

The Sex Talk You Never Had

Presented by the Wellesley
College Sexual Health
Educators

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Content Warnings

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Note to Viewer

Since we could only provide so much information in this presentation, we encourage you to follow the links provided on the slides. You can pause this presentation as you watch it in order to visit the links as you go. Of course, feel free to ask us any questions that may come up over the course of the video - we are a resource for YOU!

On & Off Campus Resources

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On-Campus Resources

- ❏ Health Services
- ❏ Office of Student Wellness
- ❏ Sexual Health Educators (SHEs)
- ❏ Sexual Assault Awareness for Everyone (SAAFE)
- ❏ Office of Religious and Spiritual Life
- ❏ Office of Intercultural Education
- ❏ Affinity Orgs (Siblings, BlackOUT, Familia, Tea Talks, QTPOCC, etc.)

Finding Off-Campus Healthcare

Things to consider:

- Location
- Accepts insurance?
- Transportation
- Services offered
- Cost
- Experience

How to find:

- Word of mouth from SHEs/other students
- Contacting Health Services for a referral
- Calling your insurance company directly for a list of medical providers
- Insurance company website often provides in-network provider search
- Google search, find a provider, call and ask

Planned Parenthood - Greater Boston Health Center



- ❑ Appointments online or by phone
- ❑ Accepts insurance, works with a sliding scale
- ❑ Services include:
 - ❑ Abortion services
 - ❑ Birth control
 - ❑ STI/HIV testing, treatment, & vaccines
 - ❑ Health care for those with vaginas
 - ❑ Health care for those with penises
 - ❑ Morning after pill
 - ❑ Breast exams & cancer screenings
 - ❑ Gynecological exams

Fenway Health



- ❑ Largest LGBTQ+-focused health provider in the country
- ❑ Accepts insurance, patients without insurance, some sliding scale services
- ❑ Services include:
 - ❑ Medical care - (primary care, sexual health services, trans health services)
 - ❑ Behavioral health
 - ❑ Dental & Eyecare
 - ❑ In-house pharmacies
 - ❑ HIV/STI testing
 - ❑ Substance abuse services
 - ❑ Violence recovery program

Organizations with Support Groups and Other Services



BARCC

**Boston Area Rape
Crisis Center)**

- ☐ Hotline
- ☐ Medical advocacy
- ☐ Legal advocacy
- ☐ Counseling and support groups
- ☐ Case management
- ☐ Community services



BAGLY

**Boston Alliance of
Lesbian Gay Bisexual
Transgender Queer
Youth**

- ☐ Different types of group therapy, including drop in groups, gender dysphoria and body dysmorphia, and art therapy.



The Network
La Red

**“survivor-led, social
justice organization
that works to end
partner abuse...”**

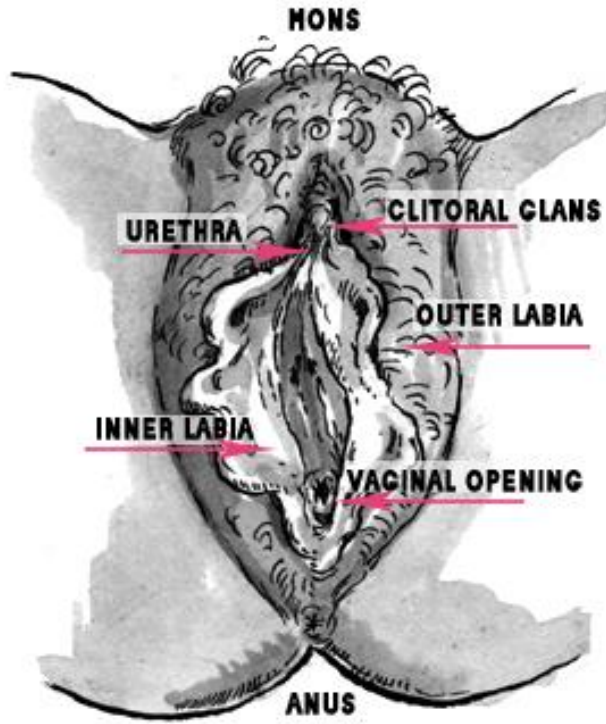
- ☐ Hotline
- ☐ Housing
- ☐ Support groups
- ☐ Individual support
- ☐ How to help a friend

Anatomy + Contraceptives

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Anatomy



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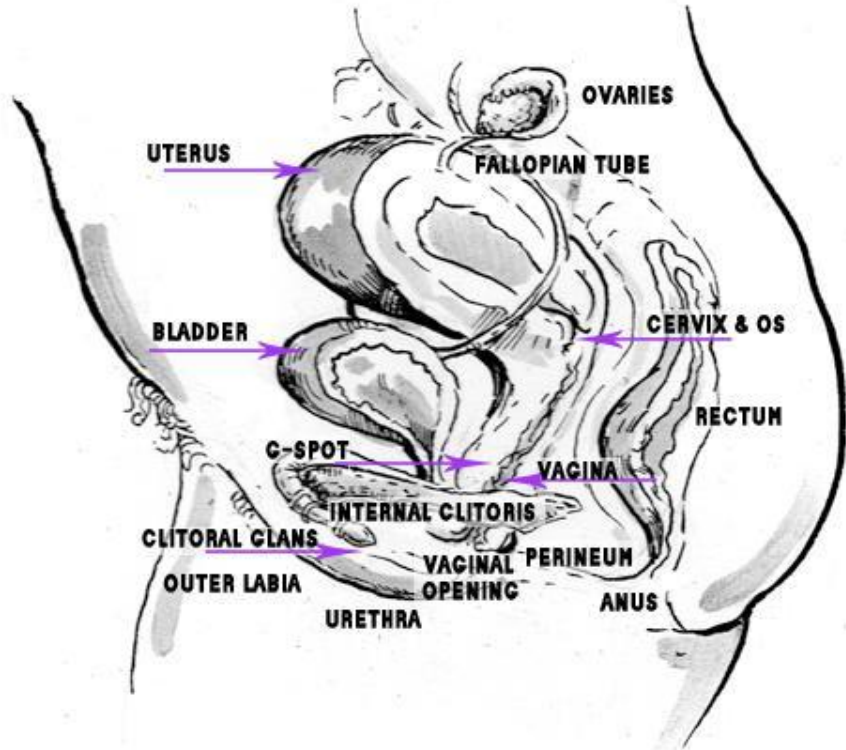
Urethra: The tube that empties the bladder and carries urine out of the body. The opening of the urethra is located below the clitoris. It is quite small and may be difficult to see or feel.

The Vaginal Opening: Located below the urethral opening. The vaginal opening is where fingers, a penis, or tampons can enter the vagina and is also where menstrual blood and a fetus come out of the body.

Clitoris: The clitoris is the spongy tissue that fills with blood during sexual excitement and becomes erect. It is very sensitive to the touch. The clitoris is the only organ in the human body whose only purpose is sexual pleasure.

G-Spot: A patch of flesh located around 2-3 inches up inside the vagina on the front of the vaginal wall (the part closest to the stomach). Some people with vaginas report that the tissue here feels different to the surrounding area – a little thicker or slightly rougher to the touch – and that it plumps up when rubbed or when they're aroused. It's part of the clitoral network and may cause female ejaculation.

Anatomy Cont.

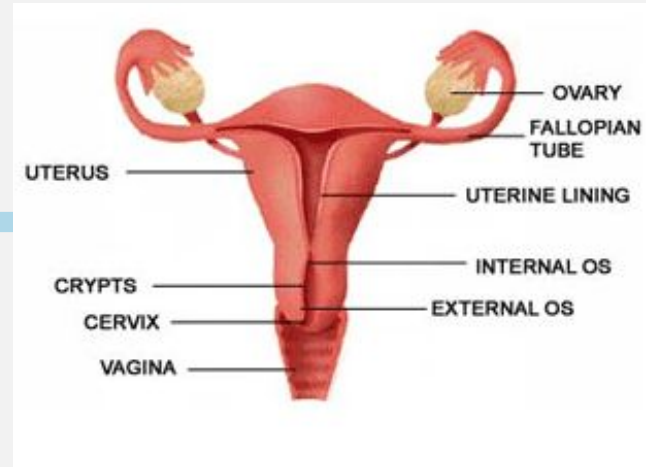


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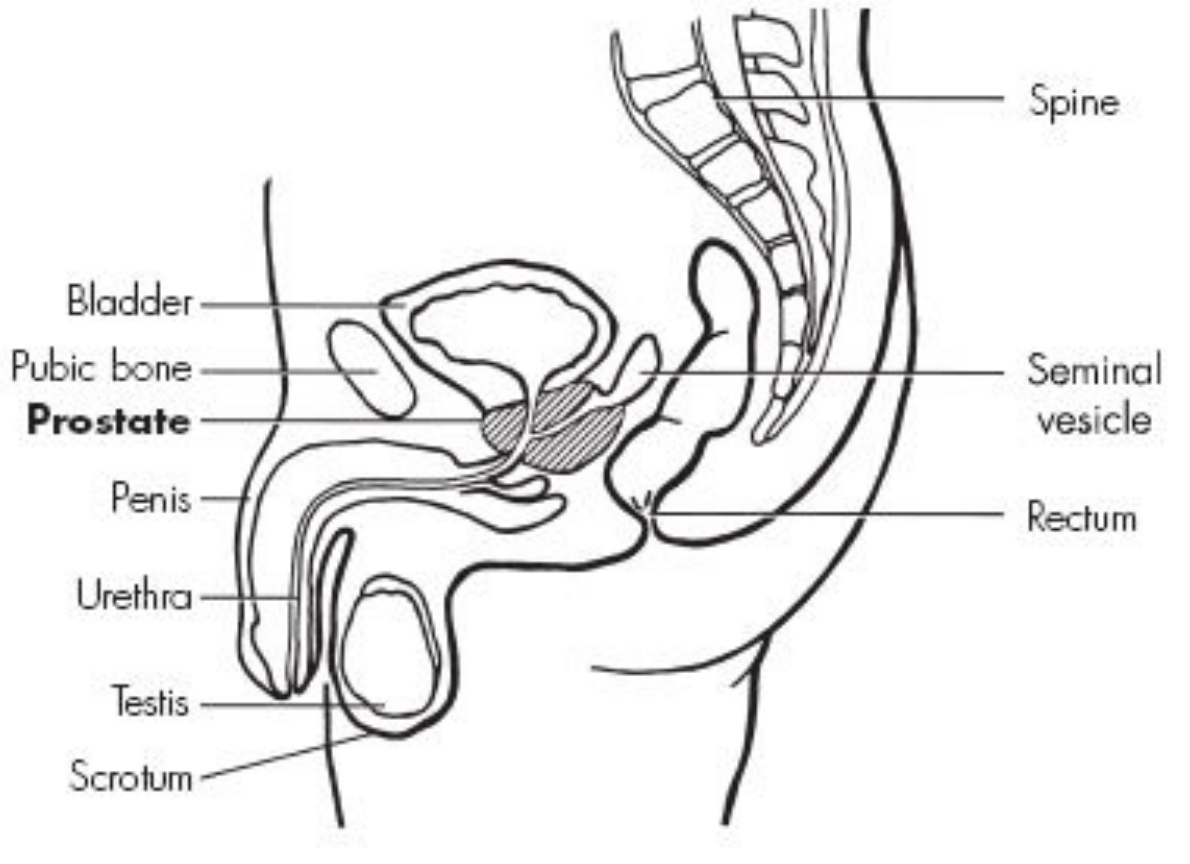
Vagina: The vagina is the stretchable passage that connects the external sex organs with the cervix and uterus. The walls open just enough to allow something to go in the vagina — like a tampon, finger, or penis. The vagina is 2–4 inches long when not aroused and 4–8 inches long when sexually aroused.

- to allow menstrual flow to leave the body
- to allow sexual penetration to occur (either by hand, sex toy, or penis)
- to allow a fetus to pass through during vaginal delivery

Uterus: A pear-shaped, muscular reproductive organ from which one menstruates and where a normal pregnancy develops. The uterus is normally about the size of one's fist. It stretches many times that size during pregnancy. It is sometimes referred to as the womb.



Anatomy Cont.



Penis: The penis is formed of three columns of spongy tissue that fill with blood during sexual excitement, causing an erection. It is made up of a shaft and a glans (also known as the head) and is very sensitive to the touch. The urethra is enclosed in the penis. It carries urine, pre-ejaculate, and semen out of the body.

- a. Shaft- The shaft of the penis is about 1–3 inches long when soft. During an erection, the shaft expands to generally reach 4–6 inches.
- b. Glans- the glans is the soft and highly sensitive part of the penis, located at its tip

Scrotum: The scrotum is the sac of skin that hangs below your penis. Your scrotum holds your testicles and keeps them at the right temperature.

Testis: The testicles are 2 ball-like glands inside your scrotum. They make sperm and hormones like testosterone

Contraceptives

- **Contraception (birth control)** helps prevent pregnancy by interfering with the normal processes of ovulation, fertilization, and implantation.
- There are many types of contraceptives. When choosing a method of birth control, there are a number of factors to consider, including:
 - Safety (Potential side effects?)
 - Additional health benefits?
 - Effectiveness
 - Longevity
 - Affordability
 - Availability (Easy to get?)
 - Accessibility (Easy to use?)
 - Acceptability (Influence on relationships? Sexual experiences?)

*** No method of contraception is 100% effective.**

Most Common Contraceptives

Intrauterine Device (IUD)

A small T-shaped device that is inserted into the uterus, changing the way sperm moves and stops eggs from leaving the ovaries; lasts 3-12 years.

Oral Contraception

A hormonal pill (often containing estrogen and progestin) that, when taken regularly, stops sperm from joining with an egg.

Implant

A small, thin rod containing progestin that is inserted under the skin of the upper arm; lasts up to 5 years.

Condom (External)

A thin pouch that covers the penis, physically blocking sperm from getting into the vagina.

Shot

A hormonal shot containing progestin; must be administered every 12-13 weeks (3 months, 4 shots/year).

Condom (Internal)

A condom that is inserted in the vagina, stopping sperm from getting in.

Additional Methods of Contraceptives

- **Hormonal**

- Patch
- Ring

- **Barrier**

- Diaphragm
- Cervical cap
- Sponge

- Spermicide

- **Fertility Awareness Methods (FAMs)**

- Temperature
- Cervical Mucus
- Calendar

- **Sterilization**

- Tubal ligation
- Vasectomy

- **Emergency**

- Copper IUD
- Ella morning-after pill
- Levonorgestrel morning-after pill

Additional Resources on Contraceptives:

<https://www.plannedparenthood.org/learn/birth-control>

<https://www.plannedparenthood.org/learn/morning-after-pill-emergency-contraception>

STIs + UTIs + Yeast Infections

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The most common symptom of an STI is NO symptom! It's important to get tested regularly: at least once a year, or with every new partner. Your healthcare provider will help you decide which tests are best for you and the appropriate course of treatment. Some common STI testing and treatment methods include:

Chlamydia

Urine Sample or Genital
Swab
Antibiotics

Gonorrhea

Urine Sample or Genital
Swab
Antibiotics

HIV

Blood Test
Viral suppressants

HPV

Pap Smear
*Some people have been
vaccinated to prevent
against common strains*
Most infections resolve
without treatment

Herpes

Blood Test, Swab of open
sores, or manual exam
Viral suppressants

Hepatitis B

Blood Test
*Most people were
vaccinated right after birth*
Most infections resolve
without treatment

For more information, visit Planned Parenthood: <https://www.plannedparenthood.org/learn/stds-hiv-safer-sex>
You can also take this quiz: <https://tools.plannedparenthood.org/std/intro>

UTIs and Yeast Infections are not STIs! Your healthcare provider can diagnose and treat you for the following:

UTIs

Urinary Tract Infection
Urine Sample
Antibiotics and OTC Pain Relievers
(Fun fact, drinking unsweetened
cranberry juice or taking cranberry
supplements can reduce the incidence
of UTIs!)

Yeast Infections

Yeast infections happen when
normal, healthy yeast overgrows
and becomes an irritant
Genital Swab
Antifungal pill or ointment

For more information on UTIs: <https://www.plannedparenthood.org/learn/health-and-wellness/urinary-tract-infections-utis>

For more information on Yeast Infections:

<https://www.plannedparenthood.org/learn/health-and-wellness/vaginitis/what-yeast-infection>



A note on language:

As SHEs, we use “Sexually Transmitted Infection (STI)” vs. “Sexually Transmitted Disease (STD)”

- Infections are often symptomless, while diseases have noticeable symptoms. Since most STIs are symptomless, “infection” is a more appropriate word to use

As SHEs, we use “clear” vs. “clean”

- There’s nothing dirty about having an STI, therefore using “clear” helps remove the stigma around a positive diagnosis

Testing Resources on Campus:

- Health Services

Testing Resources off Campus:

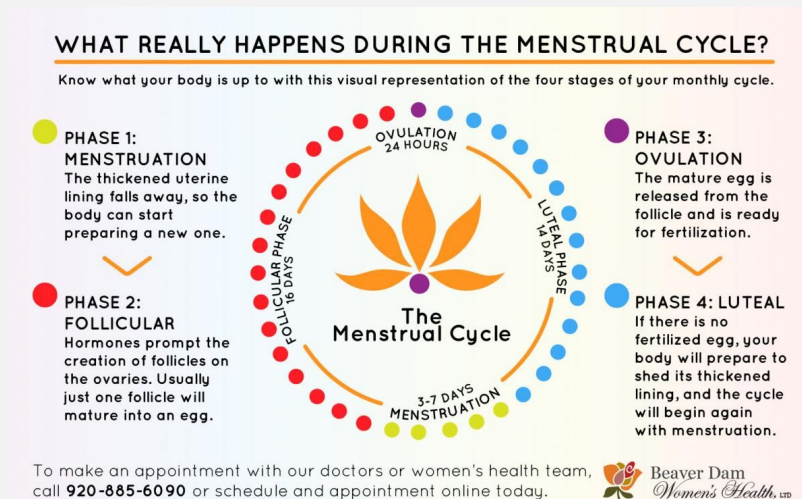
- Your local healthcare provider/PCP
- Planned Parenthood
- Fenway Health

Menstruation + Pregnancy + Abortion

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Menstruation

- Normal vaginal bleeding that occurs on a monthly cycle (avg. 25-30 days)
 - As the body prepares for pregnancy, the uterine lining builds, shedding once no pregnancy occurs
- Irregular periods (periods that occur less than 8 times a year not regulated by hormonal bc) can be indicative of - hormonal imbalance, stress, inadequate caloric intake, pregnancy, etc
- Encourage anyone experiencing irregular periods to talk with a health care provider



Menstruation

- Premenstrual syndrome (PMS) - starts about 5 days before the start of your period, usually ends at the start of your period, symptoms similar to period symptoms
- Symptoms of menstruation include - cramping, lower back pain, bloating, sore breasts, fatigue, headache, mood swings/irritability, etc.
- Tools to ease these symptoms include
 - Light exercise, stretching, yoga
 - Rest, self care
 - Orgasm
 - Heating pad
 - Hot bath
 - Over-the-counter pain relievers
- Encourage anyone who is experiencing severe symptoms that impact their daily life to talk with a health care provider

Menstruation

- Pads
 - Attached to underwear to collect menstrual blood
 - Change every few hours or when soaked
- Tampons
 - Inserted into the vagina, change every 3-4 hours
 - Can be used with or without an applicator
 - Used the least absorbent size needed
- Menstrual Cup
 - Reusable cup that is inserted into the vagina using your fingers
 - Boil or sanitize after use (can be reused for years)
 - Must be emptied at least once every 12 hours
 - Cannot be worn during penetrative sex



Menstruation

- Soft Cup
 - Disposable cup that is inserted into the vagina using your fingers
 - Cannot be reused
 - Can be worn during penetrative sex
- Period-Proof Underwear
 - Anti-microbial, leak-resistant, absorbent underwear
 - Reusable, can be worn all day
 - Rinse with cold water immediately after use and wash with other laundry *do not use fabric softener*
- Alternative options
 - Many resources available for homemade pads and tampons

Pregnancy

- Pregnancy occurs when sperm meets and egg and the fertilized egg implants in the uterine lining
 - Sperm lives in the testicles; mixes with seminal fluid and other fluid to make semen; semen comes out of the head of the penis during ejaculation
 - *it is possible for sperm to leak out into pre-ejaculate (pre-cum)*
 - Eggs live in the ovaries; during ovulation mature eggs travel to the fallopian tubes for fertilization
- A fertilized egg moves towards the uterus for implantation, the placenta and embryo develops = pregnancy!
- Early symptoms include
 - Missed period
 - Swollen/tender breasts
 - Nausea/vomiting
 - Fatigue
 - Bloating
 - Constipation
 - Peeing more than usual

Many of these symptoms sound like period or PMS symptoms

Pregnancy



- Pregnancy tests are 99% accurate when used properly
 - Most accurate when taken after your missed period
 - Work by checking your urine (can be bought at a drugstore) or blood (must be tested by a health care provider) for HCG, which your body only produces when pregnant
- Emergency Contraceptive - work by delay ovulation
 - Plan B One Step - no prescription needed
 - Lower chances of pregnancy by 75-89% if taken within 3 days of unprotected sex
 - Very safe, but side effects can include upset stomach, lightheadedness, dizziness *if vomiting occurs within two hours of taking the pill, another dose is needed*
 - Ella - prescription needed
 - More effective than other EC, can lower chances of pregnancy by 85% if taken within 5 days of unprotected sex
 - Cannot use hormonal BC after taking Ella until next period



Abortion

- Abortion is **very** common - nearly 1 out of 4 women* have had an abortion by the age of 45
 - *Trans men and non-binary individuals also have abortions - the medical community has not caught up, however, inclusive language and trans visibility will always be important*
- In-Clinic Abortion
 - Range of procedures; generally, health care provider will use gentle suction and medical instruments to remove pregnancy from the uterus
 - Can cost anywhere from \$300 to \$950
 - Works 99% of the time
 - Procedure takes about 10 minutes - possibility of conversation, exam, and lab tests before hand may take extra time
- Medication Abortion
 - Combination of two pills taken to end pregnancy up to 10 weeks after first day of last period
 - Can cost anywhere between \$300 and \$800
 - Becomes less effective further along in pregnancy, however, 93% to 98% effective
 - Pills can be taken at home, process takes between 24 and 48 hours and is associated with heavy bleeding/cramping - follow up appt. may be required to ensure effectiveness

Abortion

Important Information

- Abortions performed by trained, licensed health care professionals are **safe** and **effective**
- Past abortions do **not** affect future fertility
- Places in the Boston area that provide abortion services include
 - Planned Parenthood (Greater Boston)
 - Planned Parenthood (Central Mass)
 - Women's Health Services (Brookline)
- Eastern Massachusetts Abortion EMS Fund is available for sibs having trouble funding their abortion

Miscarriage

- The loss of a pregnancy before the 20th week of pregnancy (after the 20th week it is a “late miscarriage)
 - Up to 50% of all pregnancies end in miscarriage, 15% of recognized pregnancies end in miscarriage
 - Caused by a variety of known and unknown factors
 - Symptoms include
 - bleeding that progress from light to heavy
 - cramps
 - fever
 - passing of tissue
- *See a health care provider for a dilation and curettage (D & C) to empty the uterus*
- **It is possible to get pregnant after a miscarriage**

Gender + Sexuality + Expression + Identity

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Sexuality: things to keep in mind

Attraction: sexual vs. romantic

Sexual: Attraction that makes people desire sexual contact or show sexual interest in another person(s)

Romantic: Attraction that makes people desire romantic contact or interaction with another person or persons

It's helpful to think of sexual/romantic orientation as a scale. **They do not necessarily align, and can be fluid and/or change over time**

A note on queer vs. LGBT(QIAP+)

Some LGBT+ folks feel that because queer is a reclaimed word (it has been and continues to be used as a slur), it should only be used by community members. Other folks don't mind when non-community members use it.

If you're cisgender and straight, using LGBT+ when you're unsure of how someone might feel about the term 'queer' is good practice

Transgender

When a person's gender identity is different from their assigned sex/gender at birth



Sex

Assigned at birth,
usually based on
external appearance,
chromosomes



Gender

One's internal sense of being
male, female, neither of these,
both, or another gender - self
defined

Reminders

- **Don't ask someone about their sex assigned at birth!**
- There is no “one-way” or “one size fits all” when it comes to being transgender or transitioning
- Some people want hormones and surgery, while some want one or the other, while others decide to not pursue medical changes
- Transgender is not just “male-to-female” or “female-to-male” - there are a wide variety of genders

Inclusive language: gender identity

*Wellesley College uses women-centric language, but this does not mean we have to/should.

*Wellesley is a historically women's college, and not all Wellesley students are women.



"Born a male at birth OR "Born a female at birth"

"They identify as non-binary"

-

"He is transgendered"

"Sex change"

"Sex reassignment surgery"

"Preferred pronouns"



"Assigned male at birth" OR
"Assigned female at birth"

"They are non-binary"

"He is trans/transgender"

"Gender affirmation treatment(s)"

"Gender affirmation surgery"

"Pronouns"

Things (in general) to keep in mind

- Not all women have vaginas
- Not all men have penises
- Non-binary people are non-binary, regardless of genitalia
- There are men who menstruate/there are women who don't/there are non-binary people who do and don't
- There are not only people with vaginas on campus
- There are not only women on campus
- Avoid using “men” and “women” when you mean to say “people with penises” and “people with vaginas”
- Ask pronouns when in small group or one-on-one situations - it's better to ask than to assume
- If someone tells you that they are not “out” publicly, ask when it is appropriate to use certain names/pronouns
- Don't assume the path that someone transitioning is taking
- Mirror the language that someone uses to talk about their body - if you are unsure, again, better to ask than assume
- Speak up when someone misgenders a trans person (if it is the appropriate situation in which to do so) - this takes the burden off the person in question, at least for a little while

Consent + Communication + Relationships

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CW:
Unhealthy/Abusive
Relationships

While we all occasionally engage in unhealthy behaviors, it's important to recognize these behaviors and actively work to change them. No relationship is perfect, but a healthy relationship will be loving and supporting, while still allowing you to grow as an individual.

Ten Signs of a Healthy Relationship



- Comfortable pace
- Trust
- Honesty
- Independence
- Respect
- Equality
- Kindness
- Taking Responsibilities
- Healthy Conflict
- Fun

10 Signs of an Unhealthy Relationship



- Intensity
- Possessiveness
- Manipulation
- Isolation
- Sabotage
- Belittling
- Guilting
- Volatility
- Deflecting Responsibility
- Betrayal

Relationships

- If you find yourself Googling “What is an unhealthy/abusive relationship?”, trust your gut. Reach out to a friend or to one of the many on-campus resources:
 - Sexual Assault Awareness for Everyone (SAAFE)
 - Sexual Health Educators (SHEs)
 - Office of Religious and Spiritual Life (ORSL)
 - Title IX Coordinator
- You do not need a relationship to be complete! Especially as an incoming first-year, there’s a lot of pressure to date.
 - It’s important to remember that you only need to be in a relationship if you *want to be* in one, not because you feel like you *have to be*.

Consent

- Normalize asking for consent and checking in with your partner(s). For example:
 - Can I... (do this/ touch x/etc.)?
 - How does x feel?
 - What would feel good for you right now?
- Consent can be revoked at any time - you do not have to continue engaging in an activity you feel uncomfortable with
- Coercion is not consent
- Communicate your likes and dislikes beforehand - we recommend making a Will Want Won't list to help aid the conversation.
 - Will: things you would try
 - Want: things you definitely want to do
 - Won't: things that are completely off the table
- Communication is key! You should always feel comfortable talking about your relationship with your partner(s).
- Remember to get the consent of your roommate(s), as well - don't sextile your roommate (and remember they can also withdraw their consent at any time)!

Check out this video: "10 Sexhacks for College" https://www.youtube.com/watch?v=rkwVJ_ZmSo
Watch this video for a fun explanation of consent: <https://www.youtube.com/watch?v=pZwvrxVavnQ>

“But what about when...”

...drugs/alcohol is involved?

- Some people hook-up while under the influence. It happens!
- You must consider a) how intoxicated everyone is and b) how intoxicated everyone is *relative to each other*

a) Intoxication vs. Incapacitation

An intoxicated person is responsive and present, which means they might be able to give consent (see b). An incapacitated person is unresponsive and/or cannot answer basic questions like where they are and what is happening around them. *Incapacitated people cannot give consent.*

b) Pairings Matter

Even if you're not incapacitated, drugs/alcohol negatively affect your ability to process and react to information. A highly intoxicated person does not have the same decision-making capabilities as a sober person. So, if a highly intoxicated person were to have sex with a completely sober person, they would not be going into the encounter with equal levels of awareness or reasoning.

...they explicitly and enthusiastically agree to sex, but are under 18?

- (Legally speaking) agreement to sex \neq consent to sex
- In MA, the age of consent is 16 (no “close in age” exceptions).
- Not knowing someone is underage is NOT a valid defense against statutory rape (even if they affirmatively lied to you about their age)

Safety in the Time of COVID

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Communicate!

Just because things look and feel different, it doesn't mean consent has changed! Continue to ask and enforce your own boundaries when engaging in ANY activity.

Communicating comes in a lot of different forms right now, but is of the utmost importance.

With whom to communicate:

- Partners
- Block-mates
- The SHEs

HOT topics:

- Outside contact with others
- To mask or not to mask
- In-person contact or no?

There are still options

Distanced / Without Contact

Cybersex (sexting, video chat, phone calls)

Mutual masturbation at a distance

Share erotica/porn

In Person Contact

Avoid kissing if able

Avoid activities that risk contact
with poo

Increase use of barrier methods

No Contact Sex

Video chat



Phone Calls

Sexting

Distanced mutual masturbation



Sharing porn and erotica

Contact Sex

Tips if you choose to engage in in-person, contact sexual activities!

- Make sure you are comfortable with everyone's level of outside contact
- Keep it to campus residents only
- If you are able, avoid smooching
- Be diligent about barrier methods (condoms, dental dams)
- Pillow talk to a minimum
- Wash hands, sheets, and toys, before and after

Contact Us!

We'd love to hear from you!

Facebook: @WellesleySHEs
Instagram: @wellesleyshes

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