A Guide to Trauma-Informed Sex Education

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Table of Contents

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A Guide to Trauma-Informed Sex Education

Introduction

Public health professionals and agencies have come to understand trauma as a public health issue. The impact of traumatic experiences can be so great that the far-reaching effects can take a toll on the health of individuals and communities, especially for communities that have experienced historical trauma.[*] For this reason, many in the field are looking for better ways to serve clients and communities who have experienced or been impacted by trauma. Many programs and services have begun to explore and adopt a trauma-informed approach. This means that educators, facilitators, and agency staff have some knowledge and training about the effects of trauma on the brain and behavior, and consider those effects when providing services. This guide will provide a thorough overview of a trauma-informed approach as well as practical strategies for applying trauma-informed principles in sex education programs.

Defining Trauma

Trauma is defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) as "an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being"[1]. Trauma can be acute such as a car accident, sudden injury or illness, natural disaster or physical assault; it can also be chronic, such as living in a war zone, repeated physical or sexual abuse over time, or living amidst violence in one's family or community. Trauma can also manifest over time as the result of repeated or consistent exposure to the stresses of discrimination such as racism, classism, gender discrimination, ableism, homophobia, etc. When a person experiences any kind of interpersonal or institutional discrimination over time, those experiences can have the same effects as a traumatic event.
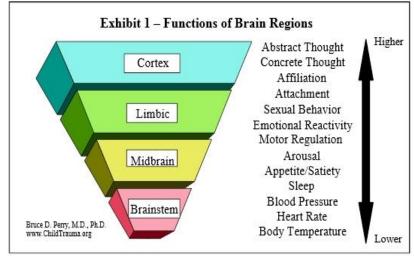
These different types of traumatic events or circumstances can affect people differently, but there are some predictable ways the effects of trauma can manifest in behavior and executive functioning skills. A history of trauma can make it difficult to cope with the stresses of everyday life, regulate behavior, or control the expression of emotions. In addition, unresolved trauma can also make it difficult for survivors to maintain memory and attention and to perceive and interpret information[2]; these difficulties are important to take into account in educational programs, including sex education. A history of trauma can also have a considerable impact on a person's sexual health and decision-making[3].

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[*] Historical trauma is a form of trauma that impacts entire communities. It refers to the cumulative emotional and psychological wounding that is transmitted across generations within a community as a result of group traumatic experiences. Unresolved grief and anger often accompany this trauma and contribute to physical and behavioral health disorders. This type of trauma is often associated with racial and ethnic population groups in the United States who have suffered major intergenerational losses and assaults on their culture and well-being. http://www.samhsa.gov/trauma-violence/types
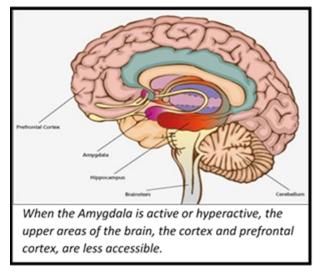
Trauma and the Brain

To understand how trauma affects the developing brain, it is important to first have a basic understanding of how the brain develops. The brain is designed to respond to experience; whether positive or negative, different experiences physically alter the brain and how its main components function, especially those experiences that are repetitive or ongoing[4].

Exhibit 1 – Functions of Brain Regions

Cortex — Abstract Thought, Concrete Thought, Affiliation, Attachment

Limbic — Sexual Behavior, Emotional Reactivity, Motor Regulation

Midbrain — Arousal, Appetite/Satiety, Sleep

Brainstem — Blood Pressure, Heart Rate, Body Temperature

Higher ↔ Lower

Bruce D. Perry, M.D., Ph.D.
www.ChildTrauma.org

The "bottom up" process of brain development

The development process occurs in a "bottom up" manner. The lower brain, which controls things like heart rate and breathing, develops first (sometimes called the 'lizard brain'). The upper structures of the brain, such as the prefrontal cortex, control things like abstract thinking, decision-making, reason and logic, and are the last to fully develop in the mid-20s.

The amygdala is the part of the brain that responds to stress and anxiety and coordinates a behavioral

When the Amygdala is active or hyperactive, the upper areas of the brain, the cortex and prefrontal cortex, are less accessible.

response that helps to ensure survival, also known as the "fight, flight, or freeze" response. Often, the amygdala of someone who has experienced trauma is overactive; this means that their brain focuses on scanning the environment for threats and goes into survival mode, even when no actual threat is present. When the fight, flight or freeze response is triggered, the lower 'survival' brain takes over and the functioning of the upper 'thinking' brain is diminished. In a triggered state, a person's behavior might appear inappropriate, erratic, or defiant as they are no longer able to analyze the situation with reason and logic before acting. These behaviors include things like punching a wall, hiding under a desk, or running from a room, and are based on fear and survival instincts. Additionally, traditional methods of discipline that may include raised voices, forceful posture, and angry facial expressions, can feel extremely threatening and trigger a fear response. This survival response is based much more on one's perception than on

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reality. Though there is no actual threat, this re-stimulation can make it impossible to perform some of the higher executive functions of the upper "thinking" brain[5].

A Trauma-Informed Approach

Using a trauma-informed approach means that a program, organization, or system "**realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist re-traumatization**"[6]. Ultimately, this approach is intended to promote equity and a greater sense of safety among those served by an organization or program. With that broader definition in mind, this guide focuses on how educators and facilitators can incorporate a trauma-informed approach in a classroom or group setting.

The *Guide to Trauma-Informed Sex Education* is intended for anyone who is implementing an evidence-based intervention, or EBI, as part of a sex education program with young adults. An EBI is a program or curriculum that has been rigorously evaluated and shown to be effective at changing adolescent sexual risk-taking behavior. Because EBIs are intended to meet the needs of a targeted population and are often short in duration, there are some constraints on what kinds of changes facilitators can make, which can pose some difficulty in making EBIs more trauma-informed while still maintaining fidelity to the original protocol for implementation. This guide will make recommendations for acceptable "green light" adaptations[†] that do not compromise fidelity to the program.

[†] Green Light Adaptations are safe and encouraged changes to program activities to better fit the age, culture, and context of the population served. See http://recapp.etr.org/recapp/documents/programs/GeneralAdaptationGuidanceFINAL.pdf.

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About this Guide

This guide is based on the six key principles laid out in the HHS publication titled *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*:

Safety

Trustworthiness and Transparency

Peer Support

Collaboration and Mutuality

Empowerment, Voice, and Choice

Cultural, Historical, and Gender Issues

Each section of this guide will include a discussion of the principle and some tips and strategies for effectively incorporating each principle into a sex education program. There is also a list of resources that correspond with each principle at the end of the guide.

> *Note: This is not a guide about treating trauma of any kind, but for teaching and talking about sexuality in a way that is not triggering or re-traumatizing for young survivors. Sex education facilitators should have knowledge of local resources available to youth who have experienced trauma and refer accordingly.*

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The Six Key Principles of a Trauma-Informed Approach

Safety

The safety principle is foundational to a trauma-informed approach as the other five principles all reinforce its importance. In order for sex education programs to be effective, they must take into account both the physical and emotional safety of learners, who should reasonably expect that they will not meet physical or bodily harm and that they will be accepted by peers and educators. One way to define emotional safety is "the feeling that your inner most thoughts, feelings and experience are, and will be, honored as one honors themselves"[7]. Creating physical and emotional safety in the classroom should be a priority for all programs; it is especially important for youth who face multiple barriers to health and well-being (poverty, lack of access to healthcare, discrimination based on identity, lack of family support) and youth who have experienced trauma. Situations that feel physically or emotionally unsafe can be triggering or re-traumatizing for someone with trauma history, and can cause them to disengage or shut down.

In order to create and maintain safety for trauma survivors in a sex education program, a facilitator must establish a positive and safe environment that is free of judgement and shame. This takes intentional work because our culture consistently communicates very strong messages about the shamefulness of sexuality, especially adolescent sexuality[8]. Additionally, survivors need to be understood as whole people, as more than their traumatic experiences[9]. Adults interacting with youth in a sexual health setting need to believe that youth who have experienced trauma can live full lives and develop healthy sexualities. Finally, in order for the sex education environment to remain safe for trauma survivors and all youth, it must be affirming of healthy sexuality in general and affirming of diversity.

Strategies for creating safety:

- ❖ **Group Agreements**: Before having any discussions at all about sexuality or other sensitive information, ask the students what kinds of agreements they would like to set up in order for everyone to feel safe. The group agreements should include language about respect, confidentiality, and the right to pass. Group agreements should also establish that no one will share information about their own sexual behavior or bodies, or ask for that information from others. Let students know they can refer to the group agreements if they feel that they are not being honored.

- ❖ **Interrupt and Address Bullying**: As the teacher/facilitator, it is important to interrupt and address bullying of any kind in the classroom. Best practice for intervening is to explain why the behavior is not acceptable, refer to the group agreements, and then follow up with the involved parties. Note: follow up with the student(s) being bullied separately from the student(s) doing the bullying. In addition, be sure to follow any procedures or policies on bullying and harassment that the school district, agency, or organization you are working with may have implemented.

❖ **Avoid Shaming Language**: Create a positive and affirming environment by removing shaming language from your EBI; this most often occurs around STIs, unintended and teen pregnancy, HIV, and messages about promiscuity. See common shaming messages and how to reframe them in the table below.

Common Shaming Messages	Possible Re-Frame	Rationale
Most teen moms end up living in poverty	Raising a child is hard work and costs money; many parents find they need to sacrifice a lot in order to provide for their family. Think about your goals and dreams and about how having a child would fit into your plans. What are you willing or unwilling to sacrifice?	Removes stigma from pregnant or parenting teens
Don't be embarrassed to buy condoms; pregnancy or an STI are even more embarrassing!	It is important to work through feeling embarrassed about buying condoms; it is the responsible thing to do to protect yourself and your partner.	Removes element of shame from unintended pregnancy and STIs
Experimenting with sex to satisfy curiosity is unhealthy	Feeling curious about sex is something many young people go through as they become adults. If you are going to have sex, protect yourself! Use condoms and other barriers, and make sure you can communicate effectively with your partner(s).	Removes judgement/shame
You shouldn't have sex with someone you don't know very well	It's important to talk honestly and openly about safer sex with all of your partner(s).	Removes judgment/shame

LGBTQ Inclusive Language: Use language in the classroom that includes and affirms LGBTQ students' identities and experiences. Additionally, it's important to separate gender identity from body parts; in other words, someone who identifies as female may have a penis and someone who identifies as male may have a vagina; someone may not identify as male or female. The use of gender neutral language when discussing anatomy and physiology helps to ensure that transgender or gender non-conforming students gain an understanding of their bodies too. See the table below for common EBI language and suggestions for making it more inclusive to LGBTQ youth.

Common Phrasing	Inclusive Re-write	Rationale
The only way a female can get pregnant is if sperm cells enter her vagina and fertilize one of her egg cells	The only way a **person** can get pregnant is if sperm cells enter **the** vagina, fertilize **an** egg cell, and then that fertilized egg implants in the uterus. This can happen through vaginal intercourse with a penis, or a procedure called in vitro fertilization (IVF)	The new phrasing is inclusive of gender and body diversity; it does not assume all females have vaginas and all males have penises, and acknowledges that some people's genders are non-binary and they may not identify as male OR female.
Vaginal intercourse between a man and a woman can lead to pregnancy	If sperm enters the vagina during sex, pregnancy can happen	
It is both the male and the female's responsibility to prevent pregnancy	It is **both partners'** responsibility to protect themselves	
It is important to talk about safer sex with your boyfriend or girlfriend	It is important to talk about safer sex with your **partner(s)**	
Vaginal intercourse refers to a man's penis in a woman's vagina	Vaginal intercourse refers to **something entering the vagina;** it can be a penis, fingers, sex toys, or something else	
STIs, including HIV, can be spread during oral sex on a man or a woman	STIs, including HIV, can be spread during oral sex, whether it is **mouth to penis, mouth to vagina, or mouth to anus**	

❖ **Clear and easy access into and out of the room:** permitting access in and out can give survivors a sense of agency and empower them to take care of their emotional needs, especially if they are feeling triggered or remembering something traumatic during a session.

❖ **Rituals**: having consistent opening, closing, or check-in rituals built into instructional sessions can give trauma survivors a sense of structure and predictability. This can be as simple as asking all participants to "check-in" by indicating their mood with a thumbs up (good), thumbs down (not so good), or thumb to the side (okay). Encourage youth to look around the room and notice how their peers are feeling.

❖ **Examine your own attitudes and values:** know your triggers so that you can be more accepting of differences and others' values – knowing what triggers you and how to work through those feelings is important when working with people whose values may be different than your own. It's helpful to understand what topics and issues make you uncomfortable and to explore the sources of that discomfort so that you can deliver services in a nonjudgmental way. See the resources section at the end of this guide for more guidance on how to examine your own attitudes.

❖ **Be mindful of how you discuss sex and choice**: the language of many programs and EBIs assumes all young people will get to choose when and with whom they will have sex; for trauma survivors who may not have had a choice, this assumption could be triggering. Acknowledge sexual trauma and associated feelings; help youth understand that they are not alone as survivors (see the example language in the box below). In addition, it is important to acknowledge that sometimes what health educators might view as "risk behaviors" are also serving as coping skills for trauma survivors, i.e. substance use, condomless sex, multiple partners, etc. Remember that taking risks is the way some youth might attempt to cope with trauma.

Example Language:
"sex can be healthy and enjoyable when everyone involved consents, or chooses to take part; other times it is not healthy, like when one a person is forced by another, or raped"
"sometimes people have sex when they don't really want to because they feel pressured"
"sometimes people have sex in order to make money to survive, have a place to stay, or something to eat"
Emphasize: "no matter how a person has experienced sex in the past, they can have a healthy sexuality and sex life" or "even if someone has been forced to have sex in the past, they can have a healthy sexuality and sex life"
OR
"no matter how a person has experienced sex in the past, they can choose abstinence at any time" or "even if a person has been forced to have sex in the past, they can choose abstinence at any time"

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❖ **Be prepared to handle disclosures**: when youth-serving professionals succeed in creating a safe and affirming learning environment, usually young people feel empowered to share their experiences. This may mean that youth will feel comfortable disclosing experiences of abuse or trauma in the classroom, to the facilitator or to someone else outside of the classroom; educators should be familiar with reporting requirements and ready to handle those disclosures and support youth accordingly.

❖ **Have a plan in place for youth who are triggered:** consider a "right to leave the room if triggered" group agreement. Ideally, this would mean that youth who are feeling triggered during a session could leave the room and be able to access help in working through what triggered them. Arrangements should be made ahead of time to identify a person (counselor, school nurse, other teacher) who has the skills to help youth work through being triggered. Youth could be given the option to talk through their feelings, journal and reflect on their own, or do a mindful exercise (coloring, drawing, focus on breathing) that would help them process through what trigger them. If youth are not able to leave the room, or if there are not adults available to receive them, the facilitator could take a few minutes with the whole class to take some deep breaths together. Facilitators should be sure to explain to participants the difference between being triggered by the subject matter (feeling panic, tightness in chest, shallow breathing, racing thoughts, shaking, etc.) and feeling uncomfortable with the subject matter ('butterflies' in the stomach or feelings of nervousness).

❖ **Be mindful of your tone of voice, volume, and body language**: a facilitator's voice can be an important tool in creating safety; using a calm tone of voice, appropriate volume and non-threatening body language when speaking to the class and individuals can further reinforce the other strategies listed above in creating safety.

Trustworthiness and Transparency

Trustworthiness and transparency are important to a trauma-informed approach because young trauma survivors (and all program participants) should have access to information that pertains to them and a say in decisions that will affect them. When adults show transparency with young people in a sex education program, it builds trust, and this also reinforces safety. Adults should aim to develop authentic, judgement-free relationships with young people in sex education settings.

Trustworthiness is important in any relationship; often survivors of trauma have experienced a breach of trust of some kind related to the trauma they experienced. Working to restore trust with survivors by being transparent with participants is important in a sex education program. Youth should know what content will be covered in the program, what to expect during each instructional session, and receive a warning when there may be content or activities that could be triggering (see below).

Strategies for creating trustworthiness and transparency in sexuality education programs:

❖ **Be up front about confidentiality and reporting**: be sure that youth understand what you are required to report and what would happen if a report is made; this gives youth the opportunity to decide what they feel comfortable disclosing to you, or during an instructional session.

❖ **Provide current, accurate medical information or search for reliable information with youth**: it's ok to let youth see that you don't have all the answers; when you are unsure of the correct answer to a young person's question, be honest with them, show them that you are human too. Searching for an answer to the question together also teaches youth important skills in finding credible health information on their own.

❖ **Let youth know what is coming up next session**: you can create a calendar or handout to share with participants that gives a description of each instructional session, or you may verbally inform them of what will be covered in the next session. This is important for survivors, who can be easily triggered by content, activities, condom demos, and penis or vagina models and diagrams.

Peer Support

Peer relationships can be very important in both the process of healing from trauma and in the process of learning about sexuality. For youth that have experienced trauma, helping one another learn and grow can be beneficial to their own growth and healing. Allowing young people to take an active role in supporting one another is also key in building safety and trust in the classroom.

Emphasis on peer support allows young people to be role models and mentors to one another in learning and healing. Providing opportunities for youth to inform and support one another in the classroom can go a long way in helping survivors feel safe and supported.

Strategies for creating peer support in sexuality education programs:

❖ **Give youth opportunities to pose discussion questions:** frequently ask youth for input or questions: What do you think about this lesson? How does this issue affect you and your friends?

❖ **Help with tasks:** involve youth in distributing handouts, keeping score, taking notes on easel paper, leading the check-in ritual, etc.

❖ **Let youth answer one another's questions:** ask for input from the group first before answering questions; allow youth to speak to one another from their own experience, then correct any misinformation.

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- ❖ **Normalize the experience of trauma and associated feelings**: reinforce the idea that trauma or abuse is not ok, but that the person is ok; remove stigma from survivorship (i.e. other people have experienced something like this, trauma survivors' feelings are valid, there is no wrong way to feel about this, etc.) Encourage youth to support one another in the classroom.

- ❖ **Provide resources and referrals**: for peer support groups, hotlines, websites, and other resources that deal with teen sexuality and/or sexual trauma and healing. Vet your resources as well. Be sure you are referring youth to trusted professionals and inclusive services that also understand trauma and its impact. Resources should be updated regularly, as what is available in a given community or area is always changing. You might ask the help of the youth you work with to keep these resources current and relevant.

Collaboration and Mutuality

Survivors of trauma benefit from an approach that is truly collaborative in which there is partnering and leveling of power differences. Trauma survivors have most likely experienced a loss of power related to the trauma; an approach that seeks to equalize power differences can restore agency to the survivor and help them take ownership of their learning experience.

In sex education programs this means allowing youth to collaborate with adults in their own learning experience. Ideally, youth would have a say in all aspects of the program, from when and where sessions take place, to group agreements while in the classroom together, to which topics are covered. Because of the nature of EBIs, this may not always be possible; one way a facilitator can be sure they're seeking and responding to youth needs is by saving time for answering anonymous questions during each session.

Strategies for creating opportunities for collaboration and mutuality in sexuality education programs:

- ❖ **View sessions as an ongoing conversation:** there is give and take, and youth are speaking more than adults; adults are facilitating dialogue between youth and practicing active listening.

- ❖ **Always allow time for Q & A (anonymous question box):** giving young people an opportunity to ask anonymous questions is a great way to allow them to steer discussions; they can ask questions about topics that may not be included in the curriculum and get honest and accurate answers.

- ❖ **Seek youth input and act on it**: for example, a facilitator could let youth know ahead of time what topics will be covered during each instructional session and then invite them to submit questions they have about that topic. Doing this ahead of time allows a facilitator time to weave what the youth want to know together with the EBI lesson.

❖ **Facilitate more than you lecture:** turn statements into questions; help youth teach and inform one another; consider making any lecture portions of the program interactive by asking youth for the information first, then filling in gaps and correcting misinformation.

Empowerment, Voice, Choice

All participants should feel empowered in a sexuality education program; this requires facilitators to believe in young people's abilities and to help them build on their strengths and experiences. This also requires facilitators to have an understanding of power differentials between young people and adults. In the classroom, youth have historically had less voice and choice than their teachers and facilitators. A trauma-informed approach requires making room for young people's voices and actively involving them in decision making about issues that will affect them, as well as supporting them in developing self-advocacy skills.

Young people who have experienced trauma benefit when we can correct power imbalances; trauma temporarily takes away power, voice, and choice and a trauma-informed approach attempts to restore those. The positive youth development approach of building on strengths instead of focusing on problems is also key when working with survivors of trauma.

Strategies for creating empowerment, voice, and choice in sexuality education programs:

❖ **Recognize youth as experts** in their own lives and experiences; recognize that although you have some expertise as a youth serving professional, young people are the experts in their own lives; be willing to be influenced by youth and their perspectives. Take the time to learn about youth culture.

❖ **Encourage and role play discussions** with doctors and other service providers; working with youth to improve these skills improves their self-efficacy and leaves them feeling empowered to advocate for their own needs.

❖ **Ask questions** rather than just presenting information. For example, instead of saying something like, "there are two kinds of STIs, viral and bacterial" a facilitator could ask "tell me what you have heard about the two different kinds of STIs." This allows youth who know the information to feel empowered to share it.

❖ **Explicitly address and define consent**: many programs focus on teaching youth to say no to sex and resist their partners' advances. Young people also need to understand what consent means to their partners, how to go about obtaining it, and what consent looks like. Many EBIs include a unit on teaching negotiation and refusal skills; accompanying processing questions usually ask participants what the person who is being pressured can do to 'say no' more effectively. Facilitators can add an extra processing question asking participants what the person doing the pressuring could do differently to better respect their partner's wishes. See the resources

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section at the end of this guide for more on talking with youth about consent.

❖ **Allow youth to make decisions during the lessons:** Create opportunities for students to take responsibility for their learning and make decisions about classroom participation. Have them choose who they will work with in small groups or pairs. Give them the option to write, draw or simply think of responses before sharing with the large group.

Cultural, Historical, and Gender Issues

Sometimes the trauma that a young person has experienced is related to who they are and how they are perceived in the world. Young people who have historically had less power in our culture are more likely to have experienced trauma and are less likely to be able to access the resources necessary for resolving trauma.

It is important for facilitators to have some knowledge around cultural, gender and historical issues that might be relevant to the experiences of youth participating in the program. It is also important to understand how historical traumas may be affecting young people's sexual health decision-making and behavior. Facilitators must examine and move past cultural stereotypes and biases based on race, class, ethnicity, sexual orientation, gender identity, religion, geography, etc. It is also key to acknowledge historical trauma and the traumatic effects of discrimination, and provide responsive services.

SAMHSA defines historical trauma as "the cumulative, multigenerational, collective experience of emotional and psychological injury in communities and in descendants," and discusses this concept within the context of the historical trauma suffered by Native Americans, which includes violent colonization, forced removal from ancestral lands, forced assimilation, and continued discrimination[10]. It will be useful for facilitators to understand the effects of historical trauma on the many communities with which they may work; other examples of historical trauma in the US include the transatlantic slave trade and Jim Crow legislation. Historical trauma that has occurred at the hands of the medical system, like the Tuskegee syphilis studies or forced sterilizations of women of color, may also greatly impact how individuals and communities engage with medical professionals, clinicians, and health educators.

Considerations

LGBTQ Youth
Safety is an important concern for youth who identify as gay, lesbian, bisexual, transgender or queer/questioning (LGBTQ). Young people who identify this way may already be facing discrimination from their families, communities, and/or schools; and by virtue of being a member of the LGBTQ community, already face worse health outcomes than their heterosexual peers. Higher rates of unintended pregnancy occur among lesbian, gay and bisexual youth[11]. In addition, LGBTQ youth may also experience higher rates of trauma (family rejection, bullying, violence, etc.). LGBTQ communities

have historically been pathologized[‡] by the medical community and continue to be subject to pathologization by medical professionals and the larger culture. For example, sexual orientations other than heterosexual as well as transgender identities were listed as mental health disorders in the Diagnostic and Statistical Manuals used by mental health providers up until 2013. Current events such as anti-LGBTQ legislature in the news, hate crimes, the disproportionate rates of violence against transgender people, especially transgender women of color, may be concerns for youth who identify as LGBTQ. Therefore, it is imperative that LGBTQ youth feel safe and accepted in a sex education program, which may be the only space where youth are able to explore and learn about sexual orientation and gender identity.

Youth of Color

People and youth of color in our culture have less power and privilege; people of color have also suffered immense historical trauma and contend with the trauma and stress of racism daily. In addition to the slave trade and Jim Crow laws, medical experimentation[§] and sustained institutionalized racism affect black communities and their health decisions; Native American assimilation projects, reservation schools, family separation and abuse from the U.S. government continue to affect Native American communities; xenophobia, immigration law and militarized border zones affect Latin-American communities; all of these instances of historical trauma (as well as many that have not been named here) still impact communities today and may affect how youth interact with and feel about systems and institutions. Facilitators should take time to think through some of the historical traumatic events that may be affecting the youth and communities they serve.

Young Women

Women have historically had less power than men and have suffered gender-based violence and discrimination at greater rates, often at the hands of men in their lives. The ways youth are socialized sometimes reinforce rigid ideas about gender roles and the ways women and men are "supposed" to act, especially in relationships. This affects how young people make decisions about relationships and sex, as well as their sexual health outcomes[**].

Youth Facing Multiple Barriers to Success and Well-being

Many youth experience poverty, involvement with child welfare or juvenile justice systems, mental health issues, undocumented immigration status of themselves or family members, and other challenges which affect their health. These young people are especially vulnerable and have likely experienced trauma and neglect at higher rates than their peers due to their involvement in different welfare systems. Facilitators should have an understanding of how these systems affect young people who have experienced trauma.

Youth Living with a Disability

Often, people (and youth) with disabilities are seen as non-sexual by the larger mainstream culture; this assumption about disability and sexuality though pervasive, is wholly untrue. Young people with

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[‡] To characterize someone or something as medically or psychologically abnormal.

[§] From 1932-1972 the United States Public Health Service, in trying to learn more about syphilis, withheld adequate treatment from a group of poor black men in Alabama who had the disease, causing needless pain and suffering for the men and their loved ones and leaving communities feeling fear and distrust for the government and medical systems. For more information see http://www.cdc.gov/tuskegee/index.html

[**] For more information on how gender roles affect sexual decision making see http://www.actforyouth.net/resources/rf/rf_gender2_1213.cfm

disabilities also experience sexual feelings, needs, and desires, and deserve access to trauma-sensitive sexual health information. It is important for facilitators to remember that youth with disabilities are sexual beings, and express their sexuality in ways just as diverse as non-disabled people. Young people with disabilities are also more vulnerable to sexual abuse than their peers, especially if they have a developmental disability. See the resource section at the end of this guide for more information on sexuality education for young people with disabilities.

Strategies for attending to cultural, historical, and gender issues in sexuality education programs:

- ❖ **Consider youths' choices** within the context of their experiences, not yours. Recognize that sometimes youth-serving professionals are not a part of the communities of youth and families they serve**;** for this reason it is important to consider young people's choices within the context of their daily realities.

- ❖ **Listen to and believe young people's stories:** connect with young people around the issues that are important to them, ask them what they care about, acknowledge their struggles and believe their stories.

- ❖ **Understand which social determinants of health** might be factors in the lives of young people you work with – often times there are social causes for youth health outcomes that have nothing to do with individual behavior. Factors such as immigration status, poverty, racism, education, transportation, gender discrimination, stigma, and experiences of trauma can affect a young person's health decisions and outcomes; find out what factors affect the young people you work with.

- ❖ **Link youth to culturally proficient services**: refer to organizations and agencies that have proficiency around LGBTQ and women's issues, the different cultural realities of diverse youth, and working with youth facing many barriers to their success and well-being. Always vet your referrals.

- ❖ **Implement equity literacy in your classroom:** Equity literacy is the cultivation of the skills and consciousness that enable educators to recognize and respond to conditions that deny some students access to educational and other opportunities enjoyed by their peers[12]. Equity literacy in action could include facilitators examining content and materials for biases, honing the facilitation skills necessary to intervene when bias arises in the classroom, and/or cultivating a classroom environment where all students feel free to express themselves honestly. See the resources list at the end of this document to learn more about equity literacy and how to put it into practice in the classroom.

Summary

Growing awareness about the prevalent and far-reaching effects of trauma has led to the development of new approaches to prevention, promotion, and education in public health. The trauma-informed approach to sex education outlined in this guide is intended to promote equity and a greater sense of safety among youth participating in evidence based prevention education. The strategies recommended are intended to help facilitators create emotional safety, build trustworthiness, encourage peer support, inspire youth-adult collaboration, and give youth a sense of empowerment in the classroom. Each of these components is an important part of a trauma-informed approach that aims to provide responsive educational services to trauma survivors. The authors hope that a trauma-informed approach to sex education will ensure that trauma survivors can thrive in sex education settings and receive the support needed to live healthy lives.

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Additional Resources

Safety

A Practical Guide for Creating Safe and Supportive Environments in Teen Pregnancy Prevention Programs. Office of Adolescent Health. http://www.hhs.gov/ash/oah/oah-initiatives/assets/ta_9_safe_and_supportive_environments.pdf

A Checklist for Integrating a Trauma-Informed Approach into Teen Pregnancy Prevention Programs. Office of Adolescent Health. http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/Assests/traumainformed-checklist.pdf

Information on creating trauma-informed classrooms and schools. http://www.elc-pa.org/wp-content/uploads/2015/06/Trauma-Informed-in-Schools-Classrooms-FINAL-December2014-2.pdf

Trustworthiness and Transparency

A Checklist for Putting Positive Youth Development Characteristics into Action in Teen Pregnancy Prevention Programs. Office of Adolescent Health. http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/Assests/pyd-tpp-checklist.pdf

A guide to building genuine youth-adult partnerships
http://www.advocatesforyouth.org/storage/advfy/documents/transitions1401.pdf

Peer Support

This website and referral network provides resources and support by state for survivors of trauma. https://centers.rainn.org/

Guidance for engaging women in trauma-informed peer support, also applicable to young people. http://www.ct.gov/dmhas/lib/dmhas/trauma/EngagingWomen.pdf

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Collaboration and Mutuality

The purpose of this document is to provide information promoting sexual health and well-being for all youth impacted by trauma in their lives.
http://resourcesforresolvingviolence.com/wp-content/uploads/A-Trauma-Informed-Approach-for-Adolescent-Sexual-Health.pdf

Empowerment, Voice, and Choice

Videos on consent and lesson plans for enhancing consent education.
https://www.plannedparenthood.org/educators/resources/digital-tools

Lesson plan for preparing youth to make clinic appointments and obtain birth control
http://recapp.etr.org/recapp/index.cfm?fuseaction=pages.YouthSkillsDetail&PageID=116

Cultural, Historical, and Gender Issues

Video: Safe Spaces. Safe Places: Creating Welcoming and Inclusive Environments for Traumatized LGBTQ Youth. http://www.nctsn.org/products/nctsn-safe-places-video

Introduction to Equity Literacy. http://www.niusileadscape.org/bl/poverty-education-and-the-equity-literacy-of-educators-by-paul-c-gorski/ and http://www.edchange.org/handouts/Equity-Literacy-Introduction.pdf

On the historically warranted distrust between African American communities and the medical field.
http://aquila.usm.edu/cgi/viewcontent.cgi?article=1024&context=ojhe

On historical trauma in Native American communities.
http://discoveringourstory.wisdomoftheelders.org/resources/transcending-historical-trauma

A primer on sexual health education for young people with disabilities
http://www.advocatesforyouth.org/storage/advfy/documents/Factsheets/sexual-health education-for-young-people-with-disabilities-educators.pdf

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Endnotes

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