

# NEWSLETTER

## FALL 2020

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



**What's Inside:**

From Our ACSSW President.....2

Trustee Spotlight:  
Dr. Tanisha Sapp.....4

SWIC ACA Interest Network:  
Sexual Wellness by Cheryl Walker.....5

Articles:  
Masturbation: Gender Stigmatized Sexual Behavior Affecting Women's Sexual Wellness.....7

Enhancing Sexual Wellness with Mindfulness..... 12

Upcoming Events:  
2021 Webinar Series..... 15

ACSSW Leadership..... 16

Journal of Counseling Sexology & Sexual Wellness..... 17

Sexuality Resources..... 18

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## From Our ACSSW President...

### Celebrating Bisexual Visibility

Angela Schubert

*"I call myself bisexual because I acknowledge that I have in myself the potential to be attracted – romantically and/or sexually – to people of more than one sex, and/or gender, not necessarily at the same tie, not necessarily the same way, and not necessarily to the same degree"*

*– Robyn Ochs, bisexual activist*

Labels. I am not one to personally appreciate or own them in any particular fashion, but I see their worth in their ability to establish and promote agency and to signal a place folx can call "home" – a place to connect and share meaning within themselves and with others. Perhaps my hesitancy to use labels comes from my innate openness to all things or perhaps, out of fear that someone might pigeonhole me into a labeled corner. Maybe a little bit of both? Leaning in, I would like to take this opportunity to honor and celebrate a part of my sexual script and share it with you all. After all, since *Bisexual Visibility Week* was September 16<sup>th</sup> through the 23<sup>rd</sup> I thought it appropriate to share that I mostly align with the definition of bisexual with a sprinkle of pansexual magic.

In essence, I think bisexuality is equivalent to a human unicorn – someone who inherently has it within them to be attracted to others and to love and be loved by others. Okay, I guess I called myself a unicorn and that doesn't sit well, but you see what I'm saying...I hope. There are so many fantastically human unicorns out there – take a moment to consider them.

What makes it so important for bisexuality to be visible is that it is part of a person that is often not seen, and when it is seen, it is heavily criticized. With visibility comes risk and yet, it is important to highlight for all the reasons mentioned before – agency, empowerment, connection, and community. According to the CDC (Copen, Chandra, Febo-Vazquez, 2016), 5.5 percent of women and 2 percent of men said they were bisexual compared to 1.3 percent of women and 1.9 percent of men who identify as gay or lesbian. Although this statistic suggests that bisexuality, as an identified orientation, is the largest single group in the LGB community, people continue to question the existence and authenticity of bisexuality. As a result of ongoing stigma and discrimination, folks who identify as bisexual are at increased risk for a variety of mental health, substance use, and sexual health problems (Feinstein & Dyar, 2017).

Sometimes folx find it challenging to connect to that which they do not know. I am offering you some of my experiences as an example of the challenges experienced by those of us who identify as bisexual. Below are a few of the criticisms I have received over the years. Hopefully by the end of it, readers might have a better sense of the human who identifies as bisexual.

Okay, here we go (a deep breath in):

- When same-sex friends find out, they think you're attracted to them. This one always stings – as if it isn't already hard enough to make friends.
- When you date straight men, sometimes you can visually see the thought of your liking women manifest into a full-blown fantasy of threesomes (and maybe others do – not yuckin' yums here).
- When you date women who identify as lesbians, sometimes your feelings are doubted because there is a chance "you really want a man". Those who cannot let this thought go ends with them breaking up with you and it is gut wrenching because you really liked them.
- When you are in gay gatherings, your queerness is questioned and sometimes you get hit with the lecture about how you "have a choice" and that you are not gay enough. I would say that selecting deli meat is a choice. But I don't think anyone can help who they fall in love with or with whom they are attracted.
- When you are in a straight relationship you are perceived straight. When you are in a same sex relationship, you are perceived gay. It just doesn't work like that – physical and affectional attraction is not black and white for those on the bisexual spectrum. Not internally. Not spiritually. Not ethically.
- When you are in a straight relationship, you have to choose for yourself whether it is important to "come out" and honor that part of yourself. And here is the choice I get makes it difficult to love on the unicorns, but it doesn't make the struggle any less real for them.

For me, I consider my orientation vital to my being. She is like a silky robe I wear on the inside and she's gorgeously imperfect. Because I love that part of me (and why not), the coming out process occurs regularly, over and over again, with people I don't know, students I don't know, colleagues I don't know, friends who think they know. It is important for me to be seen as a whole person. In the end, I am more than any relationship I have ever been in.

Moral of the story: Bi-negativity and bi-invisibility are real. Folx who identify as bisexual experience invisibility and discrimination from the lesbian, gay, and straight communities. As such, bisexual visibility awareness and support from the mental health field is vital to the mental wellness of the individual and the entire bisexual community. When considering the mental health risk involved for those who identify as bisexual, it is imperative for counselors to explore any potential biases and assumptions they have about bisexuality. Clinicians who are more knowledgeable of the challenges people who identify as bisexual face are less likely to engage in bias themselves during session. On a personal level, love on your friends who happen to be capable of loving others, without fear they want to hook up with you or your partner. Ladies give those sweet little unicorns a chance. They may surprise you with their loving capabilities. Love them for being them. Thank you for letting me share a little about myself and my story.

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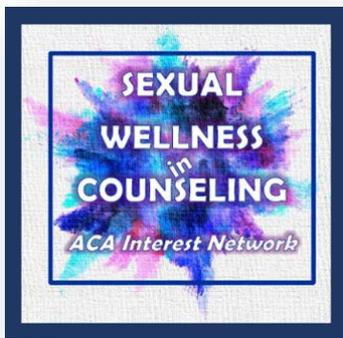


## Trustee Spotlight:

### **Dr. Tanisha Sapp, LPC, CST, NCC, ACS, CPCS, MAC, SAP**

This summer Melissa Vandenberg made the decision to transition out of the treasurer position in ACSSW. We are so excited that she will continue to chair the Membership & Promotion Committee. Thank you Melissa for your leadership in this position while ACSSW was still in its infancy. ACSSW is fortunate to have Dr. Tanisha Sapp join the Executive Council as our new treasurer. Dr. Tanisha Sapp, LPC, CST, NCC, ACS, CPCS, MAC, SAP is an Assistant Professor of Counseling at Liberty University. She currently serves as the Secretary for Chi Sigma Iota International Counseling Honor Society. Dr. Sapp is the owner of Tanisha Sapp, LLC where she provides professional development training and clinical supervision services. Her areas of research and interest include counselor identity, ethical use of social media, social justice for African Americans and BIPOC, sexual wellness, and professional advocacy in leadership.

Dr. Sapp has served on a number of committees and provided various service to the profession and her community. She currently serves her community as Vice-Chair of the Luella High School, School Council addressing the needs of the community in schools. She has also served as the Director of a group practice, Co-Chair of the Henry County Walk to End Alzheimer's Committee, Co-Chair of the McDonough Jerk Festival, and Training Coordinator for the State of Georgia Office of Regulatory Services.



# Sexual Wellness

Cheryl Walker, SWIC Leadership

<http://www.realsextherapytalk.com/>

Sexual wellness. The concept of this term propelled me into the counseling profession, and I absolutely love my job if it can be called that. I nervously and eagerly anticipate each session with my clients, unsure about the trajectory of our conversation. We dive into their sexual history, explore past and current relationships, and closely examine their authentic sexual selves. My clients invite me into their lives with the hope of insight, an objective perspective, and an improved relationship with sexuality. But let's be honest, 2020 added an additional layer of things to process. Consequently, aside from masturbation, toys, and desire, I find myself discussing race, quarantine, and unemployment. As their therapist, I am committed to provide a safe space for my clients to dissect these moving parts of their existence. Sexual wellness entails more than the psychological and physiological tenants of sexuality, it also encompasses the social, economical, and political constraints that often commands intrapersonal and interpersonal communication. And when these moving parts come into my clinical space, I meet them head on and offer my services. However, when these same moving parts reside in my personal space, how do I address my own sexual wellness?

I identify as a human who was gifted the role of a black daughter, sister, friend, wife, and mother. Throughout my life, I have done well in my attempts to inhere within these roles without totally abandoning my sexuality. Generations before me paved the way and instilled resilience, patience, pride, love, and humility, just to name a few. My ancestors did not have the luxuries I have today, so oftentimes their sense of sexuality was lost in translation at the hands of others. And yes, I am aware that other things were also lost, sense of identity, rights, lives, freedoms, and families, again, just to name a few. But since the focus is sexuality, allow me to explore.

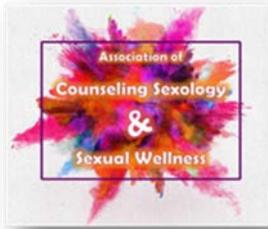
As a black daughter, the traumas of my parents were passed along to me. The consistent denial of opportunities, the constant threats to their lives as they broke societal norms, and the safety of their immediate community influenced the level of respect and adoration I have for them. It also explains my insistence of being kind to others, my emphasis on education, and my gravitational pull towards family. The cost to me pales in comparison to their sacrifices and I worry about the weight of the current environment, I worry about possible triggers, I worry if their hypervigilance has subsided enough for them to feel safe in their own home. My friendships and sisters welcome another set of worries. I am fortunate to have friends and sisters that stretch across the continent, with a few islands sprinkled in. Some of my friends date back to elementary school while others were established last year. Their safety is typically on my mind. I worry if an authority figure will unilaterally decide their fate, I worry if their voice will be

muted by a 'patriot,' or whether their son's or daughter's name will become the topic of a social media frenzy.

A few steps closer to home reveals deeper concerns. I am married to a black man with his own intergenerational traumas. For the past 20 years we have worked to understand each other's nuances and maintain a union that is respected, fruitful, loving, and honest. It is not perfect, but we try. Every day he returns home, I express a silent sigh of relief and gratitude. Despite his many achievements and accolades, the color of his skin threatens his existence. As a black mother of four daughters, we have always engaged in conversations about safety, aspirations, and peers. Will they know how to react or even how to identify microinsults of microaggressions? Will they know how to identify allies and foes? Although I teach them to embrace and love their black skin, society contradicts this on a mass level. My daughters are too young to understand (despite what my 18-year-old thinks) that sometimes their best is not good enough, and to excel does not equate to acceptance. The concerns for them are too numerous to state, but the intersectionality of my children has created a stubborn streak of grey hair.

So, let's talk about sex. These concerns have existed for a lifetime, but they did not drastically impair my sexuality. All of my worries are interchangeable across all of the characters in my life and yet I am still able to be sexual. I refuse to allow myself to be so consumed with worry that I fail to orgasm. 2020 disrupted quite a few things, but it did not exacerbate anything for me. I have always felt the cold cruel hands of injustice, inequality, and hatred for my entire life. I have also felt the warm loving hands of compassion, desire, and intimacy. How do I address sexual wellness? With love and advocacy. I typically tell every character in my story that I love them. I share interesting research with my sisters and friends that ignite conversations about agency, sexual behaviors, and relationships. We love to entertain each other, and dialogue about sex serves as its own entertainment. The jovial stories that we exchange provide laughter, insight, and affirmations. Many of our recent zoom happy hours continue into the late hours. I am the loudest cheerleader for my daughters, and I am also their biggest embarrassment. They are accustomed to seeing a naked mother walk through the house, confirming that body shame does not live here. Our dinner table has experienced numerous talks about masturbation, gender identities, and forms of affection. They hate it now, but they will appreciate it as they grow older. I take time to breathe and connect with my husband's energy. This is intentional, there are too many forces that preoccupy our time. I communicate with legislative bodies to either challenge a position or support it. I wield control over things that I can control, particularly my sexuality. I also recognize that this adaptation may not be suitable for most, and that is okay. But please understand that when we discuss sexual wellness, the wellness aspect will be insatiable for a large population of minoritized humans, and it did not begin in 2020.





# Articles...

## **Masturbation: Gender Stigmatized Sexual Behavior Affecting Women's Sexual Wellness**

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Sexual wellness and sexual health have received a great degree of professional recognition, but there is still a dilemma about a unified definition and clear framework of what it implies. Sexual wellness encompasses physical, mental, and social well-being associated with sexuality. According to a document produced by the World Health Organization in 1975, "Sexual health is the integration of the somatic, emotional, intellectual, and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication, and love" (World Health Organization, 1975; p. 6). In the 1900s, Freud revolutionized society with his theories about the psychosexual stages in human beings. He described compromise formation as the conflict of the mind within itself, the conscious and the unconscious forces, for the id wanting immediate gratification of food, sex, and love, but the super-ego may deny these immediate desires (Prochaska & Norcross, 2014). For instance, masturbation is one of these desire-based components of id. Freud described early masturbation and the related feelings and events as one's introduction to sexuality (Shpancer, 2010). Thus, any shame and guilt surrounding masturbation can be unhealthy for an individual's sexuality and overall well-being. Through the 19th century, masturbation has been linked with homosexuality (Oosterhuis, 2015), unhealthy physical symptoms such as weak back, convulsions, and acne; and one of the leading causes of tuberculosis, epilepsy, and memory loss (Rössner, 2006). More interestingly masturbation has been considered unsafe or improper for women in the 19th century, and they were given masturbation treatments by their doctors to help them get sexual release (Shpancer, 2010). However, these notions started to change by the 60s and 70s. For instance, recent studies show that masturbation enhances condom use and orgasmic capacity as well as promotes comfort with one's genitalia (Shpancer, 2010).

### **Problem**

Despite a great historical work on sexuality and sexual wellness, some of the sexual behaviors lead to sexual double standards (SDS) in the modern society, and result in social judgment and stigmatization for which people are harshly judged. According to Haus and Thompson (2020), SDS refers to "the tendency for women to be judged "more harshly than men for comparable sexual behavior in our society" (p. 812). Masturbation is one of the major stigmatized behaviors that leads to SDS in society. Masturbation has been defined as the self-stimulation of one's own body for sexual purposes (Meiller & Hargons, 2019). The major area of focus in masturbation is the genitals, but it can also include stimulation of all erogenous zones (Frank, 2016). Masturbation can occur alone or in the presence of others, may or may not result in orgasm, can include the use of sexual aids (Bowman, 2017; Cornog, 2003). According to

Hogarth and Ingham (2009), masturbation is a favorable sexual behavior as it enhances an individual's understanding of their sexual anatomy (Coleman, 2002), and enables people taking ownership of their bodies and taking charge of their sexual experiences (Bowman, 2013). Moreover, masturbation has found to be associated with positive genital self-image, sexual development, sexual self-efficacy, and sexual empowerment (Kaestle & Allen, 2011). However, the existing societal gender-based stigmatization of masturbation can be detrimental to both men and women and their relationships. A study indicated that adolescent girls felt that masturbation was more acceptable for boys than girls, which is an evidence of deeply rooted SDS (Hogarth & Ingham, 2009). One of the primary reasons that masturbation is considered a stigmatized sexual behavior is that it takes place outside of the parameters of the traditional sexual script. According to the traditional sexual script, sexual behavior is supposed to occur with a partner who is of the opposite sex (Sanchez et al., 2012). Another reason is the gender difference in sexual scripts, meaning that the traditional sexual roles of men and women differ (Gagnon & Simon, 1973; Wiederman, 2005). For instance, men are encouraged to pursue all sexual opportunities that arise and seek sexual outlets, whereas women are expected to behave in ways showing sexual disinterest. Moreover, women are expected to limit their sexual behaviors to their committed relationships and derive their sexual pleasure from their partner, whereas men find sexual pleasure from themselves (Haus & Thompson, 2020). In addition, men tend to judge those who engage in sexual behaviors more positively as compared to women (Jonason & Marks, 2009). Most studies show that such confining attitudes toward masturbation among women results in internalizing guilt and shame and negative attitude towards masturbation (Fahs & Swank, 2013; Fahs & Frank, 2014). For instance, a study showed that female adolescents did not view their own bodies for self-exploration, but for male exploration (Hogarth & Ingham, 2009).

## **Recommendations**

Although several studies revealed a strong association between women's negative emotions such as internalized guilt and their negative attitude toward masturbation, nothing much has been done in this area. It seems that this negative association arises from SDS and the traditional sexual scripts regarding masturbation, which needs to be challenged. However, there are some major hurdles in challenging them, such as the silence on this topic in most families and absence of this topic in seminars or courses on sexuality in most schools (Kaestle & Allen, 2011). Therefore, it is recommended for school counselors to work in collaboration with the school administration and promote the topic of masturbation and sexual wellness. For instance, including evidence-base education on masturbation in the sex-education curriculum, conducting seminars or workshops on this topic for appropriate age group, providing information on this topic in non-threatening ways, and creating a safe environment for students' questions and discussions. Moreover, schools and mental health agencies should initiate educational programs on the topic of sexual health for parents and families and promote a healthy conversation on this topic with their kids.

Another recommendation is for professional counselors that includes working with both men and women and educating them in individual or group settings based on their needs. Educating men on the topic of masturbation is equally important as that of women in order to change the traditional sexual script at the societal level. The group setting can be beneficial in normalizing the stigma around masturbation, where men and women can be first separated in different groups and then assessed by their counselors to make a decision on whether to bring them together in one group or not based on their individual needs. In an individual setting,

especially with teenage girls or adult women struggling with issues related to their sexual wellness especially masturbation, professional counselors should explore their deeply rooted emotions such as guilt or shame. Guilt has been found to be a prosocial emotion that promotes accountability for one's actions (Roberts et al., 2014), is often regarded as adaptive (Peters & Geiger, 2016), and helps to maintain relationships (Olthof, 2012) in society. Clients should be educated that this notion regarding guilt can be detrimental for their own well-being, especially when it is other-centered (Shen, 2018) meaning that the focus is on repairing relationships and opposing to protect oneself (Wietzker et al., 2011). It is also important to educate women on positive research-based studies that link masturbation to self-promotion of positive genital self-image, sexual development, sexual self-efficacy, sexual empowerment (Kaestle & Allen, 2011).

Masturbation is common among women across the lifespan, however, Hungrige (2016) found that there is less negative attitude about masturbation in older women compared to younger women. The study also revealed that women who identified themselves as non-White and tended toward higher religious views reported increased negative emotions about masturbation.

Therefore, it is significant for clinical mental health counselors to be aware of culturally sensitive dialogues and interventions in their work with diverse clients. Being thoughtful when addressing issues about sexual wellness including masturbation is particularly necessary with clients whose ethnic or religious background condemn or prohibit female masturbation.

Furthermore, counselor educators can incorporate sexuality and sexual wellness related topics in their coursework because sexuality is an integral element of personal identities, especially for women (Mollen & Stabb, 2010). However, women's sexuality has been subjected to cultural constraints (McCarthy & Bodner, 2005) and thus, counseling students should be educated on women's lived experiences regarding their sexuality within their specific culture (Bowman, 2014). Discussing research and information on the mental and sexual wellness benefits of masturbation is beneficial to counseling students who may themselves have negative cognitions about sexuality and self-stimulation among women (Bowman, 2014; Hogarth & Ingham, 2009).

## Conclusion

In conclusion, most of the academic research shows increased mental health issues among women due to growing societal stigma related to women exploring their own bodies in sexual ways (McCarthy & Bodnar, 2005) such as masturbation. Therefore, counselor education programs should focus on developing the cultural competence of counselors, so that they can understand the existing SDS and societal stigma toward female masturbation in different cultures. School counselors and clinical mental health counselors should recognize the research-based benefits of masturbation among women and the cultural aspects that may reduce these benefits due to societal prohibitions against women's sexuality and promote sexual wellness in all clients.

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## **Enhancing Sexual Wellness with Mindfulness**

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Human beings move through the hustle and bustle of each day differently. These variations depend on diverse experiences that influence our conscious state. Regardless of sexual preference or relationship status, human sexualities are impacted by the stresses in our everyday lives. There are countless ways in which daily happenings can promote or diminish sexual desire and arousal. While juggling demanding schedules and infinite obligations, often it is the sexual wellness ball that is dropped. It is when the demands of everyday life become overwhelming that we may find our sexual vitality challenged.

### **How Stress Impacts Sexuality**

This experience of day-to-day stressors can accumulate and interfere with an individual's sexual health and functioning (Hamilton & Meston, 2013). Studies have been relatively consistent in depicting the association between sexuality and stress, revealing its unfavorable effects. When investigating the impact of stress on couples' sexuality, a study by Bodenmann et al. (2006) revealed that couples participate in less sexual activity and experience a decline in sex drive when stressed due to exhaustion. Bodenmann et al. (2010) conducted another study with women regarding the relationship between stress and sexual frequency, satisfaction, and pleasure. The findings reveal lower levels of sexual activity and satisfaction in women with higher reports of subjective daily stressors. Thus, this research supports the notion that higher self-reported stress levels are associated with the lack of frequency and gratification of sexual activity.

Manageable amounts of stress serve a useful purpose in functioning; however, it is when these daily stressors are persistent and overpowering that they become chronic. One method to assess chronic stress and sexual health is to examine the psychological as well as physiological mechanisms involved. A research study by Hamilton and Meston (2013) examined the relationship between sexual arousal and chronic stress and found that women with high levels of stress experienced less physiological sexual arousal and reported feeling more distracted compared to women with less daily stress. A laboratory-based research study by Ter Kuile et al. (2007) reported consistent findings of women with high self-reported stress levels linked to less sexual response levels; however, this did not occur for psychological arousal levels. Therefore, we can infer from these past research studies that high levels of stress were correlated to women experiencing less genital arousal, higher levels of cortisol, and potentially more psychological preoccupation.

### **Mindfulness**

Due to the potential combination of physiological and psychological effects of stress on sexual health, evaluating a technique to address both is warranted. The state of mind that characterizes mindfulness is promising considering the impact on both mind and body. The

concept of mindfulness originated in the spiritual traditions of the Buddhist religion and has since been integrated into modern counseling and psychological practices (Kabat-Zinn, 2003). An operational definition of mindfulness was crafted by Bishop et al. (2006) comprising of a two-component model. The first component circulates around the notion of awareness of the present moment involving the recognition of current emotional, cognitive, and physical sensations experienced. The second component is depicted as curious, nonjudgmental, and full acceptance of the present experience in the moment. This state of consciousness enables improved cognizance and thereby enhanced awareness of one's mental, physical, and emotional processes to better understand and respond to the world around us.

### **Mindfulness Practices**

As a way of being, mindfulness is a practice of embodiment that can be developed through practice, discipline, and commitment (Kabat-Zinn, 2003). Fortunately, there are ample ways in which one can cultivate mindfulness due to its versatile nature. Current empirical research predominately focuses on mindfulness meditation which involves engaging in physical stillness and assuming a comfortable position while concentrating on auditory stimuli (e.g., mantra), cognition (e.g., attention), or physiological processes (e.g., breathing). Additional techniques include mindful body scan and mindful eating exercises which direct awareness and attention without judgment towards different parts of the body and the consumption of food, respectively. Mindfulness techniques can take shape across a wide spectrum from structured and formal practice to simple everyday moments of fostering awareness and attunement to one's mental and emotional state (Davis & Hayes, 2011). The practice of mindfulness can be a form of art to enhance, honor, and appreciate fully the entirety of one's lived experience.

### **Mindfulness and Sexuality**

Through cognitive and emotional channels, stress can negatively influence sexual desire, arousal, response, and activity (Hamilton & Meston, 2013). One application of mindfulness consists of implementing these techniques before, during, or after sexual engagement. A research study by Lazaridou and Kalogianni (2013) discovered a positive correlation between the practice of mindfulness and both sexual consciousness and sexual motivation. Additionally, research focusing on the correlation among sexual satisfaction, relationship satisfaction, and trait mindfulness was conducted by Khaddouma et al. (2015) and found that components of mindfulness were significantly linked to sexual satisfaction in relationships.

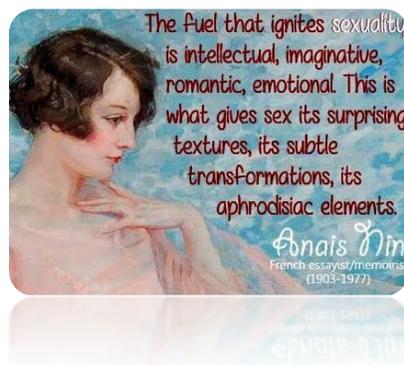
### **Discussion**

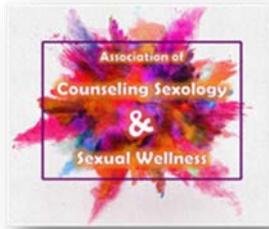
The aforementioned studies, in addition to the accessible literature on mindfulness, leads the audience to draw conclusions on the plentiful benefits of practicing this ancient technique. Overall, mindfulness may decrease stress levels, improve sexual functioning, and have a positive impact on wellbeing (Lazaridou & Kalogianni, 2013). Individuals who practiced mindfulness tended to enhance their sexuality, maintain healthy sexual relationships, and improve sexual satisfaction. Accordingly, it may be worthwhile to implement mindfulness into your sexual self-care routine!

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## 2020 ACSSW Webinar Series



Beginning in January ACSSW will be offering a webinar every month with topics such as:

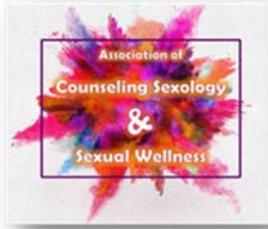
- Ethics of Sexual Issues in Therapy
- “Let’s Do It! A Sex Positive Approach to Sexual Health and Counseling”
- Sexuality and Cultural Worldviews
- “Kinky Clients: Whipping Counselors into Shape”
- Sexuality and Disability
- Incorporating Fantasy: A Sex Positive Intervention
- Pleasure Activism

Our speakers will be drawn from ACSSW membership including:

- Robert Zeglin
- Angela Schubert
- Shannon Kakkar
- Joy Whitman
- Frances McClain and Lisa Salvadore
- Patricia Arredondo
- Megan Speciale
- Stacey Litam

ACSSW will be providing a certificate of completion for anyone who attends all 12 webinars offered in 2021.

**Watch for upcoming announcements and information!**



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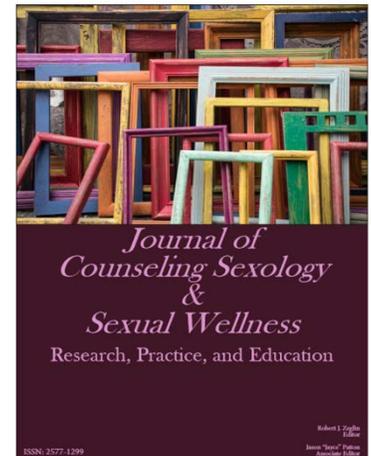
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The 2020 Spring issue of the JCSSW is out now! Check it out at

<https://digitalcommons.unf.edu/jcssw/>

The next deadline for submissions to the journal is March 15<sup>th</sup>!

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

## Gender Identity

- The World Professional Association for Transgender Health – The Association is devoted to the understanding and treatment of gender identity disorders, and provides opportunities for scientific interchange among professionals through its biennial conferences and publications.
- International Foundation for Gender Education – IFGE is an advocate and educational organization for promoting the self-definition and free expression of individual gender identity.

- [Intersex Society of North America](#) – The ISNA’s “Medical Treatment of Intersexuality” page includes recommendations for treatment of intersexed children.

## Sexual Orientation

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

## Sexual Abuse

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

## Sexual and Reproductive Health

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

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

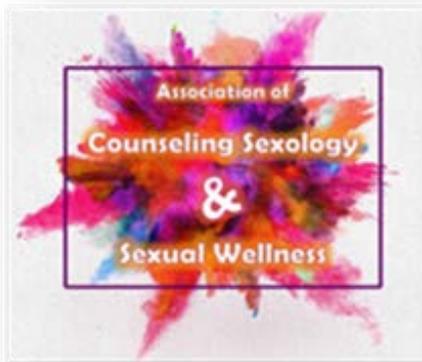
- [AIDSInfo](#) – Links to regional training centers; cultural and gender resources; management of HIV complications; maternal-child transmission; information for exposure to HIV and how to prevent it; and treatment consultation.
- [American Foundation for AIDS Research](#) – AmfAR's mission is to prevent HIV infection and the disease and death associated with it and to protect the human rights of all people threatened by the epidemic of HIV/AIDS. amfAR has active programs in basic and clinical research, public and professional education, public policy, prevention science, and global initiatives.
- [Center for AIDS Prevention Studies](#) – CAPS conducts interdisciplinary research on methods to prevent HIV infection and its consequences. The site includes a list of current research projects, links to model prevention programs, intervention curricula, and survey instruments.
- [HIV/AIDS Bureau – Health Resources and Services Administration](#) – oversees the CARE Act, which funds primary care and support services for individuals living with HIV who lack health insurance and financial resources for their care.
- [HIV/AIDS – National Prevention Information Network](#) – Includes: recent publications about HIV/AIDS prevention; the current state of the epidemic in the US; statistics; CDC guidelines and recommendations for the detection, treatment, and care of HIV/AIDS; program evaluation materials; resources for locating counseling, testing, and referral services; and CDC guidelines for surveillance activities.
- [HIV InSite – Medical Issues](#) includes information on epidemiology, diagnosis, management, transmission and prevention, treatment resources, antiretroviral management, interactions database treatment guidelines, treatment access & advocacy, patient fact sheets, conference abstracts and summaries, and links to medical newsletters for clinicians.
- [NIH – Division of Acquired Immunodeficiency Syndrome](#) – “Research Resources and Programs” cover AIDS-related data sets; a database for anti-HIV compounds; an HIV / 01 therapeutics database; an HIV sequence database; an HIV molecular immunology database; the NIAID/NCI inter-institute program for development of AIDS-related therapeutics; the NIH AIDS research and reference reagent program; a resource guide for the development of AIDS therapies; and links to reagent programs and repositories. Click on “Resources for Patients, Physicians, and Investigators”
- [STD Prevention – Centers for Disease Control](#) provides national leadership through research, policy development, and support of services to prevent sexually transmitted diseases and their complications. The site contains information on funding, program guidelines, research, surveillance, statistics and treatment guidelines.

## Journals

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

### **Other electronic journals:**

- *Electronic Journal of Human Sexuality*



# BECOME A MEMBER

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

ACSSW has now applied to become an Affiliate Association of ACA. We are on our way to becoming an ACA Division! For ACSSW to become an ACA Division we need ACA members. This is a critical part of our mission of promoting education and training on sexuality for counselors.



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

*You do not have to be a member of ACA to join ACSSW!  
All mental health professionals, educators, and students are welcome!*