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Jess: [\(00:05\)](#):

I'm on my own today sans Brandon because he got tied up with something big at his work, but I am thrilled to get the chance to chat with an interview Rafaella Smith-Fiallo of healing exchange. She is a brilliant therapist, specializing in relationships, sex, trauma. She is also the co-creator of a powerhouse in our industry, Afroxology, doing incredible work that is pleasure-centered, sex positive, and really centers the sexual liberation of black folks. But before Rafaella joins us, I want to quickly talk about our latest partnership with Walgreens because this partnership is intended to raise awareness around HIV prevention, including access to prep, which is pre-exposure prophylaxis. It's a daily pill to prevent HIV transmission, and it is over 99% effective at preventing transmission via sexual activity. So your local Walgreens pharmacist can help to ensure that you access it at no cost, possibly through the ready, set, prep Program. And you can just walk into a store to your Walgreens and ask to talk to the pharmacist in private. You don't have to give any more information than that, or you can learn more at [walgreens.com/prep](http://walgreens.com/prep). That's [walgreens.com/P-R-E-P](http://walgreens.com/P-R-E-P). Now, I also want to talk about another project I'm working on called the You For You Retreat. And I'm really excited for this. I know we've all obviously pulled back from retreats and in-person events and travel for the last year, but I'm optimistic that, you know, with the current vaccination plan, hopefully we'll be able to travel again at the end of 2021. And so I'm going to be a part of a retreat at Temptation Resort in October and Temptation is actually a topless-optional resort with a it's very cool, very modern, and it's got a really, definitely an erotic vibe. Uh, it's actually the sister resort to Desire Resorts, which I talk about often. And this retreat is (the retreat I'm working with) is specifically for women, but people of all genders will be there. Many people will bring their partners, of various genders, and it's hosted by a luring interventions. I'm going to be facilitating a workshop and spending some time with the group. So if you feel like you need something to look forward to and you feel like you'll be ready to travel to sunny, Cancun in October, please do check it out. I will link it in the show notes and you can check out at [youforyou.com](http://youforyou.com) or you for retreat on IG. Or if you Google Alluring Interventions, you'll get it as well. And I know that October feels really far off, but we're, we're actually quite booked up. I know that I checked a couple of weeks ago and there were only eight spots left. So I haven't had an update in a few weeks, but I know it will fill up and I'm really looking forward to it. So if you are coming, let me know, I look forward to seeing you on the beach. All right, enough talking to myself, I'm missing my partner in crime, Brandon, and I need some company. You know, I am excited to learn from Rafaella Fiallo. Her work centers, liberation, psychology, pleasure, politics, social justice, storytelling, and embodiment as tools for healing. And she joins me now. Welcome. Welcome. Raphaela how you doing?

Rafaella: [\(03:48\)](#):

I'm doing great. Thank you so much. How are you?

Jess: [\(03:50\)](#):

I'm good. How are you navigating these big shifts to your work? You're no longer, I suppose, traveling and doing workshops.

Rafaella: [\(03:59\)](#):

Yes, no, I'm not. And that is heartbreaking because had some great places, um, lined up last year specifically. Um, but you know what it's been, it's been nice to kind of transition my practice into a virtual practice, which is something I wanted to do. And I was kind of forced to, some things came out of it that were really great. Um, and other things not so great, but I've been adjusting as much as I can. And

Jess: [\(04:32\)](#):

Good. Good. Now, when you can finally maybe get on an airplane and eat that delicious airplane food again, uh, where do you want to go?

Rafaella: [\(04:41\)](#):

Um, that's, I feel overwhelmed by that question because there was so many places I was supposed to go last year and I love food. So centering my vacations around cuisine is definitely a thing. Um, but I would love to go back to Puerto Rico, some friends and I were supposed to go for our yearly, our annual gathering that we do. Um, and so we always talk about Puerto Rico because it's so accessible and that will probably be on the list, but I am going to be going to Ecuador this year. That's where my father's from. And, um, yeah, so that's when the list hopefully.

Jess: [\(05:23\)](#):

Ecuador would be so interesting. Yeah. I know. You know, I wonder if you're seeing this in your practice or feeling it personally that we felt as though the closing out of 2020 would lead to something new, right? Like a refresher or restart. And we, we do that psychologically, like for me, for example, the beginning of September and the beginning of January are sort of restarts, but we feel as though we've missed out on it this year, are you seeing that?

Rafaella: [\(05:52\)](#):

A lot of people have like, you know, new year, new me vibes and energy, they're setting new intentions, they're doing their end of year evaluations to see what they want to change, what they want more of. And then now it's almost the middle of January and it's like, where did time even go? What is time even?

Jess: [\(06:11\)](#):

Exactly,

Rafaella: [\(06:12\)](#):

And it all just running together because it's the same thing happening. And there's just more tragedy coming and going. And so there hasn't really been like a true demarcation from when we started all of this almost a year ago. So...

Jess: [\(06:28\)](#):

Right. And a year ago we did, we certainly wouldn't have most of us didn't foresee that we'd still be in this situation, but I'm happy. You've been able to work online and find some positive in terms of creating a more digital practice. And, you know, I'm such a fan of all your work. And specifically I love Afrosexology. And oftentimes when I recommend Afrosexology, so many folks get so excited that there is a specific resource, you know, for them and by them. But within the field of sexology and therapy, sometimes I hear a little bit of resistance or incredulity that sexuality and liberation are so closely linked and you have to kind of cultivate the buy-in. So I'd love for you to explain why pleasure politics and liberation psychology go hand in hand and maybe flesh out what these terms mean. What, what are pleasure politics? What is liberation psychology and why are they so important hand in hand with one another?

Rafaella: [\(07:27\)](#):

Yes, absolutely. So liberation psychology is just like a social psychology. It's an approach that really understands how oppressed folks, impoverished folks and communities, um, survive, right? Looking at the structures that impact existence and how to further understand implications of what is happening to folks, bodies, their liberties, their freedoms, their access to education and resources. Um, so that way we can better start to dismantle and have dialogues to change those systems and create aspects in which folks can actually thrive and not just survive. Um, so it really, you know, seeks to just understand the practices to better support resilience and survival. Um, and thriving is how I kind of break it down with folks and for pleasure politics. I mean, pleasure is all, everyone is just talking about pleasure and I absolutely love it. Um, so within the works of Afrosexology, we, we really center our work around pleasure because it's such a vital aspect of knowing what we want, who we are, what we desire, how to have these conversations with ourselves and our families and our partners, especially to create an environment that is not only welcoming to us, but that is nourishing to us. And that can, again, help us thrive because for so many folks, marginalized folks, especially, um, you know, folks who do not have these conversations every day, you know, so we definitely recognize that there is privilege and having access to this education and to these organizations and communities. And that's why it's so important for us as Apple six allergy, to think of accessibility as well, because we don't want to be, um, folks or people organization where, you know, people can't really attend things because the language is not assessable or literally the event is not assessable because of maybe as ASL interpretation or something like that. And I think that I see that happen oftentimes where it kind of has this elite feel when it comes to education and it comes to some of these organizations and it's like, sometimes the words are using is actually are inaccessible because of, um, barriers. Right? And so I think when we really focus our work and our conversations around pleasure to understand that that is linked to our liberation, knowing what feels good to our body is absolutely linked to our relationships, what we will and will not tolerate what our boundaries are, how we have conversations and listening to our gut, our instinct, which is basically the nervous system, right. And that's a huge part in our healing and understanding trauma, um, that is heavily linked to our liberation. And for us, when we talk about sexual liberation, we know that's linked to our economic or social or political liberation. Right. And so some folks that you have to have this conversation to really, to link it. So it doesn't feel like, Oh, we're just talking about sex and fun and pleasure. But the truth of the matter is, is that so many folks oppression is based on their bodies, which is linked to their pleasure, which is linked to our nervous system. Right? And so for me, that's how I break it down. That's how I link it all together. That's why it's so important to liberate it for sure.

Jess: ([11:00](#)):

Thank you so much for that. And you talk about all these topics that are intermingled oppression, trauma, the body, the nervous system. And I'd like to talk about trauma because this is your area of specialty or one of your areas of specialty. When we think of trauma, we tend to think rather myopically in terms of physical violence or assault or a specific incident that, you know, felt or looked traumatic or was assigned to be traumatic, but trauma is experienced in so many ways. So how do you begin to define trauma first and foremost?

Rafaella: ([11:34](#)):

I like to break it down just very simply because people will question, you wouldn't imagine how many people I see online that come to my office, who, who denied their trauma, who questioned their trauma, because it wasn't as bad as '...' Right? Or I know a friend who went through this and I didn't have that experience. So what I have isn't trauma, right. So we're really good in our society and making trauma look like combat war, making it look like, you know, um, destitution. Making it look like only sexual trauma, you know, things that are very violent in a sense. So, and I think that's very intentional

because if you have people questioning that they've experienced trauma, then we are more likely to put up with certain things in relationships, in our, in our, our day to day. And, you know, so I think that's, that's very strategic in that sense, but to break it down very simply, I just say any situation that overwhelmed your capacity, um, to, to regulate, um, to be in your body, anything that was causing you, fear anything that caused you harm. So I like to break it down simply like that, so that we can start to affirm and validate those experiences and say that too is trauma. And it doesn't have to, um, look like anyone else's trauma.

Jess: [\(12:54\)](#):

I appreciate that so much. And so we often talk about trauma response, and I'm wondering if you would also take a stab at defining that term and help kind of give us some examples of how trauma response plays out in dating, in sex. And I even want to talk about friendships. So maybe we start with trauma response and then how trauma affects how we date or even if we date at all.

Rafaella: [\(13:22\)](#):

Absolutely. So first, I just want to say that, um, our trauma responses are not only common, but they're normal when we look at just the way that our bodies, um, respond. And so when we're looking at things like just simple exhaustion, anxiety, confusion, feeling numb, just associating physical or physiological responses like increased heart rate sweating. Um, but also things like second guessing ourselves, um, a change in the trust of self and the world and the relationships that we're in. So I've seen self trust and issues with boundaries within self to be very much linked to experiences of trauma, which we'll probably talk about a little bit more in later. Um, so a lot of responses that are linked to, um, our mental state and well-being are emotional. It also can be financial, some financial responses. Um, yeah, so it's not just the, 'Oh, I hear fire. What is it called? Um, fireworks.' Right? And, um, jumping on the floor or their car backfired, I thought it was a gun and I'm, you know, underneath the table. Right. So it doesn't have to be those really big startled responses and it can be subtle, but also very pervasive in that sense and ongoing.

Jess: [\(14:45\)](#):

Right. I, I really appreciate even the example of second guessing ourselves and how that can be a trauma response. And I don't mean, you know, considering multiple options or wondering if you're correct, but really the inertia, the paralysis, so many people face never thinking maybe that they're good enough or smart enough or deserving enough or qualified enough. And all of these things tie into components of our identity. I mean, I'm not telling you, I know, you know, but like issues of race, ethnicity, gender age, uh, and I see it in the sexological field with young black women who are totally qualified calling themselves, you know, like an aspiring sexologist or an aspiring. And I'm like, but you're there, I'm following you. I'm learning from you. I've been doing this a long time. Guess I'm one of the older people here now, all of a sudden, I don't know when that happened. Um, but I do, I do think that that's tied to their age, race, and gender, because then you have folks who maybe don't have a background and are just borrowing our work or taking our work, you know, slapping expert on because they discovered something new about themselves. And I do think that those people tend to come from a different background. Yeah. So that, that second guessing of self, uh, I love that you put that against, you know, jumping under the table, like a cat, right. So trauma doesn't have to be so visible. It can be so emotionally taxing. And I think over the last year, there's, you know, been, uh, I mean, longer than that, but specifically around COVID - collective trauma. Are you seeing this play out in practice?

Rafaella: [\(16:35\)](#):

Oh my gosh, absolutely. Um, and that is really, it's really hard to, um, to work with at times, because when you're talking about an individual situation, there are different, you know, different interventions that you can, that you can employ and you can practice. But when you have someone come in, who says, I just lost another family member, right? Due to COVID, due to community violence, due to brutality, um, from police officers and due to all these things, or, um, a variety of other things that are happening in their own communities, it's like that sense of control can be completely shattered. Right? And so we work really hard with regulating our nervous system, creating safety in our household. Um, and then it starts to feel like nothing's safe and I can't do anything about it. And that is something that I've seen again and again and again, in the office, because it's kind of like this idea of what am I next? Or is someone else I love next? And is there nothing I can do about it? So you feel really stuck, very disempowering and it's not help at all when the systems quote in place that tell us that they're in place to protect us and to help us and to provide resources are actually not. So it's like, where do we go for the support? And we're trying to Harbor the resources within our community, but then that can be traumatizing because they may have, there may have been harm in the community already, or they may not be on the same page. So we can look at how folks are responding to, um, our government oppressive systems COVID and see that people have different relationship to them right. Due to their power, due to their access, due to their privilege. And so sometimes it is hard to reach back out to community because not everyone sees the problems as the same. Um, it feels isolating for sure,

Jess: [\(18:37\)](#):

And these feelings, that lack of safety, that isolation, how does that affect our relationships? How do we engage in relationships differently? Because we are so exhausted from trying to find safety within systems that aren't necessarily designed to protect everybody.

Rafaella: [\(18:56\)](#):

Yeah. So, you know, when we look at that, that spectrum of one side complete isolation, the other side is just, um, going out and doing everything because of what the, what the hell. Like I better do it because I might not make it, it might not survive. Um, and then a lot of things in the middle, but I wanna, I want to stick on those two ends really quickly because that's what I see often, especially with, um, some young black folks, CIS men who I know, or they tell me that they didn't think they were going to live past a certain age. So a lot of the behaviors that they engaged in were very what they defined as just high-risk, right? The partying, the drug use, the people that are involved in whatever the case is, and then they make it past a certain age and they're like, ah, man, why this is not sustainable. I can't keep living like this. I'm in a lot of pain, just emotionally, physically that I've, I've buried, I've repressed, I've suppressed. And now that I'm still here, um, is there something I want to change so that I can have a better quality of life live? One that I feel like is worth me, you know? Um, and, and that's something, I don't think a lot of folks while saying not a lot of folks, but when it comes to just like cultural competency and just understanding the violence that occurs in the black community and how that's shown up in just the portrayal of self or the understanding of self or value of work of self, it can be really hard to, to, to untangle that, that concept of self-worth when so much of it has been based around, um, just survival. And then you get to the point where maybe move out of a certain neighborhood or you have money, or you feel more secure, or you just have an understanding that I'm alive. Like I'm actually here and I can do something about it. I really treated a lot of CIS black men, um, with just understanding and trying to explore what does pleasure look like outside of, um, like over consumption or just when

it's rooted in this, this fear that if I don't do it now, I never will get to, cause I might not literally be alive. You know, if that makes sense?

Jess: [\(21:15\)](#):

Absolutely makes sense. And it really speaks to why we need not just culturally competent therapists, but black therapists. And I'm thinking about the therapists who are listening, uh, if they are not black and they're dealing with populations or, I mean, I guess if you're dealing with any client outside of your race, like we see that label of culturally competent slapped on. And it, to me, it often, sometimes it's because they've really done a lot of work and continue to do work and are actively working to be anti-racist. And sometimes it's, it's a marketing tag. So can you offer some insights to white therapists and non-black people of color therapists in terms of what we ought to be mindful of? Um, and where we, I don't know about where we can do more learning, cause we really can find that if we want, but what do you want us to be mindful of that perhaps is not at the forefront of discussions, even among people who are trying to be culturally competent?

Rafaella: [\(22:17\)](#):

The first thing that comes to mind is, um, really have a dialogue with yourself. Like just the, get real as hell with yourself, ask yourself questions about where you think you are because, um, in our field, what I've noticed is you get your license, you maintain your, your, um, your CES or your CEUs. And sometimes that's, that's it, right? So unless you're pursuing a specific protocol regarding trauma or you, um, are really the type of person who just wants to have a better understanding of some of these interventions, some folks take cultural competency because they have to, because it's part of their, with their licenses, they have to take every two or three years, whatever the case is. Right. Um, and so really asking yourself, is this something that I know I struggle with? What would my clients say? And are you asking your clients for feedback? I ask my clients every session, what worked, what didn't work? What would you like more of, or less of from me? How did this go? Every single session. And I let them know in the consultation that this is something that I expect, because this is your process. I'm here to help and to guide and be a resource. But this is all about you. So just like, if you were getting your hair done, your nails done or eating food or at the restaurant and you weren't happy with something and you want to take it back, I want you to feel comfortable telling me the same thing, because there is this hierarchy. Right? Where we feel that within the medical system, you can't say, you can't say, you can't, you just have to sit there and be uncomfortable and question, if you're getting good care or do your research before and after your appointment to see what's going on. Um, because you only get 15 minutes if that it's like eight minutes now, actually. Um, and so I really try to, to make, to be very clear, but also follow through with, I say so that they know, because I think all therapists, for the most part say that this is collaborative journey and I'm here to help you on the roadmap or healing or whatever, you know, something like that. But do we follow through with that?

Jess: [\(24:27\)](#):

Right. Or do we in the end think that we know best we know best or have some esoteric, like this expertise that no one else can access. I, I often tell people to be more demanding of their therapists, tell them what you want. You want them to listen more. I mean, that's less, less, less common, or you want them to speak. If you want their perspective, you can ask for it. I really appreciate that approach of how did this go? What worked and what didn't. So for therapists listening, perhaps they can implement that on their own. But for those of us who are going to therapists, how can we get our therapists to do this? Like, how do we, how do we open that conversation to, I guess, assist or guide our therapists or

counselors or coaches to be more collaborative? How can we get them to ask us, how did it go? How can we start that conversation to share, you know, what, this is really helpful for me. And this isn't as helpful for me.

Rafaella: [\(25:24\)](#):

I would say so for someone just starting out, use your consultation, like your interview of sorts. Right? So you're not as invested in terms of the relationships. So you don't have that because you know, having that, that fear or, you know, not wanting to ruffle the feathers or being the people pleaser, like those things are real. Right. So which we can work on. So right at the beginning, before you have that concern, get all that stuff out there, asking them, how do you receive feedback? Well. Right? Um, how can I expect to get feedback from you? So having this conversations with expectation that I want to talk about, what's working. I want to be able to ask questions. I want to be able to switch gears if needed, um, asking them about how they do treatment planning and follow through with treatment planning. Because it's, I have folks who come in and say, yeah, I get homework, but my therapists never ask about it. You know? So I just stopped doing it because I knew they weren't going to ask about it. Right? Or I'll ask like, Oh, what are your treatment goals? And this was from clients and friends alike like, Oh, what's your treatment goals, treatment goals. Well, what are you working on in therapy? Oh, you know, I just wanna, I just want to feel more confident. Well, how are you getting there? What does that look like? And, and they don't know. Right? So, and for some people they don't want that much structure. So figuring out, um, just how to the conversation with your therapist of what does therapy look like? What can, this is what I expect, how did, how do you feel hearing that? Um, and if they are resistant to it, then you, okay, well that interview didn't go well, I got the information I needed. I'm going to go onto to, um, the next, the next consultation. So, um, I think it's a very good practice in communication skills, boundaries, and talking about our needs. Um, and being able to, to ask those questions, right? Because this is still a relationship where we have to practice all of those, all of those things. And oftentimes in therapy, it feels like it's a different type of space. It's a different type of relationship. But to me, I look at it as an opportunity to absolutely try out those skills. And I do it too, right? Where I have a client, you know, sometimes clients want to give me gifts for Christmas or things like that. And so, you know, that is a practice for me, if I'm feeling like, well, cause I hear therapists say things like, well, I don't want to hurt their feelings. And I know they're going through this. I said, but that's also a way to demonstrate boundaries and demonstrate having tough or difficult or uncomfortable conversations to let them know that they can do it too. Right? You can even call it out and say, 'Oh, thank you so much. You know what, honestly, this is hard for me to say, because I was thinking about, um, you know, I didn't want to hurt your feelings, but I, I just can't accept this gift, but thank you so much for thinking of me.' You know? And that can say, 'Dang, I didn't know. I could turn down the gift. That's the thing I did not even know. I could do that.' And I'm going to wrap up in a second, but I'm going to tell you something that I experienced. This was when I was younger though, but I had a really, really good friend. And, um, one, I hadn't seen them in like maybe a year and a half, two years. And so when I saw them, I was like, 'Oh my gosh, Hey girl.' And I went in for like a hug and they like gave me like this weakest hug ever. Right. And I was like, dang, like, you didn't want to see me. And she said, 'Well, you know, I'm not really a hugger.' And it clicked in my head. And I was like, I'm not a hugger either, but it was socialized, you know, like you're supposed to hug people. And I was like, and I never knew that. I could tell people that I did not want to hug them. And so after that I just went, Oh, I'm not a hugger. You can get this dab. I'm not a hugger absence been exploring that because I'm also a survivor of trauma. But, um, I have been exploring my relationship with touch specifically around hugs. And so it's changed a little bit. Um, but it's just like when people live their truth and they exert their boundaries, it reminds us that we too can do that. We're reminded that, 'Oh, we do have boundaries. And he can say yes or we can say no, because

this person is modelling that.' And so when we wrap it, okay, so taking it back to just community trauma and our community, that's why I begin, can be so difficult because all of us have very similar to a certain extent, um, experiences with trauma. And so when we don't understand or exert our boundaries, when we're not, um, in relationships that are healthy and supportive, then our little kiddos are seeing that. And so we're sending in the message that you can't can't can't can't can't and they don't have often as many examples of power and resilience and saying, yes, that's enthusiastic. Right? I don't remember what the other question was.

Jess: [\(30:14\)](#):

Oh, no, I love everything you're saying I'm just listening and learning and taking it in a, you know, you're making me thinking about, think about therapy and really, I want people to advocate for themselves in therapy to get what they want out of therapy that you get to decide. I really appreciate even, you know, you're talking about a strategic plan. Uh, one thing I do is I just have like an email open on my computer and whenever something comes up during the week, that's bothering me, it's called therapy. That's the subject line. I just jot it down. And then when I get into my session with my therapist, uh, you know, I say, okay, here's what I want to cover today because I've only got the 50 minutes. I'm a huge talker. I could, you know, I could talk about one sandwich for two hours, if you let me. So I kind of have my own plan of what I want to get out of it because it's my time and my money. Absolutely. And I'm sure, I don't know what the therapist is if she thinks like, Oh, she's so A-type, but I, this is just what works for me. And I like to track it too, because something that was bothering me on Tuesday, I may have forgotten it in my consciousness by Friday when I talked to her, but it can still be bothering me in my body. And so I do want to go back to it. So like, I just feel like everything moves in and out of my life really quickly and in and out of my head really quickly. And so I need to jot it down and that's, that's my approach. But I do think folks need to think about what works for themselves. So I really appreciate that language that you are offering as a therapist. How did the session go? What worked for you and what didn't. And so I hope folks will consider that for themselves. Now, okay I'm running out of time with you, but I have some questions about trauma and some of them come from listeners. Do you mind taking a stab at a few of them?

Rafaella: [\(32:00\)](#):

Yes, let's go for it.

Jess: [\(32:01\)](#):

Okay. So this one's a little bit general. If you have a partner who has experienced sexual trauma, how can you be supportive? So for example, if a partner tells you that they've, you know, had a previous sexual assault, how can you respond? Can you help us with language for how you respond on the spot and also ongoing behaviors to check in and show support?

Rafaella: [\(32:22\)](#):

Yeah. So this is a big one and I'm so happy that a partner's asking this. So the first thing to understand is that it's not about you as the partner, because sometimes we can really personalize or internalize, um, feel experienced rejection, um, or we can feel really angry and want to, you know, uh, avenge for that person, which that in itself can be really scary. Right? So if someone's telling you they've experienced harm, responding with violence, um, is not the way to go, because then there might be concerned if that violence is ever going to be turned on me. So you want to be mindful of your response. So yes, you're very passionate. You want to show the person that you support them, but be mindful of your words,

your language and your body language. So that is not intimidating or potentially replicating the experience that they had. Um, also this shouldn't, I mean, I'm not gonna say without saying, because sometimes you have to say it, survivors need to be listened to, they need to be met, they need to be believed. They need to be loved and supported. And we know in our system, there's just so much manipulation, gaslighting, um, and just a lack of acknowledgement of what people experience. So making sure we're not replicating those things and our relationships is just at the very, very top, because if I know I can come to you as a partner and you're listening to me, then we can, um, do a lot of other things because we're creating trust and we have transparency and I feel safe and supported. So those are, those are the top things. Um, and I think it's important to consider one that, you know, not everyone discloses or wants to talk about their trauma history in detail. And so it may take time, um, when you are just trying to be supportive of getting the full picture, because you might not ever get the full picture and it's okay. But then going back to remembering that it's not about you, it's about them. So leaving it open to them to feel like they can say what they want to say at their own pace and, um, not pressure them to give you details because that can be a lot more retraumatizing when it comes to when we talk about like intimacy and things like that. Um, I don't know if that was really part of the question or if was just supporting,

Jess: [\(34:46\)](#):

I think overall, you know, I think that this is a, I mean, this isn't something we can answer in five minutes or in one hour, but I think what you've said is so important that, you know, it's natural to be curious, right? Uh, you know, if I tell you I had a really good meal, you're going to ask me a bunch of questions about it, but having a really good meal, isn't the same as experiencing trauma. And so you have to kind of check your own curiosity and let them reveal as much as they want to. I just think that's so important, but yes, please take us to intimacy.

Rafaella: [\(35:16\)](#):

Um, so I think moving forward, like with that as a solid base, we're also talking about creating a safe environment. Um, so understanding that that also includes the way we communicate. It includes absolutely our consent and boundaries and creating a, I want to say, because I love the word ritual, but creating a pattern of consistency where I know in this relationship, we can have these conversations that may be uncomfortable and that's okay because we're going to work through it because we're here where we're committed to one another. And so it doesn't have to trigger an under system that we're going to run away and leave, right. Even when we need to take a break. So when I'm working with couples, people get, can get, um, dysregulated. And in that state, you just can't take in or give information in a way that's productive or healthy. And so you have to take a break. And I had a couple, one time, they said, well, if they just stood up and said, I'm taking a break and leaving, you know, I would feel really abandoned. I said, absolutely. That's not how we do that. Right. So we have to acknowledge what's happening in our bodies and say, you know, I'm feeling X, Y, Z, use your words. Um, so I would like to take a break and then we can come back in 25, 30 minutes, and I want to come back and have this conversation, right. So you're saying I'm listening to my body. It's okay for me to listen to my body and take a break. So that means it's okay for you to do the same. Um, the support, this conversation and relationship is important to me. And so I will be back, right. We need all of that to happen in that. And it took what, like the 30 seconds for me to say,

Jess: [\(36:59\)](#):

Right. And that's, that's so important. Um, I think in any context, right, when we need a break from a fight, from an argument, I was thinking about how the trauma response shows up when we get into an argument, uh, and any trauma response. And I was thinking about how important it is for me personally, to hear, you know, what, this is a priority to me, even though I'm taking a break and we'll, we'll come back. And I like to know when, like, is it 30 minutes? Is it three days? And everybody's different, of course, but that reassurance, the word that comes to mind for me is reassurance, like to continue to offer your partner reassurance regardless of your, of your backgrounds, right? This doesn't have to be directly tied to the disclosure of an assault. Um, and I, I'd also like to get your insights on if somebody has experienced sexual assault and they're dating again, I often get the question, you know, when do I tell a new partner, how do I tell a new partner? How do I disclose? And I know it's a personal journey, but because you work with so many folks and have such a, you know, a deep experience and knowledge of this area, what insights do you have to offer?

Rafaella: [\(38:04\)](#):

Yeah. So first, um, realizing for yourself, if that's something that you want to share at the beginning or at all, right? So we can say what our, what we may be struggling with without saying why we're struggling with it. Right? So, or you could just say I experienced something in the past where I didn't feel safe, where my boundaries weren't listened to where consent was not honored or at a young age, why didn't even realize any of those things were things and that it was important. Right. Um, so sometimes you can leave it open like that. There is a pressure sometimes to just do all this disclosing when you've experienced trauma, especially sexual trauma, that can be very invalidating. So just taking a moment to think about your why. Why do I want to share this? Is it because I'm feeling like I'm supposed to, um, or is because I know something that I want to share, right? Because you can also be left feeling very vulnerable and overexposed by details that you share and you weren't moving ready for that. So I, I'm a huge fan of journaling. I don't even know how I have such a high case load of clients who journal. I don't know. I don't really advertise it that much in terms of journaling therapy, but I have a lot of training and using writing as a form of healing. And, um, so if you are creative in any aspect that comes with writing or, um, if you enjoy dance or art or whatever the case is, um, I would say, tell your story there. That could be a great space to get some of that out in terms of release, um, is to write it down for yourself first. If you're just feeling like I need to purge, I need someone to know, but you're not really sure if you're ready for a person to hear it, writing can be a great alternative in the moment. And so I think that's a great thing. Um, but also, I mean, it's all based on your, your comfort level. I think something else has been helpful with just asking potential or current partners, like, do they know anyone who's, um, been, who identifies as survivor anyone they know who've experienced sexual assault, right? Knowing the statistics cause they might, they may say no. And that's very, very, very common because we don't talk about it. There's a lot of silence around our experiences. So people say, Oh, I don't know anyone, not, you know, someone because the statistics are really small. It's not one in 20. It's not one in, you know, and it's, and it's increasing like every couple of years, because the more we know, we know it's not one in four, right? That's what the statistics say, one to four and one six for CIS men and women, but that doesn't account for trans folks and non-binary folks. So I honestly believe that it's a lot smaller, but we'll see what the research says.

Jess: [\(40:49\)](#):

Right. And as we talk about it more and more people are willing to not just answer honestly, but admit it to ourselves. So I, you know, I'm just so appreciative and, you know, in awe of all the work you're doing around healing, and I know you offer so many different options for people. I know you have a monthly reading and writing club around mental health, relationships, sex and trauma - Healing for Biblio Files.

And do you offer, you know, a range of right now, online events around sensuality and relationships and masturbation, where can folks find you and your work?

Rafaella: [\(41:25\)](#):

I am @healingxchg with social media. Not everywhere. I'm not on Tumblr, but it just get on @healingxchg. And that's spelled healing traditionally ex-chg. Um, yeah. And you'll learn everything there. If you're interested in Afrosexology, we're @Afrosexology everywhere, oddly enough, no one had the name. So you can keep up with both of, uh, both of those entities. Um, we have a lot of really good virtual things coming up for folks. So if you're not completely Zoomed out, you should join us.

Jess: [\(42:00\)](#):

Awesome. Well really thank you so much for your time. I have so many more questions, so I hope we get to chat again, really appreciative of your perspective and your work. And yeah. Thank you so much for taking the time to share with us today.

Rafaella: [\(42:11\)](#):

Thank you so much. It's been a pleasure. I mean, we've been talking about trauma, but we're talking about trauma in a way that people know that there's healing possible and breaking that silence. Right?

Jess: [\(42:23\)](#):

Absolutely. So, yeah, we absolutely encourage people to keep following your work, check out Healing for Biblio Files. Uh, so many other resources on there, and we'll link that in the show notes. Thank you so much for tuning in today. I know I'm going to get a bunch of messages asking for Brandon people. Don't like when he's away, but fear not. He'll be back next week. And he is going to have a full report on the Arcwave. So if you follow me on Insta, I posted about the Arcwave. It was a very popular post. I got a lot of questions about it. The Arcwave is a brand new pleasure air toy for penises. And it works with technology similar to the Womanizer toys, but with more intensity and it pinpoints the frenulum area of the penis to create a what supposedly is a very, very different sensation and a different type of orgasm. So I'm looking forward to that and looking forward to hearing Brandon's report. I know he has tried it and I wasn't in the room, but next time before our next session or before our next episode, I'd like to be in the room and get an idea of, of what it's like, if he'll let me. So yeah, Brandon, we'll be back with Arcwave next week, and that is a wrap for today. I hope you're hanging in there and taking good care of yourself today. And every day.