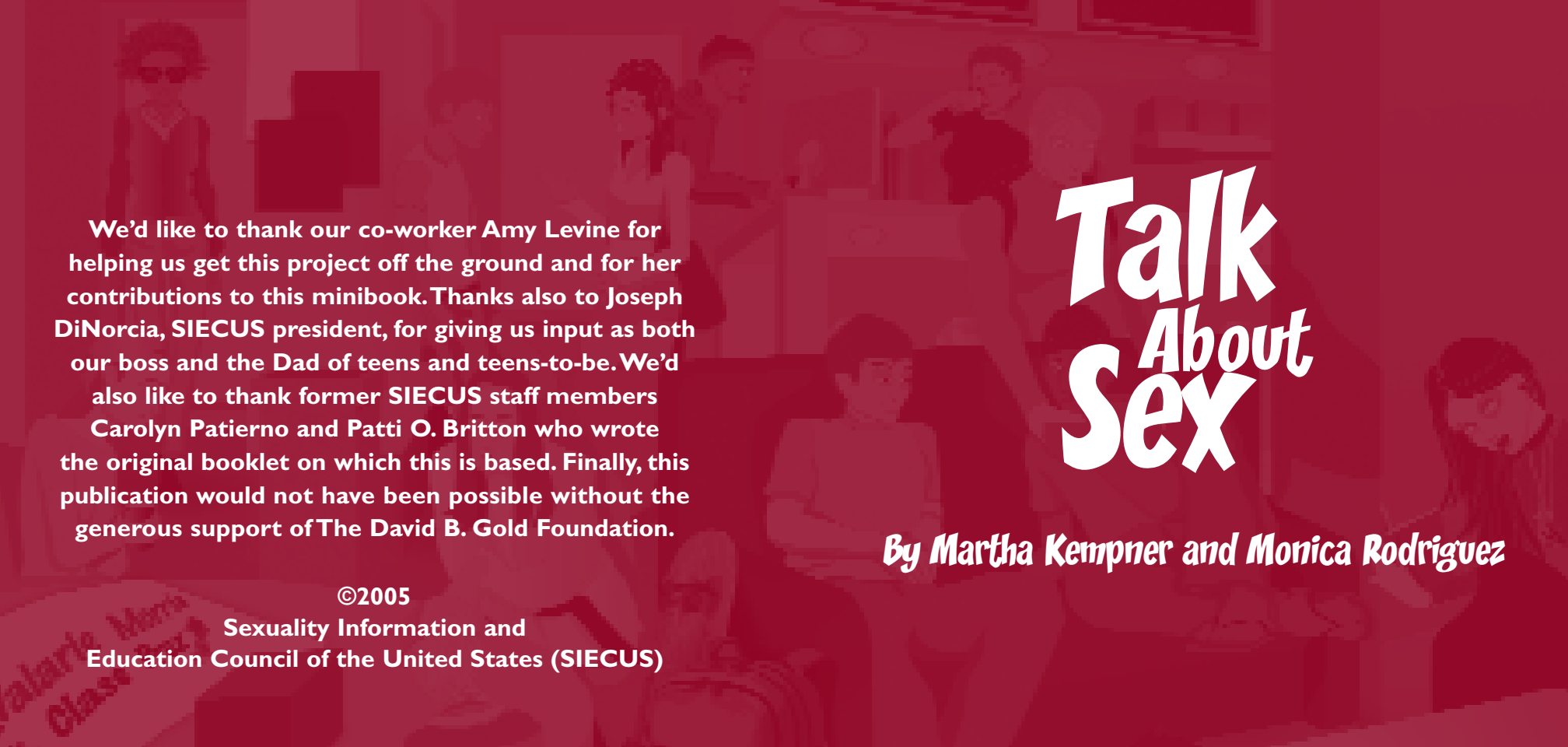




Talk About Sex



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Sexuality Information and
Education Council of the United States (SIECUS)

Talk About Sex

By Martha Kempner and Monica Rodriguez

What is Sexuality?

Sexuality is a part of who you are as a person. It is how you feel about your body, whether you feel masculine or feminine or somewhere in between, the way you dress, how you move, how you speak, the way you act and feel about other people, who you are attracted to and fall in love with, and so much more. Whether you're on your own or sexually involved with someone else, you're still a sexual person.

Everyone has their own way of expressing their sexuality to others and we each also have our own way of feeling or experiencing it for ourselves. Your sexuality has been and will be a part of you for your entire life. How you express it will change depending on your age and stage of life.

We wrote this minibook to help you learn more about sexuality. It's a *book*, so it will tell you about a lot of things — sexual rights, anatomy, sexual health, gender identity, sexual orientation, relationships, communication, sexual behavior, sexual response, sexual

abuse, pregnancy prevention, and STDs and HIV. But, it's *mini*, so there is a lot more information that you will want to find by talking to your parents/guardians, asking your teachers, visiting your healthcare provider, going to the library, or doing research online. The websites and phone numbers listed in the chapters that follow can help you get started.



Sexual Rights

Every human being has basic rights. Still, adults may say and do things that make young people feel like they don't have rights. It's important for you to know your rights so that you can stand up for yourself when necessary.

These are some widely recognized rights related to sexuality. Some of them are backed by law (although laws are different depending on what state you live in) and some of them are not.

You have the right to accurate information about sexuality.

In an ideal world, adults would freely give you accurate information about your body, relationships, love, sexual orientation, gender identity, reproductive health, communication, sexual behavior, pregnancy and pregnancy prevention, and STDs, including HIV/AIDS. Your school would offer comprehensive sexuality education, your parents/guardians would talk with you openly and honestly, the media would always depict sexuality realistically,

and all of the information you get would be medically correct, straight forward, easy to understand, and not judgmental. Unfortunately, our world is not like that — yet. If you want to be informed you're going to have to make the effort to track down reliable sources.



There are many sources of information about sexuality – some are better than others. Start with the websites and organizations listed throughout this minibook.

You have the right to decide how to express your sexuality.

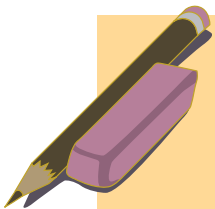
Sexuality is a part of who you are as an individual. People express their sexuality in many ways, like through the clothes they wear, the music they listen to, the way they dance, what they say and how they say it, and what they do with other people. At every point in your life, you can choose if and how to express your sexuality. Remember though, you don't always have control over how other people will read the signals you're sending.



Sexuality is more than just what you do and who you do it with, the next few chapters will tell you more about all that's involved.

You have the right to make decisions about sexuality.

Over the course of your life you will be faced with many decisions about sexuality. These may include decisions about how to express your sexuality, when and whether to become emotionally involved with another person, how you want to be treated in relationships, what sexual behaviors you want to do/when/and with whom, how you protect yourself from possible pregnancy or STDs, and how you take care of your sexual health.



Making good decisions involves gathering information, thinking about possible outcomes, choosing a path, and taking responsibility for what happens as a result. We hope that the facts and ideas in this minibook will help you do this.

You have the right to protect yourself from pregnancy and STDs, including HIV/AIDS.

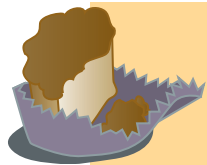
Most sexual behaviors involve some level of risk. It is up to you to determine how much risk you are willing to take. Some people choose to protect themselves by not engaging in any sexual behavior. Some limit their sexual activities to those that pose less risk. And some use condoms and contraception every time. You have the right to make any or all of these choices at any point in your life.



Choosing how to protect yourself involves learning about sexual behaviors and risk, understanding pregnancy and STDs, exploring methods of contraception and disease prevention, and communicating and negotiating with partners. Check out the chapters on communication, sexual behavior, pregnancy prevention, and STDs for more information.

You have the right to say no to unwanted touch of any kind.

Your body belongs to you and no one has the right to touch it without your permission. If someone touches you in a way that makes you feel uncomfortable, you have the right to tell them to stop and expect them to listen to you. You also have the right to tell someone who can help you. If you have experienced unwanted sexual touch, abuse, or assault remember that it is not your fault.



If you have experienced or are experiencing sexual abuse, there are many places that can help you. Check out the chapter on sexual abuse for some of these resources.

You have the right not to be pressured into sexual activity or being physical with someone else.

There are a lot of forces out there — advertising, movies, music, your friends — that may seem to be suggesting that everyone is having sex and you should too. Obviously this is not true. Many teens choose to be sexually active and many choose not to. You

have the right to decide exactly what behaviors, if any, you are comfortable participating in and to expect that your friends and partners will respect your decision.

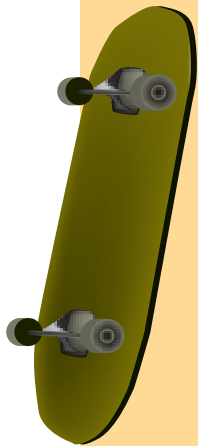


Making decisions about sexual behavior can be complicated and communicating them to partners can be uncomfortable. The information in this minibook about sexual behavior, pregnancy prevention, STD prevention, and communication can help you make decisions and stick to them.

You have the right to stop being physical or sexual with a partner at any point.

Lots of people portray sex like a slippery slope and make it seem like once you start to kiss someone you cannot stop. This just isn't true. Choosing to engage in any sexual activity, like kissing, is just the first of many decisions you will have to make. At any point, you can choose to keep going or you can choose to stop. You not only have

the right to do this, you have the ability to do it, and the responsibility to do it. Even if you have done something with this partner before, it doesn't mean you have to do it again. And you have the right to expect that your partner will respect your wishes.



People sometimes say that they “just got carried away” or that “sex just kind of happened.” Let's face it, sometimes these lines are used as excuses for why people engaged in a behavior they weren't ready for or are embarrassed by, or for why they weren't prepared and didn't use protection. It is important that you think through every decision about sexual behavior (including protection) because sex doesn't just happen. This minibook can help you think about these important decisions ahead of time.

Sexuality comes with a lot of rights. Some of these rights (such as the right to say no) are clear to everyone, but on others you might find some disagreements. In some situations, for example, young people may have a hard time getting accurate information about sexuality. You may have to become an advocate and fight for your rights.

There are many organizations that can help you do this, check Advocates for Youth at www.advocatesforyouth.org; the American Civil Liberties Union at www.aclu.org; the Gay, Lesbian & Straight Education Network at www.glsen.org; Lambda Legal Defense and Education Fund at www.lambdalegal.org; and Sex Etc. at www.sexetc.org.

Basic Biology

Let's start with the basics. You can't talk about sexuality without knowing what your sexual organs are and understanding what they do. These definitions will help you get started:

PARTS THAT WE ALL HAVE

GENITALS: the sexual and reproductive parts of both females and males. In females, the genitals include the vulva, clitoris, vagina, and internal organs such as the uterus. In males, the genitals include the penis, testicles, scrotum, and internal organs such as the prostate gland.

NIPPLES: the tips of both males' and females' chests that contain many nerve endings. They can be very sensitive to touch and stimulation can cause the nipples to become erect. When a woman breastfeeds, milk comes out of the nipples.

URETHRA: the tube that carries urine from the bladder to the outside of the body. In males, semen also travels through the urethra to the outside of the body.

URETHRAL OPENING: is where urine comes out of the body. In females the urethral opening is located on the vulva, below the clitoris and above the vaginal opening. In males the urethral opening is located at the tip of the penis.

BUTTOCKS: the part of the body at the top of the legs where the anus is located. More commonly known as the butt or ass.

ANUS: the opening from the intestine to the outside of the body. This is where feces comes out.

PARTS THAT MALES HAVE

PENIS: the external male sex organ that is located between a male's legs. The opening of the penis (urethra) is where urine (pee/piss) and semen (cum) come out. The penis can get erect (hard).

TESTICLES: the two oval-shaped sex organs located just below the penis. The testicles produce sperm and male hormones. For most males, one testicle is bigger than the other and one hangs lower than the other.

SCROTUM: the pouch of skin that holds the testicles. The scrotum has the ability to adjust the temperature of the testicles by moving them closer to or farther away from the body. This is necessary in order to make healthy sperm.

Penis Functions

ERECTION: when blood rushes into the penis causing it to swell and making it larger and harder. Males can get erections for many different reasons including sexual stimulation. Although an erection is sometimes called a boner, there is no bone in the penis.

EJACULATION: is the release of semen through the penis. Ejaculation often happens at the same time as orgasm, the peak of sexual excitement.

PARTS THAT FEMALES HAVE

BREASTS: the glands on the female's chest which can produce milk after a woman gives birth. Women's breasts are unique in size and shape and can change over the course of their lives. For some women, one breast can be larger than the other.

MONS PUBIS: the fleshy pad of skin that protects the pubic bone in women. This is where most of a woman's pubic hair grows.

VULVA: the external parts of female genitals. These include the mons pubis, labia majora (outer lips), labia minora (inner lips), clitoris, urethral opening, and the opening to the vagina.

CLITORIS: an external female sex organ that can be very sensitive to touch. When stimulated, the clitoris fills with blood and gets erect. The clitoris is usually located at the top point where the labia minora (inner lips) meet and is protected by the clitoral hood (a piece of skin). The main function of the clitoris is to provide sexual pleasure.

VAGINA: is the hollow, tube-like opening between the uterus and the outside of the body. Most of the time, the walls of the vagina are very close together. The walls are made of muscle and are able

to separate or expand when something is inserted into the vagina or when something comes out. The vagina is where a baby comes out during vaginal childbirth, where menstrual fluid comes out, where a tampon goes in during a woman's period, and where a penis can go in during sexual intercourse.

UTERUS: a pear-shaped internal organ made of muscle. The uterus, sometimes called the womb, is where the fetus develops during pregnancy. The lining of the uterus is what comes out when a woman has her period.

CERVIX: the bottom part of the uterus which extends down into the vagina. The opening of the cervix, called the os, is where sperm swim through into the uterus. It also expands during labor to allow the baby to come out during birth.

OVARIES: the internal organs that store and release ovum or eggs. Women have two ovaries, which are located on either side of the uterus.

FALLOPIAN TUBES: the thin tubes between the ovaries and the uterus. Once an egg is released from the ovary, it travels down the fallopian tube into the uterus. If fertilization happens, the sperm and egg usually meet in the fallopian tube.

Body Fluids

VAGINAL FLUID: the mucus-like fluid that lubricates the vagina when a woman is sexually excited.

SEMEN: the fluid that comes out of the penis when a male ejaculates. It's made up of sperm and fluids that help the sperm move and provide them with nutrients.

Reproductive Cells

OVUM: these are the cells that carry the female's genetic material. Once a woman starts getting her period, her ovaries usually release one ovum a month. Ovum are more commonly called eggs.

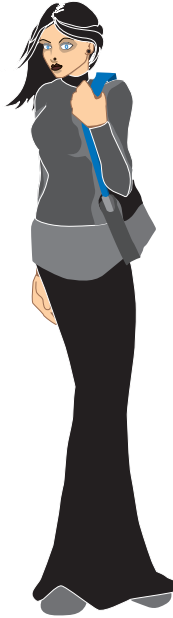
SPERM: short for spermatozoa, these are the cells that carry the male's genetic material. Males usually release millions of sperm each time they ejaculate.

In order for a pregnancy to happen, one sperm cell needs to unite with one egg cell.

Staying Healthy

Part of staying healthy is becoming sexually healthy and making sure that you are doing everything you can to keep your body in good shape. It is really important to know what your genitals look and feel like when they are healthy so that you know when something might be wrong and can get medical attention. There are some things you can do on your own to take care of your sexual health. For other things you'll need to see a health-care provider.

Young women should start getting regular gynecological exams, including pap smears, breast exams, and/or tests for STDs when they start having oral, vaginal, or anal sex or when they turn 18 — whichever happens first. To find a gynecologist near you, look on www.acog.org. To find a local family planning clinic, check www.nfprha.org.



Young men should start getting regular sexual health exams from a general practitioner or urologist that include testicular exams and tests for STDs when they start having oral, vaginal, or anal sex or when they turn 18 — whichever happens first. To find a urologist near you, look on www.urologyhealth.org.

It's also important to do self-exams of your breasts or testicles to check for lumps, pain, and/or discharge. If you notice any of these, see a healthcare professional right away. While breast cancer is uncommon in young women, most testicular cancer occurs in males between the ages of 15 and 40.

For more information about self exams, check out www.cancer.org and enter either “breast self exam” or “testicular self exam” into the site’s search box.

Gender Identity

When we talked about the basics of biology, we talked about people as being male or female based on their genitals. This is called biological sex. Our society and culture make a lot of assumptions about how we are going to act based on our biological sex. But there is more to being male or female than just biology.

People also have an internal sense that they are female, male, or a variation of these. This is called gender identity.

For most people, their biological sex and their gender identity are the same. Some people are transgender which means that their gender identity doesn't match their biological sex. You may hear terms like "transsexual," "drag king," "drag queen," "crossdresser," "genderqueer," or "tranny" to describe transgender people.

Whether your biological sex and gender identity match or not, you probably express a gender identity every day and may not even realize it. You might do this through the clothes that you wear, your hairstyle and make-up, your accessories, the way you move, and

how you speak. You should know that people may misread these signals and make assumptions about who you are that may not really be true. As hard as it may be, it's really important to be yourself and not let others define you.

Your understanding of who you are may change over the course of your lifetime. And how people treat you based on their understanding of who you are may also change. Sometimes this can be confusing. There are many organizations that can help young people understand gender identity. You might want to start by checking out www.youthresource.com.

Sexual Orientation

Over the course of your life, you are most likely going to find yourself attracted to another person. Who that person is may be based on things like their sense of humor, their personality, and their looks. It will also be based on your sexual orientation.

Sexual orientation is the overall term that is used to describe people's physical and/or romantic attractions to other people. The most common labels are heterosexual, homosexual, or bisexual.

So what do these labels mean? Heterosexual or "straight" is used to describe people who are attracted to and fall in love with people of another gender/sex. Homosexual ("lesbian" for females and "gay" for males) is used to describe people who are attracted to and fall in love with people of the same gender/sex. The term bisexual is used to describe people who are attracted to and fall in love with people of either the same or another gender/sex.



People can get really caught up with labeling themselves or others. Sometimes, we're not sure which label might apply to us or whether we need one at all. But the reality is that we live in a society that wants to label everyone.

For some people, their sexual thoughts and feelings are different from how they label themselves. That means that a guy who considers himself to be "straight" could be attracted to a man, maybe even be sexual with that man, but not consider himself to be bisexual or gay. This is ok. The most important thing is to be comfortable with who you are.

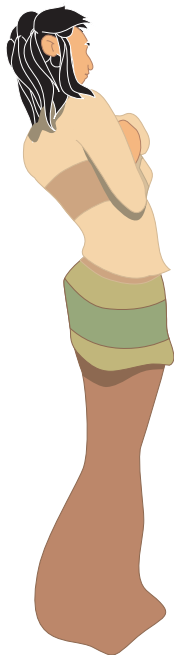
Understanding your sexual orientation can be confusing, scary, and lonely. But it can also be freeing to identify this one aspect of who you are. It can take a long time to figure out, and even once you think you've done it, something might happen that makes you question what you thought you knew. This is all totally normal.

There are many organizations that can help you learn more about sexual orientation. You might want to start by checking out www.youthresource.com. It might also be helpful to find resources near you. To find out if your school has a Gay-Straight Alliance

check on www.glsen.org or to find other local support programs log on to www.nyacyouth.org and click on the "Find a Program Near Me" link.



Relationships



Over the course of your life, you will likely have many relationships — not all of them will be romantic, but some of them may be.

Many people begin to think about romantic relationships, or even start dating, as teenagers. People date for lots of different reasons, like to meet more friends, to have someone to hang out with, to share a new experience with someone, to be close to someone, or to be loved.

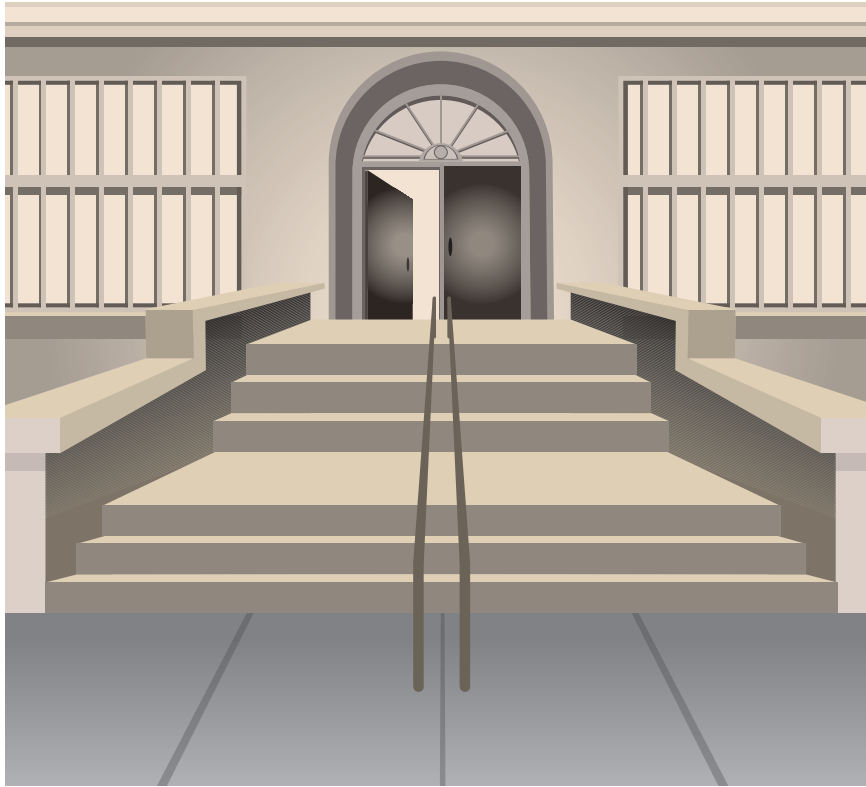
Your family and culture probably have very specific ideas about dating. In some families, teenagers are not allowed to date, others have rules about when teens can start dating, who they can see, where they can go, and what they can do. It might be helpful to talk to your parents/guardians early, so that you know what they think about dating and what their rules are.

Some teens who date may go out with someone casually, and may even date more than one person at the same time. Other teens may date one person exclusively to see if they want to enter into a more serious, romantic relationship.

The media and popular culture sometimes make it feel like we have to find our “soul mate” — the one person who can be and mean everything to us — as soon as possible. The truth is that one person can’t be everything to someone else. Even people who have a romantic partner need other friends and family who care about them.

Don’t give in to the pressure you may feel to find a boyfriend or girlfriend. You should know that many people prefer to hang out and share new experiences with their friends. In fact, a lot of teenagers never date. And if you do get into a relationship, don’t spend all of your time with this person and ignore your friends and family.

Some dating and romantic relationships include shared sexual activity and some don’t. Though it often seems like everyone is having sex — don’t believe it. Many couples in dating and romantic relationships aren’t having sex. Don’t give in to any pressure you might feel; you have to decide what is right for you.



Communication Skills

No matter who you are talking to, good communication skills are important. How you say something can sometimes be as important as what you actually say.

Everyone has different styles of communicating. Here are some hints that might help you make sure other people understand what you are really saying.

Good ideas

- Really listening
- Making eye contact
- Stating your feelings
- Using statements that start with “I” to show that you’re talking for yourself
- Trying to understand the other person
- Offering possible solutions to a problem



- Giving positive nonverbal messages (try smiling or touching a person gently)
- Asking for clarification

Not so good ideas

- Not listening
- Yelling
- Blaming
- Criticizing
- Name calling
- Making the person feel guilty
- Giving negative nonverbal messages (like frowning or scowling)
- Interrupting

Communicating about sexual feelings or desires can be uncomfortable, but it is very important.

Conversations about sex often involve negotiation — a way to compromise without using anger, guilt, or intimidation. People in

sexual relationships may have to negotiate to set limits on sexual behaviors, decide what birth control methods they will use, and figure out how to protect themselves from STDs.

To negotiate well, you have to decide what compromises you are willing to make and what choices you can't live with. It can help to identify all possible options and to imagine yourself in the other person's position.

When they are negotiating, people's styles usually fall into one of three categories: aggressive, passive, or assertive. These styles can be the difference between being mean, giving in, or being strong.

When someone is aggressive, they try to get what they want without really thinking about what the other person might want or need. This often ends up hurting someone.

When someone is passive, they go along with other people even when they don't want to.

When someone is assertive, they express what they want and feel without hurting or overpowering anyone else.

You have the right to express how you feel, to disagree with others, to ask for what you want, to refuse someone else's request, and to expect to be treated fairly without being intimidated. Being assertive can help you do this. Some tips on being assertive include:

- Be honest
- Be direct
- Say what you feel when you feel it rather than waiting
- Use strong body language
- Speak for yourself
- Take responsibility for your own needs and feelings

Choosing What to Do

When it comes to sexual behavior, there are as many different possible decisions as there are people and couples. Some people feel sexual desire but don't act on it at all. Others choose to act on it alone through masturbation but decide not to be sexual with anyone else. Some people may decide to engage in some sexual behaviors but not others. The important thing is that you make the choice for yourself and stick to it.

Remember, decisions can change. You may choose to be sexual with a partner today and change your mind next week. Or you may have been sexual with a partner in the past and decide not to be with future partners. Just because you've done something before doesn't mean you have to or even should do it again — even with the same partner. Each decision is unique. So think about it.



Here are some questions to ask yourself before you engage in any sexual behavior.

Who is your partner?

What is your relationship with this person? Sexual activity often involves many feelings and emotions that can be confusing. How will you and your partner handle these feelings if they come up? How will sex change your relationship with this person?

Do you feel safe?

Consider your partner, the situation, the location.... Do you feel safe and taken care of? Do you feel respected by your partner? Do you respect your partner? Can you talk and listen to him/her? Are you worried that someone might walk in?

Is it consensual?

No one has the right to be sexual with another person without that person's explicit permission. Have you talked about what behaviors you give permission for and have permission to start? Have you talked about where you will stop? Do you feel like your partner respects your decisions? Do you respect your partner's decisions?

What is your motivation?

Why are you thinking of doing this? People can have many reasons for having sex, like to become closer, to feel loved, to express love, to feel good, to satisfy curiosity, to gain popularity, to get someone to like them, to fit in, or to rebel. Let's face it, some of these aren't very good reasons for getting sexually involved with someone else. Be honest with yourself, what are your reasons?

Is it non-exploitative?

Exploitation is when one person uses someone else for selfish reasons. Exploitation should not be part of sexual relationships. Partners should be interested in each other's well-being as well as their own. Are you and your partner looking out for each other?

Are you being honest?

Have you talked to your partner about your feelings, what you want to do, and what you don't want to do? Were you truthful in these conversations? Being honest with yourself and your partner can help you have a better relationship.

Is it pleasurable?

One reason that many people participate in various sexual activities is because these behaviors provide physical, emotional, and psychological pleasure. Does the sexual activity you are considering or engaging in feel good?

Is it protected?

Most sexual behaviors carry some risk of STDs or pregnancy. It's important to protect yourself from these risks — either by avoiding behaviors and eliminating the risk or by using effective protection and reducing the risk. Do you understand the risk involved in each behavior you are considering? Do you understand the benefits of abstaining from some or all risky behaviors? Do you understand how condoms or birth control can reduce your risk? Do you know how to use condoms or birth control correctly?

What does your gut instinct say?

A lot of people talk about listening to their inner voice or gut to let them know whether they are making the right decision. Think about a time that this was true for you. Maybe saying yes made you

feel happy and excited or maybe it made you feel nervous and embarrassed. Maybe after you said no, you felt like a weight was lifted off your shoulders.



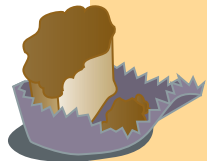
Try This:

When faced with a decision try testing your gut instinct. Pick one possible choice and tell yourself it is your final decision. Keep telling yourself that for a few hours or a few days and see how you feel. Then switch to another decision. Do this as many times as there are choices. If you feel differently — whether it's better or worse — that can tell you if you're making the decision that is right for you.

Whatever the decision is — if it feels wrong, it is wrong for you. And remember, you can always change your mind. Even if you're in the middle of sexual activity, you can ask to stop. There is never a point of no return. You and your partner always have the right, the ability, and the responsibility to stop if either one of you changes your mind.

Unfortunately, sometimes sexual partners don't respect our wishes. See the chapter on sexual abuse for more information on date/acquaintance rape.

On the Rocks

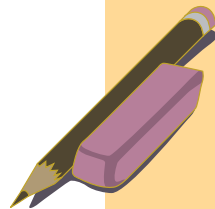


Making good sexual decisions can be complicated under the best of circumstances. If you're drunk or high, it can be nearly impossible. Alcohol and drugs get in the way of our better judgment. Staying sober is the best and safest bet.

Sexual Behavior

Sexual feelings, fantasies, and desires are natural and you will have them throughout your life. It is possible to enjoy sexual feelings without acting on them but at various points in your life you may choose to engage in sexual behaviors.

Using the scientific or technical term to talk about a sexual behavior can feel awkward or uncomfortable and a lot of times friends and partners are going to use slang. But, learning the correct terms for different sexual behaviors can be important — it can help you understand information you find in textbooks or talk to a health-care provider about STDs or pregnancy.



Many sexual behaviors carry some risk for contracting STDs and some can lead to pregnancy. Check out the chapters on birth control and STDs for more information on the risks.

Here are few common behaviors:

Abstinence: Abstinence means choosing not to do certain things. For some people abstinence means choosing not to engage in any sexual behavior at all. Other people consider themselves abstinent as long as they haven't had vaginal sex. We define abstinence as avoiding oral, vaginal, and anal sex because these activities put you at risk for pregnancy and/or STDs.

People of all ages, genders, and sexual orientations can choose to be abstinent at any time in their lives. You may choose to be abstinent for specific periods throughout your life, like when you are a teenager. Or you might decide to be abstinent until you reach certain milestones in your life like graduating from high school, finding a life-long partner, or getting married.

Masturbation: Touching or rubbing your own genitals to feel good is called masturbation. Most people — male and female — have masturbated at some point in their lives. Whether you masturbate at all, and how often you do, is completely up to you. Many people are uncomfortable talking about masturbation and lots of myths still exist. You should know that masturbation causes no

physical or mental harm — so don't worry about going blind or growing hair on your palms.

Kissing: We pucker up all the time, whether it's giving Grandma a kiss on the cheek to say hello or brushing lips with your date to say goodnight. Obviously not all kisses are sexual, but kissing can be a sexual experience and is often the first thing that partners do together. Sexual kissing often involves open mouths and tongues and is sometimes called French kissing or making out.

Masturbation with a partner: We usually think about masturbation as something people do alone, but some people choose to touch their own genitals in front of a partner as a shared sexual experience.

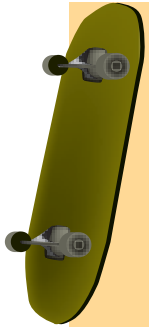
Oral sex: Stimulating a partner's genitals with the mouth is called oral sex. Mouth-to-penis oral sex is sometimes referred to as fellatio and mouth-to-vulva oral sex is called cunnilingus.

Vaginal intercourse: Vaginal intercourse is putting the penis inside a partner's vagina. For many heterosexual couples this is the activity that they are talking about when they say "having sex" or "doing it." You should remember, though, that vaginal intercourse is just one of many things couples do together.

Anal sex: Putting the penis inside a partner's anus is called anal sex. Many couples (both opposite sex and same sex) choose to have anal sex.

On TV, characters tend to go from kissing good night at the door to deciding whether to have sex in just a few scenes. This can happen in real life too, but for most couples there are a lot of steps in between.

Often lumped together with terms like “fooling around” or “hooking up,” these activities can be anything from giving your partner a massage, to caressing each other, touching a partner's breast, dry humping, or touching a partner's genitals. These activities may or may not lead to orgasm.



Batter up!

Generations of young people have compared sex to baseball and labeled various behaviors as first, second, or third base. We all know that a baseball player has to touch second base before he can run to third. This makes it seem like there is a right way to go about sex. There isn't. Couples have to decide which behaviors they are going to engage in and then they can choose an order for themselves.

Sexual Response

The way that a person responds to sexual arousal and touch is a complicated process. It can involve physical, psychological, social, and spiritual aspects. How a person responds to sexual excitement or stimulation is different for every person and can feel different from one time to the next.

Scientists and researchers have theories about the phases people go through during sexual stimulation. Most of these theories include a phase where sexual excitement builds, a phase where sexual excitement peaks or reaches its highest level, and a phase where the body goes back to its non-excited state.

For many people, an orgasm may happen at the peak of their sexual excitement. Sometimes this is referred to as “coming” or “cumming.” Some people have never experienced an orgasm at all, and people don't have them every time they get sexually excited.

During an orgasm people often have feelings of pleasure that can range from mild to really intense. They may also feel involuntary

contractions in the muscles of the genitals. In males, orgasm is usually accompanied by ejaculation. Orgasms feel different for every person and can feel different from one time to the next.

The media and popular culture usually don't portray realistic examples of sexual relationships, response, or orgasms and it is easy to feel like there is a right or wrong way to respond. There isn't. Each person and each sexual experience is different.



Sexual Abuse

People don't usually talk about sexual abuse, but it is very common. Sexual abuse is a term used to talk about unwanted sexual situations. Understanding sexual abuse may help you identify if it has ever happened to you, avoid abusive situations whenever possible, and seek help.

Sexual abuse happens when one person forces another to engage in any sexual behavior. Sometimes abusers use physical force, but other times they may use threats, bribes, psychological games, or any power or influence they may have.

Sexual abuse can involve touch such as kissing; an abuser touching a person's body in a sexual way; a person being made to touch an abuser's body in a sexual way; a person being made to touch their own body in a sexual way; or a person being made to engage in oral, vaginal, or anal sex.

Sexual abuse involving touch is sometimes considered sexual assault. When assault involves penetration of the vagina or anus it

is defined as rape. Both men and women can be abused, assaulted, or raped.

Sexual abuse can also happen without touch such as being shown pornographic movies, magazines, or websites; taking photos, videos, or other recordings; or watching sexual acts.

Everyone who has been abused, assaulted, or raped needs to know that it is not their fault.

When sexual assault or rape occurs between people who know each other socially it is sometimes called date rape or acquaintance rape. Date rape often happens in social situations like at a party or after a date. It can happen between two people who have just met or couples who have been together for awhile.

The most important thing to remember is that no one has the right to have sex with another person without his/her express permission. You have a right to say no to anyone at any point — even if you have had sex with them before or are in the middle of sexual activity — and to expect that your partner will listen. And anyone has the right to say no to you and expect you to respect their decision.



Not all date rape situations can be avoided, but there are some things you can do to minimize your risk.

- Use common sense — avoid situations that seem like they might be dangerous.
- Avoid situations where you are alone with anyone you don't know very well.
- Always tell someone where you are and when you will return.
- Use a buddy system, have friends check up on each other at parties or other social gatherings.
- Learn self-defense techniques.
- Avoid drugs and alcohol which can cloud your judgment.
- Trust yourself — if a situation feels unsafe, get out.



Date rape sometimes involves alcohol and drugs such as GHB or Rohypnol (“roofies”) which can be slipped into anyone’s drink. The drugs make people feel dizzy, drunk, and fuzzy and leave them powerless to prevent assault. They can also cause temporary amnesia making it hard to know if a crime was committed. These are some things you can do to minimize your risk of being drugged:

- Drink from tamper-proof bottles and cans and insist on opening them yourself.
- Insist on pouring or watching while any drink is mixed or prepared. Don’t drink from group drinks such as punch bowls.
- Keep an eye on your drink or open soda can, do not trust someone to watch it for you. If you let your drink out of your sight don’t go back for it, just get a new one.
- If you think you’ve been drugged, don’t be afraid to seek medical help.
- If someone passes out and you suspect date rape drugs, call for medical help immediately.

Sexual harassment is any repetitive, unwanted, or uninvited sexual attention such as teasing, touching, or taunting. Sexual harassment can occur anywhere but usually happens in places like school, extracurricular programs, and work. Most schools and organizations have policies in place to help stop sexual harassment and help individuals who have experienced it.

If you have experienced sexual abuse, assault, or harassment you should tell a parent/guardian or trusted adult. Most adults will believe you and help you, but if the person you tell doesn’t — tell someone else.

When people are sexually abused they can have many conflicting emotions including feeling confused, angry, scared, guilty, ashamed, alone, worthless, depressed, and helpless; or feeling special, wanted, loved, needed, and cared for. Survivors may want to consider talking to someone to help sort out these conflicting feelings.

There are many resources to help individuals who have survived abuse or assault including counselors, teachers, healthcare providers, religious leaders, rape crisis centers, domestic violence organizations, and the police. You can start by checking out

www.childhelpusa.org or calling 800/4 A CHILD (800/422-4453) or 800/2 A CHILD (TDD). You can also check out the National Sexual Assault Hotline by logging on to www.rainn.org or calling 800/656-HOPE (800/656-4673).



Internet Safety

Chatting or meeting people online can be fun but you have to be careful because it can be unsafe. Some people use the internet to trick young people into sexually abusive situations. Here are some ideas for helping to keep yourself safe on the internet:

Keep your personal information personal. Don't share your full name, e-mail address, home address, phone number, or where you go to school with people you meet online. Never send pictures of yourself to someone you don't know.

They don't call it a secret password for nothing.

Giving anyone access to your internet password means that they can pretend to be you and violate some of these rules — like give out your personal information. Be on the safe side and keep your password secret.

Block it! Sometimes after chatting on the internet you may get harassing messages from someone you've met online or someone you don't know. Your internet software has ways of blocking these messages, but even if they get through, never respond to a message that makes you feel uncomfortable. If messages like this continue, tell a trusted adult. You could also contact your Internet Service Provider or local police.

Offline? Proceed with caution. The safest thing you can do is keep your online friends online and never meet them face-to-face. If you do arrange a meeting, make sure to tell your parents/guardians or someone else you trust and only meet in a safe, public place.

BIRTH CONTROL

It's a good idea for everyone to know about how to prevent pregnancy. You might not need this information now (then again you might) but it can come in handy in the future, even if it's just to help a friend.

First, let's review the basics. Women have eggs and men have sperm and in order for a pregnancy to happen, an egg and a sperm must meet and the fertilized egg needs to implant in the woman's uterus.

The only sexual behavior that carries a real risk of pregnancy is vaginal intercourse. So, if someone doesn't want to get pregnant, they need to abstain from vaginal intercourse or use a reliable method of birth control.

Here are some of the most common methods of birth control:

Abstinence: involves making and sticking to a decision not to engage in sexual behavior. If you are going to use abstinence as a method of birth control, it specifically means not having vaginal

intercourse and avoiding any other behaviors where semen has a chance of entering the vagina.

Abstinence can be 100% effective in preventing pregnancy when couples really avoid all of these behaviors all of the time.

How effective abstinence is in preventing STDs depends on which sexual behaviors are avoided. To minimize the chance of passing or getting an STD, you should avoid any behavior that involves an exchange of body fluid (semen, vaginal fluid, blood) or contact with bumps or sores on the skin.

Withdrawal: or "pulling out," is when the guy removes his penis from the other person's body before he ejaculates. Withdrawal is not a good method for guys who can't tell when they are about to come.

Practicing withdrawal is a little bit more effective than using no method at all, but there are much more reliable methods of birth control available.

Withdrawal is not an effective way of avoiding STDs.

Male condom: is a sheath, or pouch, that fits over a man's erect penis. Condoms may be made out of latex rubber, polyurethane, or lambskin.

A condom is rolled over the erect penis and can only be used once. It works by catching the semen during ejaculation so that it doesn't enter the other person's body.

If you use condoms you should know that oil-based lubricants, prolonged storage, heat, sunlight, or humidity can weaken latex condoms causing them to break during use. So throw out the condom that left a ring in your wallet because it's probably no good anymore.

When used consistently (every time) and correctly (the right way), condoms are 97% effective in preventing pregnancy. Typical use (because sometimes people make mistakes) results in an effectiveness rate of 86%.

Latex condoms are the only method of birth control that provide protection from STDs such as HIV/AIDS, gonorrhea, and Chlamydia. Condoms provide some protection, but not as much, from herpes, genital warts (human papillomavirus), and other

diseases that cause sores on skin. Condoms can't protect what they don't cover.

You don't need a prescription to get condoms and they can be bought in most drug stores, supermarkets, and convenience stores.

Birth control pills: sometimes called oral contraceptives, they contain low doses of hormones like the ones produced by the female body. Pills work to prevent pregnancy by stopping ovulation (the release of eggs from the ovaries) and by thickening the mucus found in the cervix, making it difficult for sperm to pass through to the uterus and fallopian tubes.

Women who use oral contraceptives swallow one pill each day, whether they have sex or not. Birth control pills work best when taken at the same time every day.

When used consistently (every time) and correctly (the right way), oral contraceptives are 99% effective in preventing pregnancy. Typical use (because sometimes people make mistakes) results in an effectiveness rate of 92%.

Oral contraceptives provide no protection from STDs.

You can only get birth control pills by visiting a healthcare provider and getting a prescription.

Birth Control Patch: also called Ortho Evra, it is a thin, flexible patch that contains female hormones. The patch prevents pregnancy by stopping ovulation (the release of eggs from the ovaries) and by thickening the cervical mucus, making it difficult for sperm to pass through and into the uterus and fallopian tubes.

Women who use the patch stick one on their buttocks, abdomen, upper torso, or upper arm like a band-aid each week for 3 weeks out of every month. The patch releases hormones into the body through the skin.

When used consistently (every time) and correctly (the right way), the patch is 99.7% effective in preventing pregnancy. With typical use (because sometimes people make mistakes), the effectiveness rate for the patch is estimated to be 92%.

The patch provides no protection against STDs.

You can only get the birth control patch by visiting a healthcare provider and getting a prescription.

Depo-Provera: is a shot of a female hormone that prevents pregnancy by stopping ovulation (the release of eggs from the ovaries) and by thickening the cervical mucus, making it difficult for sperm to pass through and into the uterus and fallopian tubes.

Women who use Depo-Provera need to get a shot in their upper arm or buttocks every three months.

Depo-Provera has an effectiveness rate of 99.7% but only when a woman gets her shots exactly every 3 months. The shot provides no protection from STDs.

You can only get Depo-Provera by visiting a health care provider. In most cases you will get the injection in their office.

Spermicides: come in many forms including suppositories, creams, gels, foams, and film. They all contain a chemical called nonoxynol-9 which kills sperm.

Women who use spermicides insert them into the vagina before each time they have vaginal intercourse.

When used consistently (every time) and correctly (the right way), spermicides are 82% effective in preventing pregnancy. Typical use (because sometimes people make mistakes) results in a 71% effectiveness rate. Spermicides aren't recommended as effective protection against STDs.

You don't need a prescription to get spermicides and they can be bought in most drug stores, supermarkets, and convenience stores.

Sponge: is round and made of squishy polyurethane foam. The sponge also contains the spermicide nonoxynol-9.

Women who use the sponge wet it with water and insert it into the vagina. The sponge work in three ways: it releases spermicide which kills some sperm; it absorbs some sperm; and it blocks other sperm from entering into the cervix and through to the uterus and fallopian tubes.

When used consistently (every time) and correctly (the right way), the sponge is 86% effective in preventing pregnancy. Typical use (because sometimes people make mistakes) results in an effectiveness rate of 76%. The sponge doesn't provide any protection from STDs.

You don't need a prescription to get the Today Sponge and it can be bought in many drug stores, supermarkets, and convenience stores.

Emergency contraception: is the only method of birth control that can be used to prevent pregnancy after you've had vaginal intercourse. Women can use emergency contraception if they forgot to use birth control or if the method they used failed (like the condom broke).

Women who need emergency contraception take pills that can work several different ways depending on where a woman is in her menstrual cycle. Emergency contraception might prevent the ovaries from releasing an egg, prevent the egg and the sperm from meeting, or prevent the fertilized egg from implanting in the uterus.

Emergency contraception works best when it is taken within 72 hours of unprotected intercourse or contraceptive failure. Research has shown that it can be effective up to 120 hours after unprotected intercourse. Consult with your health care provider for specific details.

Emergency contraception reduces the risk of pregnancy between 75-89%. It provides no protection from STDs.

You can obtain emergency contraception from a health care provider, or in some states, from a pharmacist. For more information about emergency contraception including a list of U.S. providers visit www.NOT-2-LATE.com or call 888/NOT-2-LATE (888/668-2528).

There are other birth control methods, like the diaphragm, cervical cap, IUD, contraceptive ring, and sterilization, which are not commonly used by young people but may be an option. For more information on these methods talk to your healthcare provider. You can read more about them at www.ppfa.org.

Young people are perfectly capable of using contraception and using it correctly. If you are going to have sex it is your responsibility to pick a method and use it correctly.

States have different rules for young people who want birth control. To find out what the rules are in your state, log on to www.sexetc.org. For the most part, young people everywhere can get birth control without their parent's permission.

Here are some questions to think about as you consider which method of birth control might be best for you:

- How reliable is it in preventing pregnancy?
- Does it offer any protection from sexually transmitted diseases?
- How hard is it to use?
- How comfortable do you feel using it?
- Can you afford it?
- Do you need a prescription from a doctor to get it?

There are also some medical issues that you might need to consider. Some methods may not be appropriate for people with certain medical histories and conditions. For example, heavy smokers are usually advised not to take the pill.

Some people may experience side effects when using certain birth control methods. For example, some people are allergic to latex and others are allergic to spermicides.

Thinking about all of these issues and talking things over with your healthcare provider can guide you as you make your decision.

What Will You Do Now? Dealing With An Unintended Pregnancy

Despite people's best efforts to avoid it, sometimes they find themselves faced with a pregnancy that they didn't plan on. If this happens, start by getting help. Talk to your parents/guardians or find a trusted adult or friend to talk to. Also seek medical care as soon as you realize that you are pregnant. This will help you stay healthy, no matter what you decide about your pregnancy.

Women who are pregnant have three basic options: they can carry their pregnancy to term and raise the child; they can carry their pregnancy to term and allow the child to be adopted; or they can end their pregnancy by having an abortion.

Each of these options has pros and cons that you will have to carefully consider. This is where having someone to talk to can be really helpful. It might also be helpful to get information from healthcare providers, books, and organizations that provide prenatal care, adoption, or abortion services.

STDs/HIV

Sexually transmitted diseases — vd, love bugs, the clap, the drip — whatever you call them, they are serious. 19 million people in the United States will get an STD this year. And of these, half will be under the age of 24!

Whether or not you are having sex, it's important to know what these infections are, how you get them, and how you can avoid them.

Here are some basic things that you should know:

What they are: STDs are caused by bacteria, viruses, or parasites. As a general rule, infections caused by bacteria and parasites can be cured. If you take the medication correctly, the infection goes away and the symptoms will not come back (unless you get it again). Infections caused by viruses cannot be cured. You can treat the symptoms, but the virus will always be inside your body and symptoms may come back.

How you get them: Different STDs are passed in different ways. Some are passed through infected body fluids. Others are passed

from an infected person to someone else through skin-to-skin contact. All STDs can be passed during oral, vaginal, or anal sex with an infected partner. Some STDs can also be passed through skin-to-skin contact during other sexual activities.

You don't get STDs from hugging, shaking hands, sharing food, using the same utensils, drinking from the same glass, sitting on public toilet seats, or touching doorknobs.

How you know you have one: The truth is sometimes it's hard to know whether you have an STD. A lot of people who are infected with STDs have no symptoms. There is no way to tell if another person has an STD just by looking at them. The only way to know for sure is to see a healthcare provider and get tested.

How you test for them and treat them: There are a bunch of different places where you can go to get tested for STDs. You can go to your regular doctor or you could find a family planning or STD clinic like those run by local health departments or hospitals. To find an STD clinic near you go to www.nccsddc.org/programsites.htm.

It's important for anyone who has had oral, vaginal, or anal sex to get tested for STDs. Remember, STDs can be passed by other sexual activities that involve skin-to-skin contact. So if you've done those you might want to think about getting tested too. People who are having sex should get tested at least once a year or when they get a new sexual partner.

The most common ways that healthcare providers test for STDs include collecting urine, taking blood, or swabbing the mouth, throat, penis, or cervix. Most routine exams and physicals don't include STD tests, so be sure to ask for them specifically.

Once you know if you have an STD and which STD you have, your healthcare provider will help you decide what to do. They may prescribe a medicine that can cure your infection. If they do, you have to take all of your medicine — even if your symptoms go away. For STDs that can't be cured, your healthcare provider can help you by treating the symptoms.

If you are diagnosed with an STD, make sure to tell any sexual partners you have had so that they can also get tested and treated.

What they can do: Getting tested for STDs is so important because many of them — even the ones that can be cured — can lead to long-term and serious health problems if they are not caught and treated early.

There are over 25 STDs that you can get. Here are some of the most common.

Chlamydia

What it is: Chlamydia is an infection caused by a bacteria. In men and women Chlamydia can infect the urethra, anus, or throat. In women, Chlamydia can also infect the cervix, uterus, or fallopian tubes.

How you get it: Chlamydia is passed from an infected person through semen or discharge from the vagina or cervix.

How you know you have it: Most people infected with Chlamydia don't have any symptoms at all. Men who have symptoms may feel heaviness and discomfort in their testicles, pain or burning during urination, or pus coming out of their penis. Symptoms in women may include itching, vaginal discharge, or burning during urination.

How you test for it and treat it: Your healthcare provider can find out whether you have Chlamydia by testing your urine or swabbing your penis, cervix, or throat. If you do have Chlamydia, they will give you antibiotics to cure the infection. Ignoring it won't help and you cannot treat Chlamydia with over-the-counter medicines. You must see a healthcare provider.

What it can do: If left untreated, Chlamydia can cause scar tissue in the urethra, uterus, or fallopian tubes. This can make it very difficult to get pregnant or get someone pregnant.

Gonorrhea

What it is: Gonorrhea is an infection caused by a bacteria. In men and women gonorrhea can infect the urethra, anus, eyes, or throat. In women, gonorrhea can also infect the cervix, uterus, or fallopian tubes.

How you get it: Gonorrhea is passed from an infected person through semen or discharge from the vagina or cervix.

How you know you have it: Most people infected with gonorrhea don't have any symptoms at all. Men who have symptoms may have a yellowish discharge coming from their penis, burning or

pain during urination, frequent urination, and pain or swelling in their testicles. Symptoms in women may include a yellow or bloody discharge from the vagina and pain or burning during urination.

How you test for it and treat it: Your healthcare provider can find out whether you have gonorrhea by swabbing your penis, cervix, or throat. If you do have gonorrhea, they will give you antibiotics to cure the infection. Ignoring it won't help and you cannot treat gonorrhea with over-the-counter medicines. You must see a healthcare provider.

What it can do: If left untreated, gonorrhea can cause scar tissue in the urethra, uterus, or fallopian tubes. This can make it very difficult to get pregnant or get someone pregnant.

Crabs or Pubic Lice

What it is: Crabs, or pubic lice, are parasites that attach to pubic hair. They are not the same kind of lice as the kind that attach to the hair on your head.

How you get it: Crabs move from the pubic hair of an infected person to the pubic hair of another. Most cases of crabs are passed

during sexual behavior, but you can also get crabs by sleeping in a bed, using towels, or wearing clothes that have crabs on them.

How you know you have it: Most people infected with crabs will feel intense itching in their pubic hair. You can sometimes see crabs yourself if you look closely.

How you test for it and treat it: There is no test for crabs. If you are experiencing symptoms or think you may have been exposed to them, contact your healthcare provider. There are over-the-counter creams and shampoos that can get rid of pubic lice. You will also need to wash all of your clothes, towels, and sheets.

What it can do: There aren't usually any long-term effects from crabs.

HPV or Genital Warts

What it is: HPV stands for human papillomavirus. The virus can cause warts to grow on the cervix, vagina, vulva, penis, scrotum, urethra, or anus.

How you get it: HPV is passed from an infected person through direct skin-to-skin contact.

How you know you have it: Warts are small, raised bumps that do not itch or hurt. You may see them or your healthcare provider may see them during an exam. In women, the virus might be detected during a routine gynecological test called a pap smear. Most people infected with HPV will never know they have it.

How you test for it and treat it: Your healthcare provider may be able to see warts during an exam, but may want more tests to confirm that it is HPV. There is no cure for HPV, but there are a couple of different ways of removing warts. If left alone, warts might disappear on their own, but HPV will stay in your body and the warts could come back. Even though warts may go away on their own, you should still see a healthcare provider.

What it can do: Most HPV infections do not cause long-term harm in either women or men. Some HPV infections can lead to cancer of the cervix, vulva, vagina, anus, or penis. Even if you have HPV, you can prevent cancer by being open with your healthcare provider about your infection and getting regular medical care. Women should also have regular pap smears which can detect changes in the cervix before they become cancer.

Genital Herpes

What it is: Genital herpes is a recurring skin condition caused by a virus. The virus causes sores on the mouth, vulva, penis, scrotum, anus, buttocks, or thighs.

How you get it: Genital herpes is passed from an infected person through direct skin-to-skin contact.

How you know you have it: Many people with genital herpes may experience very mild or no symptoms and not realize that they have the virus. Other people get sores, blisters, cuts, pimples, bumps, or rashes that may itch, burn, or ooze. These symptoms can go away on their own, but the virus is still in the body. Some people might only ever get one outbreak of genital herpes, for other people sores may reappear throughout their life.

How you test for it and treat it: Your healthcare provider may be able to see genital herpes sores during an exam, but may also want to swab them to confirm that it is herpes. There is also a blood test for genital herpes. There is no cure for herpes. People can take medicines to help them heal faster and have fewer outbreaks. Even though sores may go away on their own, you should still see a healthcare provider.

What it can do: Most genital herpes infections do not cause long-term harm in either women or men. People with herpes are at increased risk for contracting another STD.

HIV/AIDS

What it is: HIV stands for human immunodeficiency virus. HIV causes AIDS, or acquired immune deficiency syndrome. HIV and AIDS attack the body's immune system, making it difficult to fight off infections and diseases.

How you get it: HIV is passed from an infected person through blood, semen, vaginal secretions, and breast milk.

How you know you have it: HIV infection itself usually has no symptoms so at first, most people who are infected with HIV probably won't realize that they have it. Over time people may start to feel some of the symptoms of AIDS like fever, chills, heavy sweats, chronic fatigue, appetite or weight loss, muscle and joint pain, long-lasting sore throat, swollen glands, diarrhea, yeast infections, or skin sores.

How you test for it and treat it: The only way to know for sure whether you are infected with HIV is to get tested for it. Your healthcare provider can swab your mouth or test your blood or urine. In order for the test to be accurate, you have to wait 3 months from the last time you think you could have been exposed to HIV.

There is no cure for HIV or AIDS. There are a number of medicines that can help people with HIV/AIDS stay healthy for longer periods of time.

What it can do: HIV/AIDS can be a fatal disease. HIV weakens the body's defenses against illness. Most people who have HIV will develop AIDS which means that they will get serious, and possibly deadly, diseases.

Reducing Your Risk

One of the responsibilities of being sexually active is learning how to protect yourself from STDs. The most effective way to avoid contact with STDs is not to engage in any kind of sexual behavior with another person. This is a choice that you can make at any point in your life or at any point in a relationship.

If you choose to be sexually active, there are other ways to reduce your risk. The fewer partners you have, the less likely you are to get an STD, so your first step is to consider limiting the number of partners you have. The next thing you want to think about is how risky you are being.

- Are you coming into contact with someone else's semen, vaginal fluids, or blood?
- Are you rubbing your skin on a part of another person's body that might have sores, blisters, or bumps?

Remember, different STDs can appear on the mouth, vulva, penis, scrotum, anus, buttocks, or thighs — and sores or bumps don't have to be visible to be contagious.

If you answered no to these questions, your chances of getting an STD are reduced.

If you didn't answer no right now, think about what sexual behaviors you could change to reduce your risk in the future.

It is also very important to use a latex condom during oral, vaginal, or anal sex or a dental dam during oral sex. Condoms and dental dams provide a barrier that can stop the germs that cause STDs from being passed between people. Condoms and dental dams can't prevent all STDs — especially if they aren't covering the infected parts. But, just because they aren't perfect doesn't mean you should have sex without them. Using condoms and dental dams every time you have sex will provide some protection and using them is much safer than not using them.

To find out more about STDs check out www.iwannaknow.org or www.ashastd.org. To find out more about HIV/AIDS check out www.thebody.com, or to find a local HIV test site, visit www.hivtest.org. You can also call CDC-INFO, 800/232-4636; TTY 800/232-6348 for general information and referrals to local health care providers.

Find Out More

We hope this minibook was a helpful start. As we said in the beginning, there is still a lot more for you to know. You could start by visiting our website at www.siecus.org. We also put all of the websites and organizations listed throughout this minibook (and some extras) in this chapter so that when you want to find out more it will be easy for you.

Sexuality:

www.sexetc.org

www.goaskalice.com

www.positive.org

www.teenwire.com

www.itsyoursexlife.org

Sexual Rights & Advocacy:

www.advocatesforyouth.org

www.aclu.org

www.glsen.org

www.lambdalegal.org

www.sexetc.org

Sexual Health Care:

www.urologyhealth.org

www.nfprha.org

www.ppfa.org

www.ncsddc.org/programsites.htm

www.cancer.org

Sexual Orientation and Gender Identity:

www.youthresource.com

www.nyacyouth.org

www.glsen.org

The Gay & Lesbian National Hotline, 888/843-4564

Sexual Abuse:

National Child Abuse Hotline, www.childhelpusa.org

800/4 A CHILD (800/422-4453)

800/2 A CHILD (TDD)

National Sexual Assault Hotline, www.rainn.org

800/656-HOPE (800/656-4673)

Birth Control:

www.ppfa.org

www.NOT-2-LATE.com

888/NOT-2-LATE (888/668-2528)

STDs and HIV:

For STD information

www.iwannaknow.org

www.ashastd.org

For HIV Information

www.thebody.com

For local HIV test sites

www.hivtest.org

For general information and referrals to local healthcare providers

CDC-INFO, 800/232-4636; TTY 800/232-6348