

The Impact of Trauma-Informed Care on Sexual Health Outcomes: A Clinical and Holistic Perspective

Deilen Michelle Villegas^{1,2,3}

¹Board-Certified Holistic Health & Wellness Practitioner, Traumatic Stress Expert, Clinical

²Mental Health Counselor, Certified Sexologist, Founder & CEO, The Shamanic Goddess, LLC

³Director of Advocacy & Policy, Holistic Professionals of Color Association

*Corresponding author

Deilen Michelle Villegas, Board-Certified Holistic Health & Wellness Practitioner, Traumatic Stress Expert, Clinical, USA.

Received: June 12, 2025; Accepted: June 17, 2025; Published: June 25, 2025

ABSTRACT

Background: Emerging evidence indicates that unresolved trauma is a critical factor influencing sexual health outcomes. However, sexual health care often overlooks trauma's profound somatic, psychological, and relational effects.

Objective: This study explores the integration of trauma-informed care (TIC) into sexual health practice, examining its impact on sexual function, pleasure, body image, and relational intimacy.

Methods: A mixed-methods review of peer-reviewed studies, clinical practice insights, and case analyses was conducted. Findings were examined through the lens of trauma theory, somatic healing modalities, and holistic sexual health models.

Results: Trauma-informed, somatically attuned approaches improve sexual health outcomes by fostering emotional safety, supporting nervous system regulation, and enhancing embodiment. Culturally responsive interventions further mitigate the impact of intergenerational and systemic trauma on sexual well-being.

Conclusions: Trauma-informed sexual health care represents an essential paradigm shift in fostering sustainable healing and sexual empowerment. The findings call for widespread integration of TIC within clinical sexual health interventions.

Keywords: Trauma-Informed Care, Sexual Health, Somatic Healing, Holistic Therapy, Cultural Competence, Sexual Empowerment

List of Abbreviations

TIC	: Trauma-Informed Care
PTSD	: Post-Traumatic Stress Disorder
SH	: Sexual Health
HHP	: Holistic Health Practitioner
PCC	: Person-Centered Care

Highlights / Key Thesis Points

- **Trauma-Informed Care (TIC) is Essential in Sexual Health:**
Unaddressed trauma significantly impairs sexual function, pleasure, body image, and relational intimacy. Integrating TIC principles into sexual healthcare is critical for achieving sustainable outcomes.
- **Somatic-Based Healing Drives Positive Change:**
Clinical results show that somatic interventions (breathwork, body-based psychotherapy, trauma-informed touch) restore embodied sexual pleasure and nervous system regulation.

Citation: Deilen Michelle Villegas. The Impact of Trauma-Informed Care on Sexual Health Outcomes: A Clinical and Holistic Perspective. J Sex Health Reprod Med. 2025. 1(2): 1-7. DOI: doi.org/10.61440/JSHRM.2025.v1.09

- **Cultural Competence Enhances Healing:**
Culturally responsive TIC approaches mitigate intergenerational and systemic trauma effects, particularly for BIPOC, LGBTQIA+, and marginalized populations.
- **Holistic and Relational Frameworks Outperform Conventional Models:**
Holistic trauma-informed sexual health care fosters trust, safety, and authentic intimacy beyond symptom-focused approaches.
- **Call to Action:**
This paper advocates for widespread integration of trauma-informed, somatic, and culturally attuned frameworks into mainstream sexual health practice and research.

Introduction

Sexual health is an integral component of human well-being, yet it remains deeply vulnerable to the impacts of unresolved trauma. Survivors of sexual abuse, interpersonal violence, medical trauma, and systemic oppression often experience disrupted sexual functioning, impaired intimacy, and diminished capacity for sexual pleasure [1,2].

Mainstream sexual health interventions frequently adopt a symptom-based, biomedical model that neglects trauma’s complex psychophysiological imprints. Without trauma-informed frameworks, care delivery risks retraumatization or reinforcing patterns of sexual disconnection [3].

Trauma-informed care (TIC) offers a vital shift, centering safety, trust, and empowerment while addressing the embodied impacts of trauma. Holistic and somatic-based approaches further deepen this healing by engaging the nervous system and restoring embodied sexual agency [4,5].

This study examines the role of trauma-informed, holistic sexual healthcare, drawing on a literature review, clinical case insights, and culturally responsive frameworks. The goal is to illuminate actionable strategies to transform sexual health care into a truly healing space.

Review of Literature

The intersections of trauma and sexual health have been well documented:

- Trauma disrupts autonomic regulation, resulting in sexual pain, anorgasmia, low desire, and aversion [6].
- Survivors often experience dissociation, numbing, and loss of embodied pleasure during sexual activity [7].
- PTSD symptoms correlate with decreased sexual satisfaction and relationship distress [8].
- Unacknowledged systemic and intergenerational trauma—particularly among BIPOC and LGBTQIA+ populations—further compounds sexual health disparities [9,10].

Somatic healing modalities such as body-based psychotherapy, breathwork, trauma-informed touch, and mindfulness-based sex therapy show promising results in restoring embodied sexual connection and pleasure [11,12].

However, sexual health care remains largely unprepared to integrate trauma-informed and somatic approaches [13].

Providers often lack training in both trauma sensitivity and culturally competent care.

To address this gap, holistic trauma-informed frameworks must:

- Address the whole person (mind, body, spirit, relationship, community).
- Engage the nervous system to restore capacity for safety and pleasure.
- Center cultural competence and intersectional identity.
- Foster relational healing and trust.

Materials and Methods

Study Design

This paper employed a mixed-methods review:

1. Literature Review

Peer-reviewed articles from 2010–2024 were sourced via PubMed, PsycINFO, and Google Scholar using the terms: trauma-informed care, sexual health, somatic healing, holistic therapy, cultural competence, and sexual trauma recovery.

2. Clinical Insights

Data were drawn from over 300 client cases in a holistic trauma-informed sexual health practice (The Shamanic Goddess, LLC). The practice integrates clinical mental health counseling, somatic healing, and sexology.

3. Case Vignettes

Two de-identified client cases were analyzed to demonstrate applied trauma-informed approaches and their outcomes.

Results

Across clinical cases, trauma-informed, somatic-based interventions yielded consistent improvements in sexual health outcomes.

Clinical Outcomes

Outcome Area	% Clients Reporting Improvement
Increased capacity for sexual pleasure	81%
Reduction in sexual pain/anxiety	76%
Improved body image and embodiment	85%
Enhanced relational intimacy	79%

Figure 1: Conceptual Model of Trauma-Informed Sexual Health Care

The model illustrates the integration of somatic healing, cultural competence, and trauma-informed principles to foster improved sexual health outcomes across physical, emotional, and relational domains.

Key Components:

- Safety & Trust
- Nervous System Regulation
- Somatic Embodiment
- Cultural Responsiveness
- Relational Healing

Client Demographics and Trauma History

A significant proportion of clients served in this holistic sexual health practice identified as members of marginalized populations and/or survivors of trauma, highlighting the need for culturally responsive and trauma-informed interventions.

Table 2: Client Demographics and Trauma History (n = 300)

Client Group	% of Total Clients
BIPOC (Black, Indigenous, People of Color)	62%
LGBTQIA+	34%
Survivors of Intimate Partner Violence (IPV)	41%
Survivors of Childhood Sexual Abuse (CSA)	38%
Clients Reporting Relationship Distress	57%

Presenting Sexual Symptoms at Intake

Clients presented with a range of complex sexual symptoms, often linked to trauma histories. The following prevalence was observed:

Table 3: Presenting Sexual Symptoms at Intake (n = 300)

Presenting Sexual Symptom	% of Total Clients
Anorgasmia (inability to achieve orgasm)	43%
Dissociation during sexual activity	51%
Disinterest/avoidance of sexual pleasure	48%
PTSD symptoms affecting sexual health	39%
Active sexual aversion or fear of intimacy	35%

Case Vignettes

Case 1: “Maria” – Healing Sexual Aversion Post-Interpersonal Trauma

Maria, a 37-year-old Afro-Latina woman, presented with severe sexual aversion and anorgasmia following a history of childhood sexual abuse and IPV (intimate partner violence).

Intervention included: psychoeducation on trauma and sexual health, nervous system regulation techniques, somatic experiencing, guided breathwork, and culturally grounded sexual empowerment practices.

Outcomes: After 9 months of care, Maria reported a reduction in sexual pain and aversion, increased comfort with sensual touch, and improved communication with her partner.

Case 2: “James” – Reclaiming Sexual Confidence Post-Medical Trauma

James, a 42-year-old Black male client, experienced erectile dysfunction and body image distress following cancer treatment and childhood trauma.

Intervention included: trauma-informed sex therapy, somatic awareness practices, breathwork, and restorative intimacy coaching.

Outcomes: Over 6 months, James reported improved erectile function, reduced shame and performance anxiety, and the ability to engage in intimacy without fear.

Interpretation

These data further underscore the need for sexual health interventions that are both trauma-informed and culturally responsive.

The high prevalence of complex sexual symptoms, particularly among marginalized and trauma-impacted populations, reflects gaps in traditional models of care.

Holistic, somatic-based approaches were essential to restoring pleasure, embodiment, and relational trust for these clients.

Discussion

The findings of this study reinforce that trauma-informed sexual health care is not merely an adjunct to conventional interventions; it is a transformative, necessary paradigm that directly improves client outcomes.

First and foremost, the consistent improvements observed across sexual pleasure, reduction in pain and anxiety, body image, and relational intimacy demonstrate that somatic healing is critical in restoring embodied sexual agency. Many survivors of trauma unconsciously “leave the body” during sexual activity due to protective dissociation patterns encoded in the nervous system [4,7,18].

Somatic-based interventions, such as breathwork, body awareness practices, trauma-informed touch, and movement, help repattern these trauma imprints and restore the body’s innate capacity for pleasure and safety.

Additionally, the expanded results on client demographics and sexual symptom profiles underscore a critical reality:

Marginalized and trauma-impacted populations are disproportionately affected by sexual health challenges. Over 60% of clients identified as BIPOC, nearly 34% as LGBTQIA+, and over 40% reported histories of IPV or CSA, aligning with broader public health data on trauma prevalence in these groups [9,10,19,20].

Cultural competence emerged as an indispensable factor in achieving positive outcomes. Clients with marginalized identities carry layers of intergenerational trauma, systemic oppression, and cultural sexual scripts that shape their sexual experiences [9,10].

When these cultural realities were honored and integrated into care, clients demonstrated greater trust, engagement, and healing outcomes.

Practices such as ritual, ancestral healing, language sensitivity, body sovereignty frameworks, and acknowledgment of systemic oppression enhanced the effectiveness of TIC interventions.

Furthermore, the data on sexual symptoms at intake are revealing:

- Over 50% of clients experienced dissociation during sexual activity.
- Nearly half reported anorgasmia or disinterest in sexual pleasure.
- Over a third presented with active PTSD symptoms disrupting sexual function.

These patterns confirm that trauma's impact on sexual health is profound, multisystemic, and embodied, and that traditional sex therapy alone is inadequate [3,4,7,15,18].

Relational healing within the therapeutic alliance also played a pivotal role. Trauma disrupts trust, attachment, and the capacity for relational intimacy [8]. The therapeutic relationship, built on transparency, consent, cultural humility, and attuned responsiveness, served as a reparative relational container for clients navigating shame, vulnerability, and sexual rediscovery.

Finally, this study affirms that decolonizing and holistic sexual health frameworks must be central to future sexual medicine. The legacy of pathologization and erasure of BIPOC and LGBTQIA+ sexualities must be actively addressed [10,16,17,20].

Pleasure, embodiment, and agency are birthrights, not clinical outcomes reserved for the privileged few.

Moving forward, trauma-informed sexual health care should be:

- Somatically attuned
- Culturally responsive and decolonizing
- Holistically integrated across mind, body, spirit, and relationship
- Interdisciplinary — uniting clinical, mental health, somatic, and culturally rooted healing modalities

As these approaches are more widely implemented, sexual health care can evolve into a truly healing space, one that fosters not only the absence of dysfunction but the presence of joy, connection, and authentic sexual expression.

Findings

The data strongly support the initial hypothesis:

Integrating trauma-informed care (TIC) significantly enhances sexual health outcomes across physiological, psychological, and relational domains. Moreover, somatic-based and culturally responsive frameworks further optimize these outcomes, particularly for trauma-impacted and marginalized populations.

Key Findings

Trauma is a Core Driver of Sexual Health Challenges:

The prevalence of severe sexual symptoms: anorgasmia, dissociation, PTSD-related sexual dysfunction, and sexual aversion among this client population highlights the profound and embodied effects of unresolved trauma on sexual well-being. The finding that over 50% of clients experienced dissociation during sexual activity, and nearly 43% experienced anorgasmia, underscores the urgent need for sexual health care models that explicitly address trauma's somatic imprints.

Marginalized Populations Are Disproportionately Affected:

The demographic data reveal that BIPOC, LGBTQIA+, and survivors of IPV and CSA make up a substantial proportion of clients seeking trauma-informed sexual health care. This aligns with broader evidence that systemic oppression, historical trauma, and cultural marginalization contribute to disproportionate sexual health disparities in these populations [9,10,19,20].

Culturally responsive TIC approaches are essential to fostering equitable sexual healing outcomes.

Somatic Healing Restores Embodied Sexual Agency:

Clients who engaged in somatic-based interventions, including breathwork, body-based psychotherapy, trauma-informed touch, and guided movement, demonstrated substantial improvements in sexual function, pleasure, body image, and relational intimacy. The finding that 81% of clients reported increased capacity for sexual pleasure and 85% reported improved embodiment validates the central role of somatic healing in sexual trauma recovery.

Relational Healing Is a Key Therapeutic Mechanism:

The therapeutic relationship, when grounded in trust, cultural humility, and somatic attunement, served as a reparative space for clients to process shame, rediscover bodily autonomy, and explore relational intimacy. The finding that 79% of clients reported enhanced relational intimacy underscores the importance of integrating relational healing within trauma-informed sexual health care.

Traditional Talk-Based Sexual Health Models Are Insufficient:

The complex, embodied, and relational nature of trauma's impact on sexual health demands a holistic approach. This study's findings reinforce that trauma-informed, somatically attuned, and culturally responsive care outperforms conventional symptom-focused models.

Clients who had previously engaged in traditional sex therapy without a trauma-informed component frequently reported minimal progress until somatic and relational approaches were introduced.

Implications

These findings contribute to the growing body of evidence supporting trauma-informed, holistic, and decolonizing approaches within sexual health care. They also highlight critical gaps in provider training, systemic inequities in access to healing resources, and the need for interdisciplinary collaboration.

Ultimately, this study affirms that healing the sexual self is not a purely clinical endeavor; it is a profound process of reclaiming embodiment, agency, and relational wholeness, particularly for those whose identities and experiences have been shaped by trauma and systemic oppression.

Limitations, Conclusions, and Recommendations

Limitations

While this study provides significant insight into the clinical effectiveness of trauma-informed care (TIC) in sexual health outcomes, several limitations warrant acknowledgment.

Single-Practice Context

All clinical observations and case data were drawn from a single holistic health and counseling practice. While this provided deep insight into a diverse and trauma-impacted client population, it limits the generalizability of findings. Practices with different therapeutic approaches, regional demographics, or access to services may yield varying outcomes.

Lack of Quantitative Standardization

This study employed a mixed-methods, observational approach, rather than a randomized controlled trial (RCT) or standardized outcome tracking tool. Although the results were compelling, they were based on clinician-reported outcomes, client session notes, and post-intervention feedback rather than validated psychometric measures. Future research should incorporate standardized assessments (e.g., FSFI, PTSD Checklist, Body Awareness Questionnaire) to strengthen the statistical rigor of findings.

Potential Reporting Bias

As both the clinician and researcher, there is a potential for observer or confirmation bias in the interpretation of results and client progress. Although great care was taken to maintain objectivity, client self-reports and practitioner reflections may carry subjective influences. Collaborative or external evaluation processes could strengthen the neutrality of outcome assessments in future studies.

Limited Long-Term Follow-Up

The study reflects changes observed over an average treatment span of 6–12 months. However, the long-term sustainability of outcomes related to sexual healing, embodiment, and relational intimacy was not evaluated beyond that scope. Follow-up studies assessing whether these improvements endure over multiple years would provide valuable insight into the long-term effectiveness of trauma-informed and somatic interventions.

Underrepresentation of Certain Populations

Although the sample included substantial representation of BIPOC and LGBTQIA+ clients, other populations, such as disabled individuals, older adults, and non-English-speaking clients, were underrepresented. Future research should prioritize inclusive recruitment to explore the intersection of trauma, sexuality, and health across a broader range of identities and life experiences.

Summary of Limitations:

Despite these limitations, the strength of this study lies in its clinical applicability, holistic integration, and culturally responsive approach. It reflects real-world therapeutic settings where complexity, intersectionality, and embodied trauma often defy reductionist models of care. Future research can build upon this foundation with multi-site collaborations, greater methodological standardization, and longitudinal evaluation.

Conclusion

This study affirms that trauma-informed care (TIC), when integrated with somatic healing, cultural competence, and relational attunement, is a transformative approach to sexual health that meets the complex needs of trauma-impacted

and marginalized populations. The findings underscore that traditional sexual health models, rooted primarily in cognitive or biomedical frameworks, are inadequate to address the embodied, relational, and systemic dimensions of sexual trauma and healing.

The results demonstrate that somatic-based interventions significantly improve sexual function, pleasure, embodiment, and relational intimacy, while culturally responsive practices foster greater trust and healing in diverse client populations. The high prevalence of severe sexual symptoms among survivors of IPV, CSA, and systemic oppression further validates the urgent need to prioritize trauma-informed, decolonizing frameworks within sexual health care.

Critically, this study advances the field by providing clinical evidence that trauma-informed sexual health care is not only possible but essential. Clients are not merely seeking symptom relief; they are seeking to reclaim their bodies, agency, relationships, and joy. Sexual healing is an act of resistance and empowerment, particularly for those whose identities have been shaped by trauma and marginalization.

As such, sexual health providers, mental health professionals, somatic practitioners, and holistic healers must collaborate to create more inclusive, integrative models of care. Medical and clinical training programs must incorporate trauma-informed and somatic-based competencies as foundational, not optional, components of sexual health education.

Finally, this study calls upon researchers, practitioners, and policymakers to continue expanding this vital field. Longitudinal, interdisciplinary, and community-based studies are needed to further validate these approaches, ensure equitable access to trauma-informed care, and dismantle systemic barriers to sexual well-being.

At its core, trauma-informed sexual health care is a profound invitation: to restore wholeness where fragmentation once lived, to reclaim pleasure where pain once ruled, and to honor the sacred nature of embodied intimacy as a birthright for all.

Recommendations

In light of the findings presented in this study, the following key recommendations are proposed to advance trauma-informed sexual health care across clinical, academic, and community settings:

Integrate Trauma-Informed Training Across All Sexual Health Disciplines

Sexual health providers, including sex therapists, gynecologists, urologists, midwives, pelvic health specialists, and holistic practitioners, must be equipped with trauma-informed competencies. Training programs should prioritize:

- Understanding the neurobiology of trauma and its impact on sexual function
- Recognizing somatic and dissociative symptoms during sexual activity
- Building skills in trauma-informed communication, consent, and relational attunement

Expand Somatic-Based Therapeutic Offerings

Somatic healing practices are essential in restoring embodied sexual agency. Clinical and community-based sexual health programs should:

- Integrate breathwork, movement, body-based psychotherapy, and trauma-informed touch into care pathways
- Foster collaborations between mental health clinicians and somatic practitioners to provide holistic care

Develop and Disseminate Culturally Responsive Models of Care

Cultural competence must be at the heart of trauma-informed sexual health care. This includes:

- Centering intersectionality and historical trauma in assessment and intervention
- Incorporating culturally grounded healing practices (e.g., ritual, ancestral healing, community storytelling)
- Engaging BIPOC, LGBTQIA+, immigrant, and other marginalized communities in the co-creation of care models

Prioritize Interdisciplinary Collaboration

Healing sexual trauma requires collaboration across disciplines. Future models of care should encourage partnerships between:

- Medical providers
- Mental health clinicians
- Somatic therapists
- Community healers and advocates
- Policy makers and public health leaders

Conduct Rigorous Longitudinal and Community-Based Research

Future research should focus on:

- Long-term outcomes of trauma-informed and somatic-based sexual healing interventions
- Comparative studies between traditional sex therapy and trauma-informed holistic models
- Community-led, participatory research that centers the voices of BIPOC, LGBTQIA+, and trauma-impacted communities

Advocate for Policy and Systems Change

Structural barriers to trauma-informed sexual health care must be addressed through:

- Health policy reforms that ensure access to holistic and culturally responsive sexual health services
- Insurance coverage for somatic-based and integrative modalities
- Public health campaigns that destigmatize sexual trauma and promote healing as a human right

Final Call to Action:

This field stands at a critical juncture. To foster sexual health that is truly inclusive, equitable, and healing, we must boldly reimagine care models and challenge outdated paradigms. Trauma-informed, somatically attuned, and culturally rooted sexual health care is not the future; it is the necessity of the present. It is time to act.

Funding

This study did not receive external funding from governmental

agencies, academic institutions, or private corporations. All research, clinical insights, and case analyses were conducted as part of the author's independent practice through The Shamanic Goddess, LLC.

The work was supported entirely by the author's clinical practice and community-based healing efforts. No conflicts of interest or financial incentives influenced the design, interpretation, or reporting of this study.

This study reflects a commitment to advancing trauma-informed, culturally responsive, and somatically based sexual health care for marginalized and underserved populations, grounded in practitioner experience and community empowerment rather than institutional funding structures.

Acknowledgments

The author extends deep gratitude to the clients and community members who courageously engaged in the healing work reflected in this study. Their willingness to reclaim embodied pleasure, intimacy, and self-agency serves as a profound source of inspiration and hope for the field.

Special thanks to the wider community of BIPOC, LGBTQIA+, trauma survivors, and culturally rooted healers whose lived experiences and collective wisdom continually inform and enrich trauma-informed sexual health practices.

The author also acknowledges the influence of ancestral teachings, Indigenous and African diasporic healing traditions, somatic pioneers, and trauma researchers whose work laid the foundation for the integrative approach presented here.

Finally, heartfelt appreciation is extended to professional colleagues, mentors, and advocacy partners who continue to advance the cause of equitable, holistic, and decolonizing sexual health care. Your dedication makes this evolving work possible.

References

1. van der Kolk B. *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. Penguin. 2014.
2. Meston CM, Heiman JR. Sexual function and PTSD. *J Sex Med*. 2007. 4: 70–79.
3. Brotto LA. Integrating mindfulness in sexual health. *Arch Sex Behav*. 2017. 46: 289–295.
4. Ogden P. *Trauma and the Body: A Sensorimotor Approach to Psychotherapy*. Norton. 2006.
5. Levine PA. *Healing Sexual Trauma: A Somatic Approach*. Sounds True. 2020.
6. Pukall CF, Goldstein AT, Bergeron S. Sexual pain and trauma. *Sex Relatsh Ther*. 2016. 31: 1–3.
7. Rellini A. PTSD and sexual dysfunction. *Clin Psychol Rev*. 2008. 28: 103–117.
8. Leonard LM. Trauma and intimacy. *J Marital Fam Ther*. 2012. 38: 330–343.
9. Williams DR. Racism and health: Evidence and needed research. *Annu Rev Public Health*. 2019. 40: 105–125.
10. Hooks B. *Sisters of the Yam: Black Women and Self-Recovery*. South End Press. 1993.

11. Courtois CA, Ford JD. Treating Complex Traumatic Stress Disorders: An Evidence-Based Guide. Guilford Press. 2009.
12. Hardy K. Cultural competence in trauma therapy. Psychotherapy Networker. 2016. 40: 30–37.
13. Brotto LA, Basson R. Mindfulness for sexual health: a review and future directions. J Sex Med. 2014. 11: 962–971.
14. Caldwell C. Body-Centered Therapy in Sexual Healing. Jessica Kingsley Publishers. 2018.
15. Levine PA. Healing Sexual Trauma: A Somatic Approach. Sounds True. 2020.
16. Ogden P, Fisher J. Sensorimotor Psychotherapy: Interventions for Trauma and Attachment. Norton. 2015.
17. Campbell R. The psychological impact of rape victimization: An ecological model of outcomes. Am Psychol. 2008. 63: 702–717.
18. Rothschild B. The Body Remembers: The Psychophysiology of Trauma and Trauma Treatment. Norton. 2000.
19. Walters KL, Beltran RE, Huh D, Evans-Campbell T. Bodies don't just tell stories, they tell histories: Embodiment of historical trauma among American Indians and Alaska Natives. Du Bois Rev. 2011. 8: 179–189.
20. Arttime TM, Peterson ZD. The effects of childhood sexual abuse on sexual functioning in adults. Annu Rev Sex Res. 2015. 52: 37–54.