

CLIENT GUIDE

Understanding Sexual Health, Trauma and Consent

A trauma-sensitive glossary for therapy and personal reflection

How to use this guide

Words can help us name experiences, understand their impact, communicate boundaries, and make informed choices. They can also feel emotionally charged. You are welcome to read this guide slowly, skip any term, pause, or bring questions into therapy.

The legal information in this guide is written for an Ontario and Canadian context and is educational, not legal advice. Legal meanings vary across jurisdictions and may be narrower than clinical or everyday meanings. A person does not need a police report, charge, conviction, diagnosis, or particular label for their experience and its effects to matter.

Legal terms

Describe offences, rights, and evidentiary standards. Their precise meaning depends on the governing law and facts.

Clinical terms

Describe experiences, responses, and impacts. They do not determine whether a crime occurred.

Personal terms

Words such as survivor and victim may both be valid. The person affected may choose either, both, or neither.

Core definitions

Consent

Consent is a voluntary, present agreement to the specific sexual activity taking place. In Canadian criminal law, consent means the voluntary agreement of the person to engage in the sexual activity in question. Consent must be communicated through the person's own words or conduct; it cannot be assumed from silence, passivity, a past agreement, or a relationship.

In everyday or clinical use: Consent is ongoing and specific. A person can agree to one activity and not another, add conditions, or withdraw agreement at any time. There is no consent when agreement is expressed by someone else; the person is incapable of consenting; authority, trust, power, coercion, threats, or fraud are used in legally relevant ways; or the person shows by words or conduct that they no longer agree.

Important distinction: A bodily response, arousal, orgasm, freezing, complying, or not physically resisting does not by itself communicate consent.

Sources: [1], [2]

Rape

Rape is a commonly used term for non-consensual oral, vaginal, or anal penetration, including penetration involving a body part or object. International and some national sources use rape as a specific category of sexual violence.

In everyday or clinical use: Canada's Criminal Code does not use "rape" as the current name of an offence. Conduct often called rape is prosecuted within the sexual-assault framework, with the applicable charge depending on the conduct and circumstances.

Important distinction: A person may use "rape," "sexual assault," another term, or no label for their experience. Language should not be imposed.

Sources: [3], [4], [5]

Rape culture

Rape culture is a social environment in which sexual violence is normalized, excused, minimized, or treated as inevitable. It is sustained by unequal power and gender norms, victim-blaming, sexual entitlement, disbelief of people who disclose, jokes or media that trivialize harm, and weak accountability for people or institutions that enable it.

In everyday or clinical use: The term describes patterns in a culture or institution; it does not mean that every person approves of rape or that rape is literally legal.

Sources: [6]

Sexual abuse

Sexual abuse is a broad term for sexual contact, intrusion, exploitation, exposure, or other sexual behaviour imposed through force, coercion, manipulation, an inability to consent, or an unequal relationship of power, trust, authority, or dependency. It may involve contact or non-contact behaviours and may occur once or repeatedly.

In everyday or clinical use: The term is often used for harm involving children, dependent people, family members, caregivers, professionals, or ongoing patterns, but adults can also experience sexual abuse.

Sources: [7], [8]

Sexual assault

Sexual assault is sexual touching or other sexual activity without consent. Under Canadian law, sexual assault is an assault committed in circumstances of a sexual nature that violates a person's sexual integrity. It can include unwanted kissing or touching, groping, and non-consensual penetration.

In everyday or clinical use: It can be committed by a stranger, acquaintance, date, spouse, partner, family member, or another person. A current or past relationship does not create automatic consent.

Sources: [1], [3], [4]

Sexual harassment

Sexual harassment is unwelcome sexual or sex- or gender-related comment or conduct that is known, or reasonably ought to be known, to be unwelcome. Examples can include sexual remarks or jokes, repeated requests for dates or sexual contact, unwanted sexual messages or images, leering, sexual gestures, unwanted touching, or benefits and consequences tied to sexual cooperation.

In everyday or clinical use: Ontario human-rights law applies in protected social areas such as employment, housing, services, contracts, and vocational associations. A pattern is often involved, although one serious incident may be sufficient depending on the circumstances.

Sources: [9], [10]

Sexual offender

“Sexual offender” is primarily a criminal-justice label for a person who has committed or been convicted of a sexual offence; its precise legal use depends on the context, such as sentencing, corrections, or registration. It is not a diagnosis and should not be used to infer a particular motive, personality, or future risk without an individualized assessment.

In everyday or clinical use: Many prevention and treatment professionals prefer person-first wording such as “a person who committed a sexual offence” or “a person who caused sexual harm,” because it identifies the behaviour without reducing the whole person to a fixed label.

Sources: [11], [12]

Sexual perpetrator

A sexual perpetrator is a person who carries out sexual violence, abuse, harassment, exploitation, or another form of sexual harm. “Perpetrator” describes responsibility for behaviour; it is not a psychiatric diagnosis and does not necessarily mean that the person was charged or convicted.

In everyday or clinical use: In therapy or prevention work, the more specific phrase “person who caused or committed sexual harm” may be clearer and less stigmatizing while still maintaining accountability.

Sources: [8], [12]

Sexual pleasure

Sexual pleasure is the physical and psychological satisfaction, enjoyment, or fulfilment experienced alone or with others through erotic or sexual experiences. It can include thoughts, fantasies, emotions, sensory experiences, intimacy, connection, and bodily responses.

In everyday or clinical use: Healthy sexual pleasure is grounded in consent, autonomy, safety, privacy, equality, communication, and respect. Pleasure is personal and diverse; it is not limited to intercourse, orgasm, partnered activity, or any particular level of desire.

Sources: [13], [14], [15]

Sexual predator

“Sexual predator” is an emotionally charged public or media label, not a general clinical diagnosis. It is sometimes used for a person believed to repeatedly target, groom, exploit, or sexually harm others, but there is no single, consistent meaning across ordinary, clinical, and legal settings.

In everyday or clinical use: Because the label can imply certainty about a person’s identity and future risk, more precise language is usually preferable: name the behaviour, the known legal status, and any professionally assessed risk.

Important distinction: In Canada, “dangerous offender” is a specific court designation with legal criteria. It should not be treated as interchangeable with the informal phrase “sexual predator.”

Sources: [12], [16]

Sexual trauma

Sexual trauma refers to the lasting emotional, psychological, physical, relational, sexual, or nervous-system effects that may follow sexual violence, abuse, coercion, harassment, exploitation, or other experiences that violated sexual safety, autonomy, or integrity.

In everyday or clinical use: Sexual trauma describes impact, not a particular event label or diagnosis. Responses may include fear, shame, anger, grief, numbness, intrusive memories, avoidance, dissociation, changes in desire or arousal, pain, hypervigilance, difficulty with trust or boundaries, and disconnection from the body. There is no single “correct” trauma response.

Sources: [17], [18], [19]

Sexual violence

Sexual violence is an umbrella term for sexual acts, attempts to obtain sexual acts, unwanted sexual comments or advances, or other actions directed at a person’s sexuality through coercion or without consent, in any relationship or setting. It includes both contact and non-contact forms of harm.

In everyday or clinical use: Sexual assault, rape, sexual abuse, sexual harassment, sexual exploitation, image-based sexual abuse, and reproductive or sexual coercion may fall within this broader category, depending on the source and context.

Sources: [5], [8], [20]

Survivor

Survivor is a person-centred term some people use for someone who has lived through sexual violence or abuse. It can emphasize continued life, agency, resistance, coping, and healing.

In everyday or clinical use: A person does not need to feel strong, healed, or resilient to use this word. Others may find it uncomfortable or may prefer “victim,” “person who experienced sexual violence,” or no label.

Sources: [21], [22]

Victim

Victim is a legal, criminal-justice, and service-system term for a person who has experienced harm or an offence. It can accurately place responsibility on the person who caused the harm and can be important when discussing rights, reporting, compensation, or legal proceedings.

In everyday or clinical use: The word does not mean weak, passive, or permanently defined by what happened. Some people prefer it; others prefer “survivor,” use both in different contexts, or use neither.

Sources: [21], [22]

Trauma

Trauma is the lasting impact of an event, series of events, or circumstances experienced as physically or emotionally harmful or threatening, with effects on a person’s functioning and well-being. Trauma is shaped not only by what happened, but also by how the person experienced it and how its effects continue.

In everyday or clinical use: Trauma can affect emotions, beliefs, memory, attention, relationships, bodily sensations, sleep, sexuality, and the stress response. An event can be deeply harmful without producing a trauma-related disorder, and trauma symptoms can occur without meeting the criteria for post-traumatic stress disorder.

Sources: [17], [18]

A pleasure-centred, trauma-sensitive perspective

Holly Richmond's Reclaiming Pleasure places sexual healing within a broader movement from surviving toward safety, embodiment, agency, connection, and pleasure. This does not mean that pleasure is required, that healing follows a set timeline, or that a person must return to any previous form of sexuality. Rather, the possibility of pleasure can be approached through choice, curiosity, boundaries, and experiences that feel sufficiently safe.

Consent and pleasure are related but different. Consent establishes whether an activity is voluntarily agreed to; pleasure concerns whether it is enjoyable, satisfying, wanted, or meaningful. An experience can be consensual without being pleasurable, and bodily pleasure can occur during a non-consensual experience. Automatic arousal or orgasm never makes an assault consensual and never makes the person harmed responsible.

Sources: [1], [13], [15], [19]

Language belongs to the person

There is no universally right label for a lived experience. When possible, use the words the person chooses. It can be appropriate to say, "I am not sure what to call it yet," or to use different words in personal, therapeutic, medical, and legal settings. Naming can support understanding, but a label is not a requirement for care, support, or healing.

References

Definitions are plain-language syntheses of the cited sources and are not direct quotations unless identified as statutory wording. This resource is educational and does not replace individualized medical, legal, crisis, or mental-health support.

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