 1: Preparation & Psychoeducation***

- Introduce the concept of sound baths :define what a sound bath is, the instruments used, the typical format (lying down, comfortable setting, guided by practitioner).
- Link the neuroscience: explain how vibration and sound can influence nervous-system states (e.g., shift toward parasympathetic activation), body sensation, interoception, and regulation.
- Relate to sexual-health and trauma context: explain how nervous-system dysregulation, somatic hyper/hypo-arousal, and relational disconnection may impact sexual wellness and healing from sexual trauma. Clarify that the sound bath is not a standalone “sexual therapy,” but a somatic/embodied adjunct to the counseling work.
- Obtain informed consent: ensure clients understand the nature of the session (relaxed, receptive, possibly somatically evocative), are aware of the optional nature of participation, and can opt out or modify if discomfort arises(ACA, 2014, SectionA.2.a).
- Assess readiness: clients (or couples) should have sufficient regulation capacity (or co- therapist/co-facilitator support)such that the somatic activation from sound is tolerable. In trauma clients, ensure anchoring and resource-building strategies are in place.

#### ***Phase 2: Induction& Attunement***

- Set the environment: comfortable, safe space, mats or cushions to lie down, optional eye- cover, low lighting, minimal distractions, warming of room.
- Grounding/centering exercise: begin with gentle guided breath, body scan or attunement to ease into the session. Emphasize safety, choice and embodiment.
- Sound bath immersion: practitioner plays singing bowls, gongs, tuning forks (or recorded soundscape) in a sequence designed to lead participants from mid-to low arousal, perhaps shifting brain-wave states to more theta/alpha (Goldsby et al., 2016, 2017; 2022; Goldsby & Goldsby, 2020; Goldsby, 2025) .
- Optional sexual-health invitation: after initial immersion (15-20 minutes) invite a reflective prompt (internal or guided) such as: “Notice any sensations in your body. Notice your pelvis, breath, spine. If safe, bring to mind your sense of sexual aliveness or desired relational/or sensual experience.” For couples: “May you both attend to the resonance between your bodies, your breathing, your shared field of presence.” (Meneses, 2025)
- Pair somatic cues with relational cues: For couples or group work in sexual-wellness context, invite shared silence or shared attunement after the sound bath, then perhaps guided conversation about what bodily shifts, sensations or emotions emerged (Meneses, 2025).



### ***Phase 3: Integration & Processing***

- Slow return: after the sound bath, provide time for silent rest, gentle transition to seated position, grounding via breath and body scan (Goldsby et al., 2016).
- Processing dialogue: invite reflection, what did you feel? Where in your body were you most aware? Did any old somatic stories, sensations, or memories arise? How did your sense of sexual pleasure, aliveness, relational connection shift (or not)? (Walter & Hinterberger, 2022).
- Linking to sexual-health goals: In individual or couples therapy, use this as a springboard into sexual-health goals: e.g., enhancing interoceptive awareness, exploring pleasurable sensation, reducing self-judgment about sexual desire, increasing relational attunement or relational nervous-system resonance (Meneses, 2025).
- Trauma safety check: For clients with a history of sexual trauma, check for any dysregulation, triggers, flashback responses or overwhelm. Re-anchor with resource- building safe-place imagery, somatic resourcing (e.g., felt-sense, breath, safe boundary awareness).
- Home-practice suggestion: Provide clients optional home practices: e.g., recorded singing-bowl audio for 10 minutes, mindful pelvic-scan after sound, or partner- attunement listening together.

### ***Phase 4: Supervision & Programmatic Considerations***

- For educators/supervisors: train supervisees in somatic awareness, sound bath facilitation basics, trauma-informed group/process design, sexual-health integration, client screening for readiness, contraindications (e.g., severe dissociation, psychosis, uncontrolled seizure disorder) (Goldsby, 2024; Miller & Byers, 2012; Weir, 2019).
- Documentation & referral: Maintain clear documentation of client experience, track any adverse reactions, ensure referral pathways if clients become dysregulated or therapy- needs exceed sound-bath adjunct scope.

## **4. Practice Tips, Ethical Cautions & Contraindications**

### ***Practice Tips:***

- Choose a certified or experienced sound-bath facilitator (or train accordingly) who understands trauma-sensitive approaches.
- For sexual-health work, invite optional partner/couple participation as a shared sensory relational experience (with consent).
- Embed explicit sexual-health/reflection prompts post-session to tie the somatic experience to sexual wellness goals (rather than leaving it purely “wellness aesthetic”).
- Use client consent forms that clearly state the nature of sound-bath immersion, possible somatic/emotional reactions, and optionality.
- Monitor for client feedback on body sensations, emotional shifts, nervous system responses. Include questions such as: “What changed in your body? What bodily area felt more alive? Did you notice a shift in sexual arousal, comfort with your body, relational attunement?”
- Integrate as part of a broader sexual-health plan, sound bath is adjunct, not replacement for evidence-based sexual-therapy interventions (e.g., sensate focus, sexual communication training, trauma-informed sexual therapy, medically-informed sexual wellness work).

### ***Ethical Cautions & Contraindications:***

- Sound bath immersion may evoke strong somatic/emotional responses, especially in clients with trauma history; screening and stabilization are crucial.
- Do not present sound baths as a “cure” for sexual dysfunction or trauma; maintain appropriate scope of practice.
- Be mindful of client vulnerability in lying-down, receptive states, ensure boundaries, informed consent, and a clear safety plan.
- Contraindicated (or at least proceed with caution) in clients with uncontrolled seizure disorder, certain types of psychosis, extreme dissociation, or who are in acute trauma crisis without sufficient stabilization.
- Cultural humility: Sound healing practices often come from Indigenous or Eastern traditions; be mindful of cultural appropriation and ensure respectful framing.
- Monitor for outcome data and evaluate for client safety, efficacy, and satisfaction; guard against enthusiasm outpacing evidence (The Golden Thread, 2025).

### **5. Future Directions: Research, Training & Supervision**

The research based on sound bath healing is promising yet underdeveloped. For our division, the following directions are suggested:

- Conduct pilot studies of sound-bath adjuncts within sexual-health interventions (e.g., couples’ sexual-wellness workshops, trauma-informed sexual-therapy groups) to track outcomes: interoceptive awareness, genital/erotic sensation, relational intimacy, sexual satisfaction, nervous-system regulation (e.g., HRV), somatic symptom reduction (Goldsby, 2024; Weir, 2019).
- Train counselor-supervisors and sex-therapists in trauma-sensitive sound bath facilitation, develop competency benchmarks, supervision protocols, and safety guidelines (Sanabria & Murray, 2018).
- Explore qualitative work: client narratives of embodied sexual rejuvenation post-sound bath, clients’ somatic/metaphoric language of “resonance,” “aliveness,” “flow” in sexual wellness (Walter & Hinterberger, 2023).
- Advance culturally responsive models of sound healing in sexual wellness (e.g., honoring Indigenous sound traditions, ensuring inclusivity for LGBTQ+ populations, assessing cultural meaning of sound in erotic/pleasure contexts).
- Integrate measurement of sexual-health outcomes alongside nervous-system markers (HRV, brain-wave EEG) and somatic-symptom scales to strengthen evidence base (Kim & Choi, 2023).

### **Conclusion**

As educators, supervisors, and practitioners in counseling, sexology, and sexual wellness, we are called to expand our modality palette in ways that honor the fullness of human experience, body, nervous system, relational connection, pleasure, trauma, and healing. Sound-bath healing structures offer a promising, somatically oriented bridge between nervous-system regulation and positive sexual embodiment. When implemented within a trauma-informed, culturally humble, ethically grounded framework, sound baths can deepen clients’ capacity for interoception, somatic attunement, relational resonance, and sexual aliveness.

Incorporating sound bath experiences into sexual health work does not replace our core evidence-based approaches, but rather complements them by attending to often-overlooked dimensions: vibration, resonance, embodiment, sensory attunement, and nervous system regulation. For clients whose sexual lives have been impacted by trauma, nervous-system dysregulation, or relational disconnection, this kind of somatic adjunct can foster new pathways of pleasure, safely-held embodiment, and relational intimacy.

I invite you, as sexology educators, supervisors and clinicians, to explore, pilot and evaluate this integrative pathway. By doing so, we honor the emerging science of sound, the wisdom of somatic healing traditions, and the profound truth that sexual wellness is rooted in body, mind and relational resonance.

## References

- American Counseling Association. (2014). ACA Code of Ethics. <https://www.counseling.org/knowledge-center/ethics>.
- Elisa J. Sobo (2024) SoundBaths, Trauma Talk, and the Wellness Paradox in the USA, *Medical Anthropology*, 43:5, 367-382, DOI: [10.1080/01459740.2024.2377289](https://doi.org/10.1080/01459740.2024.2377289)
- Goldsby, T. L., Goldsby, M. E., McWalters, M., & Mills, P. J. (2017). Effects of Singing Bowl Sound Meditation on Mood, Tension, and Well-being: An Observational Study. *Journal of Evidence-Based Complementary & Alternative Medicine*, 22(3), 401–406. <https://doi.org/10.1177/2156587216668109>
- Goldsby, T. L., & Goldsby, M. E. (2020). Eastern Integrative Medicine and Ancient Sound Healing Treatments for Stress: Recent research advances. *PubMed*, 19(6), 24–30. <https://pubmed.ncbi.nlm.nih.gov/33488307>
- Goldsby, T. L., Goldsby, M. E., McWalters, M., & Mills, P. J. (2016). Effects of singing bowl sound meditation on mood, tension, and well-being: an observational study. *Journal of Evidence-Based Complementary & Alternative Medicine*, 22(3), 401–406. <https://doi.org/10.1177/2156587216668109>
- Goldsby, T. L., Goldsby, M. E., McWalters, M., & Mills, P. J. (2022). Sound Healing: Mood, Emotional, and Spiritual Well-Being Interrelationships. *Religions*, 13(2), 123. <https://doi.org/10.3390/rel13020123>
- Goldsby, T. L. (2024). Research Reveals That Sound and Frequency Can Reduce Stress. Reduce your stress and chill with a sound healing. *Psychology Today*. Retrieved from: <https://www.psychologytoday.com/us/blog/less-stress-more-peace/202410/research-reveals-sound-and-frequency-reduce-stress>
- Kim, S., & Choi, M. (2023). Does the sound of a singing bowl synchronize meditational brainwaves in the listeners? *International Journal of Environmental Research and Public Health*, 20(12), 6180. <https://doi.org/10.3390/ijerph20126180>
- Kim, D., Kim, N., Lee, Y., Kim, S., & Kwon, J. (2023). Sound stimulation using the individual's heart rate to improve the stability and homeostasis of the autonomic nervous system. *Physiological Reports*, 11, e15816. <https://doi.org/10.14814/phy2.15816>
- Landis-Shack, N., Heinz, A. J., & Bonn-Miller, M. O. (2017). Music Therapy for Posttraumatic Stress in Adults: A Theoretical Review. *Psychomusicology*, 27(4), 334–342. <https://doi.org/10.1037/pmu0000192>
- Meneses, E. (2025). Harmonic Healing: The Influence of Sound Therapy on Cultivating Forgiveness. Sound Healing and Therapy Certificate Program Globe Institute.
- Miller, S. A., & Byers, E. S. (2012). Practicing psychologists' sexual intervention self-efficacy and willingness to treat sexual issues. *Archives of Sexual Behavior*, 41(4), 1041–1050. <https://doi.org/10.1007/s10508-011-9877-3>
- Rio-Alamos, C., Montefusco-Siegmund, R., Cañete, T., Sotomayor, J., & Fernandez-Teruel, A. (2023). Acute relaxation response induced by Tibetan Singing bowl sounds: a randomized controlled trial. *European Journal of Investigation in Health Psychology and Education*, 13(2), 317–330. <https://doi.org/10.3390/ejihpe13020024>
- Sanabria, S., & Murray, T. L. (2018). Infusing human sexuality content and counseling in counselor education curriculum. *American Journal of Sexuality Education*, 13(2), 190–204. doi:10.1080/15546128.2018.1457461

## References Continued

The Golden Thread. (2025). Trauma-Informed Therapy: Best Practices for Working with Complex Trauma. Retrieved from: <https://www.blueprint.ai/blog/trauma-informed-therapy-best-practices-for-working-with-complex-trauma#:~:text=Safety:%20Create%20environments%20that%20promote,while%20using%20strength%2Dbased%20approaches>.

Transcend Sound Healing (n.d.). Sound Healing for Couples: Tune Up Your Love Life. Retrieved from: <https://transcendsoundhealing.com/why-attend-a-transcend-sound-healing-sound-bath/>

Walter, N., & Hinterberger, T. (2022). Neurophysiological effects of a singing bowl massage. *Medicina*, 58(5), 594. <https://doi.org/10.3390/medicina58050594>

Weir, K. (2019). Ce corner: Sex therapy for the 21st century: Five emerging directions. American Psychological Association. Retrieved from <https://www.apa.org/monitor/2019/02/cover-cecorner>



# Sexual and Reproductive Health Service Intervention Implementation Amid Budgetary Constraints

*Ariana Cervantes-Borges, PhD & Janee Both Gragg  
Inland Empire Mental Health Training & Integration Center  
University of Redlands*

Counselors and researchers alike who advocate for equitable access to sexual and reproductive wellbeing information may be left scrambling amid funding cuts and reductions. Sexual and reproductive healthcare is an area that is often overlooked in many professions, be it counseling, psychology, and medicine. Not only is sexual and reproductive care overlooked, but it has also been actively targeted and systemically dismantled amid recent budgetary cuts that impact both national and international services. In 2023, \$400 million in STI funding was rescinded from the Centers for Disease Control (CDC) by the federal government (Cohen, 2023). This funding was appropriated to support research and workers investigating STIs and ways to reduce transmission. Since then, there have been further threats to funding and access to sexual and reproductive healthcare following the enactment of the “One Big Beautiful Bill.” Within this bill are provisions that limit research funding for HIV/AIDs and cut programs supporting maternal health, contraceptive access, and other sexual and reproductive healthcare services (House Committee on Appropriations, 2025; Pub. L. No. 119-21, 2025). These cuts to national resources and supports limit counselors and researchers seeking to implement interventions and provide information that promotes equitable access to sexual and reproductive health services.

Further, the U.S. government did not spare international funding for sexual and reproductive programs from budgetary restrictions. In 2025 alone, \$607.5 million of previously appropriated funds for international family planning were terminated (Borel et al., 2025). This retraction of funding has had detrimental impacts on programs aimed to support newborn and maternal health and HIV treatment and prevention in economically disadvantaged countries.

Moreover, efforts made by the Department of Government Efficiency have effectively dismantled USAID funding and left many other impoverished countries without humanitarian aid and access to much-needed sexual and reproductive health services. In the wake of these disastrous repercussions, how do we as counselors and researchers continue to advocate for the communities we attempt to support?

In a time in which there seems to be an insurmountable pressure to shelve certain pursuits due to the daunting task of addressing barriers outside of our immediate control; we as professionals should remain level-headed and think of innovative ways to circumvent systemic barriers to sexual and reproductive wellbeing. Reductions in funding and resources, although destabilizing, should not stagnate our work promoting equitable access to sexual healthcare. Rather, this should challenge us to continue providing much-needed assistance using different modalities and resources available to us. The transmission of sexual health information [A1] via mobile health technology (mHealth) may allow us to continue implementing interventions in the absence of funding.

## MHealth

Funding cuts and limitations to sexual and reproductive health counseling and research programs require professionals to think critically of how to best provide impactful services in a cost-effective manner. MHealth may be a viable option as this refers to the use of mobile devices to implement health programs and provide health information. MHealth interventions (e.g., digital/social media health campaigns, medication text reminders) have demonstrated their efficacy at providing health information (Cerdeira et al., 2019; Leeman-Castillo et al., 2010) while taking into consideration barriers that may be encountered by counselors and researchers (e.g., lack of resources, staff, money, time). Innovation is required to circumvent barriers that we may continue to encounter when advocating for sexual and reproductive wellbeing. MHealth programs may be the solution to some of these issues.



## Implementation

Mhealth interventions and educational videos can be created using free and/or easily available resources to counselors and researchers. Although primitive, counselors and researchers may be able to use a combination of resources such as presentation slides, audio recordings, iMovie, and stock animations to successfully create interventions and educational videos to promote sexual and reproductive wellbeing among disadvantaged communities. Construction and implementation of such interventions have demonstrated relative success in two recent dissertations, one of which is currently under review (Cervantes-Borges, 2025; Sagaribay, 2024). Within one intervention, theoretically driven and culturally sensitive videos promoted STI testing intentions, improved STI-related knowledge, and reduced STI-related stigma (Cervantes-Borges, 2025).

## Construction

Essentially, there are five basic steps to the video construction: 1) Script Writing, 2) Audio Recording, 3) Animated Avatar Creation, 4) Timed Slide Creation, and 5) Integration. Although these steps are essential for creating the final product, it is up to clinicians and researchers to properly address and tailor messaging to target groups, as well as adequately incorporate theory to support desired outcomes (e.g., educate, drive behavioral change). Moreover, clinicians and researchers must be aware of copyright infringements and/or guidelines for utilizing components that are “pre-made.” Below, we provide a brief overview of key considerations to creating Mhealth initiatives:

- *1) Script Writing* : Individuals should construct a script that helps guide the entire process. Considerations must be made regarding four separate areas for successful implementation: 1) content conveyed, 2) goals of the project (e.g., behavior modification vs education), 3) target population, and 4) theoretical underpinnings. Addressing these topics is a unique process for each project, given that desired goals may drive certain modifications (e.g., addressing cultural values for certain populations of interest).
- *2) Audio Recording*: Creating effective audio begins with thoughtful preparation. Content creators should consider how tone, pacing, and emotional presence shape the listener’s experience. Even well-intended speech patterns can be interpreted differently once recorded. That is, comforting attempts may sound rushed, overly intense, or unintentionally harsh. Reflecting on the intended emotional quality, clarity of articulation, and overall pace can enhance both the educational value and ease of later editing. A steady, clear, and relaxed delivery generally produces the most accessible and versatile audio for integration with visual components.
- *3) Animated Avatar Creation*: Animated avatars can be produced through a range of design platforms, with tools like Adobe Express and Canva allowing users to build simple looping animations from existing figures or custom-designed images. For those who prefer ready-made assets, stock animation libraries (e.g., Videoplasty) offer pre-created animated figures that can be easily incorporated. The goal at this stage is to establish a visual style and set of recurring characters or images that will anchor the final product.
- *4) Timed Slide Creation*: Designing slides or visual scenes provides the structural foundation for the video. Creators can develop a sequence of environments (e.g., classrooms, clinical offices, counseling spaces) and populate them with avatars and other animated elements. These elements are typically configured to trigger automatically so that motion aligns with the eventual audio. This stage is primarily about shaping the visual narrative and ensuring the scenes will translate smoothly into video format.
- *5) Integration*: The final phase involves combining the visual sequence (exported from presentation software as a video file) with the prepared audio track in a video editing program such as iMovie. Here, creators refine timing, adjust transitions, and ensure that visual cues align with spoken content. The outcome is a cohesive multimedia product ready for sharing, dissemination, or further adaptation.

Constructing intentionally thoughtful high quality sexual and reproductive health service interventions and educational videos in this way allows us to effectively disseminate information to marginalized populations via the web. This increases reach and inclusivity of different populations to promote sexual and reproductive wellbeing implementation at a time when funding for much-needed programs is limited and/or absent.

## References

Borel, F., Damavandi, S., & Taqi, I. (2025, August 6). Six months in: How the trump administration is undermining sexual and reproductive health and rights globally. Guttmacher Institute.  
<https://www.guttmacher.org/2025/08/six-months-how-trump-administration-undermining-sexual-and-reproductive-health-and-rights>

Cerda Diez, M., E. Cortés, D., Trevino-Talbot, M., Bangham, C., Winter, M. R., Cabral, H., Norkunas Cunningham, T., M. Toledo, D., J. Bowen, D., K. Paasche-Orlow, M., Bickmore, T., & Wang, C. (2019). Designing and evaluating a digital family health history tool for Spanish speakers. *International Journal of Environmental Research and Public Health*, 16(24), 4979. <https://doi.org/10.3390/ijerph16244979>

Cervantes-Borges, A. (2025). *Mi cuerpo, mi salud: A brief sexual health pilot intervention for the promotion of Latina STI testing* [Unpublished doctoral dissertation]. University of Texas at El Paso.

Cohen, A. (2023, June 14). CDC alerts states of cuts to STI workforce, blames debt deal. *Roll Call*.  
<https://rollcall.com/2023/06/14/cdc-alerts-states-of-cuts-to-sti-workforce-blames-debt-deal/>

Leeman-Castillo, B., Beaty, B., Raghunath, S., Steiner, J., & Bull, S. (2010). Luchar: Using computer technology to battle heart disease among Latinos. *American Journal of Public Health*, 100(2), 272–275.  
<https://doi.org/10.2105/ajph.2009.162115>

Pub. L. No. 119-21, 139 Stat. 72 (2025). <https://www.govinfo.gov/app/details/BILLS-119hr1eh>.  
Republicans use funding bill to dismantle our health care system and attack public education. House Committee on Appropriations. (2025, September 10). <https://democrats-appropriations.house.gov/news/press-releases/republicans-use-funding-bill-dismantle-our-health-care-system-and-attack-public>

Sagaribay, R. (2024). *Examining the effects of a week-long social media abstinence intervention, iWeek, on general well-being, mental health, and body image concerns in Latina college students* (Publication No. 4144) [Doctoral dissertation, University of Texas at El Paso]. ProQuest Dissertations and Theses Global.



# Breaking the Taboo of Self-Pleasure: Integrating Sexual Wellness into Counseling Practice

*Hera Lonetree-Rindahl, MA, LPC, CSAC, CS-IT, Dual Diagnosis Therapist; Doctoral Candidate  
The Chicago School*

*Michelle Schoolcraft, MS, LPC, CSAC, CSW. CS-IT*

## Introduction

Self-pleasure, commonly referred to as masturbation, remains one of the least discussed and most misunderstood aspects of human sexuality, even within therapeutic settings that emphasize openness and holistic wellness. Despite the growing cultural acceptance of sex positivity, discussions surrounding self-pleasure often evoke discomfort or avoidance among both clients and clinicians. This silence is especially evident among individuals whose sexual experiences are shaped by intersecting identities, including those from marginalized, Indigenous, and religious communities, where self-pleasure may be viewed as taboo or morally suspect.

For many, shame surrounding self-pleasure is compounded by trauma, stemming from sexual abuse, religious conditioning, or the broader effects of cultural and intergenerational trauma that disconnect individuals from their bodies and capacity for pleasure. These layered experiences can manifest as anxiety, dissociation, or self-blame, reinforcing cycles of silence and disconnection (Common Symptoms of Sexual Abuse, n.d.). Addressing self-pleasure in counseling, therefore, becomes not only a matter of sexual wellness but also an act of healing and reclamation. This article explores the importance of integrating conversations about self-pleasure within counseling practice, emphasizing the need to unpack cultural taboos, apply trauma-informed and ethical approaches, and strengthen the counselor's role in promoting embodied, culturally humble, and restorative pathways toward sexual well-being.

## Historical and Cultural Context

The history of self-pleasure is as complex as the taboos and beliefs surrounding it. In some ancient cultures, self-pleasure was regarded as a creative or divine act. The Sumerians believed that Enki, the god of water, created the Tigris and Euphrates Rivers through his ejaculation during self-pleasure. Similarly, the ancient Egyptian god Atum was said to have created the universe through a divine orgasm that dispersed his seed into the surrounding void.

In contrast, ancient Greek culture associated self-pleasure with a lack of self-control and lower social status. Women's self-pleasure, in particular, was viewed as dangerous and untrustworthy. Judeo-Christian traditions later condemned non-procreative sexual acts, citing divine punishment for "spilling the seed" (Madenholm, 2023). Likewise, Judaism, Islam, and Christianity discouraged self-pleasure, framing it as a diversion from familial duty and the sacred act of procreation (Jaiswal, 2024).

By the eighteenth century, Western medicine pathologized self-pleasure as illness. Robert James's Medicinal Dictionary (1743) described it as "productive of hideous consequences" (Burton, 2024). Tissot's L'Onanisme (1760) and Esquirol's Des Maladies Mentales framed it as a cause of physical and mental decline. Victorian-era moral panic reinforced these beliefs, and early American psychiatric manuals listed masturbation as a disorder until 1968.

Freud later reframed sexuality as integral to psychological health, arguing that repression fuels neuroses. Yet colonial and religious influences persisted, criminalizing self-pleasure in places like the Puritan Colony of New Haven (Jaiswal, 2024).

## Addressing Intersectionality and Marginalized Identities

Viewing self-pleasure through an intersectional lens reveals how gender, sexuality, culture, and spirituality shape embodied experience. Western sexology often presents masturbation as universally liberating, overlooking the realities of individuals navigating multiple marginalized identities (Collins & Bilge, 2020; Fine, 2021). Double standards persist: self-pleasure is often celebrated in men yet stigmatized in women (Tiefer, 2004; Fahs, 2014). LGBTQ+ individuals may find self-pleasure both empowering and alienating within systems that marginalize non-heteronormative expression (McClelland et al., 2020; Wilkinson, 2022).

Many Indigenous and other BIPOC communities view sexuality through relational or sacred lenses centered on harmony and respect rather than individual gratification (Brant, 2016; Deer, 2022; Wilson, 2015). Western discourses equating freedom with empowerment can invalidate traditions valuing modesty or restraint (Hooks, 2013; Lorde, 1984). Religious teachings add further complexity as individuals balance moral frameworks with embodied curiosity (Schuck & Liddle, 2001).

Culturally humble dialogue allows counselors to honor client values while exploring pleasure without judgment. For some, healing means reclamation; for others, reverence (Hook et al., 2017; Singh & Moss, 2021). Intersectional awareness promotes inclusive, ethical, and contextually grounded sexological practice.

## Practical Strategies for Counselors

Counselors can employ trauma-informed and integrative strategies to help clients explore self-pleasure within frameworks of psychological health and cultural humility. Cognitive reframing challenges shame-based beliefs rooted in socialization or religious guilt (Brotto & Yule, 2017). Psychoeducational tools, such as bibliotherapy, anatomy education, or guided body-mapping, build awareness and autonomy.

Language is central to normalization. Inclusive terms such as self-touch or self-intimacy reduce stigma (Lehmiller, 2021). Ongoing training through the American Association of Sexuality Educators, Counselors, and Therapists (AASECT) and similar organizations ensures competence grounded in ethics, cultural humility, and evidence-based care (AASECT, n.d.; Sexual Health Alliance, n.d.; Modern Sex Therapy Institutes, n.d.). By integrating these approaches, counselors can dismantle shame while fostering client safety, authenticity, and self-acceptance.

## The Counselor's Role: Ethical and Clinical Considerations

Counselors play a pivotal role in normalizing self-pleasure as part of broader discussions on sexual health, self-awareness, and emotional well-being. Such dialogues must remain client-centered, addressing concerns like body image, trauma, or intimacy (Tiefer, 2004; Levin & van Berlo, 2004). The counselor's task is to cultivate a safe space where sexuality can be explored without judgment while maintaining ethical boundaries (American Counseling Association [ACA], 2014).

Cultural sensitivity and self-reflection are essential. Practitioners should examine their values and biases to ensure inclusive, sex-positive communication (Hook et al., 2017; Singh & Moss, 2021). The ACA Code of Ethics (2014) and AASECT standards (2022) both emphasize accurate, shame-free sexual education. Integrating mindfulness and body-awareness practices (Kabat-Zinn, 2013) can help clients reconnect with themselves after trauma, framing pleasure as self-care and empowerment.

Counselors can normalize self-pleasure within discussions of self-care, body image, and intimacy. Inclusive language and trauma-informed approaches reduce shame and affirm diverse experiences. Ongoing education in sexual wellness and cultural responsiveness, through AASECT and similar organizations, enhances ethical competence.

Self-reflection remains vital. Counselors must assess personal comfort and beliefs to maintain client-centered, value-aligned discussions. By applying sex-positive, culturally grounded frameworks, practitioners foster empowerment, safety, and connection, turning a historically taboo topic into a pathway for healing and wholeness.

Ultimately, bringing conversations about self-pleasure into counseling is a critical step toward holistic healing. Moral and cultural taboos have long shaped how individuals experience their bodies, often fostering shame and disconnection. When addressed through openness, cultural humility, and trauma-informed care, clients can reconnect with their bodies and view pleasure as a source of balance and resilience.

Integrating self-pleasure discussions is not merely about sexual health, it is an act of restoration. It allows clients to reclaim autonomy, challenge inherited stigma, and integrate sexuality into their emotional and mental wellness. Through reflective and ethical practice, counselors help transform silence into acceptance and self-compassion.

## References

American Association of Sexuality Educators, Counselors, & Therapists. (n.d.). AASECT certification overview. <https://www.aasect.org/aasect-certification>

American Association of Sexuality Educators, Counselors, & Therapists. (2022). Professional ethics and standards. AASECT. <https://www.aasect.org/ethics-and-standards>

American Counseling Association. (2014). ACA Code of Ethics. Author. <https://www.counseling.org/resources/aca-code-of-ethics.pdf>

Brotto, L. A., & Yule, M. (2017). Asexuality: Sexual orientation, paraphilia, sexual dysfunction, or none of the above? *Archives of Sexual Behavior*, 46(3), 619–627. <https://doi.org/10.1007/s10508-016-0802-7>

Burton, N. (2024). Masturbation: A brief history of masturbation—A behavior with many benefits. *Psychology Today*. <https://www.psychologytoday.com/us/blog/hide-and-seek/201710/a-brief-history-of-masturbation>

Hare, E. H. (1962). Masturbatory insanity: The history of an idea. *Journal of Mental Science*, 108(452), 1–25. <https://doi.org/10.1192/bjp.108.452.1>

Hook, J. N., Davis, D. E., Owen, J., Worthington, E. L., Jr., & Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology*, 60(3), 353–366. <https://doi.org/10.1037/a0032595>

Jaiswal, S. S. (2024). Masturbation, end of the world & self-control, a new beginning. *Indian Journal of Social Science and Literature (IJSSL)*, 3(4), 7–11. <https://doi.org/10.54105/ijssl.D1124.03040624>

Kabat-Zinn, J. (2013). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness* (Rev. ed.). Bantam Books.

Kilwein, M. L. (1989). Thomas Szasz—A sampling of his thoughts. *Journal of Clinical Pharmacy and Therapeutics*, 14(5), 323–327. <https://doi.org/10.1111/j.1365-2710.1989.tb00255.x>



## References Continued

Lehn, E. W., Chahboun, S., & Page, A. G. (2023). Purity or perversion? From taboo to fact: Kindergarten teachers' reflections on age-normal sexuality. *Frontiers in Psychology*, 14, Article 1212456. <https://doi.org/10.3389/fpsyg.2023.1212456>

Lehmiller, J. J. (2021). *Tell me what you want: The science of sexual desire and how it can help you improve your sex life*. Hachette.

Levin, R. J., & van Berlo, W. (2004). Sexual arousal and orgasm in subjects who experience sexual abuse: Implications for treatment. *Journal of Sex & Marital Therapy*, 30(3), 199–205. <https://doi.org/10.1080/00926230490262393>

Madenholm, T. (2023). The rules of masturbation in ancient Greece. *Haaretz*. <https://www.haaretz.com/archaeology/2023-04-10/ty-article/the-rules-of-masturbation-in-ancient-greece/00000187-6a8d-d484-adeb-ea8de62d0000>

McClelland, S. I. (2010). Intimate justice: A critical analysis of sexual satisfaction. *Social and Personality Psychology Compass*, 4(9), 663–680. <https://doi.org/10.1111/j.1751-9004.2010.00293.x>

Modern Sex Therapy Institutes. (n.d.). AASECT certification and CE courses. <https://modernsextherapyinstitutes.com/>

Mushy, S. E., Rosser, B. S., Ross, M. W., Lukumay, G. G., Mgopa, L. R., Bonilla, Z., ... Leshabari, S. (2021). The management of masturbation as a sexual health issue in Dar es Salaam, Tanzania: A qualitative study of health professionals' and medical students' perspectives. *The Journal of Sexual Medicine*, 18(10), 1690–1697. <https://doi.org/10.1016/j.jsxm.2021.07.011>

Schuck, K. D., & Liddle, B. J. (2001). Religious conflicts experienced by lesbian, gay, and bisexual individuals. *Journal of Gay & Lesbian Psychotherapy*, 5(2), 63–82. <https://doi.org/10.1080/19359705.2001.9962276>

Sexual Health Alliance. (n.d.). AASECT-approved certification and CE programs. <https://sexualhealthalliance.com/>

Singh, A. A., & Moss, L. (2021). Queering counseling and psychotherapy. American Counseling Association. (n.d.). Common symptoms of sexual abuse. *TheGatehouse.org*. <https://www.thegatehouse.org/wp-content/uploads/2015/06/MENPH1-2019.pdf>

Wilkinson, D. J. (2022). Does sexual identity and religious practice have implications for individual's subjective health and wellbeing? Secondary data analysis of the Community Life Survey. *Mental Health, Religion & Culture*, 25(6), 563–577. <https://doi.org/10.1080/13674676.2021.2019206>





## **Silent Struggles, Hurtful Words: Reproductive Microaggressions and the Counselor's Role in Promoting Reproductive Justice**

*Dr. Anna Flores Locke*  
*Charlandra Counseling Services*  
*Lehman College*

Infertility affects 1 in 6 couples (Bühler, 2021). About 50% of women, in their fertile years, choose to postpone childbearing until after the age of 35 (ACOG, 2014; Salazar, et al., 2023), and about 15% of women choose to be childfree (Arndt, 2025). Spanning life from puberty through menopause, women are making choices related to their fertility. Throughout life, they face societal pressure, disapproval, stigma, and hurtful comments that place blame and shame on them. In this article, I introduce the term “reproductive microaggression” to capture the act of saying hurtful words and the experience of being the target of those statements.

Since the inception of the United States, procreation has been viewed as a “patriotic duty” and a “moral obligation” to expand a growing nation (May, 1995). Embedded in this social sense of obligation is a perception of the “right” and “normative” method to parenthood - namely, procreating during the prime years and within a monogamous relationship between a man and woman. Due to this normative narrative, those who do not meet this generalized expectation face disapproval, stigma, and shame.

Some statements that are often received include:

- “Don’t you want children?”
- “Are you selfish for pursuing your career and not having children?”
- “The goal of a successful marriage is to have children.”
- After a miscarriage, I was told, “Oh well, you can have another!”
- or “There was probably something wrong with it.”
- “You already have three children.”
- “It was just a chemical pregnancy. It wasn’t meant to be.”

Reproductive microaggressions are subtle or overt, often unconscious verbal, behavioral, or environmental indignities that convey derogatory, dismissive, or stereotypical messages related to an individual's reproductive experiences, choices, or capacities. Rooted in sociocultural norms surrounding fertility, parenthood, and gender roles (Overall, 2012), these microaggressions can manifest in everyday interactions from the workplace to the home. They also may contribute to psychological distress, stigmatization, and a diminished sense of agency among individuals navigating infertility, pregnancy loss, living childfree (whether involuntary or by choice), and other reproductive health challenges (Lawson & Swanson, 2024).



While frequently framed as well-intentioned, reproductive microaggressions often reinforce normative assumptions about who should reproduce, how, and when—thereby marginalizing those whose reproductive journeys fall outside these expectations (Overall, 2012). These interactions reflect and perpetuate broader systems of reproductive normativity and social control, intersecting with identities such as gender, race, class, sexual orientation, and disability.

The private has become public.

The need to reproduce is not only a biological drive, but it also serves a psychological function and social one as well (Covington, 2006). Due to these multiple factors, women facing infertility experience high level of stress, depression, and anxiety; for no matter how hard they try they cannot achieve a pregnancy (Lawson & Swanson, 2024). Facing reproductive microaggressions only makes the journey harder, increasing stress, and further isolates the person from the community that she turns to for support.

The journey of fertility - whether it involves planning for children, facing infertility, choosing to be childfree, or navigating societal expectations - demands a deeper level of empathy and understanding from counselors and the public alike. By naming and addressing reproductive microaggressions, we validate the lived experiences of those who have been silenced, shamed, or overlooked in conversations about reproduction. Counselors are uniquely positioned to foster spaces of safety, affirmation, and advocacy, helping clients navigate the emotional toll of reproductive challenges while working to dismantle the stigma that surrounds them. Promoting public trust begins with acknowledging these microaggressions and committing to inclusive, nonjudgmental care that honors the full range of reproductive identities and experiences.

## References

American College of Obstetricians and Gynecologists (2014). Female age-related fertility decline. Committee Opinion No. 589. *Obstet Gynecol.* 123: 719–21.

Arandt, K. (2025). Navigating the choice to be childfree. *Psychology Today*.

Chernoff, A., Balsom, A. A., & Gordon, J. L. (2021). Psychological coping strategies associated with improved mental health in the context of infertility. *Archives of Women's Mental Health*, 24(1), 73–83.

Bühler, N. (2021). When Reproduction Meets Ageing: The Science and Medicine of the Fertility Decline. Emerald Publishing Limited. <http://ebookcentral.proquest.com/lib/lehman-ebooks/detail.action?docID=6624212>

Covington, S. (2006). *Infertility Counseling: A Comprehensive Handbook for Clinicians*. Cambridge University Press.

Klipstein, S. (2023). The role of compassionate reproductive care and counseling in the face of futility. *Fertility and Sterility*, V. 120(3).

Lawson, A., & Swanson, A. (Eds.). (2024). *Trauma-Informed Reproductive Healthcare*. Springer Nature Switzerland. <https://doi.org/10.1007/978-3-031-67474-7>

May, E.T. (1995). *Barren in the Promised Land: Childless Americans and the Pursuit of Happiness*. Basic Books.

Overall, C. (2012). *Ethics and Human Reproduction (RLE Feminist Theory): A Feminist Analysis*. Taylor & Francis Group. <http://ebookcentral.proquest.com/lib/lehman-ebooks/detail.action?docID=1092690>

Salazar, A., Díaz-García, C., & García-Velasco, J.A. (2023). Third-party reproduction: A treatment that grows with societal changes. *Fertility and Sterility*, V. 120(3).

# *Embracing Sexuality in Challenging Times*

by Juquatta Brewer, Ph.D, LPC  
Contributing Editor

In today's politically charged environment, it's become quite apparent that specializing in areas related to marginalized communities carries distinct and growing risks. Engaging in counseling and education around sexuality is not exempt. The recent firing of a Texas A&M professor for teaching gender identity amid an intense backlash fueled by an executive order limiting gender discourse highlights how educators and counselors focusing on areas of sexuality and antiracist topics face unprecedented scrutiny and professional jeopardy (Yurcaba, 2025). As a counseling profession, we have made strides over the last few decades in centering multiculturalism and social justice at the forefront of our work, and as a subgroup, sexuality is becoming a rising focus in education, training, and counseling. However, as political movements seek to dismantle LGBTQ+ protections, impose restrictive Christian nationalist values, suppress comprehensive sex education, and demonize honest conversations about sexuality, counselors and educators are faced with difficult decisions on how to proceed in doing the work our clients so desperately need.

This current political hostility clashes directly with a robust body of research that positions sexual freedom and wellness as integral components of mental health and overall well-being. It's been well established that the essential role of addressing sexuality within counseling is to promote holistic client well-being. Intersecting with mental, emotional, and physical health, sexuality is a fundamental dimension of human existence as well as a normative developmental experience across the lifespan (World Health Organization, 2006). There is evidence supporting that sexual concerns often co-occur with psychological distress such as anxiety and depression, making sexuality-informed interventions critical for effective treatment (Brotto et al., 2025). Counselors who integrate sexuality into their clinical work enable clients to explore and resolve issues related to sexual functioning, identity, and relationships, which can enhance overall wellness and counseling outcomes (Urry et al., 2023).



Sexuality education plays a vital role in preparing counselors to competently and confidently address sexual health topics. Despite its importance, many counselors-in-training report discomfort and insufficient instruction in sexuality-related content, which can negatively impact the inclusivity and quality of services (Emelianchik-Key et al., 2022). Incorporating sex-positive, culturally competent approaches in counselor education fosters open dialogues about sexuality while reducing stigma and equipping future counselors to serve diverse populations effectively.

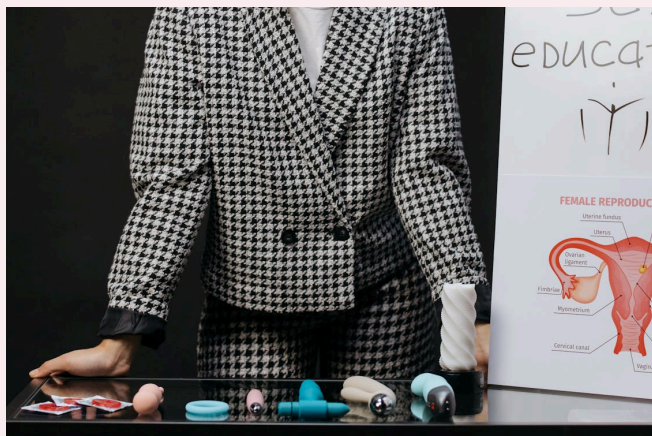
Additionally, counselor advocacy efforts regarding sexuality extend beyond the counseling space to drive social justice and community wellbeing. Advocacy by counselors helps combat sexual stigma and discrimination in ways that support the rights and health of sexual minorities and promote access to comprehensive sexual health resources (Abbott et al., 2023). Such engagement reflects fundamental principles central to ethical counseling practice, including equity, resilience, and client empowerment.

The current reality of the country and the more direct impacts in our communities can elicit fear and anxiety about addressing sexuality in schools, colleges, and in clinical practice. Terminology such as indoctrination and gender ideology has been used to push binary constructs as the norm and to disparage anything outside of that. Feeling vulnerable or apprehensive is entirely valid given these pressures. Many have witnessed colleagues targeted, marginalized, or even dismissed because of their sexual health or gender related advocacy. This environment makes practicing with authenticity and advocacy for sexual minorities more challenging than ever.

However, there are practical strategies to manage these anxieties while staying engaged in sexuality-informed counseling:

1. **Cultivate** strong peer and professional support networks, especially within the Association of Counseling Sexology and Sexual Wellness.
2. **Practice** thoughtful self-care and mental health monitoring to mitigate burnout and secondary trauma. Now is the time to continue to prioritize wellness.
3. **Stay informed** about institutional or agency policies and legal rights while advocating for academic and clinical freedom.
4. **Develop** clear boundaries and pacing with clients and students around sensitive sexual topics to foster safety and trust. Acknowledge that some individuals may have personal judgments about certain topics, while considering why it may be important to clients or relevant for people in the client's life.
5. **Engage** in continuing education and supervision focused on navigating sociopolitical complexities in sexuality work.

While the risks are real, there is reason for hope. Persistent commitment to sexuality counseling advances social justice, supports marginalized individuals, and enriches the field's depth and effectiveness. Our professional community remains dedicated to mutual support, advocacy, and resilience in protecting spaces for sexual health education and counseling. Together, the Association of Counseling Sexology and Sexual Wellness stands as a vital resource and ally, empowering clinicians and educators to continue their essential work despite the challenges. Your courage in specializing in and advocating for matters of sexuality is profoundly appreciated, and you are not alone.



## References

- Abbott, M., Vargas, P., & Santiago, R. (2023). Sexuality training in counseling psychology: A mixed-methods study of student perspectives. *Journal of counseling psychology*, 70(1), 52–66. <https://doi.org/10.1037/cou0000641>
- Brotto, L. A., Atallah, S., Carvalho, J., Gordon, E., Pascoal, P. M., Reda, M., Stephenson, K. R., & Tavares, I. M. (2024). Psychological and interpersonal dimensions of sexual function and dysfunction: Recommendations from the fifth international consultation on sexual medicine (ICSM 2024). *Sexual Medicine Reviews*, 1–26. <https://doi.org/10.1093/sxmrev/qeae073>
- Emelianchik-Key, K., Labarta, A. C., & Irvine, T. (2022). Understanding education in sexuality counseling from the lens of trainees: A critical examination and call for increased attention and training. *Journal of Counseling Sexology & Sexual Wellness: Research, Practice, and Education*, 3 (2), 70-81. <https://doi.org/10.34296/03021057>
- Urry, K., Breakey, G. R., Scholz, B., & Chur-Hansen, A. (2024). Approaches for improving sexuality and sexual health care in mental health settings: A qualitative study exploring clinicians' own perspectives. *International journal of mental health nursing*, 33(1), 125–133. <https://doi.org/10.1111/inm.13234>
- World Health Organization. (2006). Defining sexual health. <https://www.who.int/teams/sexual-and-reproductive-health-and-research/key-areas-of-work/sexual-health/defining-sexual-health>
- Yurcaba, J. (2025, September 10). Texas A&M fires professor over gender-identity lesson in literature course. *NBC News*. <https://www.nbcnews.com/nbc-out/out-news/texas-m-fires-professor-gender-identity-lesson-literature-course-rcna230337>

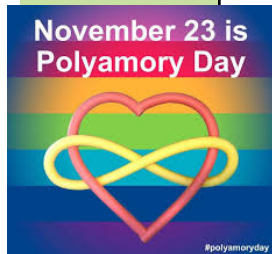


# Sex & Sexuality Celebration & Remembrance Days

## ERECTILE DYSFUNCTION AWARENESS MONTH

### November

### Transgender Awareness Month



Trans Awareness Month

National Erectile Dysfunction Month

4th: National Sex Toy Day

12th: International Men's Day

13th-19th: Transgender Awareness Week

20th: International Transgender Day of Remembrance

23rd: Polyamory Day



### December



AIDS Awareness Month

Universal Human Rights Month



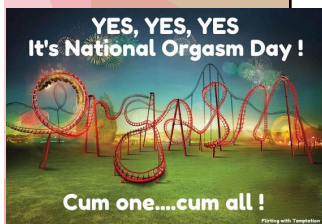
1st: World AIDS Day

8th: Pansexual Pride Day

10th: Human Rights Day

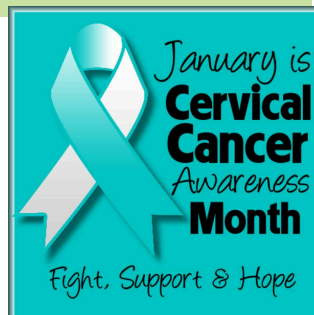
17th: International Day to End Violence Against Sex Workers

22nd: Global Orgasm Day



# Sex & Sexuality Celebration & Remembrance Days

January	
Cervical Health Awareness Month	Self-Love Month
1st Week of January Women's Self-Empowerment Week	6th: National Cuddle Up Day
21st: National Hugging Day	26th: National Spouses Day
Third Friday in January: International Fetish Day	





**We are now accepting manuscript  
submissions for the ACSSW Winter 2026  
Newsletter.**

**The deadline for submissions is  
January 31<sup>st</sup>, 2026.**



Submissions must be no more than 1500 words, grounded in peer-reviewed research/content, and may not have been previously published, nor be forthcoming in an archival journal or book (print or electronic). The ACSSW newsletter is not a peer reviewed journal, but we do have editors who review the submissions for grammatical errors and ensure the article is in keeping with ACSSW principles and guidelines. We will publish articles that promote sexual wellness, research studies, and conceptual articles. The ACSSW newsletter editorial team requires that all authors follow the most current ACA Code of Ethics and Standards of Practice. All manuscripts must conform to standards detailed in the most recent edition of the APA Publication Manual. The newsletter supports the use of gender-neutral pronouns, including the singular “they.” Manuscripts should be concise, yet with enough detail to provide clarity.

**We are looking for new team members!**

**Send inquires to Frances McClain at  
[fmcclain@thechicagoschool.edu](mailto:fmcclain@thechicagoschool.edu)**

**or**

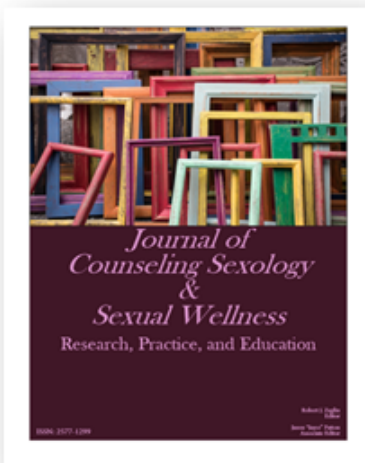
**Katrina Ramirez at  
[kramirez2@ego.thechicagoschool.edu](mailto:kramirez2@ego.thechicagoschool.edu)**

# ***Journaling of Counseling Sexology & Sexual Wellness: Research, Practice, & Education***

The Journal of Counseling Sexology & Sexual Wellness: Research, Practice, and Education will publish two issues per year: Spring/Summer and Fall/Winter.

All manuscripts will undergo double-blind peer review by at least two Editorial Board members. The Journal of Counseling Sexology & Sexual Wellness: Research, Practice, and Education editorial team is committed to ensuring an efficient review process and aims to communicate all initial decisions within 90 days of submissions.

Manuscripts are accepted throughout the year on a rolling basis so send yours in anytime!



To find more, check out the following link:  
<https://digitalcommons.unf.edu/jcssw/>

## **Editor-in-Chief**

Shannon Shoemaker, Shippensburg University

## **Associate Editor**

Kendra Speicher Eisenstark, Hood College

## **Associate Editor**

Niko Wilson, William James College

## **Founding Editor**

Robert J. Zeglin, University of North Florida



# ***ACSSW Leadership***

## ***Board of Directors***

### ***Executive Council***

**President:** Amber Pope

**President-Elect:** Aaron Sheldon

**Secretary:** Julia Lancaster

**Treasurer:** Kameela George

**Past President:** Laurie Bonjo

### ***Trustees***

Patricia Arredondo

Marty Jencius

Jane E. Rheineck

### ***Representatives***

**Governing Council Board Representative:** Angela Thalassites

**Graduate Student Representative:** Kim Hughes

**SWIC Representative:** Cheryl Walker

### ***Committee Chairs***

**BIPOC Committee**

David Julius Ford

**Education & Training**

Angela Ryckman-Thalassites

Brandon Pettry

**Membership & Promotion**

Tanisha James

**Social Justice & Advocacy**

Dana Kirkpatrick

Iris Wilson-Farley

**Research & Scholarship**

Julie Lytle

**Annual Webinar Series Committee**

Frances McClain

### ***Emerging Leaders***

**Doctoral Level:** Jerry Mize

**Master's Level:** Iris Wilson-Farley

### ***ACSSW Newsletter Staff***

**Editor:** Frances McClain

**Assistant Editor:** Katrina Ramirez

**Contributing Editor:** Jeff Strozier

**Contributing Editor:** Juquatta Brewer

# ***Follow ACSSW on Social Media***



Follow us on Facebook



Follow us on Instagram

*Updates to all media  
Coming Soon!*

# 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 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 (WPATH)** – 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/Affectional 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 .

## 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 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 Black Sexuality and Relationships
- 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](#)