



SUN POINT
WELLNESS CENTER

RECLAIMING YOUR SEX LIFE

Enjoying Anal Sex After Trauma

Trauma Informed Intervention Worksheet for Survivors of Anal Sexual Assault or Rape

This worksheet is to help sexual assault survivors recover after anal sexual assault or rape. Exercises include: mapping anxiety and pain, identifying PTSD symptoms of hypervigilance, building safety in intimate relationships, and consent discussions.



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Mapping Your Anxiety and Pain During Anal Sex

Activities to Map on the chart can include: Stimulation with a Finger, Stimulation with multiple fingers, Rimming, Use of a toy, Using a Vibrator, Certain positions, Anal beads, etc.



😊 = Neutral 😞 = Unbearable

Fear responses can show up in different ways for survivors after assault.

Hypervigilance (being on alert) is our body's way of keeping us safe after a traumatic event. Putting words to your experience can help you (or you and your partner) increase safety during intimacy.

Trigger Thoughts: Trigger Words:

Trigger Body Sensations: Trigger Smells:

Trigger Actions/Positions: Other activating triggers:

What makes me feel safe?

- | | |
|---|---|
| <input type="checkbox"/> Being initiator or having scheduled sensual/sexual times | <input type="checkbox"/> Beginning or ending sensual/sexual ritual with: |
| <input type="checkbox"/> Asking for a hug if I feel out of control | <input type="checkbox"/> Transitioning to a safe position or activity of: |
| <input type="checkbox"/> Transitioning to my favorite romantic activity: | <input type="checkbox"/> Hearing you say, |
| <input type="checkbox"/> Using a safe word to pause or stop: | <input type="checkbox"/> Other: |

Discussing Consent - what is ok for sensual and sexual activities?

- | | |
|---------------------------|--|
| *Kissing me on: | *Touching/licking my penis <input type="checkbox"/> YES <input type="checkbox"/> NO |
| *Massaging my: | *Touching/licking my testes <input type="checkbox"/> YES <input type="checkbox"/> NO |
| *Nibbling on my: | *Touching/licking my butt <input type="checkbox"/> YES <input type="checkbox"/> NO |
| *Sucking on my: | *Touching/licking my inner thighs <input type="checkbox"/> YES <input type="checkbox"/> NO |
| *Role playing as: | *Massaging my prostate <input type="checkbox"/> YES <input type="checkbox"/> NO |
| *Ejaculating on my: | *Mutual masturbation <input type="checkbox"/> YES <input type="checkbox"/> NO |
| *Other boundaries: | *Nipple/Chest play <input type="checkbox"/> YES <input type="checkbox"/> NO |
| *Other interests: | *Clothed body rubbing/humping <input type="checkbox"/> YES <input type="checkbox"/> NO |