

2010

# The Rational Enquirer

\* SEX \* IDENTITY \* LOVE \* LIFE \*

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**FREE**

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## \* SEX \* IDENTITY \* LOVE \* LIFE \*

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When all of the submissions for *The Rational Enquirer* were in—these themes came forward: sex, identity, love, life. Of course, sex was there. Since *The Rational Enquirer's* inception, it has been a publication about sexual health. Identity was another strong theme—it's a natural part of development for young people to explore who they are. And often that exploration is around love—who and how they love.

Sex, identity and love are part of life.

Sex, identity, love and life together are part of the whole young person. Sexual health isn't just about sex, it's about identity, love and life as well. We encourage you to explore the pages of *The Rational Enquirer* and consider what sex, identity, love and life mean for you.

*The Rational Enquirer* is always looking for more ways to connect. We are now on [facebook](#) and invite everyone reading to become a fan—connect with us and share your ideas. **RE**



# A revolution of a retreat

by Leah Reis-Dennis

***Oregon House Bill 2509, which states all Oregon public elementary and secondary school students have the right to comprehensive sexuality education, became law in June 2009. Many youth across Oregon advocated for the passage of this legislation.***

Source: [www.leg.state.or.us/09reg/measures/hb2500.dir/hb2509.a.html](http://www.leg.state.or.us/09reg/measures/hb2500.dir/hb2509.a.html)

In June 2009, REvolution (REV), Planned Parenthood of Southwestern Oregon's Youth Action Council, hosted its first-ever Reproductive Rights Retreat, in line with the New 3Rs: Rights, Respect, Responsibility, a long-term initiative to support youth in developing healthy sexual attitudes and behaviors. The retreat, which was completely conceived, planned, and executed by our 2008-2009 REV council, exceeded all of our expectations: more than 50 Oregon youth attended the two-day event held on the University of Oregon campus.

Generous funding from the E.C. Brown Foundation (whose aim is to promote creative intersections between new media, technology and sexual health education) made the retreat financially possible. We carried out the grant's goal by integrating Skype, Facebook, Twitter and blogging into our youth conference; we tweeted from workshops; and discussed the event through our Facebook group, "Sexucated Teens of Oregon." Thanks to the grant, we were able to offer participants free registration, free meals, and two days full of speakers, workshops and interactive activities.



At the end of the retreat, we asked participants to tell us what they enjoyed most. We were taken aback by the enthusiasm and variety of their responses. Here are some of the presentations they mentioned:

- Bayla Ostrach, a master's student at Oregon State University and a nurse at an abortion clinic, presented her groundbreaking research on Oregon teenagers' accessibility to reproductive health care;
- Elizabeth Reis, a professor of Women's and Gender Studies at the University of Oregon, led an energetic group discussion on the ethics of reproductive technologies with questions such as, "How old is too old to have a baby?" and "In the case of embryo implantation, when does pre-implantation genetic selection cross into the realm of eugenics?";
- An exploration by Sexual Assault Support Services of misogyny and violence in society;
- Peer-education style workshops from Students for Choice (from the University of Oregon) and Teen2Teen (peer educators from the Cascade AIDS Project in Portland) that provided new ideas for youth outreach and dialogue.

When we brainstormed about speakers to invite for the culmination of our retreat, Cecile Richards, CEO of Planned Parenthood Federation of America, was our "dream pick."

Ms. Richards inspired me last year at Planned Parenthood of Southwestern Oregon's annual gala dinner when she spoke about reproductive health care advocacy and personally encouraged REV members to continue pursuing reproductive rights activism.

So, who better to invite than Ms. Richards herself? In June, there she was: surveying our main retreat room on a huge screen via Skype in her first-ever teleconference address from PPFA headquarters in New York City. Ms. Richards spoke to the power of youth standing for policies that affect us and our peers, and she answered our questions with thought and respect. The fact that Cecile Richards, an advocate of the New 3Rs philosophy, addressed Planned Parenthood of Southwestern Oregon twice in two years and took time and energy to engage with youth activists, speaks to both our organization's commitment to the New 3Rs and to her willingness to practice what she preaches.

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***The New 3Rs:  
Rights, Respect,  
Responsibility***





## A revolution of a retreat (*continued*)

REV accomplished much this year, in addition to the retreat:

- We contributed to the development of a new sex education bill that passed in the Oregon Legislature this session, and met Governor Kulongoski as he signed the bill into law. ORS 336.455 legislates sex education as an integral part of health education in Oregon's public elementary and secondary schools.
- We were featured in the upcoming full-length documentary *Let's Talk About Sex*, as a model of a positive approach to youth sexuality and education.
- We hosted our annual sex education and awareness concert, SOAR: Sound of a Revolution, which welcomed its largest audience yet at Cozmic Pizza in Eugene, with more than 300 attendees and five bands over the course of the evening.



But the retreat, our biggest endeavor this year, accomplished goals that could not otherwise have succeeded. We promoted the New 3Rs message; and increased awareness of and interest in reproductive health issues, and consequently received a surge in REV applications for the 2009-2010 school year. REV members gained experience and an understanding of perspectives outside the Planned Parenthood bubble, and hope to receive renewed funding and other donations that will allow this retreat to become an annual event. **RE**

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For more information about REVolution, visit [www.new3Rs.info](http://www.new3Rs.info) or [www.ppsworegon.org](http://www.ppsworegon.org).

Leah Reis-Dennis is a former Planned Parenthood of Southwestern Oregon REVolution Youth Action Council member. She is now attending her freshman year at Harvard University and serves as the political chair of their Students for Choice chapter. Leah is also a writer for the Amplify Your Voice blog project ([www.amplifyyourvoice.org](http://www.amplifyyourvoice.org)) through Advocates for Youth, and was recently featured on Huffington Post.

# Understanding HPV

by Lindsay Weaver



## What is HPV?

**H**uman papillomavirus (HPV) is a common virus with more than 100 different types. More than 40 types of HPV are transmitted sexually through genital to genital or oral to genital contact.

## How is HPV a risk to me?

At least half of all sexually active people will get HPV infection sometime in their lives. Both males and females can be infected with HPV in areas such as:

### Males

- Skin of the penis
- Anus and rectum
- Mouth and throat

### Females

- Vulva area outside the vagina
- Linings inside the vagina
- Cervix
- Anus and rectum
- Mouth and throat

*Fifty percent to 75 percent of sexually active men and women acquire genital HPV infection at some point in their lives.*

Source: Oregon STD Program:  
[www.oregon.gov/DHS/ph/std/](http://www.oregon.gov/DHS/ph/std/)

## What are the symptoms?

Most HPV infections do not have any symptoms, and most people do not know they have HPV. Sometimes your body can clear the HPV infection on its own, but not always. HPV can cause genital warts, cervical cancer, and some less common cancers of the vagina, vulva, penis, anus, and some cancers of the throat and mouth.

## So what can I do about it?

**Get vaccinated:** There are two vaccines licensed in the United States that protect against the most common and high-risk HPV types for males and females.

**Avoid all sexual activity:** It is the only sure way to prevent genital HPV infections.

**Use protection:** If used every time and correctly, condoms for intercourse and anal sex, and latex dams (a rectangle of latex) for oral sex, lower the risk of HPV infection. There is a risk that HPV can still infect areas not covered by condoms and latex dams.

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# Understanding HPV *(continued)*

## What's new with HPV vaccines? Your most common questions answered



### **Why should I get the HPV vaccine?**

HPV vaccines protect you from the two strains of HPV most likely to cause cervical or other types of cancer. One brand of HPV vaccine also offers protection from the two strains most likely to cause genital warts.

### **If I get the vaccine does this mean I can have sex or unprotected sex?**

No, getting the HPV vaccine does not give you a free pass to have sex or unprotected sex. HPV vaccines do not protect against less common types of HPV that can lead to cervical or other types of cancer, or genital warts. And the vaccines offer no protection against other sexually transmitted diseases or pregnancy.

### **I hear the HPV vaccine is just for women. What about men?**

Recently, the U.S. Food and Drug Administration approved the use of one brand of HPV vaccine for males 9-26 years of age. HPV vaccination protects males against genital warts related to two common HPV strains.

### **I am female. Do I still need to get Pap smears?**

Yes, for the best protection, regular Pap smears for women are still recommended, in addition to HPV vaccination. Pap smears are routine procedures that detect potential signs of cervical cancer.

### **I am not sexually active. Should I still get the HPV vaccine?**

Yes, the best time to get the vaccine is before you become sexually active. If you haven't engaged in sexual activity and plan not to, it is still important to get the HPV vaccination for future protection.

### **I have been sexually active. Can I still get the vaccine?**

Yes, the vaccine will protect you from the most common high-risk types of HPV, if you have not already been exposed. HPV vaccine is not a treatment for current HPV infection, and will not protect you if you have previously been exposed to these HPV types. However, because having had sex does not guarantee you've been exposed to the most common high-risk HPV types, getting the HPV vaccine is still a good idea for protection.



### Is the vaccine safe?

Yes, there have been extensive studies on the safety and effectiveness of HPV vaccines licensed in the United States. As with any vaccination, there are minor risks, but serious side effects are very rare. Talk with your doctor about any concerns you may have about receiving HPV vaccinations.

### I hear HPV vaccine is really expensive. Is this true?

Yes, HPV vaccine can be expensive. However there is good news!

- If you have insurance, most insurance companies now cover HPV vaccinations.
- If you have insurance that doesn't cover the HPV vaccine and are 18 years old or younger, certain clinics and all health departments can provide the vaccine for free.

Doctors who are part of the Vaccines for Children Program can give free HPV vaccine if you are 18 or younger and:

- Have no insurance;
- Have Medicaid/Oregon Health Plan (OHP) coverage;
- Are an American Indian or an Alaska Native.

### Where can I get the HPV vaccine?

Contact your doctor or your local county health department. You may also contact the Department of Human Services Oregon Immunization Program at 971-673-0300 to find out if you qualify for free HPV vaccine through the Vaccines for Children Program or for more information on where to obtain free HPV vaccine. For more information on HPV and the HPV vaccines go to [www.cdc.gov/HPV](http://www.cdc.gov/HPV). For more information on the Vaccines for Children Program and the Oregon Immunization Program go to [www.oregon.gov/DHS/ph/imm/](http://www.oregon.gov/DHS/ph/imm/). **RE**

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Lindsay Weaver, public health educator with the Oregon Immunization Program, is completing her master's degree in public health at Portland State University. She's passionate about the prevention of sexually transmitted diseases and vaccine preventable diseases. When there is any time left over from studies, Lindsay enjoys outdoor activities such as hiking, backpacking, snowboarding, and spending time with her pet chickens and dog.

## Got shots?

*The HPV vaccine is approved for anyone ages 9-26.*

*Whether or not you have been sexually active, this vaccine is highly recommended to prevent not only HPV, but some forms of cancer, too. One in two people who are sexually active will get HPV.*

*HPV infection is most common in those 14-24 years old.*



# Gender identity: Transgender, cisgender, non-gendered

by Jenn Burleton

***Cisgender is a person who has developed an internal sense of their gender identity which more or less matches their birth sex and physical anatomy.***

## • How do we know if we're a boy or a girl?

A child's awareness of being a boy or a girl starts in the first year of life as he or she becomes conscious of physical differences between girls and boys.

Prior to their third birthdays, children are able to identify their gender identity as they develop a strong sense of self. By the time they enter kindergarten, that gender identity is well-established.

However, that gender identity is not always congruent with physical anatomy.

## Identity + expression = Person

Some children express themselves in ways that are traditionally masculine or feminine, while others may be "tomboys" (not an insult) or "sissies" (most definitely an insult). Some children are androgynous. The majority of children (regardless of their gender expression) have a gender identity that corresponds with their assigned sex ... and they grow up to reflect the diversity of gender expression that we see throughout society.

For transgender and significantly gender non-conforming children, though, conflict may arise when their sense of who they are doesn't correspond with their own bodies, or with the gender signals they receive from parents, caregivers, teachers and their culture.



## Vulnerable: Transgender in a cisgender world

Many of us don't think much about our gender, although it affects us constantly.

Imperceptible guidelines dictate:

- What our bodies should look like;
- What we should wear;
- How we should walk and talk.

Along with those come judgments; we know what a "real man" is, and we can tell exactly what a "real woman" is.

Transgender people break away from one or more of society's expectations around gender:

- Expectations that insist everyone is either male or female;
- That one's gender expression is and always will be the same;
- That gender is rooted in our anatomical sex;
- That our behaviors are linked to our gender.

## What about those whose gender identity does not fit neatly into traditionally and narrowly defined gender roles?

Society has a concrete way of dealing with people who do not conform to these expectations. It attempts to force them back into place, to keep them in the "man" category or the "woman" category. Many transgender and gender non-conforming children and youth struggle with feelings of shame and self-doubt as a result of being confronted with these pressures to conform.

### Facts:

- 1:250 children are transgender or significantly gender non-conforming<sup>1</sup>
- 50 percent or more of transgender children/youth ideate suicide.<sup>2</sup> (This percentage is greatly reduced when they are supported and accepted by their families.)

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## Gender identity (*continued*)

- Transgender children are not confused about their gender identity. Those around them may be confused about what to do ... but the children know who they are.
- Childhood gender non-conformity is not an effective predictor of future sexual orientation.
- Transgender children are not mentally disturbed or disordered. They are simply children, being themselves in a culture that is at times intolerant and ignorant of gender nonconformity.

### What gender identity is not ...

- It is not the same as wanting to be a fireman or a princess or a Mutant Ninja Turtle.
- It is not negotiable.
- It is not an indicator of future sexual orientation.
- It is not a choice.
- It is not caused by outside influences, single parenting or lack of religious faith.
- It is not a mistake or any less authentic than gender conforming identity or expression.
- It is not a mental illness or indicative of a “confused” child.



If you are the parent of, or know a transgender or gender non-conforming child or youth, it's possible you may be thinking about the very concept of gender identity in a completely new light. Perhaps you are examining the way in which you developed a sense of yourself as a man, woman, boy, girl or someone who doesn't fit “neatly” into a gender category.

Whatever your conclusions or questions may be, it's important to understand that everyone develops an internal sense of what their gender identity is in the same way; at some point (usually by the age of three or four) we just “know” that we are a boy or a girl or, sometimes we experience ourselves as non-gendered altogether.



Those who move through that process and end up feeling that their gender identity more or less matches their assigned birth sex and physical anatomy are cisgender. Because there is no inherent conflict between these two things, most cisgender people never really give their own gender identity a second thought.

Children and youth who do not experience their gender identity in a way that matches their assigned birth sex, physical anatomy or social and cultural expectations may be gender non-conforming and in some cases, transgender. They may experience what is known as gender identity dysphoria (GID).

Note: Some therapists and others will interpret the “D” in GID as meaning “disorder.” Do NOT accept this categorization of your child or youth by anyone. This results in unnecessarily “branding” a child or youth as “defective” in some way.

***1:250 children are transgender or significantly gender non-conforming... Transgender children are not confused about their gender identity. Those around them may be confused about what to do... but the children know who they are.***

## **It's not about sexuality**

- Sex refers to biological status as male or female. It includes physical attributes such as sex chromosomes, gonads, sex hormones, internal reproductive structures and external genitalia.
- Gender is a term that is often used to refer to ways that people act, interact, or feel about themselves, which are associated with boys/men and girls/women. While aspects of biological sex (as described above) are the same across different cultures, aspects of gender may not be.

## **How many children?**

Though transgender or significantly gender non-conforming identity in childhood is uncommon, it is not as rare as some might think, nor is it as rare as certain segments of the psychological community have routinely reported.

Since 1973, many within the medical and psychological community have clung to a flawed statistical analysis that suggested transsexual identity (transsexual and transgender are NOT interchangeable terms) occurred in 1:30,000 male-bodied people and 1:100,000 female-bodied people. These erroneous “statistics” have been quoted in countless APA (American Psychological Association) publications

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## Gender identity (*continued*)

and newspapers and only serve to further isolate trans-identified children, youth and their families from mainstream society, medical care and equality.

These prevalence estimates (based on the number of post-operative trans adults in a given population) ignore a more nuanced and inclusive perception of what constitutes gender non-conforming and transgender identity. Most importantly, they completely ignore what is “ground zero” for most gender non-conforming and transgender people ... childhood.

### A realistic prevalence estimate

Professor Lynn Conway at the University of Michigan has done extensive, contemporary research on the prevalence of transgender identity across the spectrum of gender non-conformity and her statistical analysis indicates that for male-bodied individuals, the ratio is ~1:500 and quite possibly, ~1:250 births. This is nearly 100 times the number published by the American Psychiatric Association in the Diagnostic and Statistical Manual IV (DSM-IV-TR).

Note: The prevalence statistics for female-bodied/male-identified children is less well-known.

One of the reasons for this may be due to the greater leeway female-bodied children are given with regards to their gender expression (“tomboy” is not a put-down). This is not to minimize the authenticity of gender non-conformity and trans identity in younger, female-bodied/male-identified children.

By comparison, consider the prevalence of other long-term conditions that have profound impacts on children’s lives.

- Muscular dystrophy is 1:5,000.
- Multiple sclerosis (MS) is 1:1,000.
- Cleft lip/palate is 1:1,000.
- Cerebral palsy is 1:500.
- Blindness is 1:350.
- Deafness is 1:250.





All of these conditions are high on our society's radar screen and there is massive public empathy for those who suffer from them. There are large research funds available for studying and treating these conditions, and patients have welcome access to any existing medical treatments that might relieve such conditions.

Contrast those situations to intense gender non-conforming or transgender identity, which has an equally profound impact upon a child's life.

This culturally, clinically and politically misunderstood condition (when it occurs in children) is almost totally off society's radar screen. Access to effective treatment is out of reach for the vast majority of children even if they have supportive parents, and the wider medical establishment and social welfare community are unaware of the high prevalence and frequently tragic impact that being a transgender or gender non-conforming child can have when simultaneously stigmatized and left without support. **RE**

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1. On The Calculation of The Prevalence of Transsexualism, F. Olyslager, L. Conway. 6 Sept. 2007

2. University of New Hampshire Counseling Center, P. Cody, Ph.D.

Lynn Conway <http://ai.eecs.umich.edu/people/conway/TS/TSprevalence.html> is professor emerita of electrical engineering and computer science at the University of Michigan in Ann Arbor, Michigan. Conway transitioned in 1968. She maintains a multi-lingual trans-information site at [www.lynnconway.com](http://www.lynnconway.com).

Jenn Burleton serves on the Board of Directors of TransActive™, a Portland, Oregon, agency with a mission to provide necessary support to improve the quality of life of transgender and gender non-conforming children, youth and their families through education, services, advocacy and research.

For more information on TransActive, please visit their Web site at [www.transactiveonline.org](http://www.transactiveonline.org).

For definitions of terms used in the article, go to "The Words We Use" at [www.transactiveonline.org/documents/words\\_we\\_use.htm](http://www.transactiveonline.org/documents/words_we_use.htm).

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# Addressing relationship violence



## QUIZ: WOULD YOU DO THE RIGHT THING?

1

Your friend Elisha and John, a guy she met at work, have been going out for a while. One day, John showed up at Elisha's school and saw her give a male friend a hug. John grabbed her arm and pulled her to his car where he called her a slut and a cheater. If I saw this happen ...

- A. I would tell Elisha that I was concerned about her and help her find information about abusive relationships. (2)
- B. I would tell another friend and hope that they would do something to help Elisha. (1)
- C. I would leave it alone. If Elisha didn't say anything to me, it's not my place to get involved. (0)

2

Elizabeth is dating her classmate Marc. Things seem great, but in private Marc isn't very nice. He grabs her arms hard and leaves bruises. When he found out she was pregnant, he shoved her repeatedly and yelled at her for messing up his life. If Elizabeth came to me for help ...

- A. I would tell her that I was the wrong person to speak with and that she should talk to a counselor. (1)
- B. I wouldn't want to get involved because it's not my problem. (0)
- C. I would let her know that I was there for her and go with her to get help. (2)

3

Christina and your friend Eric have been dating for a year. Christina is really jealous and constantly accuses Eric of cheating on her even though he hasn't. When they fight, she calls him names and tells him no one else will ever love him. If I heard Christina yelling at or putting Eric down ...

- A. I wouldn't say anything. Eric should be able to defend himself. (0)
- B. I would tell Eric that he didn't deserve to be treated that way and that he should consider ending the relationship. (2)
- C. I wouldn't say anything to either of them, but I would let other friends know that I thought it was wrong. (1)





4

Rebecca and Janet met at a coffee shop near school. When they first began dating, Rebecca was very sweet. Over time, she started putting Janet down and once ended a fight by slapping her. Things got worse and Rebecca told Janet if she ever left her, she would kill herself. If I knew about all of this and another friend asked me if I thought Janet was OK ...

- A. I would tell them to stay out of it. If Janet didn't ask for help it's nobody's business. (0)
- B. I would pretend I didn't know and tell them to ask Janet directly. (1)
- C. I would tell them I was also concerned about Janet and that we should go together to offer our help. (2)

5

Ana and Jeremy have been dating for two years and have a baby together. Jeremy has been physically abusive toward Ana and even screams at their child. Ana loves Jeremy and does not want to break up their family. If I told Ana I was concerned about her and the baby and offered to help, but she turned me away and said I was wrong about Jeremy ...

- A. I wouldn't take it personally, and would later give her information that talked about abusive relationships and how to get help. (2)
- B. I would be really upset that she didn't listen to me and tell her she was on her own. (0)
- C. I would leave it alone and tell her to call me if she ever wanted to talk. (1)

## SCORING:

Look at the point values next to your circled answers and add the numbers up to get your total. Simply take your total score and see which of the total scores apply to you! Turn the page to see what your total score means...

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## Addressing relationship violence *(continued)*

**Nearly 15 percent of Oregon 11th graders report being pressured to engage in sexual activity and more than 6 percent report being physically harmed by a boyfriend or girlfriend.**

Source: 2009 Oregon Healthy Teens Survey: [www.dhs.state.or.us/dhs/ph/chs/youthsurvey/ohtdata.shtml#2009](http://www.dhs.state.or.us/dhs/ph/chs/youthsurvey/ohtdata.shtml#2009)

## QUIZ: YOUR POINT SCORE

### Score: 8-10 points

When it comes to your friends, it sounds like you'd be willing to put yourself out there to give them support. That's great! Being in an abusive relationship is never easy, so letting your friends know that they can count on you for help is the best thing you can do. Learn what else you can do to help a friend who is experiencing abuse. Or call our helpline at 1-888-988-TEEN (8336) for tips.

### Score: 5-7 points

You care about your friend and your heart is in the right place, but you're having some difficulty reaching out. Some people in abusive relationships may not realize that they're in danger, or they may be afraid to ask for help. Don't be afraid to reach out to them and let them know you're worried about their safety. Maybe they will come around and maybe they won't. At least you'll know you tried your best to offer them your support and they'll know you are someone they can trust. Learn what else you can do to help a friend who is experiencing abuse. Or call our helpline at 1-888-988-TEEN (8336) for tips.

### Score: 0-4 points

Dealing with someone who is in an abusive relationship can be a difficult thing to do. But that doesn't mean that you shouldn't at least try. Remember that being in an abusive relationship is scary and lonely, and some people don't know how to ask for help. Be there for your friends. You may be the only person they can count on. Learn what else you can do to help a friend who is experiencing abuse. Or call our helpline at 1-888-988-TEEN (8336) for tips. **RE**

Source: [www.thesafespace.org](http://www.thesafespace.org), a project of [www.breakthecycle.org](http://www.breakthecycle.org), a comprehensive Web resource to learn about dating violence.

© 2008 Break the Cycle



**You have the right to a safe and healthy relationship...**

**free from violence and free from fear.**



# If you try to be different you will be abused

by Jerome Smith

*“The way I would get by is by not even thinking about what people said about me. I would try to let it just slip out of my mind and keep busy . . .”*

**F**aggot, “gay,” “bisexual.” Have you ever been called these words and felt the anger that comes with them? Teens will try to make other teens conform or fit in, by labeling or using anti-gay slurs, even when the teen is not gay.

The first time I was confronted with these words, was in eighth grade. I wanted to be different from everybody else so I cut my hair in a Mohawk with designs. Then I changed my style. I started wearing skinny jeans and I was looking like a punk rock skater. Finally, I got the area under my lower lip pierced.

After I changed up my style everybody started to think I was gay. I wanted to be different from everybody else, and they thought I was gay. My own friends that I talked to everyday, even about other girls, thought I was gay. I never thought they would ever really believe it was true that I wasn't gay; it really made me upset. It was really hard for me to have a girlfriend because of all the rumors that were said about me. A lot of people would come up to me and ask me if I was gay. They would tell me that other people would be talking about me.



Jerome Smith with his daughter

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# If you try to be different *(continued)*

***Oregon 11th graders who identify as lesbian, gay, bisexual or queer are about twice more likely to be harassed than those who identify as heterosexual.***

Source: 2007 Oregon Healthy Teens Survey: [www.dhs.state.or.us/dhs/ph/chs/youthsurvey/ohtdata.shtml](http://www.dhs.state.or.us/dhs/ph/chs/youthsurvey/ohtdata.shtml)



I would confront them about that and they would lie right in my face and say they didn't say that, they heard it from other people. I would ask them why they thought it was true and why would they believe that I was gay.

This rumor made me get into a lot of fights and got in the way of school and my learning. I was really stressed out about this situation. The way I would get by is by not even thinking about what people said about me. I would try to let it just slip out of my mind and keep busy by being active with sports.

This happening to me made me really think about how hard gay people's lives are and what they have to go through every day.

I don't actually understand how someone can be homosexual, but I now know many people get hurt simply because they are gay or different from others. People don't understand that these words are really hurting gays and they think it's fun to make fun of gay people. Homophobic people must have no self-respect; they have to empower themselves by making other people feel bad.

Name calling and labeling is a way to make people afraid to be unique. When a teenage boy is called words like "faggot," he is being told that he has to fit in or he may get hurt. Everyone shouldn't be the same. If everyone was the same, the world would not evolve into the beautiful place it is now.

I think everybody should make a change in their lives. Changing once in a while is healthy for everyone. **RE**

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Jerome Smith is a single father with full custody of his daughter Anajah Smith. He is a junior at Roosevelt High School and on the varsity football team. He plans to attend college with aspirations to become a fashion designer.



# College bound?

## Would the college get an “A” on a sexual health report card?

by Jessica Duke

**If you are assessing a college, why not also consider the health services offered at the school? Being healthy is an aspect of college life that is sometimes ignored. It shouldn't be.**

**M**any high school students are thinking about college as their next step in life. It's a big decision. Some students (and sometimes families) spend the summer between junior and senior years visiting potential colleges to see if any are a good fit. The list of considerations is long. How does the school rate academically? Are the professors accessible? Will I spend all of my time studying? Is the college in a good location? Are the dorms nice? What's the tuition? Can I afford it? Is the food edible? What are the sports opportunities? Are the students friendly?

If you are assessing a college, why not also consider the health services offered at the school? Being healthy is an aspect of college life that is sometimes ignored. It shouldn't be. If you maintain a healthy lifestyle you will be better able to succeed academically and have a good time socially.

The health education and services available to you at college are important to your success. So, as you make your own list of considerations for which college will be the best for you, consider the health services offered at the school. Let someone in the admissions office know you have questions about the health services available at the college. They will likely be surprised and impressed at your concern for health.

***All seven schools in the Oregon University System have student health centers offering a wide array of services, including sexual health services, on campus.***

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## College bound *(continued)*

Some questions you can ask:

- Are students required to have health insurance? Does the school have health insurance policies students can purchase?
- Where do most students go for health care?
- Does the school have a health center? If yes:
  - What are the center's hours of operation?
  - Does the health center allow drop ins or are appointments required?
  - What services are offered at the health center?
  - Are reproductive health services available for all genders?
  - Are contraceptives available? Are they free or low-cost?
  - Are there HIV testing and services? What is the cost?
  - Are there sexually transmitted infection (STI) testing and services? What is the cost?
  - Can students get health advice anonymously (via e-mail, text, phone)?
- Are there sexual health awareness programs on campus?
- Are condoms available on campus? Are they free or low-cost?
- Are there school-sponsored outreach programs for sexual health issues? Are there other organizations invited to campus to discuss sexual health?
- Are there student peer groups knowledgeable about sexual health issues?
- Are there sexual violence prevention and response resources and services on campus?

If you are visiting a potential college in person, ask to arrange for a tour of the student health center and meet with health center staff or a peer educator!

Did you know that in a "Sexual Health Report Card" survey sponsored by Trojan Brand Condoms, Oregon State University ranks 16th and the University of Oregon ranks 22nd out of 141 Bowl Championship Series (BCS) colleges and universities? That's pretty good Beavers and Ducks! To see the complete report go to [www.trojancondoms.com/assets/pdfs/2009\\_SHRC.pdf](http://www.trojancondoms.com/assets/pdfs/2009_SHRC.pdf). **RE**

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Jessica Duke works in public health. She has fond memories of the fishbowl full of free condoms at the Student Health Center at her alma mater, the University of California at Santa Barbara.



# On becoming a parent: Sex ed and beyond

by Rayna Rogowsky

*This story is based on a conversation with a senior at Fir Ridge High School who is expecting her first child in May 2010.*

I learned a lot about sex in school, but I'm pregnant still. I didn't listen. In health class we learned about STDs and how to prevent a pregnancy. In my house birth control was very available to me. My grandma had condoms everywhere, and she got me boxes of the pill. She said the shots would make me fat! I could never remember to take my pills. I was just cleaning up my room the other day and I found tons of half-used birth control packages. I just kept forgetting them and starting a new pack.

My family is very open about sex. My grandma had three kids by the time she was 17. I'm the oldest one in my family to have a kid, and I just turned 18. My mom was 17 when she had me. I'm older than my mom was when she had me, and I always planned on that. My best friend and I promised each other in middle school that we would be older than our moms were when we had kids. We've been friends since before boys came into our lives. At that time, we wanted to have five kids and raise them all together!

We do learn a lot in health class, but teenagers are going to experiment. Teenagers usually aren't going to ask their partners about STDs, but my boyfriend and I are open with each other. We grew up together. He lived across the street from me and he started living with us when he was 16. He and I live together now. I think a baby

*continued on next page >>*



## On becoming a parent *(continued)*

***There were more than  
6,000 pregnant teens  
in Oregon in 2007.***

Source: Oregon Vital Statistics



would change a relationship if you haven't been together for awhile like me and my boyfriend. We always knew it [pregnancy] would happen, and so it wasn't a huge shock to us. If a girl got pregnant with someone she didn't know as well, then I think it would be harder.

I always worried about getting pregnant. My period was a blessing. I was careless and stupid. We were lazy about birth control. We got lazier the longer our relationship went on. We've been together for two years, and this is our second pregnancy. We accepted it this time.

We have a lot of support in our family. If I didn't have my family, then I'd be screwed. I know that we would have been a lot more careful if it weren't for my mommy and grandma and my boyfriend's mommy and grandma.

I guess we took "bad" advantage of that. **RE**

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Rayna Rogowsky moved to Portland from the New York City area to serve as an AmeriCorps member at Insights Teen Parent Program. She enjoys making Portland her home and writing letters to friends and family who live elsewhere. She looks forward to continuing to engage with youth and issues related to healthy relationships and sexual health.



# Open adoption: An alternative path

by Shari Levine

**W**hen most pregnant and parenting teens think about adoption, a very negative image comes to mind. Many teens have friends who have traveled unwillingly down the adoption path within the state child welfare system. Their parental rights were terminated involuntarily, they did not choose the adoptive parents, and they likely had limited future contact with their child. But adoptions do not need to follow this adversarial route; there is a positive alternative.

At Open Adoption & Family Services (OA&FS), we have been working with DHS caseworkers to make a proactive open adoption alternative path available to teens. For most pregnant teens, parenting is their first choice. However, if parenting proves to be more difficult than they anticipated, they may need a backup plan. It is especially important for teens to have access to this option, since teens are twice as likely to have their child removed by the state as women who give birth in their 20s. If adoption is likely to be in their future, we believe they should have some choices about what that adoption will look like. Open adoption can provide them with a viable adoption path.

Open Adoption & Family Services is a non-profit agency licensed in Oregon and Washington. In the past 25 years, we have placed over 1,000 children in open adoption families. We are a very unique agency in that we are pro-choice, not religiously-affiliated and welcome the LGBT community. All services are free of charge for pregnant and parenting women and their partners. OA&FS provides extensive, non-biased options counseling. In fact 80 percent of the women

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## Open adoption *(continued)*

we provide counseling to, do not choose adoption. We simply connect them with the resources they need. In addition, we are committed to including the father whenever possible, and offer services to birth grandparents as well. OA&FS also has materials available in Spanish and Spanish-speaking counselors available on staff.

If a teen decides to pursue an adoption, she will be empowered to create a plan that reflects her adoption vision. She will review thorough, 20-page information packets on each of the families she's interested in. We have 45-65 families available that have been very carefully screened by the agency. She then selects a family she feels a connection with and would like to meet. As they build their relationship, we provide our expertise, guidance and support. Together the teen and the family create a legally binding contract for ongoing visits. The goal is for them to develop a comfortable, natural friendship. Together, they discuss the birth plan at the hospital, naming the baby and creating an entrustment ceremony. After the placement, the visits begin. Through the visits, the teen can watch her child grow and be a part of his life. This gives her the peace of mind that she needs to feel resolved about her decision.

Melissa was 16 when she found out she was pregnant.  
Here's what she had to say about her experience:

### **What do you think teens think about adoption?**

Teens have no idea what adoption is like. Some kids at school say "I can't believe you gave your baby away." I tell them adoption has changed, it's a good thing. I chose my baby's parents and I see him all the time. I've seen him every month or so since he was born. I call the adoptive parents whenever I need to and see how he's doing.

### **How did you come to your adoption decision?**

I wanted to keep my baby at first, then my mom told me about open adoption and we found Open Adoption & Family Services. They did the kind of open adoptions I wanted. I felt really comfortable with my counselor. I found the perfect family; I knew it right away, even before I met them.



### **Why did you like them?**

They had the same holiday traditions as my family. The adoptive dad, Dave, is a really involved dad and the adoptive mom, Patrice, is into scrapbooking and takes pictures all the time. I knew I'd always see him growing, even if I wasn't right there watching him.

### **What was it like when you met them?**

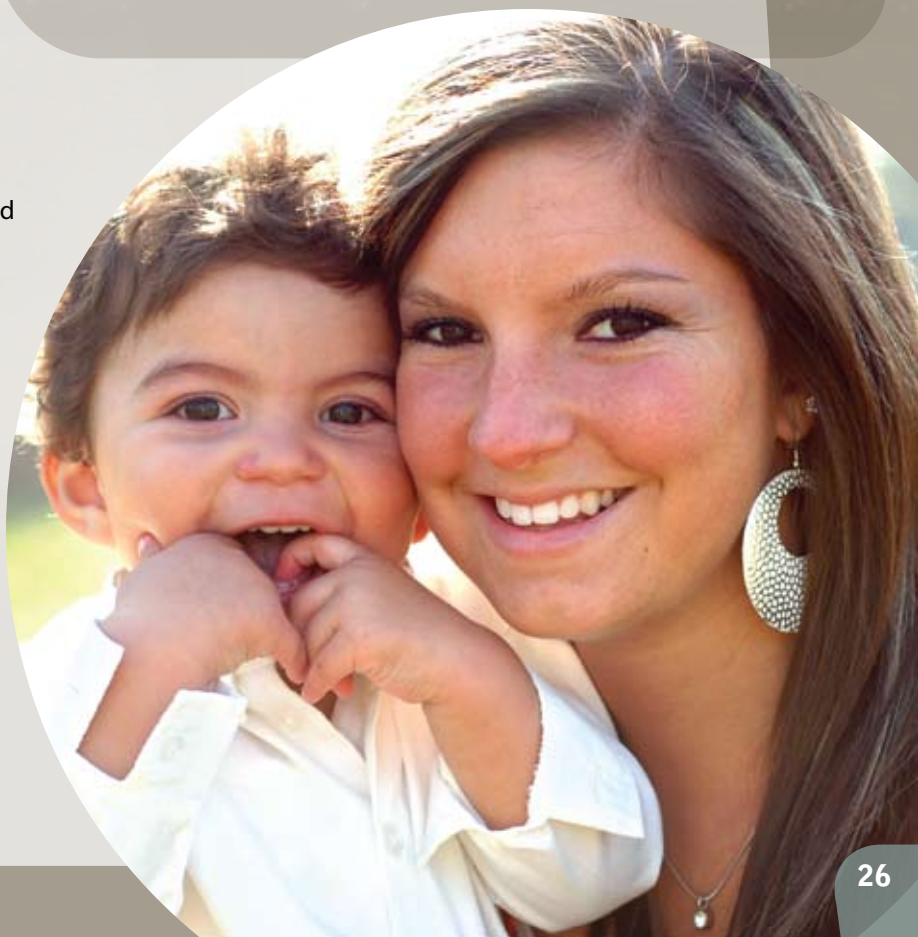
I was nervous at first, but they were really warm and helped me feel comfortable right away. After we met, we went out to dinner and learned more about each other on a personal level.

### **How did your relationship develop?**

I was five months along when I met them, so we had a lot of time to get to know each other. I e-mailed Patrice every day and she has become like a big sister to me. We have such a close bond. We all went out to dinner about every two weeks, we went Christmas shopping together and Patrice went to labor classes with me. She and my mom were my labor coaches. We created an open adoption agreement for six visits a year, but we have such a natural friendship that I see Nathan all the time.

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*The first national survey of adoptive families conducted by the U.S. Department of Health and Human Services in 2007 showed that most adoptions in the U.S. now are open to some degree. It showed 97 percent of all adopted children aged 5 and older know that they were adopted and that more than two-thirds (67 percent) of domestic adoptions included a pre-adoption contact agreement between birthparents and adoptive parents. An estimated 68 percent of all families surveyed had some level of contact with birthparents after placement.*



## Open adoption *(continued)*

***Of the 13,000-14,000 females who voluntarily plan adoptions across the country each year, 25 percent of them are teens.***

### **What are the visits like?**

I can see what great parents they are, and see how much they love Nathan. During the visits we usually take a walk, go out to dinner, or just hang around their house and play with him. I bring my friends sometimes too, so they're a part of his life too. They always keep me informed about how he's doing and how he changes.

### **What is your life like now?**

I'm 17 now and in high school. I went to an alternative high school during my pregnancy and took classes online from home. I'm all caught up now.

### **How do you feel about your adoption decision now?**

I know it was the right decision. I wanted him to have the best life and I didn't feel ready to raise a baby. It was a hard decision. I had a month where I didn't see him because I was grieving on my own. I talked to Patrice though, and she was there for me.







### **Have you gotten ongoing support from the agency?**

They've been great. I can still have counseling with my adoption counselor whenever I want. She introduced me to other birthmoms and that's been really helpful. My mom has also been supportive. She fell in love with the adoptive parents too. They've become like a second family.

### **What would you say to a teen considering adoption?**

I'd tell her my story. I'd say that adoption has changed. Now you can choose your child's parents, see your child as he grows and be a part of his life.

Many professionals who work with pregnant and parenting teens believe that teens don't plan adoptions. But of the 13,000-14,000 females who voluntarily plan adoptions across the country each year, 25 percent of them are teens. When teens are empowered with choices, access to information and the tools to have a lifelong relationship with their child and the adoptive parents, adoption becomes a viable option. **RE**

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Shari Levine, M.A., is the executive director of Open Adoption & Family Services. She has been with the agency for 17 years. Shari is also an adoptive mom of two children, ages 11 and 18. She enjoys close relationships with both of their birthmoms.

For more information about Open Adoption & Family Services, please call 1-800-772-1115, or check out our Web site at **[www.openadopt.org](http://www.openadopt.org)**. You can also request a free DVD about a teen who chose open adoption.

# Telling your parents ... “I’m transgender”

by Cannon Hammonds

***Telling someone, especially your parents, “This is me, this is who I am” is both stressful and a relief. It’s a struggle, but it’s worth it.***

**Cannon Hammonds**

Originally published in *Sex, Etc.*, November 20, 2009.

Telling someone, especially your parents, “This is me, this is who I am” is both stressful and a relief. It’s a struggle, but it’s worth it.

At age 16, I came out to my parents as transgender. I am biologically a girl, but I feel like a guy. My parents had always told me that if I were gay, they would still love me. I figured if they could accept me as gay, then they could at least tolerate me if I were trans.

Telling my parents was frightening. If it turned out that I’d misjudged them, they could have kicked me out. My parents initially assumed I was gay; like many people, they confused gender identity with sexual orientation. (Gender identity is how you identify and express being masculine or feminine. Sexual orientation—gay, heterosexual, bisexual—refers to which gender(s) you find attractive.) Though coming out lifted some weight off my shoulders, it also put a strain on my relationship with my parents. Sometimes things feel awkward between us when I behave in a more male way or if a relative questions my lack of “girliness.”

Even after joining me in some of my therapy sessions, my parents are still confused and worried. But they are trying to understand. For example, my mom makes sure that I receive baggy unisex clothes for the holidays. I’m grateful and happy that she’s accepting it in her own way.





I recently asked my parents some questions about their point of view. While I don't love all their answers, I can understand their reluctance to talk about their child being transgender.

**Cannon:** How did you react when you first learned that I was transgender?

**Dad:** I was shocked. I never expected this.

**Mom:** I mostly felt confused, never saw it coming.

**Cannon:** Do you wish that you reacted differently now? How so?

**Dad:** Yes, I should have been more shocked. It's not normal, and I was too casual with it.

**Mom:** No, I've tried to accept this in the best way I know how. I'm still not 100-percent accepting, but I'll try to be supportive in the best way I can. I still let you continue counseling. I know I could have been a jerk about it and stopped the counseling altogether, but I think that would have been bad judgment.

**Cannon:** How did you feel when the therapist confirmed that I am transgender?

**Dad:** I felt mostly disbelief. I believed that you were confused or doing it for attention. I'm still unsure on it.

**Mom:** I felt confused and disbelief. I still don't know how to handle it all that well. I'm not ready to go to support groups yet.

**Cannon:** What are your concerns about my transgenderism?

**Dad:** I'm worried about the future, like keeping your job if someone finds out or how to keep a relationship going.

**Mom:** Are you sure this is what you want to do? My fear is that you will become more of an outcast than you already feel you are.

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## Telling your parents *(continued)*

**Cannon:** Has your attitude changed since I first came out?

**Dad:** No.

**Mom:** No, my attitude hasn't changed a whole lot. I keep hoping that you'll say, "Just kidding, I'm gay." That would be easier to deal with.

**Cannon:** What do you think teens should know about their parents before they come out as transgender?

**Mom:** Most parents would have a hard time dealing with this, no matter how open they are. But you should know if your parents are strict or religious. Their reaction may be ugly. And you should speak with your parents alone, not at a party or somewhere crowded. And always have a backup plan.

My parents are mostly tolerating my news, but sometimes we argue about me transitioning from female to male. Before you come out to your parents, it may be wiser to come out to a close friend or someone who you know will be accepting. Telling someone, especially your parents, "This is me, this is who I am" is both stressful and a relief. It's a struggle, but it's worth it. You cannot truly live if you cannot live as your true self. **RE**

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For more information on transgender issues, go to TransYouth, the Gender Education and Advocacy Web site, or the National Center for Transgender Equality. You can also call the Gay, Lesbian, Bisexual and Transgender National Help Center at 1-888-843-4564 (THE-GLNH).

Reprinted with permission from *Sex, Etc.*, the national magazine and Web site ([www.sexetc.org](http://www.sexetc.org)) written by teens, for teens, on sexual health issues, published by Answer at Rutgers, The State University of New Jersey.





# April life with a November feeling

by Stephanie Vazquez

It's gray, it's gloomy, there's no light.  
As in April when it rains almost everyday life is a fight.  
The tears run down my cheeks with no stop.

I look to my sides and it's no surprise; like in November I'm alone.  
Thanksgivings were fun as a kid, but now I just play my saxophone.  
Not with joy, all of that is destroyed.

I try to lie to myself and blind others by saying that things are okay;  
As in April when the rain falls on the seeds I say  
"I'm like May, colorful, cheerful, and bright"

No one cares, I'm alone, and my life is an April cycle  
The tears keep coming down and I can't stop like most cycles  
The thought comes to my mind "why can't I just end this and die?"

It's gray, it's gloomy, there's no light.  
As in April when it rains almost everyday life is a fight.  
It's a new day so why waste it?

You smile, you skip, and you laugh!  
You realize that your happiness depends on you, and you become tough!  
Who cares if there is or isn't others around?

There's no room for sadness, for pain, or for tears.  
Life only comes once, and each day is one less day of life, so forget your fears.  
Smile, dance, laugh, and live; happiness is your only answer to the ending tears.

Stephanie Vazquez is a Woodburn High School student and a member of the My Future My Choice Teen Advisory Board. Stephanie said that, "While growing up, depression was a big part of my life. Fortunately going to church helped me a lot because I would feel relieved of all my sadnesses. While writing this poem I thought about how important emotional and mental health is. Remember, life only comes once and we shouldn't live it sad."

When the 2009 Oregon Healthy Teens Survey asked 11th graders to rate their emotional and mental health, these were their responses:

	Female Percent	Male Percent
Excellent	14.0	26.5
Very good	31.5	36.4
Good	34.5	24.4
Fair	15.4	9.6
Poor	4.5	3.1

Source: 2009 Oregon Healthy Teens  
Survey: [www.dhs.state.or.us/dhs/ph/chs/youthsurvey/ohtdata.shtml#2009](http://www.dhs.state.or.us/dhs/ph/chs/youthsurvey/ohtdata.shtml#2009)

# A moment in time for an AmeriCorps HOPE member

by Lee Wagner



..... **M**any of the young women who walk through the doors of my host site, Insights Teen Parent Program, have experienced some form of relationship violence. Some of them talk about it and others don't even know that what they are experiencing is out of the ordinary. It is part of my job, when screening clients to decide what program they are the most appropriate for, to try to find out if they or someone in their family is experiencing something like this. Sometimes I am not very subtle and flat out ask, "Are you being hurt?" Other times I am able to use a little more tact when trying to get to the bottom of a situation.

Recently I had a young woman come into the office because "it is easier if we just do it there" instead of me going out to her house. She came in with her cousin and was looking very small and sad. For a while she was avoiding the questions about her home situation until she admitted that her baby's father was put in jail a few days prior to our meeting. This led to a discussion about why he was in jail and she revealed that she had called the police for a domestic violence situation. This situation had led to the removal of her children from her home, which was devastating so soon after the violent event that precipitated the call.



There is really nothing that I can do to help a person in this situation besides listen when she needs to talk; make sure she has a safe place to go; and let her know that she is always welcome here. And I can connect her with another program here known as the Christina Project, which helps victims of domestic violence free themselves from their abusers.

I did all of those things for her, and listened as she talked about what had led up to the situation and how much she wanted to get out. Afterward, I led her through our food bank and donations closet so she could get some free stuff. Then I said goodbye. Before she left, this small and sad person looked up at me and asked if she could hug me. I said “Yes, of course” and tried to hold back a flood of emotions when I realized how rare an encounter this was for her, when someone listened and cared. **RE**

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Former AmeriCorps member Lee Wagner completed her AmeriCorps service at Insights Teen Parenting Program and plans to continue to work in sexuality education.

AmeriCorps is an opportunity to make a big difference in your life and in the lives of those around you. It's a chance to apply your skills and ideals toward helping others and meeting critical needs within the community. If you are interested in learning more, visit [www.americorps.gov](http://www.americorps.gov). AmeriCorps members must be 18 or older.

***In Oregon, AmeriCorps HOPE has had more than 300 members serving in 24 counties since its beginnings 14 years ago.***





# Have you considered choosing an AmeriCorps HOPE member to serve with your agency?

*by Tina McCollum*

## **Need help implementing local services that foster positive youth development and support creating strong families? Consider AmeriCorps HOPE . . .**


**A**meriCorps is a national service program in which AmeriCorps members enlist for a “term of service” in which they help communities meet critical needs in areas such as education; public safety; emergency preparation and relief; the environment; and more. This national service movement is growing strong. Both Congress and the President have recognized AmeriCorps achievements in “getting things done” and in offering professional skill development to AmeriCorps members. National service programs such as AmeriCorps focus on engaging volunteers in outreach programs, and instilling an ethic of lifelong service to their communities and country.

The Oregon Department of Human Services sponsors an AmeriCorps program called “HOPE,” an acronym for “Healthy Options through Prevention and Education,” which is this program’s focus. AmeriCorps HOPE is one of over 600 AmeriCorps programs throughout the United States. The programs are “team-based”—some program models have all team members work together on projects within the same geographic area, while other program models have members stationed individually in multiple locations, with members periodically coming together as a team for trainings and events. AmeriCorps HOPE uses the latter model, with members stationed in communities throughout Oregon.

Currently the HOPE program has 23 full-time members who serve 11-month terms beginning Sept.1 and ending July 31.








Members receive a federal living allowance while they serve. Other benefits include health care coverage; student loan forbearance; an education award upon completion of their term; and food stamps and child care supplements if eligible. Full-time members must provide at least 1,700 hours of service according to the “service plan” (work plan) developed by their “host site” (sponsoring placement agency). They must have an assigned “site supervisor” to provide training and ongoing guidance, support and monitoring of their activities.

Each spring AmeriCorps recruits “host site” agencies that want to sponsor an AmeriCorps member to serve youth and families in their communities in accordance with AmeriCorps HOPE’s federal grant. Applicants design service plans for their AmeriCorps members based on strategies for youth sexual health education outlined in the 2009 Oregon Youth Sexual Health Plan. Host sites must submit an application and contribute a matching grant, which averages about \$6,000 for a full-time member for the term.



After host sites have been chosen in late spring, recruitment of AmeriCorps members begins and continues through the summer, with all members beginning their term of service after a four-day team orientation and training in September. **RE**

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For further information about becoming a host site, or about serving as an AmeriCorps member in the AmeriCorps HOPE program, please contact:

**Tina McCollum**, program manager, 503-945-6906, [tina.mccollum@state.or.us](mailto:tina.mccollum@state.or.us)

**Dyana Kohler**, program assistant, 503-945-7041, [dyana.kohler@state.or.us](mailto:dyana.kohler@state.or.us)

**Oregon Department of Human Services  
AmeriCorps HOPE**

500 Summer St., N.E., E48  
Salem, OR 97301

# Five things to think about before you hit “Send”

***One in 10 young people has shared a naked image of themselves. Sixty-one percent of those who have sent a naked photo or video of themselves have been pressured by someone else to do so at least once.***

Source: 2009 AP-MTV Digital Abuse Study: [www.athinline.org/MTV-AP\\_Digital\\_Abuse\\_Study\\_Executive\\_Summary.pdf](http://www.athinline.org/MTV-AP_Digital_Abuse_Study_Executive_Summary.pdf)

**1**

## **Don't assume anything you send or post is going to remain private.**

Your messages and images will get passed around, even if you think they won't: 40 percent of teens and young adults say they have had a sexually suggestive message (originally meant to be private) shown to them and 20 percent say they have shared such a message with someone other than the person for whom it was originally meant.

**2**

## **There is no changing your mind in cyberspace — anything you send or post will never truly go away.**

Something that seems fun and flirty and is done on a whim will never really die. Potential employers, college recruiters, teachers, coaches, parents, friends, enemies, strangers and others may all be able to find your past posts, even after you delete them. And it is nearly impossible to control what other people are posting about you. Think about it: Even if you have second thoughts and delete a racy photo, there is no telling who has already copied that photo and posted it elsewhere.





3

### **Don't give in to the pressure to do something that makes you uncomfortable, even in cyberspace.**

More than 40 percent of teens and young adults

(42 percent total, 47 percent of teens, 38 percent of young adults)

say "pressure from guys" is a reason girls and women send and post

sexually suggestive messages and images. More than 20 percent of teens

and young adults (22 percent total, 24 percent teens, 20 percent young adults)

say "pressure from friends" is a reason guys send and post sexually suggestive messages and images.

*Something that seems  
fun and flirty and  
is done on a whim  
will never really die.*

4

### **Consider the recipient's reaction.**

Just because a message is meant to be fun doesn't mean the

person who gets it will see it that way. Four in 10 teen girls

who have sent sexually suggestive content did so "as a joke"

but many teen boys (29 percent) agree that girls who send such

content are "expected to date or hook up in real life." It's easier to be

more provocative or outgoing online, but whatever you write, post or

send does contribute to the real-life impression you're making.

5

### **Nothing is truly anonymous.**

Nearly one in five young people who send sexually

suggestive messages and images, do so to people

they only know online (18 percent total, 15 percent teens,

19 percent young adults). It is important to remember that even if

someone only knows you by screen name, online profile, phone number or

e-mail address, that they can probably find you if they try hard enough. **RE**



Reprinted with permission from The National Campaign to Prevent Teen and Unplanned Pregnancies. [www.thenc.org](http://www.thenc.org).

# Sexual activities

*The following article is reprinted with permission from the AIDS Action Committee (AAC) of Massachusetts. The AAC developed this information with funding from the Massachusetts Department of Public Health after focus groups and meetings with those working in the fields of family planning, HIV/STI prevention, domestic violence, sexual assault and youth services revealed that many youth do not have a reliable and trusted source to answer their sexual health questions. AAC felt that access to such information is “paramount to safeguarding the general, sexual health” of those who are looking for answers to questions about sex, birth control and issues that matter. The Rational Enquirer staff held focus groups with youth and adults throughout Oregon and came to the same conclusions. Following are descriptions of sexual activities that attempt to answer questions youth have asked.*

***Sexuality is not limited to sexual behaviors. It includes, among other things, values, self-esteem and communication.***

There are as many different kinds of sexual expression as there are individuals. Below is a list of just some of the sexual activities that people do, alone or with their partner.

Remember, all of these activities are normal, but not all of these activities are things that everyone wants to do.

Some of these activities have a higher risk for pregnancy or infection. It's important to understand the risks so you can decide if a certain activity is right for you, and if so, how to protect yourself.

## Masturbation

Masturbation is when you pleasure yourself sexually. There are many myths and misunderstandings around masturbation—that it's dirty, wrong, weird, or unhealthy. None of these are true. Masturbation is a healthy, safe way to learn what feels good to you, in private.

Most people masturbate—single people, people in relationships, gay people, straight people, men, and women, young, old. Some people masturbate several times a day, some maybe only a couple times a year and others never masturbate.

## Foreplay

Foreplay means all of the different kinds of touching, kissing and sex play that partners do to get each other excited. Foreplay can help prepare your body for sex because it physically begins the process of pumping blood into your



genitals, which is what makes a man get an erection (hard-on) and a woman get aroused and lubricated (wet). Some people use foreplay before having sex, but it doesn't have to lead to sex. Some enjoy just foreplay without going any further.

## Digital sex

Digital sex means touching another person's genitals (private parts) with your hands or fingers, and can also include masturbating each other to reach a climax.

## Oral sex

Oral sex means having your genitals licked, sucked, or kissed by your partner.

When a woman is getting oral sex, it's called "cunnilingus," or "going down on her." This usually means the woman's partner stimulates her clitoris (clit), which is a very sensitive part of a woman's genitals that can help her have an orgasm.

When a man is getting oral sex, it is called "fellatio," "giving head" or giving a "blow job." Usually this means that the man's partner licks or sucks his penis.

If you are going to suck your partner's penis until he has an orgasm, you will need to decide what to do when he ejaculates (cums). Some people choose not to let any cum into their mouth, some spit it out, and some swallow it.

Some STIs, like herpes, syphilis, and gonorrhea are pretty easy to spread by oral sex. The safest thing to do is protect yourself by using a condom, dental dam, or plastic wrap. They also make condoms in different flavors for just this purpose—chocolate, grape, cola, pineapple, vanilla, etc.

It's a good idea to tell your partner what you would like to do in advance, so that you both know what to expect.

## Vaginal sex

When a man inserts his penis into a woman's vagina, this is called vaginal sex. There are many different positions this can be done in, but all usually involve the partners moving back and forth with their genitals pressed together.

During foreplay the vagina produces a natural lubricant (gets wet). Sometimes a woman doesn't produce as much lubrication as she would like, and that can make vaginal sex uncomfortable. If that happens, you can

*continued on next page >>*



***Most sexual activities  
have a risk of pregnancy  
or infection. Know how  
to protect yourself.***



## Sexual activities *(continued)*

try more foreplay or use water-based lubricants (gels or liquids that keep the vagina wet). You can find them in most drug stores.

Condoms are very effective in preventing pregnancy and HIV and other STIs, but are not 100 percent effective, so let your doctor know if you are having vaginal sex, so you can get checked and stay healthy.

### Anal sex

When a male inserts his erect penis into his partner's anus (rectum or buttole), this is referred to as anal sex. The anus is a sensitive area with lots of nerve endings, which is why some couples, both gay (same-sex) and straight (heterosexual) choose to have sex up the butt.

If you choose to have anal sex, it's really important to use a condom. And since the anus is not naturally lubricated, it's important to use lots of water-based lube. Also, if you do try it, you've got to be ready to speak up if anything is uncomfortable or if you change your mind.

It's not unusual to have bleeding, soreness, or hemorrhoids after having sex up the butt, but these things can also be signs of an STI. Some girls and guys have sex up the butt to keep from getting pregnant. If you want to do it up the butt, you have to protect yourself from STIs and HIV and other infections by using a condom because anal sex is even more risky for these infections than vaginal sex.

Regular STI tests won't detect an STI in the butt, so it is very important for anyone having this kind of sex to let their doctor know so the right tests can be done.

And remember! Oil-based lubricants like oil or massage cream will make latex condoms break! Make sure that the lubricant that you use is water-based by checking the package before you buy it. **RE**

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For more information from many perspectives, go to [www.mariatalks.com](http://www.mariatalks.com).

**Have questions about STI risks?** The Oregon AIDS/STD Hotline is the statewide toll-free information and referral service that can answer your questions and connect you to resources that can help. You can contact the Oregon AIDS/STD Hotline through the phone line, e-mail, or online chat service. Oregon AIDS/STD Hotline staff are available to answer questions Monday through Friday, 9 a.m. – 6 p.m., and Saturday from 12 p.m. – 6 p.m. E-mail and chat service are available at [www.oregonaidshotline.com](http://www.oregonaidshotline.com). All services are confidential. 503-223-AIDS (Portland metro) 1-800-777-AIDS (statewide)



# “It’s one, two, three strikes, you’re out, at the old ball game”:

A day in the life of a young queer person of color

by E

**E**very day I wake up, stretch my arms, kick my blanket off my body, take a look in the mirror and the first thing that comes to mind is, oh yeah I’m a person of color and then it hits me that I am also part of the queer community and finally I’m a youth. Starting off every day with three strikes against me leaves me with the feeling that I am, indefinitely, “out.”



Ernesto Dominguez

Let me introduce myself, my name is E, yes that’s right just E. I am 19, brown and queer. Every morning I am faced with the fact that just by existing I face obstacles most of my other peers never have to go through. Queer People of Color (QPOC) face many struggles. We can encounter challenges, feeling as if we are “other” within the queer community AND within communities of color, yet these differences can be totally separate from each other. On the other hand these “issues” or feelings of “otherness” may also intersect at some points, creating new isolated differences.

## Forced to choose between identities

QPOC frequently feel as if they must choose between their ethnic community and the lesbian, gay, bisexual, and trans (LGBT) community because they experience discrimination within both. For both religious and cultural reasons, ethnic minorities can be less accepting of sexual orientations other than heterosexuals and the coming out process of QPOC often differs greatly from most LGBT people. The families of QPOC face unique challenges as well, with language and cultural barriers keeping many from the support and resources they might need. Even within the LGBT community, which should be most accepting of QPOC based on shared sexual orientation, QPOC often feel marginalized. It is not uncommon for QPOC to report feeling invisible within the one community they wish to be a part of. In fact, for many who identify as QPOC in a racist society, ostracism from the LGBT community can contribute to risk-taking behaviors, lowered self-esteem and feelings of being alone.

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## A day in the life (*continued*)

At its most extreme form, this discrimination may contribute to increased risk of HIV infection among young gay men of color, some of whom may engage in high-risk behavior in order to feel accepted by the predominately white gay community. For others these feelings may lead to

other risk-taking behaviors, i.e., substance abuse (drugs, alcohol, tobacco, prescription drugs), suicide, self-harm, homelessness, depression, etc. All of these behaviors can stem from lowered self-esteem, ostracism and the feeling of being alone.

***Almost 5 percent of Oregon  
11th graders identified  
as gay, lesbian or bisexual.***

Source: 2009 Oregon Healthy Teens  
Survey: [www.dhs.state.or.us/dhs/ph/chs/youthsurvey/ohtdata.shtml#2009](http://www.dhs.state.or.us/dhs/ph/chs/youthsurvey/ohtdata.shtml#2009)

### How to support QPOC youth

Young QPOC are often at great risk for many of these feelings and behaviors and so it is imperative that these youth receive immediate support. Some things that individuals or groups can do to support these young people include:

- Providing special services such as support groups or counseling for youth who identify as QPOC;
- Creating safe space in agencies, schools and homes for young QPOC;
- Vigilantly redress prejudice and homophobia whenever it arises;
- Educating our communities (both LGBT and communities of color) about issues that pertain to QPOC;
- Advocating for the health of QPOC patients.

### SUPPORT—CREATING A QPOC SAFE SPACE

There is a need to create supportive networks for young people who identify as QPOC, their friends and significant others. You can help create that network of supporters in communities of color and in the LGBT community by:

- Inviting QPOC as active members of LGBT communities and communities of color.
- Increasing visibility of LGBT issues within ethnic communities—talk about your experiences or about issues in the news and encourage others to do so as well!
- Providing a forum for QPOC to address the specific issues they face—listen to what other QPOC have to say.



## EDUCATE—INFORMING OUR PEERS

It is important for allies of the QPOC community to make the issues/barriers apparent to the greater communities. The best way for a person to show support for this community is to bring up these issues and make them known in their respective community. Encourage QPOC to discuss how the community can best meet their needs. Help them to advocate for a space where they can openly and safely discuss issues related to their identity without being confronted by homophobia or racism.

### Be aware of the issues:

- Just as society marginalizes people of color, the LGBT community marginalizes QPOC.
- QPOC are affected by multiple and intersecting forms of discrimination.
- QPOC have a unique perspective on being LGBT that may be different from what most LGBT people experience.

### Be aware of challenges that all LGBT people, including QPOC, may face:

- Within a homophobic culture, it can be difficult to identify—even to oneself—that you are LGBT.
- Many LGBT youth have difficulty coming out to family, who may not be accepting.
- Coming out to friends may also pose challenges.
- Identifying with or becoming a part of the LGBT community may not be as easy for some young LGBT folks than for others.

### But be aware that QPOC also face special challenges:

- Identifying with and coming out to an ethnic community can be hard.
- Coming out to a spiritual/faith-based community—a community that may play an even greater role in the lives of youth of color than other youth—may also present difficulty.
- Identifying with both communities (LGBT and communities of color) presents challenges for many QPOC.

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## A day in the life (*continued*)



Queer people of color are often forced to choose to identify with only one community, and can never really accept themselves as part of each.

Many young QPOC find that neither community understands or is FULLY able to acknowledge the values of the other. On multiple occasions these QPOC youth feel like they cannot out themselves either as a person of color or as an LGBT youth.

### Becoming myself

Although my struggles are similar to my white LGBT identified peers, in some respects they are also totally different. Every day I am faced with situations where both communities ostracize me. Difficulties with language, culture and levels of acceptance exclude me even more. In Mexico we wouldn't talk about our bodies, our sexual orientation, or our gender. Talking about these things is taboo; my parents couldn't even use the words penis or vagina without referring to it as "down there."



Explaining my sexuality, gender and orientation in English is something that I've become accustomed to doing. Translating that conversation to Spanish doesn't go as smoothly. You see, in Spanish there isn't a word for QUEER, or HOMOSEXUAL, the words used are derogatory and repulsive. For me to define myself I have to try and use English words with a Spanish accent. One word I do know in Spanish is MARICON, a word I often heard growing up and the equivalent to FAGGOT in English. Coming out for me wasn't about being comfortable with myself or worrying about what people might think. It was more about finding the right words to tell them I was gay. Eventually I just used the derogatory words.

I am constantly bombarded with images about what an LGBT person is "supposed" to look like. Every day I see images that I can't relate to. Blond hair, blue eyes, a slender figure, a limp wrist, rainbows and glitter—all of these



things are so foreign to me. I searched for years to find a QPOC role model that looked like me, or that I could relate to. I don't see this, I couldn't find this. What I did find is a conclusion.

I am not a statistic, I am not exactly identical to my peers. I don't have to be. I don't have to be a certain kind of person to fit in. I don't even have to like rainbows. I don't have to try to please others, but I do need to be happy with myself. I don't need you to accept me. I don't need you to look at me and think I'm beautiful. I don't need to be the perfect height, weight, shape, or color. I don't need to be perfect, not for you, or for anyone else. I do need to be happy for me. I need to be able to walk down the street with my head held high and my chest in the air, walking proud. I need to feel accepted, for everything I am, for everything I want to be.

Ultimately I am myself, I am E and that's all I have to be. I am a Queer Identified Person.

I am Mexican. I am Youth. I'm just E. **RE**



Ernesto is a self-identified queer, Latino, youth who has pledged most of his life to activism against all forms of oppression and discrimination. Working in grassroots organizations, non-profits, city/county governments, as well as businesses has given him the chance to advocate on behalf of many minority communities. Ernesto enjoys helping youth use their voices to create change in the world around them. Ernesto is now 21.

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# Planning for prom night and “after-prom” expectations

*With prom right around the corner, Stay Teen ([www.stayteen.org](http://www.stayteen.org)), wanted to know a little bit about the pressure to have sex on prom night and how to deal with it. No matter how you feel about sex—whether you think you are ready or not—it is really important to plan beforehand how you want your prom night, or any special occasion, to go. In the following article, one teen shares her prom night advice.*

..... So the big night has arrived ... PROM NIGHT! You look amazing in your dress and you have the perfect date. Or maybe you just put on your crisp tuxedo jacket and you are ready to pick up that special someone.

Everything has fallen into place and you are about to have the time of your life.

Like many others, you are probably thinking about prom night expectations—specifically “after-prom” expectations. Is prom night going to be special because you will always remember dancing the night away with your friends? Or is it going to be memorable because it is the night when you and your date finally have sex?

Prom is supposed to be a night of fun with your friends and you shouldn’t feel pressured to do anything you don’t want to. While most teens say they feel pressure to have sex, not everyone is doing it. In fact, about half of high schoolers haven’t had sex.

And remember, you can always say “no”—even if you’ve said “yes” before. There are many good reasons to say “no” to sex—protecting your feelings is just one of them.





If you don't want to have any post-prom regrets, the best advice is to not have sex at all. In fact, most teens (60 percent) who have had sex say they wish they'd waited longer. If you feel any doubt about being alone with your date after prom, make plans to stay with a group. You can't go wrong by enjoying a special evening with all of your closest friends.

If you are thinking about having sex, you need to make sure that you and your date are on the same page and that you have a plan for protection. To make sure this happens, it is important for you and your date to discuss your plans and expectations long before prom night arrives. Talking things over beforehand will help guarantee that you will not be caught up in the moment and do something you are both not ready for.

Sex is serious and has very serious consequences. Not having sex is the only foolproof way to prevent pregnancy or STDs. But if you do plan on having sex, you must use protection every single time. Now's the time to make your prom night plan. And you can use the same plan for any date night of the year! **RE**

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The National Campaign to Prevent  
Teen and Unplanned Pregnancy.  
Visit the campaign online  
at [www.thenc.org](http://www.thenc.org).

## ***Why some teens chose NOT to have sex***

***I'm not having sex and I wouldn't  
want it any other way. I don't need  
sex to make my life complete—  
it's just fine without it.***

**Kelly, Virginia Beach, 17**

***I decided not to have sex again  
until I get married or I'm with  
a girl I know I'm going to  
marry. I'm what you call a  
'born-again virgin' and I'm  
fine with that—I don't  
need the pressure of regret  
or the worry of maybe  
getting a girl pregnant.***

**Rob, San Francisco, 17**



## The Rational Enquirer resources

## Get connected: Help is available.

Connect with these resources for assistance and information.

**Insights Teen Parenting Program** is one of the few nonprofit agencies in the United States that is devoted exclusively to the needs of young parents.

503-239-6996

[www.insightstpp.org](http://www.insightstpp.org)

**National Sexual Assault Hotline** provides victims of sexual assault with free, confidential services around the clock.

1-800-656-4673

[www.rainn.org](http://www.rainn.org)

**National Teen Dating Abuse Helpline**

provides resources for teens, parents, friends and family.

All communication is confidential and anonymous.

1-866-331-9474

[www.loveisrespect.org](http://www.loveisrespect.org)

**Open Adoption and Family Services**

offers options counseling and open adoption services.

1-800-772-1115

[www.openadopt.org](http://www.openadopt.org)

**Oregon AIDS/STD Hotline** provides information and referral on sexually transmitted infections.

1-800-777-2437

[www.oregonaidshotline.com](http://www.oregonaidshotline.com)





**SafeNet** is the toll-free, health and social service helpline for Oregon.

Referrals for most health care needs, including reproductive health services, vaccine information and STD testing are available.

1-800-723-3638

**[www.oregonsafenet.org](http://www.oregonsafenet.org)**

**The Trevor Project** is a national organization focused on crisis and suicide prevention efforts among lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth.

1-866-4-U-TREVOR 1-866-488-7386

**[www.thetrevorproject.org](http://www.thetrevorproject.org)**

**TransActive** provides the necessary support to improve the quality of life of transgender and gender non-conforming children, youth and their families through education, services, advocacy and research.

**[www.transactiveonline.org](http://www.transactiveonline.org)**



## See your words in print!

### Get published in The Rational Enquirer!

Factual articles, stories, poetry and art that are related to healthy sexuality are considered for publication. Submissions are accepted at any time. Submit by November 30, 2010, for publication in the 2011 issue. Submissions by youth are encouraged. For more information and submission guidelines, please contact Jessica Duke, program coordinator, Adolescent Sexual Health, Office of Family Health, Oregon Public Health Division. E-mail: [jessica.duke@state.or.us](mailto:jessica.duke@state.or.us), call 971-673-0242, or mail: The Rational Enquirer, 800 NE Oregon St., Suite 805, Portland, OR 97232.

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