Healing from Sexual Trauma

Processing Past Assault, Abuse or Negative Sexual Experiences in a Safe, Trauma-Informed Space

By Dr. Nizamuddin Qasmi
Founder & Chief Physician, Saira Health Care
Focused Practice in Sexual Disorders & Infertility
BUMS, Hamdard University, Delhi
MD, CGO
Certificate in Infertility, MGBIMS, Delhi
Certificate in Urology – London, UK
Masters in Male Infertility, MasterHealthPro (HealthPro)
Integrated Sexual & Reproductive Health (ISRH, UNFPA)

Introduction

In my clinical work in sexual and reproductive health, I meet people who come with complaints such as loss of sexual desire, difficulty becoming aroused, painful intercourse, inability to relax during intimacy, erectile difficulty, premature ejaculation, fear of sexual contact, relationship problems, or unexplained anxiety around physical examination.

Sometimes the problem is not primarily in the reproductive organs or sexual hormones. The body may still be responding to an experience that happened months or even many years earlier.

Sexual trauma can follow rape, sexual assault, childhood sexual abuse, coercion, unwanted touching, repeated sexual humiliation, forced sexual activity within a relationship, exposure to threatening sexual situations, or other experiences in which a person's sexual boundaries, safety, dignity or control were violated.

Trauma does not affect everyone in exactly the same way. Some people develop post-traumatic stress disorder (PTSD); others experience anxiety, depression, sleep disturbance, sexual difficulties, chronic pain, relationship difficulties or periods of emotional numbness. Some people have relatively few lasting symptoms. WHO emphasizes that most people exposed to traumatic events do **not** develop PTSD, although sexual violence is among the experiences associated with particularly high rates of post-traumatic stress.

The central message I want patients to understand is that healing should never mean forcing someone to describe an experience before they are ready. Good trauma care is based on **safety, dignity, consent, choice and gradual recovery**.

What Is Sexual Trauma?

Sexual trauma is the psychological, emotional and sometimes physical response that can follow a sexual experience that felt violating, frightening, coercive, unsafe or beyond the person's ability to cope at that time.

The event may have been recent or may have occurred years earlier. In some cases, a person recognizes the connection immediately. In others, symptoms become noticeable only when entering a relationship, getting married, becoming sexually active, undergoing a pelvic or genital examination, trying for pregnancy, experiencing childbirth, or encountering another situation that reminds the nervous system of the original experience.

Trauma-informed organizations emphasize that reactions to sexual violence may emerge immediately or much later.

Sexual trauma can result from experiences such as:

- rape or attempted rape
- unwanted sexual touching
- sexual activity obtained through threats, pressure or manipulation
- childhood sexual abuse
- forced sexual activity within marriage or a relationship
- sexual harassment combined with fear or coercion
- being forced to watch or participate in sexual acts
- unwanted recording, photographing or distribution of sexual material
- repeated humiliation relating to the body or sexual functioning
- painful or frightening sexual experiences
- medical or genital procedures experienced as violating, especially when consent or communication was inadequate
- previous relationships involving sexual control, intimidation or violence.

A person's emotional reaction is not determined only by what happened physically. The meaning of the event, the person's age, degree of helplessness, relationship with the perpetrator, previous trauma, available support and what happened afterwards can all influence recovery.

Sexual Trauma Is Not the Same as PTSD

This distinction is important.

A traumatic sexual experience does not automatically mean that someone has PTSD.

Many people feel fear, anger, confusion, sadness, shame or physical tension after a traumatic experience and gradually improve. PTSD is diagnosed when a particular pattern of symptoms continues and significantly interferes with life.

According to WHO, typical PTSD involves combinations of re-experiencing the event, avoiding reminders and remaining in a heightened state of threat or arousal. These symptoms cause significant distress or disruption in everyday functioning.

Only a qualified mental-health professional should diagnose PTSD.

How Sexual Trauma Can Affect the Brain and Body

When a person believes that they are in danger, the nervous system activates survival mechanisms. People commonly describe these as **fight, flight, freeze or other automatic protective responses**.

These reactions are not carefully planned decisions. They are part of the body's survival system.

After the immediate danger has ended, the nervous system usually settles. After severe or repeated trauma, however, reminders of the event may continue to activate the body's alarm response.

A smell, particular touch, position, room, sound, facial expression or sexual situation can sometimes trigger fear even when the present situation is objectively safe.

A survivor may logically understand:

“I am with someone I trust.”

while the nervous system simultaneously reacts:

“Something dangerous is happening.”

This difference between conscious understanding and automatic body responses explains why sexual trauma cannot always be overcome simply by telling oneself to forget the past.

Common Emotional and Psychological Symptoms

A person recovering from sexual trauma may experience one or several symptoms, including:

- unwanted memories
- nightmares
- flashbacks
- anxiety or panic
- persistent fear
- sadness or depression
- irritability
- difficulty concentrating
- feeling emotionally numb
- excessive alertness or easily being startled
- difficulty sleeping
- avoidance of people, places or situations
- difficulty trusting others
- guilt or shame
- feeling uncomfortable in one's own body
- dissociation or feeling mentally disconnected
- substance misuse in an attempt to manage distress
- difficulty maintaining relationships.

WHO and NIMH recognize PTSD, depression, anxiety, sleep problems, substance-use problems and other mental-health difficulties among the possible consequences of serious trauma and sexual violence.

Sexual Symptoms After Trauma

Sexual problems following trauma deserve particular attention because they are often misunderstood.

A person may experience:

Reduced Sexual Desire

Someone who previously had normal sexual interest may begin avoiding sexual situations because intimacy has become associated with danger, discomfort or loss of control.

Difficulty Becoming Aroused

Mental fear can interfere with the relaxation and physiological processes required for normal sexual arousal.

Pain During Intercourse

Pelvic muscle tension, vaginal dryness, an underlying gynecological condition, fear-related tightening or pelvic-floor dysfunction may contribute.

Pain should never automatically be assumed to be psychological. A proper medical examination may be required when the patient is comfortable with it.

Vaginismus or Pelvic-Floor Guarding

Some women involuntarily tighten the pelvic-floor muscles when penetration is attempted. Trauma is one possible contributing factor, although vaginismus can occur without any history of sexual trauma.

Erectile Problems

Some men experience difficulty obtaining or maintaining an erection during situations that activate traumatic memories, anxiety or performance fear.

Problems with Ejaculation

Premature ejaculation, delayed ejaculation or difficulty ejaculating can sometimes coexist with anxiety, relationship problems or traumatic experiences.

Difficulty Reaching Orgasm

A person may remain highly alert rather than relaxed during sexual activity, making orgasm difficult.

Avoidance of Touch

Even affectionate touch may sometimes feel uncomfortable because the body has learned to associate physical closeness with danger.

Emotional Disconnection During Sex

Some survivors describe feeling as though they are observing the experience from outside their body or mentally “switching off.”

Fear of Medical Examination

Pelvic examinations, genital examinations, fertility procedures and even routine clinical touch can trigger distress in some survivors.

This is one reason trauma-informed medical care is so important.

ACOG specifically advises clinicians caring for people with a history of sexual assault to use trauma-informed care and recognizes pelvic pain and sexual dysfunction among issues that may warrant sensitive assessment.

Trauma Can Also Affect Physical and Reproductive Health

Sexual violence can have consequences extending beyond mental health.

Depending on the circumstances, possible concerns include:

- physical injuries
- sexually transmitted infections
- unintended pregnancy
- pelvic pain
- genital discomfort
- gastrointestinal symptoms
- sleep problems
- headaches or chronic pain
- reproductive concerns.

WHO recognizes significant short- and long-term physical, mental, sexual and reproductive consequences associated with sexual and intimate-partner violence.

When an assault has occurred recently, prompt medical evaluation can be important for injuries, STI assessment or prevention, pregnancy-related care and discussion of forensic options according to the patient's wishes and applicable local procedures.

Understanding Trauma-Informed Care

Trauma-informed care does not simply mean asking a patient whether they have experienced trauma.

It means changing the way healthcare is delivered so that the person remains physically and emotionally safe and does not lose control again during treatment.

SAMHSA describes core principles that include **safety, trustworthiness, peer support, collaboration, empowerment, voice and choice**.

In practical clinical care, this means:

Permission before examination. A doctor should explain what examination is proposed and why.

The patient's right to stop. Consent can be withdrawn at any stage.

No unnecessary questioning. A survivor should not be forced to repeatedly describe traumatic details simply to satisfy curiosity.

Clear communication. Unexpected touch can be particularly distressing.

Respect for privacy. Sexual history should be taken discreetly.

Choice whenever medically possible. This may include the timing of an examination, presence of a support person and whether certain parts of the consultation are postponed.

Avoiding blame. The purpose of consultation is treatment and recovery, not judging someone's previous decisions or behaviour.

This approach is particularly important in sexual medicine, gynecology, infertility care and urology.

Healing Usually Happens in Stages

Recovery is not identical for every person, but it is often useful to think of treatment in several overlapping stages.

1. Establishing Safety and Stability

Before intensive trauma processing begins, immediate safety should be assessed.

If abuse or coercion is still continuing, treatment cannot focus only on symptoms while ignoring ongoing danger.

The early phase may therefore include:

- creating a safety plan
- finding supportive people
- improving sleep
- treating severe anxiety or depression
- reducing substance misuse

- learning grounding techniques
- establishing predictable routines
- addressing urgent medical problems.

NIMH notes that when a person is still living in an abusive or traumatic environment, treatment generally needs to address both the continuing situation and the trauma-related symptoms.

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2. Understanding Triggers

A trigger is anything that reminds the nervous system of the traumatic experience.

Triggers can include:

- a particular form of touch
- darkness
- certain words
- being restrained
- particular sexual positions
- smells or sounds
- medical examinations
- loss of control
- seeing someone who resembles the perpetrator
- anniversaries or particular dates.

Identifying triggers allows the patient and therapist to develop safer ways of responding to them.

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3. Learning Grounding and Emotional-Regulation Skills

Grounding techniques help bring attention back to the present moment when traumatic memories or panic become overwhelming.

Examples may include:

- noticing one's surroundings
- slow controlled breathing

- identifying objects in the room
- placing the feet firmly on the ground
- noticing temperature or texture
- reminding oneself of the present date and location
- using a prepared calming statement.

These techniques are supportive strategies rather than substitutes for professional trauma treatment when PTSD or severe symptoms are present.

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4. Processing the Trauma With Appropriate Therapy

For people who develop PTSD or clinically significant trauma symptoms, psychological therapy has the strongest evidence.

Current clinical guidance supports several trauma-focused approaches.

Trauma-Focused Cognitive Behavioural Therapy

This helps patients examine thoughts, emotions and behaviours associated with the trauma and gradually develop healthier ways of responding.

Cognitive Processing Therapy — CPT

CPT can help people examine beliefs involving guilt, shame, safety, trust, power and self-worth that may have developed after trauma.

Prolonged Exposure — PE

Under professional guidance, exposure-based therapy helps a person gradually approach memories and situations that have been avoided because they generate fear.

This is structured therapy—not simply telling someone to “face their fears.”

Eye Movement Desensitization and Reprocessing — EMDR

EMDR is another established trauma-focused psychological treatment used for PTSD.

NICE recommends trauma-focused CBT approaches for adults with clinically important PTSD symptoms and also recommends EMDR in appropriate circumstances. The 2023 VA/DoD clinical guideline likewise identifies evidence-based trauma-focused psychotherapies as central PTSD treatments.

Therapy should be provided by an appropriately trained mental-health professional.

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5. Medication When Necessary

Medication is not required for every survivor.

However, when PTSD, depression, significant anxiety or sleep problems are present, a psychiatrist or appropriately qualified physician may consider medication according to the diagnosis and individual circumstances.

NIMH notes that psychotherapy, medication or a combination may be used for PTSD, with treatment selected according to the patient's symptoms and clinical needs.

Medication should not replace psychological treatment simply because discussing trauma feels difficult. At the same time, no one should be forced into trauma-processing therapy before appropriate assessment and preparation.

Rebuilding Sexual Confidence and Intimacy

Recovery in sexual health is often gradual.

The immediate goal should **not** simply be “returning to intercourse.”

A more useful goal is restoring:

- bodily safety
- control
- trust
- comfort with touch
- communication
- sexual autonomy
- confidence
- emotional connection.

Some couples may temporarily remove penetration or performance expectations and instead work gradually with comfortable, mutually agreed forms of closeness.

Consent should remain active throughout intimacy.

A patient should be able to say:

- “Please slow down.”
- “I don't want this today.”
- “Please don't touch me there.”

- "I need to stop."
- "I would prefer something different."

A caring partner respects these boundaries without pressure.

The Role of the Partner

A supportive spouse or partner can contribute substantially to recovery, but they should not become the person's therapist.

Helpful behaviour includes listening without interrogation, respecting boundaries, asking permission before sexual activity and accepting that recovery may fluctuate.

Pressure such as:

"You should have forgotten it by now"

or

"If you loved me you would have sex"

can increase distress and should be avoided.

Support from family, friends and trusted people can be an important resilience factor after trauma.

When Sexual Trauma and Infertility Treatment Meet

This subject deserves special consideration.

Infertility treatment frequently involves:

- repeated discussions about sexual intercourse
- semen analysis
- vaginal ultrasound
- pelvic examinations
- hormonal testing
- genital examinations
- timed intercourse
- fertility procedures.

For someone with a history of sexual trauma, these otherwise routine medical steps may become distressing.

At Saira Health Care, I believe sexual and infertility consultations should therefore be conducted with particular attention to privacy, consent and patient control.

Whenever a patient appears unusually anxious about examination or sexual discussion, a clinician should avoid assuming that the person is being "difficult." There may be a history that has not yet been disclosed.

The patient should be allowed to disclose information at their own pace.

Unani Medicine and the Recovery Process

The Unani system traditionally views health through a broad interaction between physical, psychological and lifestyle factors.

The Ministry of AYUSH describes Unani medicine as giving importance to the psychosomatic relationship between mind and body and to the **Asbab-e-Sitta Zarooriya**, or six essential factors of life, which include diet, activity and rest, sleep and wakefulness and psychological or emotional balance. Traditional Unani literature also describes **Nafsiyati Tadbeer**, or psychological measures.

This holistic philosophy can be useful when caring for a person whose sexual difficulty is affected by both physical and psychological factors.

However, an important clinical distinction must be made:

Unani treatment should not be presented as a replacement for evidence-based trauma-focused psychotherapy when a patient has PTSD, severe depression, suicidal thoughts, significant dissociation or another serious mental-health condition.

Current major PTSD guidelines emphasize trauma-focused psychological treatments such as CPT, trauma-focused CBT, prolonged exposure and EMDR.

Therefore, my preferred approach is **integrative rather than competitive**.

How Unani Support May Be Integrated Responsibly

Depending on the individual assessment, a Unani physician may focus on areas such as:

Sleep and Daily Routine

Trauma frequently disturbs sleep. In Unani principles, sleep and wakefulness form one of the essential determinants of health.

A regular sleep schedule, appropriate daytime activity and reduction of habits that worsen sleep may support overall recovery.

Nutrition

Trauma, anxiety and depression may alter appetite and digestive function.

A balanced, adequate diet should be encouraged rather than using extreme dietary restrictions.

Physical Activity and Rest

Gentle physical activity can help general health and wellbeing, while adequate rest remains important.

Emotional Wellbeing

Traditional Unani medicine recognizes psychological influences on health. Supportive counselling, compassionate communication and healthy routines can therefore fit naturally within an integrative approach.

Treatment of Associated Physical Complaints

Where appropriate, a Unani practitioner may assess complaints such as fatigue, digestive discomfort, general weakness or other concurrent health issues—but each symptom must still be evaluated for conventional medical causes when necessary.

Herbal Medicines

Herbal preparations should never be prescribed merely because a problem is described as “stress.”

They require proper evaluation of the patient's medical history, pregnancy possibility, medications, allergies, liver or kidney problems and other relevant conditions.

“Natural” does not automatically mean risk-free. NCCIH warns that herbal products can interact with medicines and that safety and quality vary between products.

My Approach at Saira Health Care

When I evaluate sexual difficulties that may be related to trauma, my objective is not simply to prescribe a medicine for libido, erection, ejaculation or vaginal symptoms.

A good evaluation may need to look at several dimensions:

Physical health: Are diabetes, thyroid disease, hormonal problems, infections, pelvic disease, medication effects or another condition contributing?

Sexual health: Is the main complaint low desire, erectile difficulty, ejaculation disorder, pain, dryness, vaginismus, orgasm difficulty or avoidance?

Reproductive health: Are pregnancy, infertility, contraception or STI concerns involved?

Psychological health: Are anxiety, depression, traumatic memories, panic or relationship difficulties present?

Safety: Is abuse or coercion still happening?

Relationship factors: Does the patient feel respected and safe with their partner?

Lifestyle factors: Are poor sleep, exhaustion, substance use or chronic stress making recovery more difficult?

When trauma-focused psychotherapy or psychiatric treatment is indicated, referral and collaboration with a qualified psychologist, psychiatrist or trauma therapist should form part of responsible care.

A sexual medicine physician and a mental-health professional may therefore have different but complementary roles.

Why I Do Not Recommend Forcing Disclosure

One of the most important principles in trauma care is that the patient controls how much they disclose.

It is not necessary for every healthcare professional to know every detail of an assault.

Sometimes it is enough for the patient to say:

“I have experienced something in the past that makes examinations difficult.”

That information alone may allow the doctor to adapt the examination.

Trauma-informed care aims to reduce the possibility of retraumatization and to preserve the person's choice and control.

Medical Examinations Should Remain Consent-Based

Before a sensitive examination, the clinician should explain:

- what will be examined

- why the examination is necessary
- what the patient may feel
- whether alternatives exist
- whether the examination can be delayed.

The patient should be able to request a pause or stop the examination.

When medically appropriate, having a chaperone or trusted support person may also help.

This is particularly important with genital, rectal, breast and pelvic examinations.

What If the Assault Happened Recently?

Recent sexual assault requires a different approach from historical trauma.

A person may require urgent assessment for:

- injuries
- STI exposure
- HIV-related preventive care where indicated
- pregnancy risk
- emergency contraception where appropriate
- forensic examination or evidence collection, if the patient wishes and according to applicable law
- immediate psychological support
- protection from ongoing danger.

Medical consequences of sexual assault can include injuries, infection, unintended pregnancy and psychological trauma, and timely clinical care is therefore important.

A person should not delay urgent medical attention while waiting for a routine sexual-health appointment.

When Professional Help Is Particularly Important

Please seek professional assessment when trauma symptoms:

- continue for several weeks or months

- interfere with work, studies or family life
- repeatedly disturb sleep
- cause severe panic or flashbacks
- prevent normal relationships
- cause significant sexual dysfunction
- lead to alcohol or drug misuse
- produce severe depression
- involve self-harm
- involve suicidal thoughts
- occur while abuse is still continuing.

Mental-health treatment is especially important when symptoms become severe or persistent.

Recovery Does Not Follow a Straight Line

Many patients expect recovery to proceed continuously:

bad → better → completely normal.

In reality, recovery can fluctuate.

A person may feel comfortable for weeks and suddenly experience distress after an unexpected reminder.

This does not automatically mean that treatment has failed.

Therapy can help people recognize triggers, build coping strategies and gradually reduce the control that traumatic memories have over everyday life.

Frequently Asked Questions

Can sexual trauma cause sexual dysfunction years later?

Yes. Trauma symptoms can emerge immediately or later, and sexual or medical situations may sometimes reactivate distress. However, sexual dysfunction has many possible physical, hormonal, psychological and relationship causes, so a proper assessment remains important.

Does every sexual-assault survivor develop PTSD?

No. Many people recover without developing PTSD. WHO reports that PTSD develops in only a minority of people exposed to potentially traumatic events, although risk is comparatively high following sexual violence.

Is counselling enough?

It depends on the person's symptoms. Mild difficulties may improve with supportive counselling and time. PTSD or severe trauma symptoms may require structured trauma-focused psychotherapy such as CPT, trauma-focused CBT, PE or EMDR.

Can medication erase traumatic memories?

No. Medication does not erase memories. It may sometimes be used to treat associated PTSD, depression, anxiety or sleep symptoms under appropriate medical supervision.

Can Unani medicine treat sexual trauma?

Unani medicine offers a holistic framework that considers physical health, psychological wellbeing, sleep, nutrition, activity and other lifestyle factors. These principles may complement an overall recovery plan. However, trauma-focused mental-health treatment remains important when PTSD or clinically significant psychological trauma is present.

Can herbal medicine be taken with antidepressants?

Not automatically. Some herbal products interact with antidepressants and other medicines. Every supplement or Unani medicine should therefore be disclosed to all treating clinicians.

Should a spouse know everything that happened?

That decision belongs primarily to the survivor, taking safety and individual circumstances into account. Therapy can sometimes help a person decide what they want to disclose and how.

Can sexual confidence return?

Many people do regain satisfying relationships and sexual wellbeing with appropriate support, treatment, safe relationships and time. Recovery should focus on restoring safety and control rather than meeting an externally imposed timetable.

Saira Health Care's Role in Sexual and Reproductive Recovery

At **Saira Health Care**, sexual health complaints are approached with the understanding that sexual functioning involves much more than reproductive organs alone.

Hormonal health, physical disease, medicines, psychological wellbeing, past experiences, relationship dynamics, fertility concerns, sleep and lifestyle may all contribute.

Under my clinical approach, the objective is to provide:

- confidential sexual-health assessment
- respectful discussion of sensitive symptoms
- evaluation for possible physical causes
- infertility and reproductive-health assessment when required
- individualized Unani and lifestyle support where clinically appropriate
- recognition of psychological or trauma-related factors
- referral to qualified mental-health professionals when trauma-focused treatment is required
- multidisciplinary collaboration when gynecological, urological, psychiatric or other specialist evaluation is needed.

The purpose is not to label every sexual problem as psychological and not to label every problem as physical. The goal is to understand the whole patient.

A Note From Dr. Nizamuddin Qasmi

In sexual medicine, some of the most important information a patient gives me may never appear on a laboratory report.

A semen analysis cannot tell me whether a man becomes anxious because of a frightening past experience.

A hormone report cannot show whether a woman feels unsafe when someone touches her.

An ultrasound cannot measure trust.

For this reason, sexual healthcare must combine scientific evaluation with dignity, communication and consent.

When a history of assault, abuse or another deeply negative sexual experience is affecting present life, the answer is rarely to tell the person simply to forget what happened. Nor should treatment be limited to a sexual stimulant, tonic or sedative without understanding the underlying problem.

My approach is to examine the physical and sexual-health aspects carefully, support general health through appropriate Unani and lifestyle principles where suitable, and involve trained psychological or psychiatric professionals when trauma-focused treatment is needed.

Healing is not measured by how quickly someone returns to sexual activity. A more meaningful recovery is when the person gradually regains **safety, choice, confidence, bodily comfort, emotional stability and control over their own sexual and reproductive life.**

When Immediate Help Is Needed in India

If someone is currently in danger, has been assaulted recently, is seriously injured, or fears further violence, urgent help should take priority over a routine clinic visit.

In India, **112** is the nationwide emergency response number for police, health, fire and other emergency services. The **Women Helpline 181** provides support to women in distress and can connect callers with emergency services, One Stop Centres, medical care, legal assistance and psychosocial support. Government-supported One Stop Centres provide integrated assistance to women affected by violence.

For mental-health support in India, **Tele-MANAS can be reached at 14416 or 1800-89-14416**.

Medical Disclaimer

This article is intended for health education and does not replace an individual medical, psychiatric or psychological consultation. Sexual trauma may involve physical, reproductive and mental-health consequences requiring different specialists. Anyone experiencing severe psychological distress, suicidal thoughts, continuing abuse, recent sexual assault or serious injury should seek urgent professional assistance.

Dr. Nizamuddin Qasmi
Founder & Chief Physician
Saira Health Care
Focused Practice in Sexual Disorders & Infertility