

A FUN, EMPOWERING AND SHAME-FREE GUIDE  
TO SEX AND YOUR BODY

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**YOU  
NEVER  
HAD**

*Chantelle Otten*

AWARD-WINNING PSYCHOSEXOLOGIST

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*Chantelle Otten*

  
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## **A Note**

This book is here to be your helpful guide on sex, sexuality and sexual health and wellness. While all efforts have been made to ensure the accuracy of the information contained inside—with research, experience, observations and many, many second opinions provided—this book is a foundation stone but not the sum total of all information on sex. The author encourages anyone who has questions to seek the advice of a qualified professional if they require further information.

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# Introduction

Becoming a sexologist has been one of the biggest joys in my life so far. I didn't leave high school thinking I would become one because I didn't know such a job even existed. I was never very studious, but, more focused on people, I was curious about what happened in others' lives and I enjoyed talking about topics that were considered more taboo.

I am from a Dutch background, and my family were always open with the fact that sex is an important part of an individual's life and of relationships. My undergraduate degree was in psychology because I thought it was the direction I wanted to take. But after I completed my degree my mum sent me a TED Talk by Esther Perel on the nuances of infidelity. This TED Talk was a life-changer for me. For the first time I asked myself, 'Why haven't I heard people talk about sexuality like this before?' I started researching other sex experts and found that there was a whole world out there; it was just not really mainstream yet. I wanted to be part of the movement, so I enrolled in my Master of Science in Medicine, specialising in sexual medicine. And I moved to Amsterdam as I had a Dutch passport and the education there around sex was more than I could've ever imagined in Australia. I was lucky enough to work with and be mentored by Dr Ingrid Pinas.

After completing my European Society of Sexual Medicine (ESSM) degree, and after a lot of fun in Europe, I moved back home to Australia. I set up my clinical practice, and within two years it has grown from just little old me to over ten staff. (If you want to check out my website it is [chantelleotten.com](http://chantelleotten.com).) I'm now in a position where I can help so many people, and I love being part of the sex positive movement.

I've realised through my work, however, that I hear a common narrative—many people never learned the basics of sex. This is why I've written this book. I'm here to offer it as a handy guide, a great foundation for sex ed. It's everything I didn't learn in school. It's everything I wish I had known. My job as a therapist is to create a safe space where we can talk about the diversity of sexual experiences. I hope this book also provides a safe space for those who are currently questioning anything to do with their sex lives. My goal is to introduce a more productive and less taboo conversation around the topic, ultimately strengthening your knowledge and empowering you to have control over your fun, healthy and pleasurable sex life.

A few notes before you start your journey:

- Most of the research referenced in this book has been conducted on cis, heterosexual people. The results unfortunately don't necessarily represent the whole spectrum of experience of sexuality, and I would have loved to be more inclusive. Apologies to anyone who feels like they were left out—I'm hoping the research becomes more inclusive in the future.
- I was lucky enough to have this book fact checked and reviewed by three sexologists and a doctor, and also refined with advice from sensitivity readers.
- In this book, I have endeavoured to use the most inclusive and accurate language to describe people and concepts at this time in 2021. As we all know, language can be frustratingly imperfect, and so sometimes I have needed to resort to terms such as 'male' or 'female', especially when talking about assigned sex and gender constructs. If there is any language in this book that does not resonate with you or your experience, please understand that I'm not trying to invalidate you or confuse you! That is the very last thing I'd want to do. Please adopt whatever language feels comfortable for you.

I wish you the very best as you set out to learn more about sex and your body!

## *Chapter 1*

# **Body Parts**

Welcome to the first chapter of your new sex-ed. It's an important chapter as it's going to re-educate you about all your bits. The outside bits and the inside bits, what they do and if they bring pleasure. I remember learning about this briefly in biology class, but I also remember everyone talking about penis and vagina. Little did I know that I was naming my bits all wrong! This chapter is going to focus on the external and internal anatomy of the sexes.

Children are naturally curious about their genitals and have the opportunity to explore them and touch them. As they grow, however, they are often told 'not to touch those bits'—that exploration is private or inappropriate. This leads to the development of secrecy and shame around their body. (None of us are born with shame, it is something that is learned over time.)

If I were to ask most people the name for assigned female genitals, they would say 'vagina'. Unfortunately, these people are incorrect. I don't know how we got to the place where we started naming things wrong, but the vagina is just one part of the vulva, and definitely not the whole thing. It just goes to show that most people don't know much about a vulva owner's genitalia or its anatomical structure. Maybe it's because those with a penis have genitals that are external and easily seen when naked. For those who have vulvas, these genitals are more hidden and are often not encouraged to be explored. This has to change, and we deserve to have basic body knowledge. So: I am asking you to forget everything you know about your bits, and read on!

Now, this is something important to remember. Sex and gender are different to body parts, and we will learn more about this coming up. Sex is a label that you are assigned at birth and it relates to many different things,

such as your genitals, chromosomes and hormones ... confused? Well, just wait because we speak about this in depth later in the book. Gender is a different concept to body parts too, and it relates to your sense of who you are as a guy, girl or a different gender. Gender is diverse and is different to physical characteristics, hormones and chromosomes.

## **Vulva Owner's Anatomy Tour**

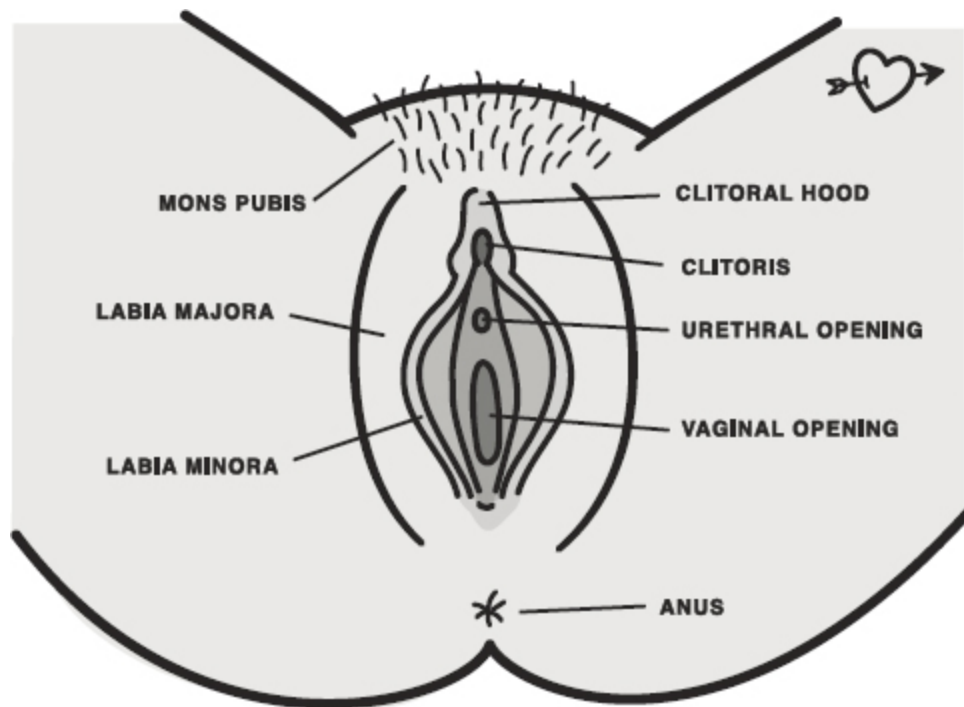
One of the most empowering things you can do is understand your body and how it works. So I will give you an accurate and up-to-date tour of the anatomy, what our bits do, and what to call them.

### ***External bits***

#### **Vulva**

For the majority of my life, I have called the vulva 'my vagina,' but this was the incorrect term. The correct name for these outer genitals is the vulva. It is the skin that touches your underwear. All the external parts of your genitals, including the clitoris, labia minora and majora, urethra opening and vaginal opening, make up the vulva.

The vulva comes in all shapes and sizes—no vulva is the same, kind of like a snowflake. Many people have never actually looked at theirs, so if you have one I encourage you to get out a mirror, have a look and try to label the following bits!



## Labia majora and labia minora

These are the lips that you can see when you look at the vulva. The labia majora (outer lips) are fleshy and usually covered in pubic hair, and the labia minora (inner lips, sometimes called ‘flaps’) are the lips that sit inside the labia majora. They start at your clitoris and stop below the vaginal opening.

It’s worth knowing that labia come in all shapes and sizes, colours and lengths. They can be short or long, vary in colour from pink to brown or black, and be wrinkly or smooth. Some people have longer labia minora, and some have more prominent labia majora. They can also change colour as you age. The labia are full of nerve endings, so they are quite sensitive, and can swell when you are turned on.

### **\*Side note\***

If you are a person with a vulva, you are probably used to being told that something about your body needs fixing. And it’s the same when it comes to your labia. Unfortunately, many young people are seeing gynaecologists because they believe that their labia are abnormal,

wanting to get their labia minora shortened. They believe that there is something WRONG with their beautiful flaps. Unfortunately, there is a lack of representation of variation in labia across media and porn. And, because labia are tucked right down between your legs and not sticking out like a penis, many of us don't realise how different they all look! It's entirely normal for your labia to look different from what you see online or on other people.

## **Mons pubis**

This is the hairy, fleshy part above the vulva. It is there to cover and protect your pubic bone.

## **Pubic hair**

Hair that grows on your genitals and around your anus. It has different textures, colours and thickness, and is there to cushion your genitals. Some people choose to remove the pubic hair for fashion or cultural reasons.

## **Clitoris**

Your pleasurable best friend. When you look at the top of your vulva and spread your labia, you will find a little nubby part where your inner lips meet. This is called the clitoris, and it is small and sensitive. It is the main source of pleasure for those with vulvas.

The clitoris is covered by the clitoral hood, the little bit of skin that slides over the clitoris to protect it from irritation. The clitoris is usually the most sensitive area on the vulva, and stimulating it is the best way for many vulva owners to achieve orgasmic success. However, this part of the clitoris that you can see is only the beginning, because the clitoris extends inside your body on either side of your vagina in a wishbone-like shape. The part that goes inside is called the shaft and crura (meaning roots and legs) and extends for around five to seven centimetres inside the body, and is made up of thousands of nerve endings. You can consider the clitoris your pleasure powerhouse!

Funnily enough, the penis and the clitoris are actually related. They originate from the same developmental tissue. When a foetus is eight weeks



old, the Y chromosomes of penis owner DNA will make the genital tissue start developing into a penis instead of a clitoris.

In fact, much of the clitoris is similar to the penis. It is simply different in shape and size and is located in another place on the genitals. The clitoris is all about pleasure! The penis, meanwhile, is also used to urinate and expel ejaculate.

## **Urethral opening**

Your pee hole! Where urine comes out.

## **Vaginal opening**

This is where the penis, fingers, tampons or pleasure products enter. It is below the urethra opening. Babies can be birthed out of this hole, and it's from this opening that menstrual blood leaves the body.

## **Anus**

A.k.a. our butt hole. This is the rectum opening, from where our poo comes out. The anus contains lots of nerve endings, which also makes it a pleasure centre.

## ***Internal bits***

## **Vagina**

We're all familiar with the word vagina. But do we know what it does?

### **Top things to know about the vagina**

- The passage that connects your vulva to the uterus and cervix
- Often mistakenly used to name the outside part of vulva owners' genitals, but it is internal
- When not aroused, the walls of the vagina are actually collapsed against each other
- The vagina also expands when you are aroused, and is very stretchy!

People often use the word ‘vagina’ when talking about the vulva owners’ genitals between the legs. I once did as well! Somewhere along the line, we were taught the wrong terminology.

Let me steer you in the right direction. The ‘vulva’ (as mentioned before) is the external parts of the genitalia. The vagina is actually internal. It is the tube that connects the vulva to the cervix and the bottom of the uterus. Babies exit the vagina during the birthing process, and menstrual blood leaves the body through the vagina.

During unprotected penis-in-vagina sex (PIV), the penis ejaculates inside the vagina, allowing the sperm to move up the cervix to enter the uterus.

Sometimes we also put medications inside the vagina, such as hormone cream or suppositories. (A suppository is another way of delivering medication. Once inserted, the suppository melts or dissolves and releases its medication.) We can also insert hormonal vaginal contraceptive rings into the vagina, as well as internal condoms, menstrual cups, tampons, sex toys, fingers and a penis.

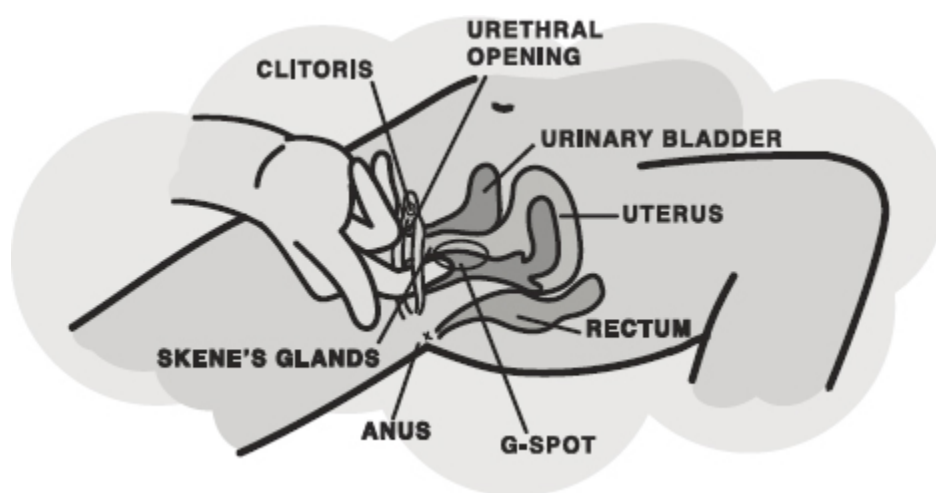
The adult vagina is around seven to twelve centimetres in length. However, vaginal size does not affect sexual functioning. Those who talk about ‘vaginal tightness’ are actually talking about how tight the pelvic floor muscles surrounding the vagina are rather than how wide the vaginal canal is. During sex, when the person with a vagina is sexually aroused, a higher blood flow directed towards the genitals makes the vaginal tissue swell with blood and also more lubrication, which we call ‘arousal fluid’ (or wetness).

The vagina starts to expand and lengthen during sexual excitement. This is called vaginal tenting and ballooning (cute, huh?), and this happens because the uterus and cervix are pulled higher up into the pelvis. This leaves more space inside the vagina and moves the cervix away from any ejaculate inside the vagina, allowing time for the semen to mix with the vaginal fluids. This allows the sperm to change so that it may fertilise an egg for pregnancy!

## **G-spot**

Most people believe they have a ‘highly sensitive’ area inside the vagina, despite there being some scientific debate around whether or not the G-spot even exists. The G-spot is not actually a ‘spot’. It’s a fleshy area located five to eight centimetres inside the vagina, up in the direction of the belly

button. If you or your partner insert two lubricated fingers inside your vagina and make a ‘come hither’ motion, then the fleshy material, about the size of a walnut (think a spongy walnut), will begin to swell. This swollen area is the G-spot and may initially make the person feel like they need to pee, but for most, after a short time it will turn pleasurable (for some, it won’t do much for them at all).



This massage is actually stimulating the end of the clitoral nerves, the urethra sponge, and a bunch of nerves called the paraurethral glands (meaning the glands that surround the urethra). The largest of these glands are a pair of glands called the Skene’s glands.

## **Skene’s glands**

These are glands, first and foremost. A gland is an organ that produces and releases substances that perform a specific function in the body. The Skene’s glands consist of two small ducts that sit on either side of your urethra (the tube that pee comes out of) and in the front part of your vaginal wall, next to the G-spot.

Skene’s glands are also known as the lesser vestibular glands, periurethral glands, Skene’s paraurethral glands, the U-spot and the vulva owner’s prostate.

When aroused, there is increased blood flow to the genitals, which activates the Skene’s glands to produce milky fluid. This fluid drains out of the two ducts into the urethra and out through your pee hole. This is what’s referred to as vaginal ejaculation, or squirting.

Skene's glands are named after Scottish gynaecologist Alexander Skene, who first wrote about them in the nineteenth century. In 2002, an Italian academic named Emmanuele Jannini observed that Skene's glands vary in size. Some are so small you can't find them, and some are larger. In other cases, the Skene's glands may be totally absent. This explains why some vulva owners can squirt and some cannot.

## **Bartholin's glands**

Bartholin's glands live on the left and right of the vaginal opening and are about the size of a pea. They produce a tiny amount of natural lubricant near the entrance of the vagina when a person is aroused, to make contact with the entrance more comfortable. They are not the primary source of lubrication! If these become sore, then it's a good idea to visit your doctor, as it's common for them to become inflamed and infected.

## **Vaginal corona (also called 'the hymen')**

The hymen is the term commonly used to refer to the vaginal corona. The word 'hymen' actually comes from the greek *hymén-énos*, which means 'skin' or 'membrane'.

Hymen is also the name of the Greek god of marriage (*Hymenaios*), who carried a torch and veil and led the procession to protect the wedding rite.

The hymen is just a little rim of tissue at the outer opening of the vagina. It has no purpose. But in many cultures, the hymen was and is still used as a sign of virginity. This belief has persisted for centuries—that the hymen is a piece of tissue that stretches across the vagina like a seal. The myth is that it breaks and bleeds the first time vaginal sex occurs, and is damaged and disappears afterwards.

The truth: the hymen does NOT pop or disappear (contrary to the idea of 'popping your cherry'), and it doesn't necessarily bleed during a person's first intercourse. In fact, any bleeding that does happen could come from a tear inside the vagina, but most people can easily have sex for the first time without bleeding. Only in rare cases does a hymen cover the whole vaginal opening, as 97 per cent of hymens are open in the middle. People with full coverage have what we call an 'imperforate or microperforate hymen'. These people experience cramps when menstruating but blood does not come out. To address this, doctors can surgically open the hymen to allow

for the menstrual blood to come out and for other objects to enter the vagina.

Hymens are in fact very elastic, and are usually elastic enough to handle vaginal intercourse with no damage at all! Some will tear a little when penetrated, but the hymen will not disappear.

The myth of the hymen breaking is often used in relation to the concept of virginity. Virginity is a concept which is generally used to describe someone who has not had PIV sex, and discounts the experience of many people's sexual experiences. Unfortunately, the myth of the hymen has been used historically to justify the punishment of vagina owners, so we need to recognise that the construct is faulty. We can define sex, and the way we have sex, any way we want and any way it suits us! It has nothing to do with a hymen!

## **Urethra**

A tube that connects the bladder to the genitals, about four to five centimetres long, through which our urine passes and is emptied.

## **Clitoral crura**

Fact: the clitoris is actually wishbone-shaped. The clitoral crura are the parts of the clitoris that meet at the clitoral body to make the V-shape. Singularly, these are called clitoral crus; crus is a Latin word that means 'leg.' Each crus is made up of erectile tissue and is five to nine centimetres long. The crura run behind the labia and along the urethra, vagina and urethral sponge. They, like the rest of the clitoral erectile tissue, become engorged with blood upon arousal.

Did you know that until 1998, most references to the clitoris talked about the external glans? Australian urologist Helen O'Connell shed some light through a series of MRI studies to show that the clitoris is actually complex. The majority of it is internal, spreading pleasurable feelings to 15,000 other nerves in the pelvis!

## **Vestibular bulbs**

Long masses of erectile tissue that are found internally between the clitoral crura and are located near the urethra and vagina. They fill with blood when aroused, which makes the vulva swell. Lying over the top of these bulbs are

muscles that contract with an orgasm. Blood leaves the vestibular bulbs after orgasm, or if no orgasm occurs then the blood will leave of its own accord.

## **Uterus**

This is also called the womb and it is where a baby grows during pregnancy. It is a hollow, pear-shaped organ that is the size of a small fist and located in the pelvis, between the rectum and bladder. During pregnancy, the uterus exits the pelvis and enters the abdomen. When you are sexually aroused, the bottom part of the uterus pulls up towards your belly button, making the vagina longer. This process is called ‘tenting’.

## **Endometrium**

The lining of the uterus.

## **Cervix**

This is the lower part of the uterus. It is a small passageway that connects the vagina and the uterine cavity and is one to four centimetres long. It looks like a doughnut and is about two and a half centimetres in diameter.

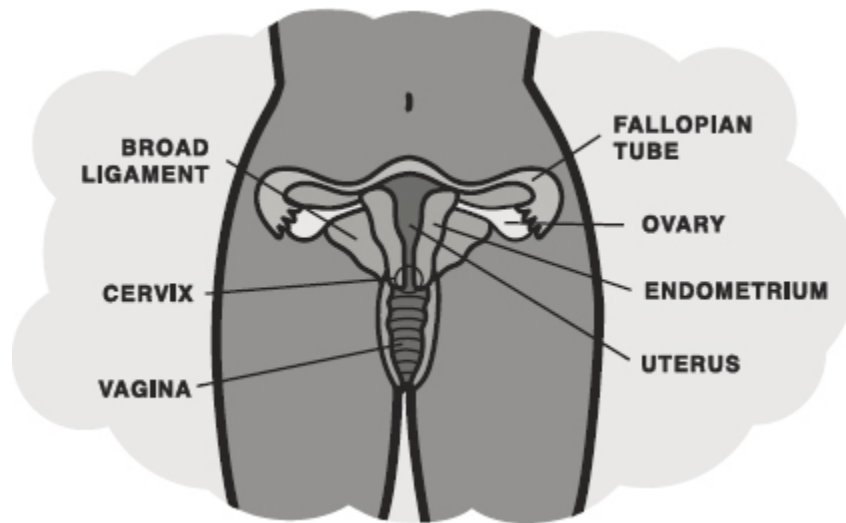
The cervix is there to separate the vagina from the rest of the body—it keeps unwanted bacteria and viruses out of your uterus, and stops objects like tampons and other things from getting lost inside you.

The cervix also lets menstrual blood out and helps sperm travelling in. Plus it produces its own lubrication, and even a plug if you become pregnant (which we call a mucus plug). The cervix is sensitive and has a lot of nerves that are involved in the sexual process.

You can keep your cervix in tip-top shape by having the HPV vaccine, booking regular cervical screenings and using condoms during sex.

## **Fallopian tubes**

These are two long, slender tubes that connect the ovaries to the uterus. Eggs released from the ovaries pass through the fallopian tubes into the uterus. There is one ovary and fallopian tube on each side of the uterus.



## Ovaries

For bodies with ovaries, ovaries are the main reproductive organ.

They are oval in shape, around three and a half centimetres long and lie on either side of the uterus, connected by the fallopian tubes.

The two ovaries produce the hormones oestrogen and progesterone. They also make and release eggs (called oocytes) for fertilisation.

## Rectum

The rectum is the last several inches of the large intestine. It is the inside of your butt, connecting your colon to your anus, and is where stool is stored prior to emptying. When poop or farts come into your rectum, it sends messages to your brain to see if they can be released or not.

## Penis Owners' Anatomy Tour

The penis, the peen, the dick, the wang ... whatever you want to call it! We've all seen it represented time and time again as the pinnacle of sexuality. The penis as a symbol has been worshipped for centuries, with the oldest known representation being the Hohle phallus, a stone representation thought to be 28,000 years old. Plus, we all know the common myth that you can tell the size of a man's penis by their shoe size (hate to break it to you but this one's not true!).

The fact is, people talk about penises a lot. Penises are an area of endless fascination—or sometimes they are the elephant in the room that some penis owners don't want to talk about. Those with a penis can wonder if theirs is inept, often because they see peens in porn that are pumped up and stay erect. No one in friendship groups tends to talk about what happens if a penis is having trouble getting hard, ejaculating early or becoming soft. They usually only talk about getting erections, size and how often it is getting used.

I am hoping this will change—firstly, because most penises will experience a time when they are not working so well, and secondly, because it's lonely when you think you are the only one who has lost an erection or come too early. The fact is, this will happen to everyone at some point! And for the partners of those with a penis, when this happens it's best to act with kindness, and not to take it personally. Sometimes the penis has a mind of its own.

## ***External bits***

### **Penis**

The penis is made up of two mazes of blood vessels which run along the length of the organ and are called the corpora cavernosa.

Underneath the corpora cavernosa is the urethra, which is the tube that expels pee and sperm.

### **Glans**

This is commonly referred to as the 'head' of the penis and is the smooth bulb part which is extremely sensitive, packed with nerve endings. It is like the penile version of the clitoris and is pleasurable when stimulated.

### **Foreskin**

At birth, the glans is covered with a piece of skin called the 'foreskin' which is sometimes surgically removed. We call this removal 'circumcision'.

The foreskin protects the head (a.k.a. the glans). The head has to deal with discomfort from rubbing underwear, cold weather and dry air—the foreskin is there to ensure it stays protected!



When the penis is erect, the foreskin pulls back and the head is exposed. The foreskin is made up of a whole heap of nerve bundles and blood cells, and inside the foreskin is similar to the inside of your mouth. The foreskin helps to keep the glans naturally lubricated, which is excellent for sexual satisfaction. The nerves in the foreskin also provide added sensation during erotic activities!

For some, the foreskin may be so tight that it is uncomfortable to pull back over the head (a condition called phimosis, requiring a doctor's appointment to try to relieve this tightness).

## **Shaft**

The shaft is the length of the penis that makes up its body. It runs from the scrotum to the head. It is made up of erectile tissue which is soft and spongy. When aroused, the shaft becomes hard as the brain tells the penis muscles to relax and allow the shaft's blood vessels to fill with blood. These blood vessels are then under high pressure and trap the blood, creating an erection.

## **Corona**

The ridge around the base of the glans (a.k.a. head) of the penis. It is visible on circumcised penises and visible when the foreskin is pulled back on uncircumcised penises. It separates the head from the shaft. It is also one of the most sensitive parts of the penis, along with the frenulum.

## **Frenulum**

Another extremely sensitive part of the penis, the frenulum is an elastic piece of skin, usually in the shape of a 'V', that connects the foreskin to the glans on the underside of the penis. It is there to make sure the foreskin tightens around the glans and stays in place. In some cases, the frenulum can be quite tight and will need a doctor to remove it to free the glans from the foreskin.

## **Urinary meatus**

The pee hole! Urine and semen come out of this.

## **Scrotum**

Also known as the ballsack! It is the sac of skin that hangs underneath your penis and holds your testicles (a.k.a. balls), keeping them at the right temperature. You will notice that when it is cold (think of jumping into the ocean), the scrotum will pull close to the body to keep the testicles warm. If it's hot, the scrotum will be loose, letting your testicles hang away from the body to stay cool. This is because the testes must be at a temperature slightly cooler than the body for normal sperm development, and the ideal temperature for sperm production is around 34 degrees Celsius, which is three degrees below average body temperature. The scrotum comes in different sizes and colours.

It is also super sensitive, so you will notice that when it is pinched or twisted its owner will be in pain. A lot of people like having their scrotum touched and stroked during sex.

## **Perineum**

The area between the base of the penis and the anus. Some people refer to it as the gooch! It is packed with nerve endings and is an erogenous zone.

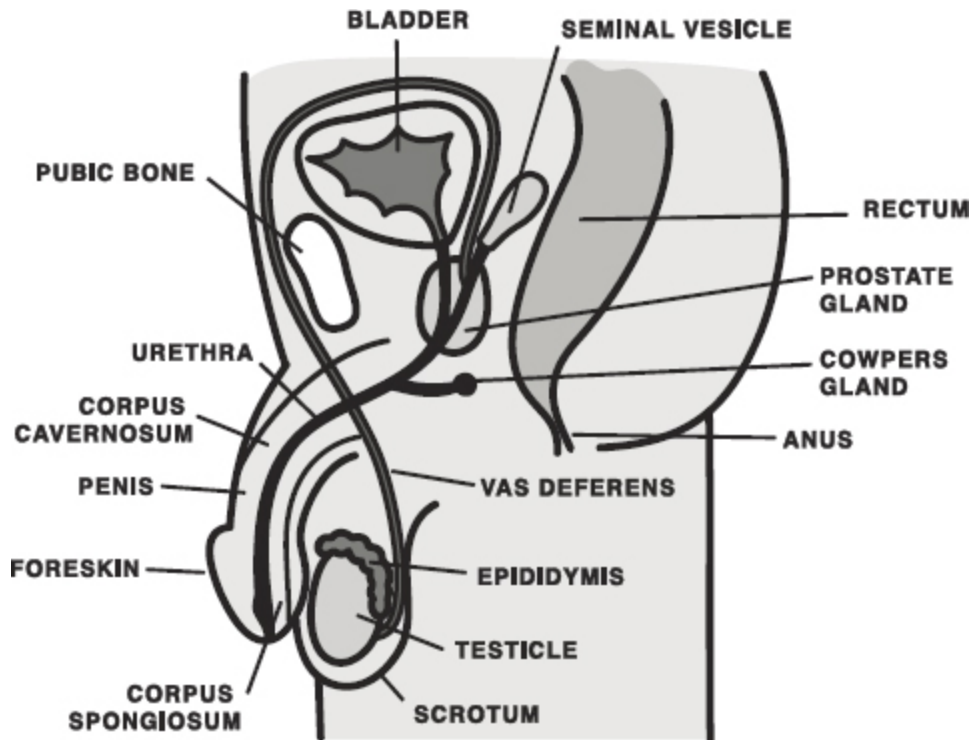
## **Anus**

Our butt hole. It is the opening to the rectum and contains lots of nerve endings, so it can feel very pleasurable when stimulated.

## ***Internal bits***

### **Testicles (a.k.a. balls or testes)**

Testicles are the two ball-like glands that sit within the scrotum (the balls go inside the sac). These balls hang behind the shaft of the penis and produce sperm and hormones. Sometimes one testicle is larger than the other. They are very sensitive and can cause severe pain if hit.



## **Epididymis**

The epididymis is a tightly coiled tube-like structure (about six to seven metres long) that starts at the top of the testes before connecting to the vas deferens. There is one epididymis per testis. Sperm travel from the testis into the epididymis to mature for around fourteen days, which allows them to swim forward and fertilise an egg. They usually hang around in the epididymis until the penis owner ejaculates, which sends them into the vas deferens.

## **Vas deferens**

Vas deferens are long, narrow tubes (like spaghetti) that transport sperm from the epididymis to the seminal vesicles when the body ejaculates. There are two, with one connected to each epididymis.

## **Seminal vesicles**

As sperm travel through the vas deferens, they enter the seminal vesicles to combine (like a cocktail!) with other fluids, making semen, which is the fluid that is ejaculated. The fluid in the seminal vesicles has high sugar

content, which is used to feed the sperm while they travel with ejaculation. This also makes semen sticky, so that it sticks inside the vagina to assist reproduction.

## **Prostate gland**

The size of a walnut or golf ball, the prostate gland is located at the bladder's neck and the beginning of the urethra. It releases an alkaline, milky fluid that is designed to help protect the sperm from the acidity of the vagina. Muscles in the prostate gland help push the semen out during an orgasm. The prostate gland is also a pleasurable spot for penis owners during sex, bringing on more powerful and satisfying orgasms, and is referred to as the 'penis owners' G-spot' (also called the P-spot).

## **Cowper's glands**

The Cowper's glands produce a thick, clear fluid called pre-ejaculate or pre-cum. These two pea-sized glands are located just underneath the prostate gland.

## Chapter 2

# Assigned Sex

Let's talk about sex, because it is important. I'm not talking about rompy-pompy—I'm talking about when a baby is born and they are *assigned* a sex, such as 'male' or 'female'. Their sex is usually determined by their body parts—specifically, their genitalia.

When a baby is born, their 'sex assigned at birth' is a label given to them by their doctor. These labels can be 'male', 'female' or 'intersex'.

People with intersex variations are born with physical features, such as genitals, or with chromosomes or hormones that don't quite match doctors' expectations of a male or female body. 'Intersex' is a word given to describe these differences.

Male, female and intersex are all labels based on how someone else sees our bodies and aren't a representation of how we *feel* within our bodies. That feeling we have about who we are is called 'gender identity'. There are other terms that we can use such as trans and gender diverse (TGD) and you will learn about those in the next chapter.

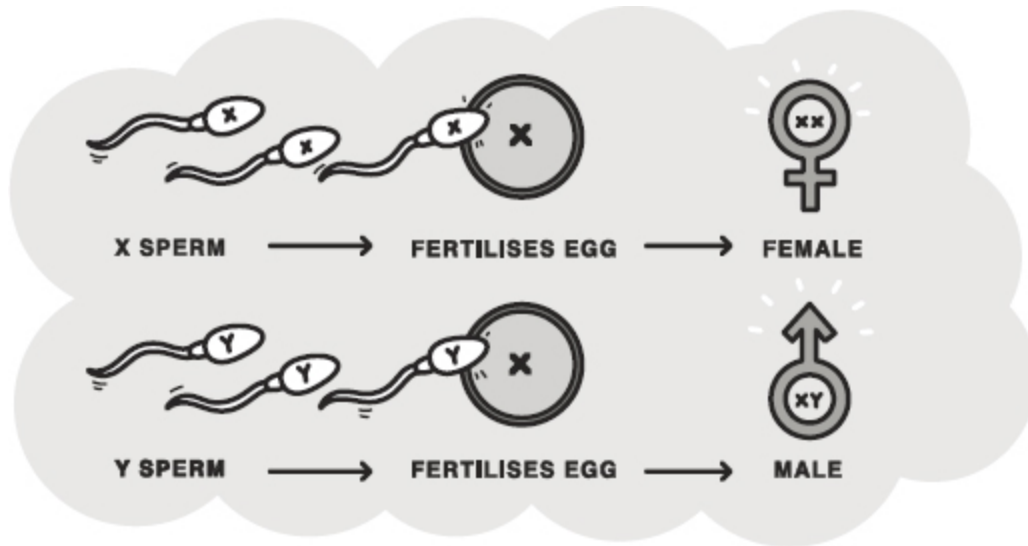
For now, I want to talk about how sex is medically defined.

There's actually more to our biological sex than meets the eye. There are four basic determinants of sex. These are:

- chromosomes
- hormones
- primary sex characteristics
- secondary sex characteristics.

## **Biological Sex Determinants**

## Chromosomes



Each sperm has either an X or a Y chromosome in it.

Chromosomes are part of your DNA. In humans and many other animal species, your sex is determined by specific chromosomes as they begin the pathway for your body's development.

Let's take it back to the beginning ...

To make a baby, you need to have a sperm that fertilises an egg (fertilisation is a fancy word for an egg and sperm joining).

The sex of the baby is determined at the moment of fertilisation. Out of the 46 chromosomes that make up the DNA of a baby, only two are called the 'sex chromosomes', one from the egg and one from the sperm, will determine a baby's sex. Every egg has an X sex chromosome and a sperm can have either an X or a Y sex chromosome.

**Female:** When an X chromosome sperm joins with an egg, the baby will have XX chromosomes and will usually have female sex and reproductive organs, and most likely be labelled a 'female'.

**Male:** When a Y chromosome sperm joins with an egg, the baby will have XY chromosomes and will usually have male sex and reproductive organs, and most likely be labelled a 'male'.

**Intersex variations:** When there is a variation of chromosomes that is outside of the 'female' and 'male' combination, such as XXY, then the

infant will most likely be labelled as having an 'intersex variation'. Chromosomes are one of the many intersex variations that are possible.

## ***Hormones***

Hormones are also part of sex development. They occur at different levels for the different sexes and help control mood, growth and development.

Sex hormones are a type of hormone that guide development, especially in puberty, and these hormones are in all sexes in differing levels.

**Vulva owners:** Those with ovaries will have more oestrogen and progesterone (which helps regulate the menstrual cycle and curves and boobs).

**Penis owners:** Those with testicles will have more testosterone (which helps in puberty with development of secondary sex characteristics, such as deepening voice, growth, and facial and pubic hair).

**Intersex variations:** Some intersex variations affect the levels of sex hormones in the body.

## ***Primary sex characteristics***

These are the internal reproductive parts and external genitalia that a baby is born with.

**Vulva owners:** Ovaries, vulva, vagina.

**Penis owners:** Penis, testes.

## ***Secondary sex characteristics***

These are the non-genital characteristics that appear during puberty.

**Vulva owners:** Growth spurt, larger boobs, wider hips, curves, menstruation, body hair.

**Penis owners:** Growth spurt, penis and testes growth, muscles, deeper voice, body hair.

Now that we have covered off what makes you a person, we should probably talk a bit more about intersex, so I can explain it better than just

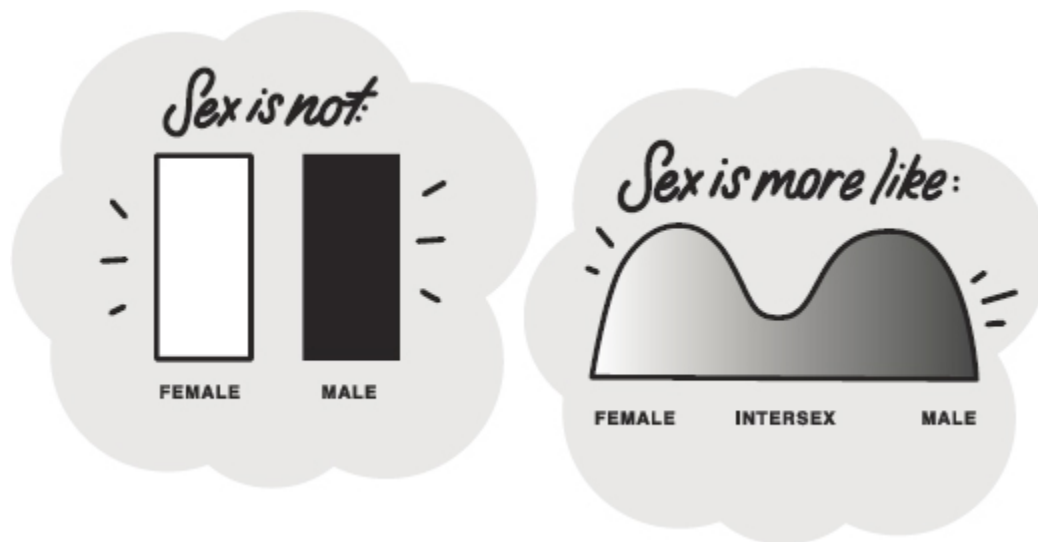
saying ‘variety’.

## Intersex

Intersex is an umbrella term for people who are born with physical, hormonal or genetic features that don’t fit into the typical expectations of either male or female.

We often speak of intersex as a condition that is discovered at birth, but this is not always the case. Many of those who are intersex may not find out until they are going through puberty, or are an infertile adult. In some cases it’s not discovered until a person passes away and an autopsy is performed! Many people live and die as intersex without ever realising it.

Most importantly, being intersex isn’t a disease, it should not be shameful, and it can’t be ‘cured.’ Those who have intersex variations may have some health conditions that are related to being intersex, but it’s more and more possible to treat such conditions.



### *Questions you might have*

#### **What happens when a baby is born intersex?**

Historically, the family and doctor have decided whether that baby should be categorised as either male or female. Intersex advocacy groups believe



that even though an intersex child is raised as male or female, they should not have any operations to change the baby's body and make it more 'normal'. When the child is older and can give informed consent, then operations can be an option when they have enough information and knowledge about what feels right for them.

## **What is important to know about intersex variations?**

- It's pretty common to be intersex! About 1.7 per cent of the population has intersex variations. So, out of the seven billion people on earth, that's about 119 million people with intersex variations. That's a lot of people!
- Some people with intersex variation are assigned by doctors as either male or female. And some intersex children go through surgery or hormone treatment to 'normalise' them into their assignment of male or female. These surgeries can be quite harmful, especially if the person is not given a choice in the sex assignment decision. Unless life-threatening circumstances are present, decisions about surgery should wait until the child can make the decision themselves.
- Being intersex has nothing to do with gender or sexuality. Those with intersex variations have the same range of sexual orientations and gender identities as those without intersex variations.
- It's courteous to ask people with intersex variations how they would like to identify their variations (if this is something they would like to talk about). For example, they might like to say 'I have a variation of sex characteristics' or 'I have intersex variations.' Remember that everyone is different.

## ***Examples of intersex variations***

Intersex is a wonderful example of the diversity of people and should be celebrated. It's important for those with intersex variations to feel like their condition is healthy and something to be celebrated rather than be seen as shameful. So we are going to celebrate it! Viva la intersex! Let's create a conversation that provides positive and affirming support for all people.

Understanding some common variations in intersex can help us get a scope on the diversity of sex.

## **Klinefelter syndrome (KS)**

- Infant males with KS are born with an extra X (or female) chromosome. People with KS can have some feminine traits, such as less body and facial hair, enlarged breast tissue and smaller than normal testicles, which can lead to lower production of testosterone.
- KS affects one in every 450 males. They may go through puberty earlier and choose to engage in hormone therapy to be able to develop in the same way that their male friends do.
- Unfortunately, people with KS may produce very small amounts or no sperm, making them infertile. But with common modern-day technology, some are able to get help in producing children.

## **Congenital adrenal hyperplasia (CAH)**

- Affecting one in every 15,000 babies, people with CAH have an overproduction of masculinising sex hormones.
- This can cause female children to have genitals that look more male than female, with larger clitorises and a closed vaginal opening. As they get older, they may develop facial hair, a deep voice and have unusual menstrual cycles, or no period at all.
- Males with CAH may develop their masculine features earlier than other kids, with bigger muscles, a deeper voice, and more body hair than their male friends. However, if diagnosed early, these symptoms are easy to manage by a specialist doctor.

## **Androgen insensitivity syndrome (AIS)**

- This occurs when a person who is genetically male (with one X and one Y chromosome) is partially or fully resistant to masculinising hormones (called androgens). This means that the person may look like a vulva owner but instead of having uterus, cervix or fallopian tubes they will have testicles on the inside of their body (as opposed to outside), no ovaries and a small or no vaginal canal.

## **Mayer–Rokitansky–Küster–Hauser syndrome (MRKH)**

- MRKH is when a female has a vulva but does not have a uterus or vagina, or they are really small and underdeveloped. They also don't get their

period, which is when the condition is picked up.

- They are not able to go through pregnancy, but often people with MRKH may be able to have their eggs fertilised using their partner's or a donor's sperm and can ask a surrogate to carry their baby for them.

## ***Stigmatisation of intersex people***

While I and many others view intersex as a beautiful example of the diversity of sex, people in the past have referred to people with intersex variations in derogatory ways.

It can be very challenging for an intersex person to come to terms with their sex. A really big issue that people who are born intersex have to face is surgery, which was and still is often performed without their consent. Children born as intersex are often given surgery, hormones and other medical interventions that aim to make them fit into the ideals of what a 'normal' male or female should look like. Which makes me wonder: what is normal?

Surgeries performed on the intersex child's genitals can end with a loss of sexual sensation and life-long ongoing pain (which, um, for any parents out there with intersex children, is not worth it). You cannot reverse these procedures. You cannot regrow the tissues, organs or nerves removed, and there is often scar tissue that makes it difficult to have later surgeries.

Of course, there are some surgeries in an intersex child's early years that may help, such as those to assist with bladder and bowel functioning. But many other surgeries performed on these children are unnecessary and can really affect them during their life, causing difficulties with sexual functioning, fertility and continence (the ability to control movements of the bowels and bladder), and can often affect their mental health.

The problem is that children cannot consent to these surgeries, and later down the line many of those intersex children feel like they don't have full ownership of their body because other people have made decisions about how they should look and function.

In Australia, the Sex Discrimination Act makes it illegal to discriminate against a person because of their intersex status.

So we can see that there is a lot more to sex beyond 'male' and 'female'. Assigned sex is just a label—your biological sex is so much more diverse than that! It's important for us as a community to celebrate the diversity in

sex and stop being so 'one way' when looking at individuals. I hope this chapter has given you a new level of awareness when we look at the development of sex.

The word 'intersex' means many things to different people, but my main goal here is to reinforce that everyone should be able to grow up free of shame and secrecy. Some people with intersex variations choose to reject the label of intersex and that is their way of self-identifying in the way that fits them best.

What we can do to begin is to make more information available to everyone about the diversity of sex and how we can better care for the people around us in all their uniqueness.

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## *Chapter 3*

# Gender

In this chapter, we are going to talk about ‘gender’.

It’s a great idea for all of us to have a proper understanding of gender so that we can spread the message of acceptance and make this world a safer place to just be ourselves.

Gender is different to assigned sex. Gender is something that happens in your brain, not in your genitals or hormones or chromosomes. Gender is a feeling—a sense of who you feel you are. It’s about your perception, your inner sense of who you are and how you want to interact with the world.

## **Let’s Talk About How Gender Is Developed**

By the age of four, we start to develop a solid understanding of who we are and our gender identity. By age four, we are analysing the world around us and absorbing it. To have a healthy development socially and emotionally, young people need to develop a sense of empathy and acceptance of diversity. What I mean by that is young people will benefit from being exposed to a diversity of ways of being, whether that is to do with gender or sexuality. This includes seeing the non-conforming gender and sexual identity of other young people, friends, parents and in the general public.

The reason we need to start having these conversations early is because there has been an idea perpetuated in Western society that the notions of both sex and gender are binary. (Binary means that there are only two options and that all people must fit into one or the other. That’s such a narrow definition!) We know that sex and gender aren’t black or white. Gender is a hugely colourful spectrum.

Many people sit outside of the binary models of cis male or cis female, and if they sit outside these boxes they may consider themselves under the umbrella of trans and gender diverse (TGD). Trans and gender diverse are terms that describe people whose gender is different to the sex they were assigned at birth.

We need to start having these conversations early, to explain to young children that gender, assigned sex and sexuality are very different things and cannot be exclusively categorised into male or female, straight or gay.

## Understanding Gender

Gender can be broken down into three categories:

**Gender roles:** The behaviours, values and attitudes that a society considers appropriate for your perceived sex.

**Gender identity:** How you experience your own gender.

**Gender expression:** How you publicly express or present your gender—for example, your outward appearance and behaviour, the way you dress and your body language.

So let's start by talking about what gender roles are. You might be familiar with them.

### Gender roles

A gender role is what your society deems appropriate for you based on your perceived sex. It's the expectations and stereotypes attached to a person's gender. In Western society, vulva owners are taught to aspire to supposedly feminine traits, such as being emotional, passive and pretty. Penis owners are taught to value traditionally masculine traits, like being tough, muscular and assertive. These are considered to be gender stereotypes, which I will explain in a moment.

Basically, from the moment you are born, your assigned sex determines how you will dress, which toys you will play with and how you are meant to behave within society. If you are perceived as female you may be expected to act, speak, dress, and present yourself as feminine. Every

society and culture has different gender role expectations, which feed into gender stereotypes.

**Here are some common words to describe traditional gender roles:**

**Feminine**

Shy	Helpful	Passive
Pretty	Emotional	Small
Weak	Sweet	
Fearful	Irrational	

**Masculine**

Brave	Tough	Dominant
Strong	Athletic	Independent
Breadwinner	Aggressive	
Loud	Handsome	

Gender roles are silly and outdated, but for some reason many people are still holding onto these notions. It's a good idea for us to move away from gender stereotypes and instead just see people as individuals. Gender stereotyping reinforces the gender 'norms' that society has created and is based on a fixed idea of masculinity and femininity. Gender stereotyping tells people that there is a proscribed range of behaviours and attitudes that are desirable, based on their perceived sex. How harmful! Gender stereotypes are basically saying that you have to act and think a certain way because of your perceived sex and they can often result in unfair and

unequal treatment. This, my friends, is called sexism. Among the many basic gender stereotypes, here are some key ones we see in Western society:

- **Physical appearance:** Vulva owners are taught that it's desirable to be thin and pretty, penis owners are taught that it's valued to be muscular and tall. Penis and vulva owners are supposed to present themselves in ways that stereotypically match their gender.
- **Personality traits:** Vulva owners are expected to be emotional, soft, kind and submissive. Penis owners are expected to be self-confident and aggressive.
- **Occupational expectations:** People may assume that CEOs, pilots and engineers are penis owners, and that nurses, teachers and carers are vulva owners.
- **Domestic behaviours:** Another cringeworthy expectation is that vulva owners are meant to take care of the home, cook, clean and look after the kids while the penis owners handle the money, repair the home and tinker around with mechanics. How boring and outdated!

These gender stereotypes can be harmful because they do not allow for individuality of expression. Challenging and breaking stereotypes is a positive thing as it allows penis owners to feel like they can cry or be sensitive, and vulva owners feel like they can be independent and bold. Challenging stereotypes enables people to live their best lives and be themselves rather than what society forces them to be.

## **Sexism**

By now it is likely you have seen or experienced sexism—meaning discrimination against yourself or someone else based on gender. It is sadly familiar for vulva owners to experience sexism in regards to wages, employment and household chores. In contrast, penis owners tend to experience sexism in regard to their emotions or athleticism. We have plenty of reasons to want to challenge these traditional gender stereotypes—we want all our children to be able to achieve their career goals regardless of their gender.

## **How to challenge gender stereotypes**



### ***Firstly, try something different***

If you want to do something outside of your typical gender role and feel safe doing so, go for it! Don't let society dictate how you should behave.

### ***Be an example to your community***

Demonstrate to those around you how to always be respectful to all individuals, no matter what their gender identity is. Be the person that others feel comfortable being themselves around, expressing who they truly are. Believe me, you will be cherished in your friendship group.

### ***Call people out***

If you see someone disrespecting another person based on their gender or making sexist remarks, whether to their face or behind their back, call them out and challenge them on their behaviour.

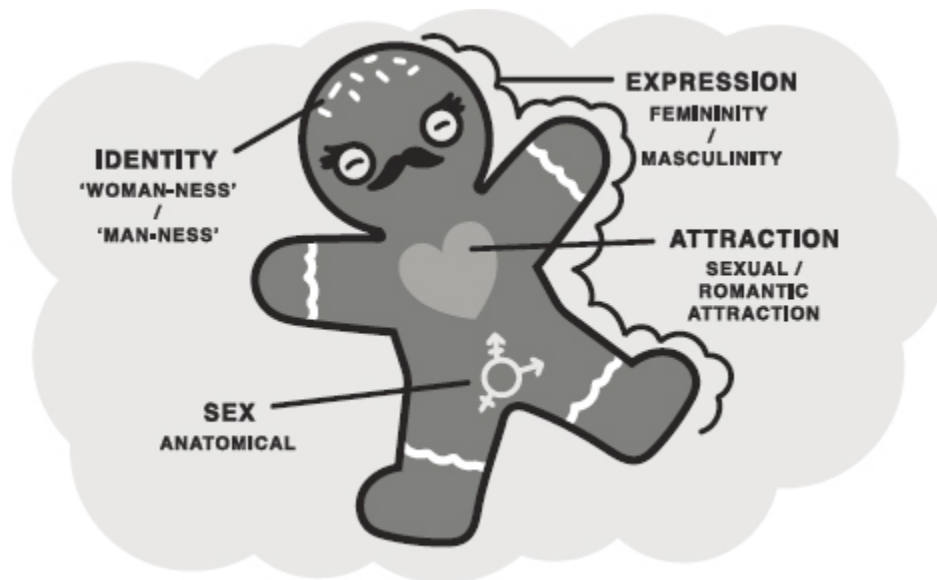
### ***Notice how gender is presented in the media***

Identify the negative stereotypes seen in the media and online, and talk about them with friends and family. Help others understand the harmful potential of gender stereotypes and the importance of saying 'NO' to sexism.

Now, let's move on to talk a little about gender identity, because there is much more to being male, female or the sex you were assigned at birth. Your assigned sex doesn't actually tell your full story ...

### ***Gender identity***

Remember that your sex assigned at birth and the physical features that you were born with don't necessarily define your gender. Your gender identity is how you experience your own gender. Gender identity comes from within, how we perceive and experience our own gender. You can see on the genderbread person illustration below, developed by Sam Killerman, that gender identity is in the mind. There's nothing physical about it!



Most children begin to express their gender identity around two to three years old through their preferences for certain clothing, toys and interests. Some transgender or gender diverse children may begin to express their gender at this age. However, gender expression and identity may change and emerge at different life stages. When a person's gender matches with the sex they were assigned at birth, they are called cisgender, or cis.

**Assigned female at birth + identifies as female = cis woman**  
**Assigned male at birth + identifies as male = cis man**

However, we know now that there are people who sit outside of this model. This means that they are gender diverse.

Trans and gender diverse (TGD) is the umbrella term that includes all the different gender identities that don't fit into the binary system of male and female. An important thing to remember is that non-binary means different things to different people, so you always have to ask someone who identifies as non-binary what that means to them. Some people experience their gender as both male and female, some people experience gender as neither, and some may not have a label for what they are experiencing. There are many ways to be, including but not limited to:

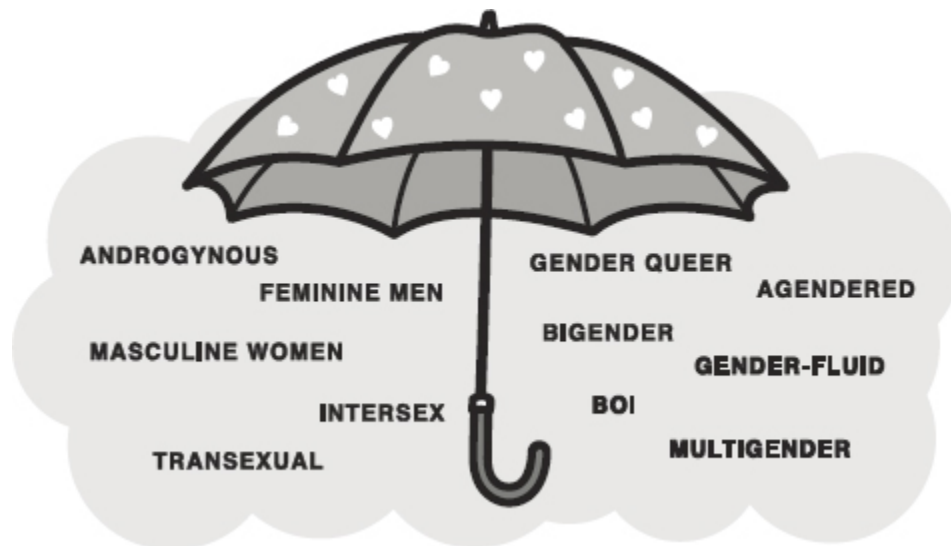
- You were assigned female at birth, but you identify as male.
- You were assigned male at birth but identify as female.
- You identify as neither male or female, nor as a different gender identity.
- You identify somewhere between male and female.

This is what we call gender diversity!

This concept is not new. Non-binary gender has been recorded as far back as 400 BC to AD 200.

Gender can be a tough topic to tackle; it can take a while to get your head around. I like to teach people in my clinic about gender and sex through the genderbread person, defined by four different categories: gender identity, gender expression, anatomical sex and sexual or romantic attraction. Gender identity is the concept of who you think you are. This is where the term ‘trans’ comes into play. I briefly introduced the word transgender at the start of this chapter. ‘Trans’ is a Latin term for ‘on the other side’. Transgender is an umbrella term that includes many other labels, like ‘genderqueer’ and ‘gender non-conforming’.

You might identify as transgender or trans if your inner sense of gender does not match the assigned sex you were given at birth.



It's important to note that you might not identify as transgender even if you don't identify as your traditional gender role. That might make you gender non-conforming.

There are a number of gender identities that fall under the trans and gender diverse umbrella. These include identifiers like:

- genderqueer
- agender
- gender-fluid
- androgynous
- boi
- bigender
- multigender.

‘Demigender’ is another umbrella term for non-binary gender identities. Demigender is usually used when a person feels a partial connection to a certain gender. For example:

- demigirl
- demiboy
- demifluid.

These terms can have overlapping and nuanced meanings, which can be different depending on where you are in the world. The meanings can also vary across cultures and geographic regions—that’s why it’s important to ask the individual what their identifier means to them.

Wherever we go in the world, we are usually referred to in gendered terms, e.g. ‘ladies and gentlemen’ or ‘guys and girls.’ But those who don’t fit those labels might want to be addressed in a different way and to assert an aspect of their gender, first with the pronouns they choose to use. Pronouns can help people affirm or validate their existence.

Some non-binary people use binary pronouns, such as ‘she/her/ hers’ or ‘he/him/his’; others use gender-neutral pronouns, such as:

- they/them/theirs
- ze/hir/hirs
- ze/zir/zirs.

There are also other gender-neutral pronouns. The reason why these exist is because some genderqueer and transgender people don’t feel comfortable being addressed with masculine or feminine pronouns. And if you want to be an ally to anyone in the LGBTQIA+ community, you need to respect people’s pronouns. You can always ask someone what their pronouns are if you ever feel unsure.

## How to use gender-neutral language

Using gender-neutral language is an easy way to be inclusive and avoid *misgendering* people (using incorrect pronouns or gendered words).

Misgendering happens, but it's best to try to avoid it. If you do use the wrong pronouns, simply apologise and do better next time!

Below are some ways of using gender-neutral language. (You can always say 'they' or 'people' or just use their name if you are unsure.)

- Instead of boy(s)/girl(s) or man/woman and men/women, use the words person or people.
- Instead of ladies and gentlemen, you can use folks.
- Instead of daughter or son, you can use child.
- Instead of sister or brother, you can use sibling.
- Instead of niece or nephew, you can use nibling.
- Instead of mother or father, you can use parent.
- Instead of husband or wife, you can use partner or spouse.
- Instead of grandmother or grandfather, you can use grandparent.

Do you feel like you fit into the societal role of woman or man? If you don't feel like you fit into either then you are not alone—up to 8 per cent of Australians are estimated to be gender diverse.

It's important to note that those who are transgender or genderqueer can have any sexual orientation—your gender is unrelated to who you are attracted to.

## Gender expression

Gender expression is how someone *expresses* their gender identity. Again, it's fluid, and on a spectrum! Gender expression can match your gender, or not. It is shown through physical expressions, such as your clothing, hairdo, makeup, mannerisms, interests and overall social expression, such as your pronoun choice.

Have you heard the term 'butch'? Or 'femme'? Or 'androgynous' (elements of both masculinity and femininity)? Or 'gender-neutral' (neither masculine nor feminine)? These are all gender expressions! It's how you are interpreted by others based on gender norms.

Just remember that it is *fluid*. Especially in 2021. You can be a cis male, identify as masculine and still wear nail polish. Gender expression is completely up to you!

## Gender Dysphoria

In the past, not fitting into a binary gender was considered a mental health issue, and so transgender people were considered mentally disordered.

Well, that's bullshit—although there is a condition called gender dysphoria, it's not a mental disorder. Gender dysphoria is a term that is used to describe a sense of unease that a person may have within themselves because they feel a mismatch between their assigned sex and their gender identity. This sense of unease can itself lead to mental health concerns such as depression and anxiety, or even suicide. It can have a really negative impact on that individual's quality of life.

It's important to know that gender dysphoria is not a mental illness, but it may cause associated mental health problems. Many people who have gender dysphoria rightfully have a very strong desire to live a life that matches or expresses their gender identity, and they can start to do this by changing the way they look and behave. They may also decide to take hormones and even transition through surgery to express their gender identity.

### ***Signs of gender dysphoria***

Gender dysphoria can feel different for everyone, and can sometimes manifest in the following ways:

- distress or discomfort
- low self-esteem
- depression and/or anxiety
- neglect of person
- withdrawn manner or social isolation
- unnecessary risk taking.

Feelings of gender dysphoria may start in childhood. A lot of children go through different stages where they are unhappy with their physical characteristics, but a small number of children may feel deeply misaligned with their gender identity, and this can cause lasting distress.

Such distress can be intensified around puberty, when the feeling that a person's physical appearance does not match their gender identity is exacerbated.

A person struggling with gender dysphoria may choose at any time to get help. The prognosis is generally positive, and they often feel improvement in their overall health and quality of life with treatments that may include therapy, hormones and surgery. These treatments are safe and effective long-term, and people who decide to get gender reassignment surgery very rarely have regrets later in life about their decision.

Help may mean that they access psychological treatment that involves acceptance, affirmation or confirmation of their identity. For others it might mean that they want to have affirmation surgery to be able to live in a body with the gender they feel aligned with.

Mental health supports such as psychologists will often play an important support role to those who are suffering with gender dysphoria and can also help their loved ones.

If you are looking for a therapist to help you with any type of gender dysphoria, it's really important to find out whether that therapist has completed necessary training. You must make sure that they're not just advertising themselves as a gender affirming therapist or a gender specialist simply because they are accepting of the LGBTQIA+ or trans community. (See definition of LGBTQIA+ on [page 210](#).)

If you do find a therapist and you want to understand how they are going to work with you in your treatment, there are a couple questions that would be good to ask:

- How often are you currently working with people in the transgender, non-binary or gender-questioning community?
- What is your education and training in gender, transgender health and gender therapy?

If they can answer your questions strongly and clearly, great. See how you go with them! If they don't have any training or struggle to answer your

questions, it might be a good idea to find a different therapist who will better meet your needs.

Once you have gone through psychological counselling, you might then decide to go through hormone therapy or surgery to relieve your gender dysphoria.

### ***Hormone therapy***

Hormone therapy may be prescribed to someone who seeks medical transition after they work with a psychologist, and is best done with a great healthcare team's support. The role of hormone therapy is to make the person who is transitioning feel comfortable with themselves emotionally and in terms of physical appearance.

### ***Surgery***

Surgery to change body parts is one of the ways people can relieve gender dysphoria, and there are many different types, depending on availability, accessibility and the budget. Many people have heard of genital reconfiguration surgery (GRS), which, depending on how someone might want to change and what body parts they start with, includes vaginoplasty, vulvoplasty, phalloplasty, metoidioplasty and other more specialised surgeries. Other affirming surgeries that can be undertaken include top surgery (or breast removal/reduction), breast implants and facial surgery. Based on the recommendation of their medical team, they will be referred to a surgeon who is an expert in the relevant type of surgery.

There are always risks with surgical procedures, so they need to be discussed with the medical team and consented to before the procedures. An excellent healthcare team around the person will help with management and support.

## **Discrimination of LGBTQIA+**

Equality and freedom from discrimination are fundamental human rights that all people should have, regardless of sexual orientation, gender identity or sex. Unfortunately, there is disproportionate abuse directed towards



members of the LGBTQIA+ community. The LGBTQIA+ community still experience discrimination, lack of visibility, harassment and hostility in many facets of everyday life. This includes in public, at work and in the healthcare system. This needs to change.

### ***How to support the LGBTQIA+ community***

For those not in the LGBTQIA+ community, here's what you can do to be an ally.

An ally is a person who advocates for and supports the equal treatment of any type of community that is not their own. So for heterosexual people, that includes people within the LGBTQIA+ community. If you're not okay with how people are treated, you can use your voice and actions and work towards being an ally.

You can't just give yourself the label of 'ally'—it's something you have to be active in. You gotta do the work, babe!

To become an ally, there are a few simple steps that heterosexual people can take.

### **Respect pronouns**

We've talked about this. If you're not sure which pronouns someone uses, just ask them. Use preferred pronouns and encourage people around you to do the same.

### **Do not tolerate disrespect**

If you are an ally to a marginalised group, it's your job to shut down any hurtful language, jokes or remarks. And call it out if it's inappropriate. If you need help with this, seek out other allies who will support you.

### **Don't assume someone's gender**

You can't tell someone's gender by the way that they look. If you want to know, you can ask and they may choose to share their pronouns with you. Never pressure someone into disclosing their gender or sexuality.

### **Be patient with those questioning their gender or sexuality**

Remember, it's a bloody process. So someone who is questioning their gender may vary on what identities suit them best as they figure out what works for them. Be empathetic and respectful. Be their friend. Be their good friend!

### **Be an active listener to diverse voices**

It's important for those who are questioning their gender or living experiences of gender diversity to be heard and seen. But remember, it's not their job to explain anything to you—you only need to give them space to speak and be themselves. Every person who is diverse has a unique experience, so just because you've heard one person's narrative doesn't mean that they are all the same. Don't talk over them and don't compare their experience to someone else you know—just let them speak their truth.

### **Don't give a fuck about which bathroom people use**

Signs on bathroom doors do not match gender diversity. If there are no gender-neutral bathrooms to use, offer to be a buddy to that gender diverse person in the bathroom, supporting them and making sure they feel safe.

### **Be respectful about confidentiality and disclosure**

If someone has shared their personal experience with you, it's not your job to tell others unless the person has asked you to. If you go and disclose others' personal information, it can have devastating consequences. Don't do it.

### **Mind your business**

Just like we wouldn't ask about someone's penis size, don't ask anyone who is LGBTQIA+ about whether they've had surgery, about their sex lives or about their genitals. Their experience might be interesting to you, but it's none of your business.

### **Use gender-appropriate language**

I've given you an indication on how to do this earlier in the chapter. Use a person's chosen name and pronouns.

## **Resources that may be helpful**

[transhub.org.au](http://transhub.org.au)

[rainbowdoor.org.au](http://rainbowdoor.org.au)

[sayitoutloud.org.au](http://sayitoutloud.org.au)

[minus18.org.au](http://minus18.org.au)

[rainbowhealthvic.org.au](http://rainbowhealthvic.org.au)

[acon.org.au](http://acon.org.au)

[zbgc.org.au](http://zbgc.org.au)

[tgv.org.au](http://tgv.org.au)

## *Chapter 4*

# **Puberty**

Puberty—such an awkward time in life! I remember feeling like my body was way out of control. It didn't belong to me. What were these boobs growing? Why did they hurt so much? And why were they covered in tiger stripes? Why were my guy friends so sweaty? Why was I so sweaty? And omg, pubic hair, underarm hair, all the hair!

A lot of us know that feeling. It was a crisis period in our lives.

But does it have to be awkward and strange? Absolutely not!

Lots of teenagers wonder if they are 'normal' during puberty. There is a lot going on during these formative years. To ease your mind, this chapter will give you the lowdown on wtf happens during puberty. I suggest that you go through and realise how normal we all were during this stage.

## **Growing Up and Out**

Puberty usually starts between the ages of eight and fourteen and lasts for a while (it feels like forever). Some people will start earlier or later than this age range. As a vulva owner, your body starts releasing hormones that tell it to start growing up and out. This odd stage of growth is fuelled by different hormones, which can make you feel a little out-of-control and moody sometimes. This is totally normal; I myself was a moody teenager—my parents even told me to find a new home once when I was a teen.

Now, I know a lot of people reading this book will have already gone through puberty, but I'm including a section about it because I think it's important to refresh everyone on what changes occurred in the body during puberty, but also so we all know about the changes that happened to those

around you—especially maybe for those that are of a different sex to you. It's also great to refresh so you can support the younger people in your life who will go through puberty sometime as well. Trans people go through puberty twice, first during adolescence and second when they go through gender affirming treatment.

Puberty is the period of time when you physically become an adult. Your body goes through many changes, and so do your emotions. Though puberty generally begins between the ages of eight and fourteen, vulva owners usually enter puberty earlier than penis owners.

Puberty occurs for a few years and is fuelled by hormones, and it affects everyone differently. Hormones affect your feelings as well as your body. Your emotions may become heightened, and it's super common for those in puberty to go through mood swings (my gosh, I remember it being wild). If there is anyone in your life going through puberty, remember to be compassionate as they're probably on an emotional roller-coaster right now.

Puberty is also the time where you may start having sexual thoughts and urges. You may get crushes on people, and you may also start to get turned on and horny! Lots of people start masturbating during this time too.

There are a bunch of changes that occur during puberty that I thought I'd give you a little refresher on.

## ***Puberty changes***

### **All people**

- You start to sweat more and develop body odour, which is stinky sweat. This might be a good time to start showering more and using deodorant (for the sake of the people around you!).
- You may start getting pimples on your face and body. If these are bothering you, I recommend you go see a skin doctor (a dermatologist).
- Hair! Hair starts to grow in your armpits and around your genitals. The hair on your genitals is called pubic hair. You may also grow more hair on your arms and legs, which may be a little bit darker than your previous arm and leg hair.
- You might get what we call growing pains, which is pain in your arms and your legs as you grow.

## **Penis owners**

- Your penis and testicles get bigger.
- Your voice ‘drops’ (gets deeper), and it also might sound a little bit funny when it cracks sometimes. You will also get an Adam’s apple, which is a bump in your throat that will grow and become more visible.
- You will probably get a hairy chest, face and back.
- Your shoulders and chest will get bigger as well.
- Half of you penis owners will also get swelling around the nipples during puberty which will usually go away after a few months.

## **Vulva owners**

- Your hips may get wider and your body may become curvier.
- Your boobs will develop and get bigger.
- You start menstruation (which I will cover in the next chapter).
- Your labia may grow bigger and change in colour.

## ***People with intersex variations***

Remember how people who are intersex are born with biological characteristics that may include any constellation of genitalia, chromosomes and sex hormone levels? This means the experience of puberty might be different. For example, puberty might not make much sense if you think that you’re a male and your body prior to puberty looked like that of a boy and you’re expecting secondary male characteristics like changes to your voice and body hair but then none of that happens. What if you start developing curves instead? Or feeling cramps in your lower abdomen? This can be the experience of someone who is intersex and going through puberty in a different way to those who are not intersex. Those with androgen insensitivity syndrome and Turner syndrome might not experience all the usual parts of puberty or could go through puberty later than usual.

There are people who won’t go through puberty unless they use hormone replacement therapy. Some may find out during puberty that they are intersex.

If you feel like your body is changing in ways that are different to your peers, then maybe it’s a good idea to go see a specialist and hopefully get

some answers around what is happening for you. If you don't feel like you've come away from the doctor's appointment with the answers that you need, then it's best to book in with a different doctor who is more specialised in intersex experiences. Just because your body doesn't fit into the narrow ideas around gender and sex doesn't mean it's wrong. It's as right as anybody else's—it's just not spoken about enough. This silence and lack of education can be a very lonely place. It may help to find a group of intersex people who can share their experiences and help you feel less alone and more comfortable with these changes.

## ***Penis talk***

Penis owners can sometimes worry about what a normal penis and testicle size should be. But, like vulvas, no penises are the same, and every penis owner has their own thing going on in the length, thickness and curve departments. The only time where you might want to go see a doctor because of your penis is if it hurts or feels uncomfortable.

During puberty, the penis will start to get thicker and longer. It can take a few years for the penis to grow to its final size. It's also worth noting that when aroused some penises get much bigger while others can stay the same size.

Sometimes penis owners will feel uncomfortable or unsure about their penis size, but I want you to know that good sex is not determined by penis size or look; having a satisfying and pleasurable sex life actually is determined by you and how you use your penis, hands and mouth, and what your attitude towards pleasurable sex is. I would suggest that we embrace the size of the penis and put effort into learning to use it in creative and pleasurable ways.

## ***Circumcision***

At birth, every penis owner has a foreskin. Remember what a foreskin is? The soft skin that covers and protects the glans or head of a penis. At birth, some parents will choose to have their child's foreskin removed in a small operation called circumcision. Circumcision is often a cultural or religious choice and is viewed differently by different people. It's very common to be

circumcised, and both circumcised and uncircumcised penises work the same way—they just look a little bit different.

Circumcised penises do not have a foreskin, so you can always see the head of the penis. Uncircumcised penises have a foreskin that covers the head of the penis when it's soft, and when the penis becomes erect the foreskin pulls back so that the head is shown.

When the foreskin is too tight, it may be difficult to completely pull back over the head of the penis—this is a condition called phimosis. Phimosis can be uncomfortable and sometimes painful. It can also cause difficulty with sex and masturbation. But fear not! It can be treated with gentle, manual stretching of the foreskin over a period of time, or sometimes with medication, or with circumcision, which is removing the foreskin.

If you or someone you know struggles to pull back their foreskin, it's worth getting checked out by a doctor.

## ***Testicles***

Your testicles are the sperm factory for your body. It's actually during puberty that your balls start to produce and store sperm, and once this starts, it doesn't stop. In fact, the testicles have a lot of work to do, because they are making sperm 24/7 for the rest of your life. The testicles also produce testosterone, a hormone that helps with developing facial hair, large muscles, a deep voice and a sex drive.

The scrotum, which I mentioned in the chapter about anatomy, is your ballsack, and part of your body's automatic sperm production system. The scrotum keeps your testicles at a healthy temperature for sperm, hanging away from the body when you're warm and pulling up close to the body when you're cold. The scrotum is wrinkly and usually covered with little bumps and hair.

Even though we call them balls, testicles are actually oval, like an egg. Often one hangs lower than the other, and one is a little bigger.

The balls and ballsack are super sensitive. This can mean different things for erotic activity: some people like this area being fondled, but for others



it's a no-go zone. In fact, because they are so sensitive, testicles can hurt a lot if they are handled roughly or hit (ouch!). For anyone who has balls, it's important to be familiar with them. If you feel any itching, unusual lumps and bumps, or pain, it's a good idea to go see your doctor.

## ***Erections***

What is a boner? A stiffy? A hard-on? These are all just names for erections! An erection is the hardening of a penis.

A lot of the time the penis is soft and flaccid, and just hangs around minding its own business. A flaccid penis is a penis at rest. To cause an erection, the penis becomes filled with blood, making it stiff and causing it to stand up and away from the body. Erections can happen when you're turned on or randomly (called a spontaneous erection).

In fact, a lot of penis owners wake up with an erection, which is also called 'nocturnal penile tumescence'. Morning erections are completely normal and healthy and occur in penis owners of all ages. Morning erections are also a good indicator of general health and can tell you that your vascular nervous system is functioning properly. If morning or night erections are not present then it might be an indicator of erectile difficulties and would be worth seeing a urologist about.

During puberty, it's common to get spontaneous erections for no reason at all, which can be a little bit embarrassing (especially if they happen when you don't want them to happen). It's funny, you know? You don't even have to be turned on to get a spontaneous erection! If you ignore these pesky surprise erections, they do tend to go away. A lot of penis owners masturbate when they have a spontaneous erection, and after ejaculation occurs the erection will go away and the penis will become soft again. But even if you don't masturbate, if you ignore the erection for a few minutes it will disappear.

### **Some fun facts about erections**

- Penises are fragile. Your penis is not a bone but you can break it: blood vessels inside the penis can burst and cause painful swelling

(ouch!). This usually happens when the penis gets bent in an uncomfortable way during penetrative sex.

- Erections can happen so early—even foetuses in the womb can experience erections.
- You don't need an erection to have an orgasm. Many penis owners who can't achieve erections still have orgasms.
- Smoking, alcohol, drug use, being overweight and medication can all lead to erection problems.
- Penis owners generally have three to five erections during eight hours of sleep, and each can last for around 30 minutes or longer.
- Erections can be impacted by stress but can also cause stress. This is called erectile dysfunction and we will cover that in the chapter on Sexual Concerns.

## ***Ejaculation***

Cum, jizz, whatever you want to call it, there are many names for ejaculation. When you have an erection and you get super sexually excited, you may ejaculate, expelling sticky liquid out of your penis.

Ejaculation often happens when a penis owner is having an orgasm, but it's possible to ejaculate without having an orgasm, and to orgasm without having ejaculation.

This sticky liquid is called semen, cum or ejaculate. It's not pee—in fact, you can't pee and ejaculate at the same time because your penis blocks pee from coming out when you are close to ejaculating.

Ejaculation carries sperminate, so when it is inside a vagina it can result in pregnancy and STIs. If you're not ready to have babies, it's important to use condoms and/ or other birth control. We will cover this in the Contraception chapter.

There is also something called pre-cum or pre-ejaculate, which is when a little bit of ejaculate dribbles out of the penis when it's hard but there hasn't been ejaculation. It's super normal and nothing to be ashamed of.

If your changing body is causing you significant discomfort it may be a good idea to seek support from your GP.

## **Ever heard of wet dreams?**

A wet dream is when an ejaculation happens during sleep, often during an erotic dream. It's extremely normal and part of growing up. Penis owners of all ages can have wet dreams. Vulva owners can also experience wet dreams that can lead to vaginal lubrication and orgasm (called nocturnal orgasms). How fun!

## ***Boobs (a.k.a. breasts)***

Ovary owners get a little taller, a little curvier and then: your boobs grow! First there will be a slight bump under your nipple and areola (the ring that surrounds your nipple), then that bump will start to grow (and might be a little sore). The breasts develop milk ducts inside that are there to help you breastfeed when you are older.

Boobs can continue to grow up until you are twenty years old, and they change as you get older, depending on your hormones and weight (and, in my case, if you go on the pill!).

Honestly, I know boobs stress a lot of people out. Sometimes one grows quicker than the other, or they become really large very early, or in your mind they are not big enough, or they take their time. Just remember that boobs come in all shapes and sizes, that everyone's look different. This includes the nipples, which also change with puberty. Some turn pink, tan, brown or dark brown, and your areola may darken. Some breasts may be uneven, and some (including mine) will get stretch marks, which are pink stripes on the boobs that eventually fade. Some breasts have hair around their areola, which is also super normal.

Getting a bra to support your breasts may be a good idea during the time they begin to grow, to reduce discomfort and give your boobs some relief (they can get sore when they are growing). It's also super fun bra shopping and getting fitted for bras!

Talk to your mum, dad, sister, friend or caregiver about buying some bras that will make you feel comfortable.

## ***Body and pubic hair***

All of us will grow body and pubic hair during puberty! You may begin to notice hair growing in new places or getting thicker and more noticeable. You will grow hair in your armpits, on your legs and around your genitals. You might also find thicker hair on your arms and belly. Plus, those who have more testosterone will get facial hair! It's all part of the process and nothing to be ashamed of.

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## Chapter 5

# Menstruation

Hello, hello, hello to your P-plates (your period)!

People with ovaries generally experience their first period when their bodies prepare for reproduction during puberty—and by reproduction, I mean that your body can reproduce! That means it can make a baby.

Periods come in monthly cycles commonly referred to as ‘the menstrual cycle’. This is called ‘menstruation’, which comes from the Latin word ‘mensis’, meaning ‘month’. Your first period is called ‘menarche’, which is a mashing up of the ancient Greek words for ‘month’ and ‘beginning’.

During this menstrual cycle, which usually lasts from 20 to 35 days, you will experience changes in your body along with changes to your moods and feelings (psychological changes).

One thing I would recommend is to download a period tracker app, if you can. These apps allow you to track your menstrual cycle so you can see how regular it is (and predict when it is coming), and they can help you realise if something is ‘off’ with your cycle. If anything starts to change, or if your periods are affecting you quite dramatically, then you should talk to a gynaecologist.

Before we dive into the menstrual cycle, we need to talk about a few key players: your hormones. The three players that we want to know best are:

- oestrogen
- progesterone
- testosterone.

Let me give you a run down.

*Oestrogen:* This is the best-known hormone in the bodies of those who menstruate. It is the hormone that tells your body when it’s time to release

an egg. People who used to menstruate but have stopped also have oestrogen in their body.

It's the most famous sex hormone for menstruators because it powers the menstrual cycle and development of your body at the start of puberty. It also helps develop strong bones and plays a big role in your mood and behaviour. This is because it works with our 'happy hormones', serotonin and dopamine. Also, there is a type of oestrogen called estradiol (es-tra-di-ol) that makes you horny. Ooh la la!

*Progesterone:* Another major player in the sex hormones, this is more commonly known as 'the pregnancy hormone' as it helps your body at the time it is most fertile to implant the egg (for making a baby) in your uterus and keeps the uterus lining thick, which helps keep a pregnancy safe.

*Testosterone:* A hormone that is present in all sexes. In people who menstruate, it is there to help ovaries get ready to shoot out an egg. Testosterone also makes you horny!

## **The Menstrual Cycle**

There are four main stages of the menstrual cycle:

- menstruation
- the follicular phase
- ovulation
- the luteal phase.



### ***Stage 1 of the menstrual cycle: menstruation***

#### **Your body**

Menstruation occurs when you start your period. Your oestrogen and progesterone levels are low, which means that your body is forced to start getting rid of your endometrium, which is the lining of your uterus. This lining comes out of your vagina and is bloody (period blood, voila!). Periods usually last from three to eight days and can vary in flow.

#### **Your feels**

You may be a bit cranky, sore and emotional (the blessings of hormone fluctuations) and you could have some bloating and sore boobs and feel tired. This can occur for a few days before your period starts and we call it PMS, or premenstrual syndrome (which I will elaborate on later).

## ***Stage 2 of the menstrual cycle: the follicular phase (or pre-ovulation)***

### **Your body**

The follicular phase is the time between the day you start your period and ovulation. It lasts about sixteen days, but can take anywhere from 11 to 27 days.

The follicular phase is when a part of your brain called the hypothalamus sends a little message to the pituitary gland, which releases follicle stimulating hormone (FSH). FSH says to the ovary, ‘Hey, it’s time to make some follicles.’ Follicles are immature eggs (not immature as in ‘silly’, but immature as in ‘haven’t grown to their full size’).

Each cycle, only the healthiest follicle matures into an egg—it’s survival of the fittest. In rare cases there may be more than one mature egg on the same cycle (which means you could have twins or even more if you fall pregnant). But more commonly, the eggs that don’t ‘grow up’ are absorbed back into the body.

Size-wise, these eggs get chunky. The grown-up egg takes up HALF of the ovary!

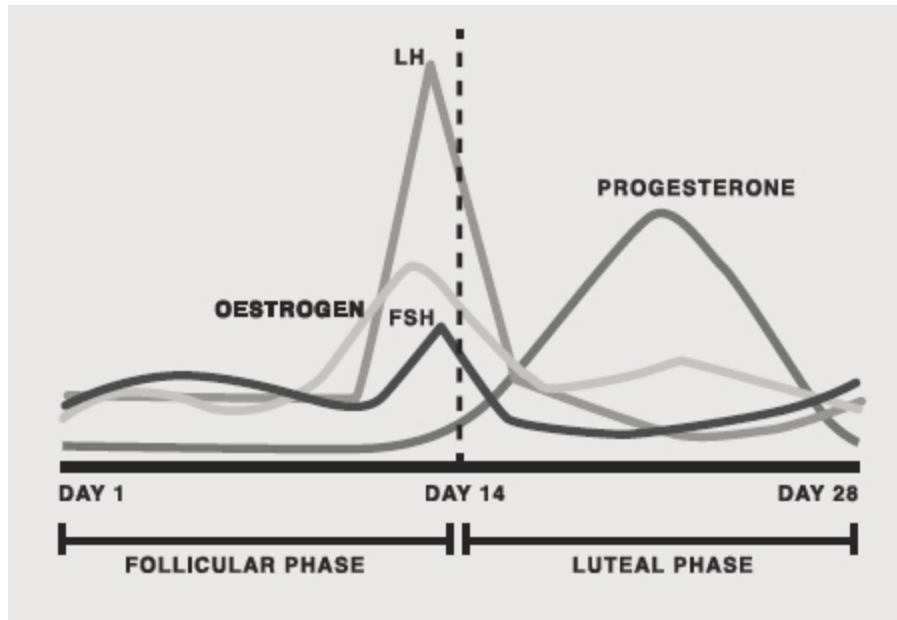
The special mature egg makes the body release our superstar hormone, oestrogen, which acts to start thickening the wall of the endometrium. The endometrium is the inner layer of the uterus.

### **Your feels**

Well, after your period finishes, and you are (hopefully) no longer moody and irritable, oestrogen and testosterone levels start to get higher as your body gets ready to release another egg.

These hormones reach their highest levels just before ovulation. This is cool, because high levels of oestrogen make you feel happy and relaxed. You are apparently more aware of other people’s feelings during this stage too, and you’re hornier.





### ***Stage 3 of the menstrual cycle: ovulation (when you are most likely to get pregnant)***

#### **Your body**

This stage lasts one day (literally 24 hours), and happens in the middle of your menstrual cycle, around day fourteen. It is when the grown-up egg is set free from the ovaries.

Eggs all have the X chromosome, and an owner's ovary only starts to release eggs with their first period. Over their entire life, an ovary owner will release about 400 to 500 eggs.

The release of an egg is called ovulation, which comes from the Latin word 'ovum', meaning 'egg'.

During ovulation, really high oestrogen levels cause the brain to release luteinising hormone (LH), which tells your body to release the grown-up egg from the ovary so it can start its journey down the fallopian tube.

The egg floats down, the muscles in the fallopian tubes contracting and making waves to transport it, and teeny-tiny finger-like projections inside the tube propelling the egg forward on its journey towards the uterus.

The fallopian tube is essential for making babies as it is where an egg and a sperm can meet and join together to become the beginning of a baby. This joining of forces between the sperm and the egg is called 'conception' or

‘fertilisation’. When the egg has been penetrated by the sperm, it results in a fertilised egg.

Ovulation time is when you are at your most fertile, meaning that this 24-hour window is when you are most likely to fall pregnant. However, sperm can live for five days inside you, so if you have had sex in the days leading up to ovulation, one of those little sperm could happily swim up and fertilise the egg. An egg only lives for 12 to 24 hours, so, as you can see, there is a limited time frame to get pregnant.

## **Your feels**

To be honest, there are not usually many emotional changes here because it’s only a 12 to 24 hour window. You may have a higher sex drive, as your body wants you to get pregnant and so increases the output of all those yummy hormones that give your libido a boost. You may, however, experience some pain with ovulation, which can last for a few minutes to a few days. If this pain is bothering you and consistent over a few days, it’s a good idea to visit a specialist to see if there’s a reason why this is happening.

## ***Stage 4 of the menstrual cycle: the luteal phase (am I pregnant or not?)***

### **Your body**

The luteal phase is the period of time between ovulation and before your period starts again (menstruation), and lasts for around fourteen days.

*If the egg is fertilised:* The fertilised egg floats down from the fallopian tube into the uterus, where one of our fave hormones, progesterone, has made the lining of the uterus thicker, creating a really nice, soft home for a fertilised egg. This lining has extra tissues, blood vessels and fluids so that the fertilised egg has a healthy place to grow up as it stays there and grows into a baby.

*If the egg is not fertilised:* If the egg has not been fertilised then it breaks down in the uterus and mixes with the soft lining (the endometrium). Because we are not needing that lining as a healthy growing place for a baby, it dissolves and passes out through the uterus and the vagina—this is your period!

When you first get your period, they kind of come on irregularly. And while a lot of people with ovaries get their period regularly every month, it is normal for some menstruators to never have regular periods (that's the case for me!). If your period is irregular you should go get it checked by a doctor to rule out any underlying health conditions.

Some of us have unwanted symptoms that accompany the luteal phase called premenstrual syndrome (a.k.a. PMS).

### ***So what is PMS?***

Premenstrual time can be the most difficult point in the menstrual cycle. When oestrogen and progesterone drop, this withdrawal of hormones causes some challenging symptoms for three out of four people with ovaries.

### **Your body**

- mood changes
- bloating (big sore belly)
- sore, swollen, tender breasts
- crying (often for no reason)
- constipation or diarrhoea
- fatigue
- skin problems
- sleep problems
- weight gain (mainly 'water weight', but appetite also increases)
- food cravings
- libido changes
- anxiety.

### **Your feels**

Your body realises that it ain't getting pregnant this month. Your oestrogen falls and progesterone rises and then falls.

Because your hormones are all out of whack, your mind experiences the effects of that and you might start to feel kind of flat or moody and irritable. You might find yourself quite emotional and teary, or very sensitive and

more easily angered or offended than normal. Most menstruators experience some of these symptoms.

If that wasn't bad enough, some unlucky people (like myself) have an extreme form of PMS called PMDD.

## ***PMDD***

Eh, premenstrual dysphoric disorder (PMDD). It's caused me so many dark times in my life.

PMDD shouldn't be confused with PMS. PMDD is a severe disorder and can be a very isolating and dark experience. I noticed it in my mid-twenties and it really made me suffer. I couldn't work, I couldn't sleep, I was angry, I was depressed. I cried all day and all night. It also affected my relationships.

Those who suffer from PMDD usually have both physical and psychological symptoms for a week to two weeks before their period. The experience is like intense PMS symptoms and can make you feel like you have multiple personalities, living with an inner demon who is ready to wreak havoc at any moment.

Once you begin your period then the symptoms start to subside. Unfortunately, though, you are left cleaning up the mess of the week or fortnight before, and you are already dreading the same symptoms starting again in about two weeks.

There hasn't been much research into effective strategies, with health specialists prescribing the pill or antidepressants to help. Currently there is more research being done (phew!).

## **Symptoms**

The symptoms must meet all four of the following criteria, so it's a good idea to track your period and see if these symptoms pop up for at least two months in a row.

- Symptoms cause distress or impact on work, school, social activities or relationships with others (for example, having to skip work because of symptoms, relationship conflict, decreased productivity).
- Symptoms needs to have been displayed for at least the last two menstrual cycles.

- Any other mental health or generalised health conditions need to be ruled out.
- The impact of any medication you are taking also needs to be ruled out.

The symptoms themselves are the same as for PMS, described above, only more intense and lasting for a longer period. These symptoms usually arise a week to ten days before your period starts, and occur for a few months in a row. These could look like:

- a significant dip in emotions, including feeling sad, flat, teary, or being super sensitive to rejection
- noticeable irritability, anger or relationship conflicts (so if you notice you're having fights once a month with your partner, maybe consider PMDD)
- feeling depressed, hopeless or having unusual self-deprecating thoughts
- feeling 'on edge', anxious, tense
- reduction of interest in usual activities
- concentration difficulties
- extreme fatigue and lack of energy
- changes in appetite—overeating, undereating or food cravings
- excessive sleepiness or insomnia
- feeling overwhelmed or out of control
- swollen breasts
- weight gain and bloating.

## **Why does PMDD happen?**

Honestly, this is still unknown, but it is being researched.

Causes may be a sensitivity to reproductive hormones, genetics (my mum and sister also have PMDD) and social reasons such as stress.

Research suggests that PMDD sufferers may be extra sensitive to fluctuations of hormones, especially oestrogen and progesterone. Oestrogen plays a role in moods and behaviours because it affects the functioning of neurotransmitters such as serotonin and dopamine. Those with PMDD may not have enough serotonin because of the way their body reacts to the changing hormones during menstruation.

## **What to do if you think you have PMDD**

- See those symptoms above? You need to keep track of those over two to three months of your menstrual cycle. That means a daily record of whatever symptoms you experience or don't experience and what the severity is out of ten. There are some good templates online.
- Book an appointment with a health specialist and state that you think you have PMDD. If you are unsure if they know much about it, get a second opinion and do some research into good health specialists near you.
- SSRIs (antidepressants) are the most common treatment, and they sure have worked for me! Some people take these tablets consistently while others take them when symptoms start to occur. They are good at treating the mood swings and irritability.
- Oral contraceptives are also a common treatment because they deliver hormones in steady doses, which can make hormone levels more predictable and your period symptoms less uncomfortable. You also have the option of skipping your period which eases the drop in hormones.
- Therapy with a specialised health psychologist, or someone who has knowledge about PMDD, is another great way to go.
- Change your lifestyle. Cut back on sugar, alcohol and caffeine, and make sure you get healthy food and exercise (even a walk will help!). Reduce stress in your life. Educate your loved ones.

More research needs to be done in this area. Team up with a great specialist and do what feels right for you.

## **What's Normal When It Comes to My Period?**

To be honest, when it comes to anything, what is 'normal'? Everything in life is down to individual circumstances, so you have to focus on 'your normal'.

When it comes to periods, let's talk about averages.

Period bleeding usually lasts three to five days, with the blood being dark brown to bright red. If it is black or grey then it is time to talk to your doctor to make sure everything is healthy.

Sometimes your period may be heavier or lighter. It's a little tricky to define 'a heavy period' because what is heavy for one person may be entirely normal for another. Most of those with periods will lose less than sixteen teaspoons of blood per period, and generally the number is between six and eight teaspoons of blood.

If you are worried about your period being too heavy then look out for the following:

- if you lose more than sixteen teaspoons (80ml)
- if your period lasts longer than seven days
- if you are having to change your period products every two hours
- if you are bleeding through your undies and clothes
- you need to use more than one type of period product (e.g. tampons AND pads).

If you tick any of these boxes, it's a good idea to talk to your doctor to make sure everything is going okay.

If you have a uterus and are not getting your period then we need to talk about the term 'amenorrhea'. Amenorrhea (uh-men-o-REE-uh) is when you don't get your period.

Amenorrhea can either be primary (you have never got your period), or secondary (you used to get your period, but now you don't get it anymore).

By age fifteen, 98 per cent of those with ovaries will have gotten their period, so if it hasn't come by then it's a good idea to go to the doctor! It's also a good idea to get a check-up if you used to get your period but it's been three months without one.

I had primary amenorrhea until I was nineteen. You are going to laugh at me but I used to get blood noses super often, and I was so uneducated that I thought I was getting my period with my blood nose! LOL. I eventually got my period, but it was inconsistent, which led me to a diagnosis of PCOS or polycystic ovary syndrome, which is worth explaining.

### ***My periods come on randomly—there is no pattern to them!***

One of the most common reasons ovary owners don't get their periods or have irregular periods is PCOS. This syndrome affects 8 to 13 per cent of

ovary owners who have their period, which is roughly one in ten, and 70 per cent of these cases are undiagnosed (they don't know they have PCOS).

The main symptoms of PCOS are:

- Whack periods. They are irregular, coming at random times and then perhaps disappearing for a couple of months or even years. Maybe they disappear altogether. It basically means that your ovaries are not regularly going through ovulation (they are not releasing eggs).
- Extra androgens. These are the hormones that we (incorrectly) name 'male hormones', even though they are present in all genders. But they can cause extra facial and body hair (more fuzz).
- Weight gain.
- Thinning hair.
- Oily skin or acne.

If you have some of these symptoms, go chat to your GP to check what is going on and learn how to manage your symptoms.

## ***Endometriosis***

For some reason, this dreaded condition is not discussed enough, and I'm going to preface this section by saying that endo is a disease for anyone with ovaries.

No one who gets their period looks forward to the cramps and mood swings. But imagine if your pain was so bad that you couldn't get out of bed to go to the bathroom? Or had to go to the hospital for your period pain? Or if sex was causing you significant pain? These are some signs of endometriosis (a.k.a. endo).

For those who suffer from endo, periods can be excruciating. As you now know, during your menstrual cycle the lining of your uterus, the endometrium, builds up (to protect a fertilised egg) and sheds (when the egg is not fertilised). Those who have endometriosis find this process super painful. Their periods can be crippling. Why? Because for endo sufferers, cells that are similar to the lining that is meant to be inside the uterus actually grow outside the uterus, surrounding the ovaries and nearby areas. This builds up and breaks down and causes bleeding inside the pelvic floor, with corresponding pain, inflammation, swelling and scarring.



Now remember—and this is key—that endo (the condition) is not the endometrium! The endometrium gets shed with our periods each month. But the cells causing endo don't. They stay on the outside of the uterus, thickening each month, and getting more painful, and ultimately leading to adhesions (scar tissue that binds organs together) and endometriomas (sacs on the surface or inside the ovary that fill with old blood).

If this sounds like you, you are not alone. There are 176 million uterus owners worldwide who suffer from endo. That's one in ten. So why isn't it talked about more? Often it takes between seven and ten years to get an endometriosis diagnosis, which sucks because it affects thousands of people, their livelihoods, their chances of having a baby and their sex lives.

Some signs to look out for (but know that some people have these signs while others have none):

- Pain that begins before and continues into the period. Also lower back and abdominal pain.
- Pain with penetration. Pain during and after sex is super common and may go hand in hand with other sexual pain conditions (such as vaginismus, which is covered in the [Sexual Concerns chapter](#)).
- Pain doing a poo or peeing.
- Lots of period blood and some bleeding in between periods.
- Infertility. Sadly, a lot of people don't realise they have endo until they are trying for a baby.
- Other symptoms such as being super tired or having diarrhoea or constipation. Bloating or nausea is also common, usually with menstrual periods.

## **Pain and endo**

Endometriosis can cause different types of pain, including chronic, long-lasting and really challenging pain. Some examples:

- Dysmenorrhoea: painful menstruation, typically involving abdominal cramps.
- Dyspareunia: difficult or painful vaginal intercourse (50 to 79 per cent of patients).
- Pain on penetration: vaginismus (40 per cent of patients).
- Deeper pain.

- Post-coital pain: pain after penetrative sex (25 to 50 per cent of patients).
- Pelvic pain.
- Dyschezia: pain urinating/defecating.

Other sexual concerns:

- Almost 50 per cent of endometriosis sufferers struggle to have an orgasm (anorgasmia).
- More than 50 per cent of endometriosis sufferers have a loss of interest in sexual activity.

What elements of endometriosis affect sex? So many. There are physical and psychological aspects that come into play, alongside interpersonal relationships.

## **Physical**

- pain in the pelvis, entrance of the vagina and deeper pain
- bowel related pain associated with wind, bowel movements or diarrhoea
- rectal and anal pain with constipation
- painful urination
- backache and joint pain.

## **Psychological**

- depression
- anxiety
- lethargy, insomnia
- low self-esteem
- poor body image
- generally unwell feelings
- fatigue.

All of these aspects can lead to discomfort, fear of sex, low libido and performance anxiety. In fact, 40 per cent of endometriosis patients suffer from vaginismus. Vaginismus is vaginal tightness causing discomfort, burning, pain, penetration problems or a complete inability to have vaginal intercourse.

If the endo sufferer has a partner, this can impact on their confidence in being intimate with the endo sufferer as they may not want to hurt them or know how best to approach them erotically.

## **How to get help for endo**

- Firstly, pick the right specialist. Now, it's not your job to do this. Every doctor *should* be able to pick up endo symptoms ... but unfortunately, this doesn't always happen. If you suspect you have endo, go see a gynaecologist who specialises in endo. Do your research. You will most likely also need help from a pelvic floor physio and a sexologist.
- Unfortunately, the only way to diagnose endo is through surgery, so be prepared that this may be suggested. Make sure your symptoms align before going through surgery, even though it is very straightforward and minimally invasive. Laparoscopy is the name of the surgery. Basically, the surgeon will make a tiny cut in your abdomen and insert a thin, lighted tube to take a small sample from the tissue and test it for endo. If it is endo tissue, they will usually remove it.
- Endo is controlled with birth control and medication that stops the pituitary gland from releasing the hormone that makes the cells grow.
- There are a bunch of complementary treatments that also help for endometriosis. Pelvic floor physiotherapy, pain management psychology, acupuncture and diet have all been shown to help ease the discomfort of the condition.
- Warm Epsom salt baths, heating pads and TENS machines (an electronic medical device for transcutaneous electrical nerve stimulation) can help an aching body and pelvic cramp.

## **Period Stuff**

During your period, the blood has to go somewhere! Thankfully some clever people have made clever products to make sure that it is not leaking through our undies onto our fave clothes.

Periods are not more unsanitary than other bodily functions. There is so much gooey stuff that comes out of our body and yet menstruation is the only thing that gets paired with products to help us keep 'sanitary'. This implies that we are unclean, but vaginas are actually self-cleaning, so let's show them some respect.

Typically, these products are called ‘sanitary items’ or ‘hygiene products’, labels I don’t agree with because who came up with the idea that having a period *isn’t* clean and that we need products to *make* us clean? Let’s just call them ‘menstrual products’ or ‘period products’.

Having your period shouldn’t interfere with your daily life, and there are heaps of products to catch the goo.

I’ve outlined the pros and cons of the main products below.

## **Disposable pads**

### *Pros*

- Easy to use.
- External to the body, so no discomfort.
- Can pop in a handbag.

### *Cons*

- Bulky.
- Can be smelly if not changed.
- Cannot use in water.
- Bad for the environment.
- Can contain additives if not organic.
- Can irritate the skin on the vulva.

## **Tampons**

### *Pros*

- Small.
- Can pop in a handbag.
- Internal, so not noticeable if in a changeroom or at the beach.
- Can wear in the water.

### *Cons*

- Can only wear for a few hours at a time.
- Can be uncomfortable if not inserted correctly or if the user has vaginismus.
- Bad for the environment.
- Increases risk of toxic shock syndrome.

## **Menstrual cups**

### *Pros*

- Environmentally friendly.
- No nasty additives.
- Can wear for extended periods of time.
- Cost-effective—sterilise in boiling water and you can use it for years!

### *Cons*

- Needs practice to insert/remove.
- Some may find it too tricky, messy or uncomfortable.
- There is a very, very small chance that they can pull out your IUD (it's not the suction but more the string from the IUD could get stuck on the side of the cup and snag as you pull out the cup).

## **Menstrual undies**

### *Pros*

- Basically a pad built into underwear.
- External, so no discomfort.
- Reusable—pop in the washing machine after each use.
- Some are appropriate for under swimwear.

### *Cons*

- Not always the best when you have a heavy flow.
- Can be a bit pricey, but again, they're reusable.

## ***Toxic shock syndrome (TSS)***

This used to scare me when I was in school. We would freak each other out about how long we wore our tampons. Fact is, while a life-threatening condition, TSS is really, really rare, and if you are changing your tampon regularly, you should have no problems. More often, GPs see people who have 'retained' tampons in the cooch for days to weeks until the tampons have started to carry odour and discharge or bacterial vaginosis.

TSS received a heap of publicity in the 1980s when there was an outbreak of cases in American menstruators who were using a particular brand of highly absorbent tampons, but TSS can really affect anyone.

TSS is caused by a poison that is produced by too much of a certain bacteria (which is often called ‘golden staph’). This bacteria lives on the skin and in areas like the nose and the vagina. Usually the bacteria causes no harm, but if it goes a little too crazy (sometimes the environment it lives in allows it to grow too much) then it can be dangerous. Research suggests that tampon absorbency may be a part of TSS.

Indicators are flu-like symptoms, including dizziness, high temperature, vomiting, diarrhoea and aching muscles. If you feel this way after using a tampon, take it out and seek medical advice right away.

### ***Menstruation is not a dirty word, period***

Period, monthlies, Auntie Flo ... whatever you want to call your menstruation, there’s a lot we have to talk about.

Historically there have been many negative and shameful social attitudes attached to periods. If half the population is getting their period then shouldn’t we all feel comfortable discussing it? Yeah ... hasn’t happened yet.

It really got to me when I was younger that it was kept a secret. If I was emotional, or cranky, I would hear someone say, ‘It must be your time of the month.’ I would try to hide my pads or tampons in my bag and quietly unwrap them in the bathroom, because I didn’t want people to know I had my period. I mean ... this needs to stop.

Over a menstruator’s lifetime, they will spend around six years in total menstruating (if they get their period three to five days of the month).

In some parts of the world, menstruators are treated as dirty and untouchable during their period. Some are banned from cooking or touching food, forced or forbidden to shower, or made to go into confinement until their period finishes.

### **Period poverty**

Did you know that according to a report by the UN 12.8 per cent of women around the world live in poverty, and at the same time in many countries there is a ‘luxury tax’ added onto menstrual products. This

tax is (a) ridiculous, and (b) leaves many who can't afford the tax and the product without options to purchase these products.

Those who cannot afford menstrual products have to resort to toilet paper, newspapers, rags and clothes. To make matters worse, 1.25 billion do not have access to a safe, private toilet. For context, this number is close to the population of India. On top of that, 526 million do not have a toilet at all. That number is the population of the UK, US and Mexico combined.

This basically means that having your period is a real problem for much of the world's population. Many of these menstruators are period-shamed, living in poverty and discriminated against because they have their period. This often leads to girls and women missing school and work, and therefore hinders their economic opportunities.

To change this bit by bit, buy your products from social enterprises that give back to the community. Talk loud and talk proud about your period. Put information out into the world to break the silence and stigma that surrounds menstruation.

## ***Period sex***

Period sex is taboo still for some reason, but heaps of people do it! Still, blood freaks some people out, which is reasonable, as from the beginning of time it has been seen as a sign of injury or disease. We have to learn to view menstruation as a normal and natural process.

Periods are something a lot of people feel like they need to hide. They have been told by a patriarchal society that it is gross and shameful. When we're going through puberty we are not taught that it's okay to menstruate. Instead, we learn to hide it away and how to not get spots of blood anywhere.

Half of the population between the ages of fifteen and fifty are going to get their period each month, so why don't we all make it a non-shameful part of life? Curiosity brings so many amazing things to our lives. We have to embrace the fact that menstruators are going to get their periods and still achieve incredible things, and that includes a fantastic sex life.

If you get your period, you might know the frustration when it cuts out a chunk of your sex time each month. But, unless you are afraid of blood or

not able to cope with the mess, sex during your period isn't something you need to avoid. It can be messy, but it is safe! Plus, sex with your period has a few benefits:

- **Relief from cramps.** Orgasms may bring relief from cramps! When you cramp, your uterus is contracting to release its lining. When you have a 'gasm, the muscles of the uterus also contract but are followed by a release. This release can bring some relief from the cramps.
- **It may relieve menstrual headaches.** Endorphins released during climax may play a role in relieving headaches. There have been numerous studies to show that those who engaged in sexual activity during a migraine reported relief.
- **It is a natural lube.** Pop the lube away because blood acts as a natural lubricant. Just put a towel down—or have sex in the shower and wash away the evidence!
- **It can make your periods shorter.** Because orgasm muscle contraction pushes out the uterine contents faster, you could have shorter periods.

With a lot of people I meet, enjoying sex during their period is not a problem at all. But for those who do find it a little confronting, I guess I have to ask, 'Why?' I think they just don't have the right information. A lot of menstruators also skip their periods if they're on the pill so they can keep having sex. I encourage them to give period sex a try and see if they can enjoy the experience.

Remember, anything that you do sexually starts as a bit of an experiment, usually because we're not taught to have sexual confidence. We lack knowledge about what's going on in our body and how it interacts with sex. It's something that we have to try. Like anything new, it takes a little bit of anxiety and trial and error to get to a place of comfort.

For anyone who gets a little freaked out around blood, or periods, I always suggest sex in the shower because it washes away the blood instantly. Or you can put a towel down on the bed or have some wet wipes around to clean up afterwards. Not wearing a tampon is probably the most important thing to remember, because that's going to interfere with intercourse. Of course, you can wear a tampon or a menstrual cup during oral sex, clitoral play or when you're using a vibrator (without penetration).



Outercourse is key if you are avoiding penetration. Anal sex is a really good option too if you enjoy it.

My whole philosophy centres around educating people that sexuality is not just about penetration and orgasm. Maybe you can have a lot more outercourse during your menstrual week, or other types of sexual activity that don't involve going near the vulva area. You can explore sex toys, buy vibrators for different parts of your body, do nipple play, or focus on other erogenous zones, like the ears or chest. You can try a little bit of role-play. Maybe give your partner a massage with a happy ending or direct them to rub your feet. You can listen to audio porn (like Dipsea) and get your mind turned on, or touch yourself over the top of your underwear—it's all part of an erotic sensation because it's engaging your senses. Remember, sex is what you make it.

Educate your sexual partner on the possibilities of sex during your period and give it a go!

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## *Chapter 6*

# **Healthy and Happy Coochies and Boobies**

This chapter we are going to cover all things health, specifically how to keep your cooch and boobs in great condition. Moving on from our menstrual cycle, there are a few things that happen down under that you need to know about. It's a sensitive area and deserves a lot of tender love and care.

The vagina is a finely tuned ecosystem that has a specific balance of bacteria and moisture that keeps it at a healthy acid level. Your cooch is so clever! This vaginal pH level creates a protective environment for your cooch—it actually creates a barrier that prevents unhealthy bacteria and yeast from developing and causing infection.

Part of the vaginal ecosystem is discharge, which I am about to talk about. As you move through this chapter, I want you to remember that the vulva and vagina are parts of the body that should be worshipped and loved. Traditionally the words vagina, vulva and clitoris had been spoken about in hushed tones and seen as shameful. But no more! From here on, we will celebrate and revere the cooch and its clever ecosystem. So grab a mirror, and if you have a vulva then why not have a peek down there and see what you are working with. The vulva deserves some serious recognition.

## **Let's Talk Coochies**

### ***Discharge***

If you have a vagina and have had your period, you have probably noticed that sometimes your undies get a little bit ‘wet’ and there is sticky, sometimes-coloured fluid in there.

Don’t fear, there is nothing wrong. This is called ‘discharge’, and it’s totally normal for those with a vagina to get it. Discharge is so interesting—I’ve always been curious about it, and it tells me so much about my reproductive health. It’s not something to be icked out by. It’s *fascinating* and can reveal so much about your gynaecological health, like where you are in your menstrual cycle or if you have an infection or hormone imbalance!

Discharge is part of the reproductive system’s housekeeping. It is part of how the vagina cleans itself, using fluid made inside the glands in the vagina and cervix to carry away dead cells and bacteria. Think of it as a natural microdermabrasion for your insides. This keeps your cooch clean and helps prevent infection.

It can change in look, feel and smell during your menstrual cycle. It can go from wet to dry, creamy to egg white, sticky to stretchy, and that is all very okay and normal.

Discharge can also tell us if we are sexually aroused, or if we need to be aware of infection in our vagina. Understanding our discharge can help us understand our cycle and the health of our vagina.

Here’s what discharge looks like at different stages of your menstrual cycle:

- **During your period:** It’s mixed in with your period here, so you probably won’t notice it.
- **Just after your period:** You will have little to no discharge.
- **Coming up to ovulation:** Your discharge can be cloudy, white or yellowish. It might be a little sticky.
- **Just before and during ovulation:** This is when you are most fertile and there is lots more discharge! It will be clear, slippery and wet. The clear discharge may look like the white of an egg and can stick and stretch between your fingers.
- **After ovulation:** Less discharge, becoming white and sticky.
- **Before period:** Little to no discharge.

Worried about your discharge? Discharge can show us the first signs of infection if it has a snot-like consistency, is green or yellow, is clumpy or if it smells bad. You might also have some discomfort, itching and needing to pee a lot but with not much pee coming out.

Let's go over what happens if things are feeling a little bit ... off down there. Check out the table below—we are going to cover possible causes if our discharge is not quite right.

## Different types of abnormal vaginal discharge

	<b>Bacterial vaginosis</b>	<b>Yeast infection</b>	<b>Trichomoniasis</b>
Vaginal discharge	Greyish-white. Foul or fishy smell	Thick, white, chunky. Odourless or slightly 'off' smell	Yellowish/greenish. Foul smell
Other symptoms	Genital pain, itching, burning	Genital itching, swelling, redness	Genital itching, burning, soreness
STI?	No	No	Yes
What to do	See a healthcare provider	Try an over-the-counter yeast treatment and if symptoms persist, see a healthcare provider	See a healthcare provider, inform sex partners

*Note: Hormonal contraception can also change discharge or cause an increase in the amount of discharge.*

### ***Bacterial vaginosis (BV)***

A common condition, and nothing to be embarrassed about, BV is a very normal cause of abnormal discharge. Basically, in the vagina we have good

bacteria and bad bacteria, and the vagina is constantly working to maintain a level of healthy, balanced flora that is facilitating and protecting your fertility, so you can have babies (if you want them).

### **What is vaginal flora?**

Also known as the vaginal microbiome, flora is a term for the types of bacteria that live inside the vagina. To have a healthy vagina, we need to have healthy, balanced flora.

BV happens when there is too much bad bacteria and can often have no symptoms. If there are signs, they are the ones in the table above, which includes smelly grey-white discharge.

Often BV does clear up on its own, but if you do notice it then it's a good idea to see a doctor who can give you some antibiotics to help. Make sure you follow the doctor's instructions and take your full dose of antibiotics so the infection is completely gone. Unfortunately, BV can come back, but don't blame yourself if it does, just go straight back to the same GP you went to last time (if you liked them and they did a good job) so they can monitor and understand what's happening in your cooch.

Why do people get BV? It's unclear, though there are likely a lot of reasons. It's not an STI, or sexually transmitted infection, but sex is involved, because we don't often see BV in those who are not sexually active. Penis owners don't contract BV but can be affected by the bacteria of BV through sexual activity, as they may carry the bacteria on their penis, and spread it if they are having sex with multiple partners.

It's a good idea to use a vaginal probiotic after you finish your antibiotic script to give your cooch a nice dose of good bacteria. Avoid douching (washing the inside of the vagina with a 'cleaning' solution) or using soaps on the vagina. You should never douche or clean the cooch with a soap or solution as it does a perfectly good job of staying healthy as is. These products are designed to sell by shaming vulva owners into thinking they need to clean down there ... like it's dirty? Please. The vagina and vulva are perfectly healthy with some water, babe. Don't throw its pH off by using any 'cleaning' products on it.

## ***Yeast infections (a.k.a. thrush)***

F\*\*\*ing yeast infections. You might have heard them being referred to as ‘thrush’. They are so annoying. Most vulva owners will get one in their lifetime. Penis owners can get them too but it’s less common.

What am I talking about? Let’s paint a picture.

Symptoms of a vulva yeast infection include:

- ITCHING (like tearing-your-hair-out itching) of the vulva and maybe the vagina internally.
- Discharge that is odd-looking, clumpy and white.
- Burning when peeing.
- Pain during vaginal penetration.
- Red and irritated vulva, potentially swollen.

Symptoms of a penile yeast infection include:

- A red rash.
- Shiny white patches on the penis.
- White substance under the foreskin.
- Itching and burning on the penis.

They can itch like crazy and make sex hurt soooo much, so best to just stick to outercourse. (Outercourse is non-penetrative sex. Intercourse is penetrative sex. My definition of outercourse is having sexual play without putting anything inside the vagina, and in this case, if penile infection is involved, avoid the penis.) When you have a yeast infection, it’s best to have sexual play that doesn’t involve vulva play.

Yeast is part of the vaginal flora, and the medical term for it is *candida*. Remember again that vaginal flora are the colonies of bacteria that live inside the vagina—mostly good bacteria and some bad.

Yeast infections can have multiple causes, and it can be really hard to pinpoint why.

The risk of getting a yeast infection increases with:

- pregnancy
- uncontrolled diabetes

- high levels of oestrogen due to pregnancy or taking the oral contraceptive pill
- being immunocompromised (like when on cancer treatments)
- antibiotics
- IUDs.

It is commonly suggested that diet might have an impact on yeast infections. However, science suggests there are no good or bad foods as far as the cooch is concerned. Of course, eating good food benefits your entire body, so try your best to have a wholesome diet.

Some studies say synthetic underwear may also be a problem, but the evidence is unconvincing. Underwear can't change a pH balance; that happens internally. However, if you are wearing synthetic or latex underwear every day, or using waterproof incontinence pads daily, these could be trapping the moisture, so some cotton or bamboo undies may help.

If you suspect that you might have a yeast infection, you should probably go see your GP. This is important because yeast infections have similar symptoms to STIs. If you are getting yeast infections often, it may also be a symptom of other health concerns.

Often the doctor will prescribe a dose of antifungals, like fluconazole. However, if you don't have access to a doctor and you are going bananas with itching, head to your nearest pharmacist and tell them you have a yeast infection and need a combo of cream and tablet treatment for three days. (Chemists give out these treatments daily, so there is no need to feel embarrassed.)

Over-the-counter vaginal creams and tablets have the same ingredients to fight a yeast infection as the medication your doctor might prescribe—they aren't as strong, but they are readily available. To reduce itching, take an antihistamine and let the anti-fungals do their job.

## ***Trichomoniasis***

We will learn about this in the Safer Sex chapter, but 'trich', for short, is a common sexually transmitted infection which is caused by a parasite. In ovary owners, trich can cause bad smelling vaginal discharge, genital itching and painful urination. If the ovary owner is pregnant, they may be at a higher risk of delivering their babies prematurely.

In penis owners, there are usually no symptoms.

The most common treatment for trich is taking a dose of antibiotics, which both sexual partners must do to prevent re-infection.

## ***Other coochie infections***

### **UTIs**

Urinary tract infections (UTIs) or bladder infections suck. They hurt so much—like razors when you pee. I have flashbacks to waking up in the morning shaking as I ran to the toilet, trying to pee and not much pee coming out, then not being able to walk more than five metres from the toilet without having to try to pee again.

### ***What are UTIs?***

A UTI is an infection of the urinary system. The urinary system consists of the kidneys, the ureters, the bladder and the urethra.

Basically, UTIs happen when bacteria enters the body, usually through the urethra (your pee hole). UTIs are twice as common in vulva owners than in penis owners because a vulva owner's urethra is shorter and closer to the anus, which is where the bacteria usually comes from. That means the bacteria doesn't have to travel as far to get into the body, making the risk of getting a UTI higher.

Around 50 per cent of vulva owners will get a UTI in their lifetime. Bummer. And unfortunately, one in four will experience recurring UTIs, with the infection returning on a regular basis. It can be super distressing!

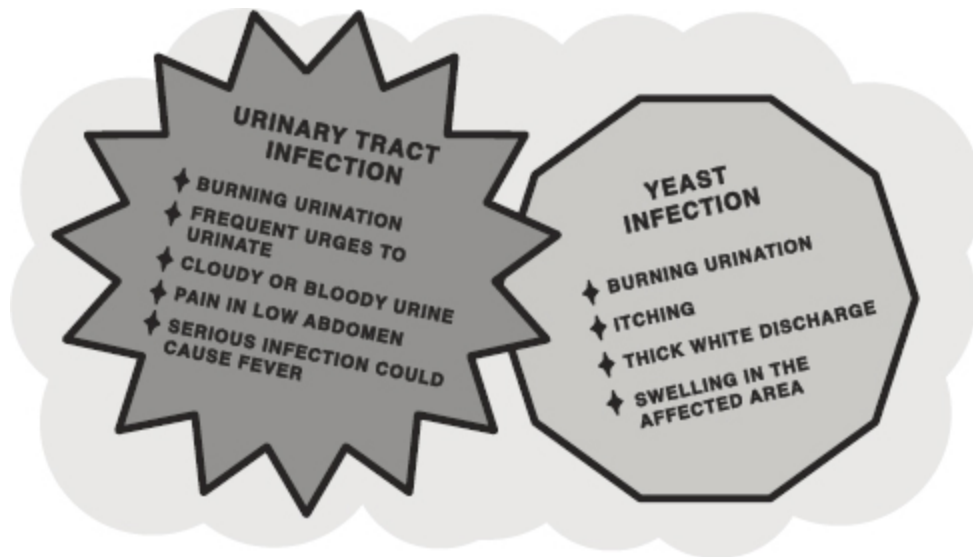
### ***What might you feel if you have a UTI?***

- Burning when peeing.
- Lower abdominal pain.
- Needing to pee lots and lots (literally peeing and getting up and needing to pee again).
- Incontinence (leaking pee or wetting yourself).
- Feeling the need to pee but not being able to get more than a few drops out.
- Feeling like you have a full bladder, even after peeing.
- Smelly or cloudy or bloody pee.



- Fever.

Basically, if you think you have a UTI, you probably do.



### ***Why would you be at risk of getting a UTI?***

- For those with a vagina, sex is a common culprit, because it increases the risk of bacteria being moved up to the urethra.
- A weak pelvic floor sometimes means the bladder does not completely empty, leaving a 'pool' of urine still in the urethra, which can lead to infection.
- Constipation can make it hard to get all your pee out, which can allow bacteria to multiply.
- Holding your pee in for too long can lead to bacterial growth or leakage.
- Not drinking enough water.
- Pregnancy.
- Diabetes can change the function and structure of the lower urinary tract.

UTIs are usually so painful that you need to go to the doctor straight away. They can be easily treated with antibiotics. If you don't go to the doctor then you risk getting a more serious kidney infection (signs include feeling chills, high fever, serious pain).

### ***What can you do to (hopefully) not get a UTI?***

- Drink lots of water.
- Make sure you move from front to back when wiping after using the toilet.
- Switch from cranberry juice (high in sugar and low nutritional value) to cranberry tablets. (Studies of their effectiveness are low quality, but, hey, they have worked for me!).
- Take 1000 milligrams of Vitamin C three times a day.
- Take 2000 milligrams of D-mannose supplements twice a day (this could prevent bacteria from sticking to the bladder lining).
- Take 1 gram of methenamine hippurate (called Hiprex in pharmacies)—methenamine is a safe and effective option to prevent UTIs.
- If you tend to get a UTI after sex, you could talk to your GP about getting a script for antibiotics so you can start taking them straight away when you feel the infection come on. Pee before and after sex to flush out the urinary tract.
- Make sure your sex toys are clean and have been washed.
- Use lubricants that work well with your body! I would suggest investing in a good lube, not one from the supermarket. I always buy my lubricants and toys from sexual wellness store Lovehoney, as they are guaranteed body-safe and high quality. My favourite options are from the brand 'Pjur', which has a great 'original' silicone lube for skin-on-skin play, and a 'sensitive' water based lube for condoms and toys.

### ***What happens if I get these infections. All. The. Time?***

Go see a good urologist. Frequency of needing to pee, pain and sometimes blood in the urine could mean you have a more serious condition called 'painful bladder syndrome'—time for a trip to your doctor. Other symptoms of this are pain during sex and finding it difficult to get all the pee out once you have started peeing. These symptoms need to be happening for around six weeks before a proper diagnosis can be made.

If you feel like this is you ... talk to a specialist about it.

### ***Gynaecological cancers***

It's important to talk about cancer. Not because it's common, but because you want to know what to look out for. According to the Cancer Council, in Australia there are around 850 new diagnoses of cervical cancer a year,

1400 new cases of ovarian cancer a year and around 2700 new cases of uterine cancer. Now, these statistics and the symptoms listed below are just here to tell you that even though cancers are not routine, checking for them should be. It's important to pay attention to your body and recognise any symptoms of problems going on 'down there'.

Most people who are reading this book in Australia would have been vaccinated with the HPV (human papillomavirus) vaccine when they were at school, which protects you against a range of cancers that can affect the cervix, vulva and vagina. And vulva owners are encouraged to go get cervical screenings. In Australia we have the National Cervical Screening Program, which is designed to reduce illness and death from cervical cancer. Those with ovaries aged 25 to 74 are invited to have a cervical screening test every five years. This test detects HPV infection, which is a risk factor for the development of cervical cancer. So even though HPV is vaccinated against in most people with ovaries, you still need to get your five-year screening.

Why don't I list some of the symptoms of gynaecological cancers so you can look out for any feelings that are a bit 'suss'? Watch for these symptoms and visit your doctor if you are concerned:

### **Cervical cancer**

- Often no symptoms.
- Bleeding between periods.
- Bleeding after penetrative sex.
- Periods that are heavier than usual.

### **Endometrial cancer**

- Abnormal vaginal bleeding, such as bleeding after menopause or bleeding between periods.
- Pelvic pain.
- Pain during sex.

### **Vulva cancer**

- Itching, burning and soreness or pain in the vulva.
- A lump, sore, swelling or wart-like growth on the vulva.

- Thickened, raised skin patches in the vulva (may be red, white or dark brown).
- A mole on the vulva that changes shape or colour.
- Blood, pus or other discharge coming from a lesion or sore spot in the vulva.
- Hard or swollen lymph nodes in the groin area.

## **Vagina cancer**

- Pain in the pelvic area or rectum.
- A lump in the vagina.
- Blood in the urine.
- Bloody vaginal discharge not related to a menstrual period.
- Pain during or bleeding after sexual intercourse.

## **Uterine cancer**

- Changes to periods, maybe heavier than usual.
- Vaginal bleeding between periods.
- Long periods, without a break in between.

## **Ovarian cancer**

- Abdominal bloating.
- Difficulty eating or feeling full quickly.
- Frequent or urgent urination.
- Back, abdominal or pelvic pain.
- Constipation or diarrhoea.
- Menstrual irregularities.
- Tiredness.
- Indigestion.
- Pain with sex.
- Unexplained weight loss or weight gain.

Some people experience no symptoms at all, which is super important to note because it highlights the need for regular screening. If you do feel any changes, go see a doctor who will do the right tests to rule out cancer.

# Let's Talk Boobies!

Boobs, breasts, tits ... we love them! They come in all shapes and sizes. Something very cool about them is that they are unique to humans. There are more than 5000 mammals on the planet but homo sapiens is the only one that has permanent boobies. Every other mammal grows temporary boobs during ovulation and nursing, with their purpose to produce milk. Once the milk is gone, the boobs disappear too! Humans are the only life form that keep their boobs whether reproducing or not.

My boobs started developing in my mid-teens. And wow ... they grew quick! So much so that I had stretch marks like pink tiger stripes. And my boobs were SO sore.

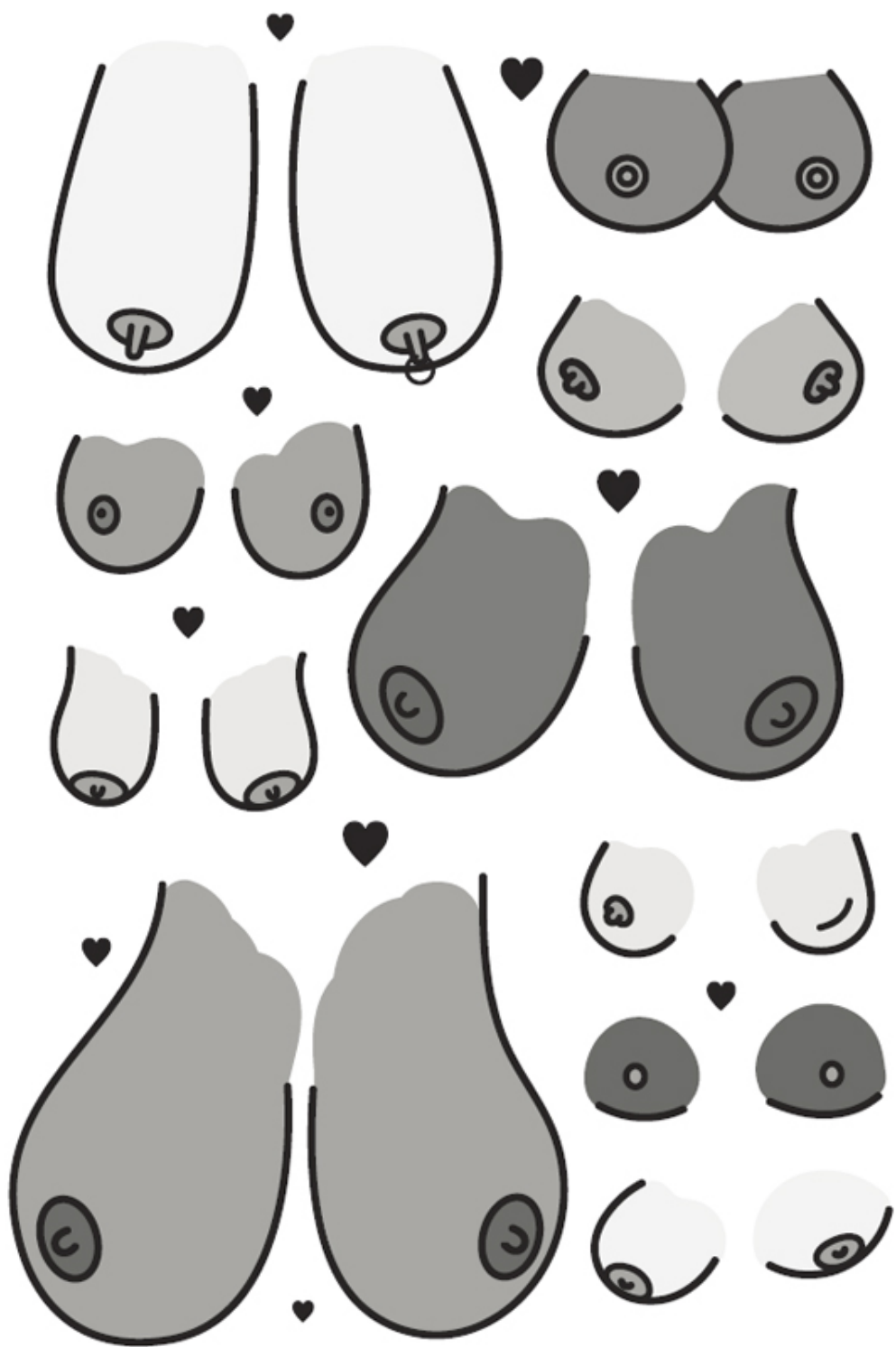
I also soon noticed that my friends' boobs and nipples all looked different. To me, that was okay! I was used to seeing my mum's and my sisters' boobs, and my parents did a great job of explaining that we are all different. My best friends were twins, Brooke and Elly, and they had older sisters, so we went bra shopping all together with their mum, Bev, who helped us pick our first underwire bras and get measured up. We thought it was so much fun, which helped normalise having boobs even more.

For those of you who don't have that kind of support around body changes, let me be that person for you.

## ***So what's 'normal' when it comes to breasts?***

- Boobs can be big, or small, or in-between.
- Your boobs can be different sizes! It's very normal for one to be bigger than the other.
- Boobs can sit high or low on your chest.
- Boobs can sit close together or far apart.
- Some boobs may be round, some may be pear-shaped, some may be long and slender, some might point in, others might point out.
- Nipples may be light or dark, and big or small.
- Nipples may point up or down, and go in or out.
- Nipples can be puffy, bumpy, everted (erect), inverted (go in), flat, hairy, protruding—and you might have an extra one!
- Both boobs and nipples might change in size with your menstrual cycle.

Put simply, breasts are unique, and it's perfectly okay that they have their own distinctive shape and size, colour and personality.



You should never be made to feel insecure about your boobs, and yet I know that breast insecurity is something a lot of my friends suffered from growing up (especially when boys used spiteful code words such as ‘surfboard’ to describe them).

There are a couple of things I want you to remember next time you are feeling insecure about your boobs:

### **1) Size and shape don’t matter!**

Have you ever been to a lingerie store, or the underwear section of a department store? Next time you are in there, notice how many damn bra sizes there are! Between body size and cup size, you are looking at more than fifty bra sizes. That’s a whoooooole lotta boob variety.

### **2) Boobs are just like the rest of our body**

Boobs are just skin and tissue and fat. They have bumps, hair and stretch marks. Some have scars.

Breasts are so sexualised in our culture, and we are taught by a patriarchal society to objectify them. This can be an unconscious experience—we might not mean to!

We think of boobies as objects rather than body parts. And porn, advertising, media and schoolyard chat lead us to expect our boobs to be ‘perfect’. But what is ‘perfection’ anyway?

### ***Breast awareness***

Checking out your breasts at home can be an important way to find breast cancer early. We call this *breast awareness*. Babe, you NEED to know your boobies! Because if you do notice changes, it’s good to go to your doctor and get it checked out ASAP. A lot of the time it won’t be breast cancer, but if it is then it can get treated early.

Everyone’s boobies look different, and they all feel different! As I said before, there is so much variation. Get comfortable with the look and feel of your boobs, and check them on the regular. You can do this when you take off your bra daily, or after a bath or shower when you are putting on your lotions and potions.



If you are past puberty and still experiencing pain in your breasts that does not appear to be related to your menstrual cycle, it's best to talk to a doctor about it.

When you are feeling your breasts, remember to feel all over, up into your armpits and your collarbone, and notice any changes that might be different for you. If you notice a new lump in your breast or underarm (armpit) or swelling, irritation, discolouration, flakiness, pain, unusual discharge or change in the size or shape of your breast or nips, go see your doctor! If you would like to find out more, head to the Breast Cancer Network Australia, [www.bcna.org.au](http://www.bcna.org.au).

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## *Chapter 7*

# Body Image

It's super important to talk about how body image impacts sex positivity, because for a lot of us the way we feel outside the bedroom impacts the way we feel inside the bedroom!

Body image involves two key elements:

- your mental picture of your physical body (including size, ability, shape and appearance)
- your beliefs about your physical self (thoughts, feelings and opinions about your body).

Many people of all genders and ages have problems with their own body image, which sucks. They have an unrealistic view of how others see their body. Like eating disorders, body image concerns are more prevalent among vulva owners but can happen for all genders.

How you feel about your body will affect your ability to express yourself sexually. I see many people coming in and out of my clinic and my life with different beliefs, like, 'I'm not good enough because

I'm not a certain size, shape, look'. What a bummer. In my eyes, you are all enough, just as you are.

We know body image can be swayed by many factors, such as background, culture, the media and interactions with family and friends.

Good sexuality relies on being able to feel present and embodied. However, many of us are quite critical of ourselves and have high expectations of what we should look like and what is beautiful.

Here's a great thing to remember: To allow someone else to take delight in your body, you must be able to take pleasure in it yourself. This requires taking action to find peace in yourself. To accept the body you have.

Further, to befriend your body. To be playful in how you can create harmony with it.

## **Why Do We Have Body Image Problems?**

You begin forming a perception of your own body and its attractiveness, health, acceptability and functionality in childhood, when you are young and vulnerable, and then your body image develops as you age. For some it matures in a positive way, and for others it becomes more negative. Personality traits such as perfectionism and self-criticism also influence the development of negative body image.

Disliking your body is something learned—you are not born with that trait. That also means it is something you can unlearn! I would love it if you started feeling self-compassion for yourself and your body.

### ***The media influence***

The media is one of the most influential powers behind self-image. It sends the message that conventionally attractive people are happier, more successful, have more friends and are more popular than others without the conventionally attractive characteristics.

Thankfully, I believe this attitude is changing and we are becoming more focused on health and happiness.

Social media is full of curated feeds and images of picture-perfect lives. These often omit the less positive aspects of people's lives, such as a fight with a partner, a depressive episode, overeating or undereating. Social media is where people put their best foot forward. This best foot isn't necessarily the realistic foot.

Society has made it normal for us to be self-critical or talk ourselves down. And we have to remember that society has pushed a lot of racist, transphobic, fatphobic, ableist, ageist and queerphobic notions on us, making us unsure whether it is okay to be ourselves. Our internal voice, which is often the harshest, is influenced by media, advertising, passing comments, porn and more, and we don't even realise that we are absorbing

all that negativity and marinating in it. I often wish we would talk to ourselves like we talk to our friends and loved ones.

## ***Labiaplasty***

There is a rise in labiaplasty surgery in Australia and internationally. Labiaplasty is surgery to reshape the vulva, mainly the labia minora (inner lips), making them smaller and non-protruding. It is the world's fastest-growing cosmetic surgery procedure!

The problem is that we don't know the full range of diversity when it comes to labia. That's because censorship laws in Australia don't allow us to have 'genital emphasis', and this basically means that if vulvas are ever shown, even in educational works, they have to be airbrushed. The genitals must only have a single crease and no inner labia sticking out, belying the fact that many people's labia minora protrude. Showing the labia minora means an R18+ classification, making that media inaccessible to young babes during puberty.

Basically, because vulvas are always covered up, we don't know what they look like. Plus vulvas are not as obvious as penises—to even see your own properly you need a mirror! We have to remember that everyone is different, and every vulva and penis is unique and beautiful. But when we are kept in the dark about the diversity of vulva appearance, insecurities can rise, and private anxiety can cause them to make a decision to have their vulvas altered.

## ***Penis size***

Penis size is one of the many concerns that penis owners can have about their appearance.

## **Why Is Positive Body Image Important?**

Positive body image is when you can accept, appreciate and respect your body for what it is. It's super important as it can make you more resilient to detrimental repercussions, including eating disorders. (By resilient, I mean

having the capacity to recover quickly from difficulties. Resilience is the ability to cope with unexpected changes and challenges in your life.)

A positive body image will improve your:

- Self-esteem, which is basically how you feel about yourself. This feeling can positively or negatively impact every aspect of your life! And if it is positive, it can really help with your happiness and wellbeing. If negative, the opposite.
- Self-acceptance, which is what makes you comfortable and happy with the way you look, and less likely to feel like you are impacted by unrealistic media images and Instagram pressure to look a certain way.
- Outlook and behaviours. If you have balance in your life, with healthy attitudes and behaviours around eating foods that nourish you and around exercise, you will have a more positive outlook on what your body needs to feel good.

### ***Body image can really mess with our heads in bed***

Healthy sexuality relies on us being able to feel present and embodied. However, many of us are super self-critical and have very high expectations about what we should look like and what is beautiful. Body image is an essential factor in sexual self-confidence for all genders and really impacts sexual satisfaction. Basically, when body image suffers then so does sexuality.

The way you see your body can impact your sexual desire (feeling sexy and motivation to have sex) and your ability to become aroused. In fact, apart from relationship problems, a negative body image is one of the most significant barriers to sexual enjoyment and desire, and to being sexually responsive.

### ***How to not be 'judgy'***

We're all guilty of judging people from time to time based on how they look. This can cause others to feel shame and insecurities, especially when it comes to puberty, sex and dating. Being less judgy is a skill we can all develop.

There are a few reasons why we may be judgy:

- We are insecure or unhappy with who we are so we put others down.
- We are scared or intimidated by other people and will put them down—the opposite of empowering each other. We can also fear those who are different from us and may judge them because they are not like us.
- We are lonely. This is a strange thing to say but we may use judgements to bond with other people. However, these bonds are based on being cynical and superficial, a.k.a. relationships without substance.
- We want change. We want our lives to be different and we get jealous of others going through changing life stages so we put them down or judge them.

You know what, we can do better than that! Let's evolve together and leave yucky judgement behind. It's essential, because this is what judgement does:

- It hurts others. Even if you say things behind a person's back, those comments usually have a way of coming back and hurting them in unexpected ways. Would you say that negative thing to the person's face? Is it constructive feedback or pure bullying? Best to assess and have a healthy conversation.
- It puts negativity into the world. No matter how you rationalise your behaviours, judgement brings negativity into the world and brings down others. Imagine how much more positive life could be if we tried to be more understanding of each other rather than being judgemental.
- It makes you feel worse about yourself. Often when you judge others you might get a little rush, but ultimately you can feel pretty yuck afterwards. You bring yourself down when you bring others down.
- It perpetuate stereotypes. The more we put judgement into the world, the more we form and maintain negative stereotypes that people are trying to avoid (or live up to). Stereotypes may be based on ability, race, gender, spirituality, appearance, ethnicity, life stage or other superficialities, and they pressure people to conform instead of being free to be themselves.
- Lastly, it encourages you to be judgy of yourself. You are probably harsher on yourself, on what you look like, how 'cool' you are. You would probably spend less time being harsh on yourself if you were not doing this to others.

So how do we stop being judgy?

Well, first of all, we CAN stop if we choose. Often we judge others because we don't feel good about ourselves or because our parents/caregivers taught us judgy ways and these became unhealthy habits. So let me quickly show you how to not be judgy.

- **Focus on your own life!** Don't worry about how someone else looks or what they are doing or wearing. Focus on your own life and how to self-improve and develop. Focus on what you want in your life and the tiny steps you need to take to get there. Think about you and focus on the good things, because when you are trying to avoid your own issues, you start to criticise others instead of reflecting on how you can develop and grow. Be considerate, be kind, be someone people want to gravitate towards. Let your true self shine!
- **Monitor your thoughts.** When you move through your day, reflect on how you think about others and do your best to push those thoughts in a positive direction.
- **Look for the positive in the world.** Judgements are negative, and there is always the opportunity to find positivity in a person or situation. And if you can't find something nice to say, don't say anything at all! Write negative thoughts in your diary and give them a place.
- **Remember how bad it feels to be judged.** And remember how it felt last time you judged someone else, whether it was in public, on a date or in bed. It doesn't feel good to judge or to be judged, so let's cut that crap now.
- **Lastly, stop judging yourself.** You deserve a happy and healthy life. I know it's difficult to accept that—you are your own harshest critic. But I want you to focus on the positive aspects of yourself because there's no reason to be so unkind to yourself. The more you channel positivity inward, the more it will shine outward. Try hard to work on this step.

## **Everybody is attractive**

Remember that everyone is different, and we all have various insecurities going on underneath the surface. The most important thing you can do is be kind to all, and just because someone looks different doesn't mean they are a lousy lover, friend or companion. In fact, they could be the best lover you

have ever had—it's really got nothing to do with what they look like on the outside.

## **How to Improve Body Image**

I'm going to give you some healthy tips for feeling good, ones that you can start practising right *now*.

### **1. Have a shower, be fresh and clean, and spend some time being naked alone**

This is an exercise in awareness. Check yourself out closely in the mirror! Be really mindful of your features. Looking up and down, is there something you haven't noticed before? Do you have some freckles on your cheeks? What do your eyes look like? How gorgeous are your eyelashes?

There will be an urge to be critical about things you don't like, and that is okay. When you feel that criticism coming on, draw your attention to another part of your body. Look at yourself in all your nakedness and start to get used to it. Look at yourself as a whole person instead of focusing on the bits you don't like. I'm all about getting comfortable with the nudity, even stroking your body. Feel the sensation and pleasure on your cheeks, or your thighs, or arms. Move around, dance, be playful. The more contact and wonder you have in your body and its abilities, the more likely you are to develop a healthy body image.

Non-sexual nudity is an excellent way for you to become familiar with your body, its wonder, how it moves and how it looks.

### **2. Stop checking your body**

Instead of avoiding their body, some start obsessively checking. If that's you, it's just perpetuating negativity in your body. If you feel like it's compulsive, start writing down what you are checking and how often a day. Take note and then mindfully try to start cutting that number down. It will get easier as you go on.



### **3. Make a list of things you love about yourself and make it extend beyond your body**

You have a lot of fantastic qualities, though maybe you haven't taken the time to find them yet. Make a list of all your excellent qualities to solidify your positive body image and the idea that self-esteem isn't just exterior. The list can include your strengths, things that you have overcome, the work ethic that you have, and so on. Many people believe that it is only their body that matters and focus purely on their appearance, which is only a part of who they are overall. Do you judge others on their appearance or do you get to know them? What would you say to a friend who judged themselves as harshly as you do yourself? It's something to ponder.

### **4. Take time to smell the roses**

*'All happy people are grateful. Ungrateful people cannot be happy. We think being unhappy leads people to complain, but complaining leads to people becoming unhappy.'* —Dennis Prager

The word gratitude comes from the Latin word 'gratia', which means grace, graciousness or gratefulness. Gratitude, in many ways, encompasses all of these meanings. To express gratitude is to show thankful appreciation for what an individual receives, whether tangible or intangible. With gratitude, people acknowledge the goodness in their lives. An excellent way to practise gratitude towards your body is to think of your list above (the things you like about your body) and take a few seconds to reflect on these aspects, e.g. 'my body is strong', 'my body has curves'.

Positive psychology research shows that gratitude is strongly and consistently connected to greater happiness. Gratitude gives people the tools to feel more positive emotions, relish good experiences, improve physical and emotional wellbeing, cope with adversity and develop healthy relationships.

You can feel and express gratitude in multiple ways. Try applying it to the past by reflecting on positive memories and being grateful for positive experiences, and apply gratitude to the present by not taking good life for granted and being thankful in the moment. You can use it in the future by maintaining a hopeful and optimistic outlook. It's always something to work on and practise! #blessed

#### **4. Stop comparing yourself to others**

One form of ‘checking’ behaviour is unhealthy comparison. There’s no need to compare your physical attributes to other people’s! We are all unique, we are all okay.

#### **5. Challenge your assumptions**

Having weight on your belly and thighs does not mean you are fat—it’s called being human. Looking a certain way doesn’t make you unattractive—again, it’s just being human, and being unique. I want you to reassess your assumptions and consider if you are being harsh on yourself.

#### **6. Stand in front of the mirror and congratulate yourself on your beauty**

Literally say ‘I love you, you are beautiful’ or ‘I love you, you are handsome’. Give some love to yourself—you are your own best friend. Saying it will feel weird, but this exercise isn’t about being cool or perfect, it’s about being real.

Ban yourself from putting yourself down in the mirror. Go for a walk, or call a friend, or do ten star jumps, or put on some music—whatever you need to do to get away from that negative energy.

#### **7. Exercise releases endorphins that make you feel good**

If you don’t exercise, start small, like taking the stairs instead of the lift each day or walking to get your coffee. It will be more difficult at first but will eventually become more natural, and you’ll feel great as your body becomes stronger and you see a difference in your energy levels. For me, I try to do light weights and cardio three times a week, with two of those dates being a Stairmaster session while watching *Real Housewives* on my phone ... The point is, I move! And it helps with any low energy or shmood.

#### **8. Ditch the scales**

I don’t have weight scales in my house. There is no need, particularly because a number shouldn’t define me. Body image and scale number is the definition of a complicated relationship in my eyes. For many people,

myself included, the number on the scales has a profound effect on their mood. We all fluctuate in weight, but the way it feels to have the scale heading up is not worth it. Nor is the false sense of achievement when it goes down. That roller coaster becomes a point of anxiety and shame for many, so I recommend ditching it and instead paying attention to how you *feel*. How you feel at different times in the month, or after eating certain foods, drinking certain drinks, or doing certain activities. You can take cues about what makes you feel good straight from the source: yourself! Making healthier choices for you is a much better way to live rather than letting a number determine your worth.

## **9. Break your beauty routine rules**

This is fun and simple. I've already done it many times this year: get comfortable with your appearance in lots of different ways. It's wonderful to spend time doing your makeup and hair but it is fine to mix this up too. What is it like to stop shaving your legs, or pubes, or armpits? What's it like to go out dolled-up, or au natural? Find time to figure out what makes you feel your best. For some, being made-up might be a fun change to feel sexy. For others, a make-under could also do the trick!

## **10. Self-care**

We are in an age where we are always rushing and often forget to nourish our body so that it can feel good. So I am asking: when you are overwhelmed or stressed, take time out for good food, exercise (even a 30-minute walk), dancing and also peace and quiet. Little acts of self-care are essential when it comes to nurturing yourself.

## **11. Be that body-positive person who others want to be around**

The more you project self-love, the more others will see how rewarding it can be. And it's important to be that person who builds others up and makes them feel good about themselves. Watch how your friends talk to their loved ones or their children. Show them how to love themselves more by your own example. Project love and gratitude, not judgement and negativity. This also comes back to being a good lover. If you have a partner who has body image struggles, keep on loving their body and shower them with positive affirmations. Give them lots of gentle touch, whether it be

sexual or non-sexual, to show them you accept them. Body image is something personal for each individual to tackle themselves; you cannot change someone who has a negative body image. Still, you can be there to make them feel more comfortable and accepted.

## **12. Be picky with your social media**

Follow people who make you feel good. Follow accounts on Instagram that show positivity, curves and empowerment, whether that be sex-positive accounts, body-positive accounts or life-positive accounts. If there is an account that makes you feel less about yourself then unfollow or block that account. And if you are glued to your Instagram, take a detox. You don't need it! Give it a miss for a fortnight and you will find so many more things to do.

## **13. Be nice to yourself**

We all have bad days, and it's okay to feel bad. There is no such thing as perfection and you shouldn't be trying to achieve that goal. What I do is try to find the humour. I walk into a room and announce, 'I'm having a bad day! It's not about you, it's about me, so let's have fun with my moodiness.' Doing this gives the people around me the information that it isn't them that is the problem but just me having an off day. Take a breath, have a laugh and keep moving forward.

## **14. Change your focus**

Change your focus from what you don't like to what you love about your body and are proud of. So if you love your bum but think your breasts are too small, next time you find yourself thinking, 'I wish I had bigger boobs,' switch your thinking mid-thought to 'I am so happy with my arse! My bum is awesome.'

## **15. Choose your company wisely**

Once you have made the above changes, be careful about relationships with toxic or judgemental people if you are doing your best to have a new, satisfied-with-myself, positive mindset. It's important to protect yourself from others who have not made similar personal changes.

## **16. Allow yourself to be vulnerable**

In order to be in an authentic, intimate relationship, we need to be our true and vulnerable selves. This vulnerability and humanness needs to be accepted for true intimacy to occur. Your vulnerable and true self must be explored and you need to give your intimate sexual partner permission to see the vulnerable and true you. Try not to confuse what you look like with your value or your worth as a person.

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## Chapter 8

# Masturbation

Did you know that you are your own best sexual partner? The key to amazing sex is literally at your fingertips.

A lot of people learned about masturbation at a young age. Maybe you started rubbing against your pillow or decided to put your fingers between your legs.

**Feeling yourself is healing yourself, and solo self-pleasure is the safest part of sexuality.** With masturbation there are no STIs, you cannot get pregnant and your mind is not getting in the way regarding how you feel about the other person. Plus you tend to know your body better than anyone else would.

Masturbation (or solo sex, or self-pleasure) is rubbing and touching your erogenous zones for sexual pleasure.

You can focus on many areas of the body, including the vulva, clitoris, breasts or penis. It's a fantastic way to explore your own body and find out how you like to be touched, and how to enjoy the 'big O'.

Masturbation is for everyone, whether you're in a relationship or not. You can also masturbate with your partner, called mutual masturbation, or masturbate yourself during sex with someone else. Masturbating during partnered sex is a great way to make sure that you achieve pleasure at all times.

Self-pleasure is *such* a normal behaviour that happens at all stages of life, from childhood to later life. But some may feel embarrassed or ashamed about self-pleasure, partly because there are some outdated myths that masturbation is harmful. So, go ahead, babe, touch yourself. It's good for you!

There are sooooo many health benefits that come with self-pleasure. To name a few:

- It's the safest form of sex because there is no risk of getting an STI or getting pregnant.
- It allows you to be familiar with your own body and sexual responses and helps you to communicate those needs and wants to your sexual partner.
- It releases stress in the body.
- It helps you sleep better.
- It releases endorphins, which improve your physical and mental wellbeing.
- It helps with self-esteem and sexual self-esteem.

As a sexologist, I tell people to masturbate in different ways to help with a variety of sexual concerns. For example, those who are pre-orgasmic can get to know their body and learn how to masturbate in a way that brings on a heap of pleasure, and potentially a climactic response. And for those who have a penis, masturbating can help with erectile dysfunction and premature ejaculation as you learn how to control your sexual responses.

Many people ask me how often they should be masturbating, but that's entirely up to you and your circumstances. Some people masturbate a few times a day, while some people masturbate only weekly or monthly. It's not a problem unless it's linked to any compulsive disorder. For it to be compulsive, you have to feel like you *need* to do it multiple times a day, or you start to do it in illegal places, like in public or in front of others who didn't consent to you doing so.

When we were young we picked up our attitudes about masturbation from our parents. If we were discouraged from exploring our bodies or being nude, we might start to feel ashamed of our activities, bodies, sexual feelings and behaviours.

Just remember that it's very normal to masturbate as a child and all part of curiosity, exploration and pleasure education. If you have a child who is starting to explore this area, remember to move away from focusing on the activity itself and try to focus on the setting. They are allowed to masturbate, just not in public. Lots of children masturbate when they are stressed, and it's a healthy part of development. Childhood masturbation is so normal! So remember for your kids: keep it cool, keep it sex-positive, be non-judgemental and answer your kid's questions about sexuality.

## **Self-pleasure = the Best Pleasure**

Masturbation is both a privilege and a right. It's a fantastic way to relax your whole body and de-stress as it reduces the stress hormone cortisol. By reducing cortisol in our body, self-pleasure helps in relaxing our muscles, particularly any stress-induced tension, which can make self-pleasure particularly useful just before bed for an excellent night's sleep. Sweet dreams!

In addition to this, de-stressing has a myriad of positive flow-on effects on us physically. Masturbation offers support to our immune system and is all about pleasure, on our own and in our own time—pleasure, not orgasm. Yes, orgasms are marvellous and amazing, but they don't need to be our end goal. We don't even really need an end goal, especially if we are just dipping our toe in the masturbation pool. Follow your pleasure through your body and you might end up falling into orgasm, but remember: it's a marathon, not a sprint.

Self-pleasure is also a great way to improve our relationship with our genitals. We can be curious about them, what they look like and how they function. It also helps us with asking for what we want during partnered sex because we have learned what feels good during masturbation!

Another thing to consider is shame. We need to give ourselves permission to move past shameful thoughts and embrace the normality of self-pleasure, especially for vulva owners. If we want to masturbate but think it's something dirty or shameful, it will be hard to relax and fully enjoy ourselves. With a bit of research we can educate ourselves around all the positives of masturbation (and trust me, there are many more than just having a fun orgasm). However, if we continue to struggle with this, we may need to reach out for some help and book a sexology session.

## ***Porn***

Porn is always a topic that comes up in my work. I get asked all the time how I feel about porn. My response is always: porn was designed for entertainment and not education. Unfortunately, the sad truth is that most young people learn about sex from pornography because of the lack of sex education in schools and the inaccurate information out there in society. I learned about sex from porn; it was the only resource that I had.



I am not anti-porn but I do think it's essential to highlight the fact that pornography, while sexy and a turn-on, has limitations. It doesn't represent realistic sex. (Some excellent feminist porn sites are more realistic, but I want to highlight here why pornography is inaccurate.)

- No one ever asks for consent in pornography. There is never any 'Can I do this?', 'Do you like that?'.
- Condom use is rarely shown in porn.
- The style of sex in pornography is just not realistic. It's best to look at it as inspiration for your sex life rather than real sex.
- There is little to no focus on vulva pleasure, nor on the clitoris. People saw these movies growing up and believed vulva owners were meant to orgasm through heavy, thrusting penetration! Well, this is wrong—it's difficult to have an orgasm through penetration alone. Clitoral stimulation is often very important.
- In pornography, we only see the labia majora and 'tucked in' labia minora, all neat and tidy, not a realistic representation of the beauty of varied vulva and labia sizes. It is one of the reasons why labiaplasty has become so popular.
- Real-life sex means sweat, fluids and sometimes unflattering positions. It is messy! Not as neat and tidy as on-screen.
- It's normal to make noises in the bedroom and get loud during sex, but it's not always as loud or intense as what you might see in porn.
- Pornography rarely shows the intimacy and emotional connection often present in real-life sex. Porn is a fantasy.

So just remember that while porn is suitable for entertainment and inspiration, it is not real. Learning about sex through porn doesn't prepare you for what real sex is like. Look at it as entertainment and not education.

### ***Seven days of solo sensual activity***

Do you remember the first time you masturbated? I do. And it's something I have committed to continue to develop as I know that it makes me happier, less irritable and calmer. But I know that there are times where I haven't exactly made it 'quality' self-pleasure. Maybe I would multitask, or rush to the finish line and 'bang one out', which kind of takes the sensation part of

it out. I wasn't getting the most out of the experience, and I know a lot of others don't either.

This guide to a week of self-pleasure should get you feeling as good as you deserve to feel. Notice the different sensations and start worshipping your own body.

## Night 1

Have a shower or bath and just chill out. Lie in your bed and feel the sheets against your skin. No music. No visual cues. Run your fingers up your belly and over your chest, down your arm. Then run down your pelvis and inner thigh. Take some time to explore the different sensations of your fingers on your skin. Then lightly stroke around your genitals. Can you breathe in and out slowly, sensually? What if you imagine that air coming out of your genitals when you breathe out?

Work in circular motions around your genitals before you start focusing on them, continuing to breathe. Bring yourself to pleasure slowly. Build up and up. There is no goal. I'm not going to tell you that you need to orgasm, because you don't. I just want you to focus on slow pleasure and feeling your clean skin on the sheets.

## Night 2

What do you hope to achieve with solo sensual play? It can be as simple as learning something new about yourself or as grandiose as five orgasms in a row, sleeping well, or being happier or calmer. It just has to be honest. Your intention will help to focus your practice and connect it to the rest of your life. Remember, though, that an *intention* is not an *agenda*. You don't have to accomplish anything to give self-pleasure a purpose. You are the purpose.

Next, commit to at least twenty minutes of personal pleasure time. This is about exploration, not rushing to climax. Set a timer and get ready to explore.

Now, time to breathe. Don't roll your eyes at me! Breathing is important. Inhale so that your abdomen expands. Once your belly is fully inflated, exhale, drawing your belly button towards your spine. Continue this for a few cycles. Imagine your breath as light or energy flowing down the front of your body as you inhale and ... out of your genitals as you exhale.

Breathing slow ... one ... two ... three in, then slowwwwwwly out your genitals.

That's it. See what happens if you touch yourself (or not) while you are breathing out through your genitals. It's amazing. TRUST ME.

When your timer dings, you can always continue if you want more!

### **Night 3**

Tonight we are about setting the scene. Be your own perfect lover and ask yourself, 'What do I need to feel good?'

Lots of people like candles and sensual music, but is that what you like? Be personal and specific. Silk pillows? A cup of tea? A hot bath? Tonight is a ritual celebration of you, so choose to pamper yourself and engage as many of your senses as possible.

When you have found your sensual place then it's time to bring out your fingers and your vibe.

Think of something hot. Maybe a past experience, perhaps a scene in a movie, or a fantasy of yours? We want to turn the mind on, then the body will follow.

We are practising self-love from the mind down. Self-love is more than self-pleasure. The aim is not only to make yourself feel good but to accept, value and revere yourself. So take a minute to affirm that you and your body are a team. Then compliment your teammate. Acknowledge the miracle of having a heart that beats or a nose that smells. Focus on what is remarkable about your body.

Start touching your body, sticking to the PG zones at first—your face, arms, feet. Then move to the more receptive areas like the neck or stomach. You're not trying to stimulate yourself yet, just releasing tension and awakening pleasure.

If you have a vibrator then whip it out, or if you prefer your fingers, that's fine too. Massage yourself, starting at the outside of your erogenous zones (breasts, vulva, penis) and working your way in until you find the perfect spot. Experiment with levels of arousal. When you get your climactic response to a nine out of ten, try to bring it back down to a seven (let your climax drop). After that, edge up, building the climax again. Do this a few times, edging yourself up towards orgasm and down again. You can practise your breathing tonight again, breathing in through your nose and out through your genitals.

When you're ready, allow yourself to fully and freely release. Try to picture your sexual flow as a light bursting up and out of your genitals. Let it linger. Savour the feeling, the lightness. Recover slowly, lay there for a while.

## **Night 4**

Tonight is all about nude dancing. Don't be afraid! Lock a door, crank the heater and take those clothes off. It's time to get down and dirty to the music. Dancing releases so much erotic energy, and it's the perfect opportunity to shake off any shame. You are here to be free, to let loose and to move that body! Go, have fun! If you want, you could do a striptease for yourself and film it. How does your body look when it is moving sensually?

## **Night 5**

When was the last time you admired yourself in the mirror? Prepping for a date is fun, but prepping for yourself is even more fun. Play with your looks, put on spicy outfits, put on my sex playlist (look up 'Sex Vol 1' on Spotify!), and take some photos of yourself. Yep, I am going to say it: just be narcissistic. I love this for you. You deserve it.

Acknowledge the beauty of yourself and your body. Take the time to doll yourself up and then incorporate the mirror into your self-pleasure time. This process is powerful (and you can do this during partnered sex too). Watching in the mirror while you are giving yourself pleasure and understanding what your body looks like when it's experiencing pleasure is not only really sexy but also incredibly empowering.

I would also encourage you to take some sexy photos of yourself. Discover your angles, the beauty in your curves. Self-portrait photography can be extremely empowering. Just remember that you are a person of high value, so treat yourself as such.

## **Night 6**

This one is simple and easy. It has nothing to do with masturbation and everything to do with sleeping nude.

If there is one thing that will skyrocket your sexual confidence in a big way in a short time, it is this: getting nude more often! We are inundated with messages about the 'perfect body' in the mainstream media, so much

so that many of us do not feel sexy or attractive enough in our bodies. We often get dressed and undressed very fast, avoid looking at ourselves nude in the mirror and feel timid or disempowered while removing clothes in front of a partner or other people on the beach.

Instead of embracing our amazing body as a precious vehicle designed to carry us through our lifetime and an instrument for giving and receiving love, we started treating and looking at it as an object, even though it is much more than that.

Sleeping nude more often will help you feel more confident in your body. It might seem awkward or scary initially, but start by taking small steps (like sleeping only in underwear) and you will very soon discover the sensual and confident god/goddess within you. Viva la nude every night!

## Night 7

Tonight is about engaging your imagination. I want you to use audio to turn yourself on.

Lie down, put some essential oils on your skin (just a dab, don't get heavy-handed). Relax into your position and put on some audio porn. You could listen to my podcast, *Sexy Stories*, or there is the website Quinn (search tryquinn) or the app Dipsea.

Take some time to find your niche. Then, when you think the story is right, drop into it. Slow your breathing and start to breathe out through your genitals. You can explore your body, smell the oils and listen. If you want to touch yourself, start slow. Explore around your genitals—make the journey as long as the story. I'll leave the rest to your imagination.

If you find that you like it, remember that everything from this challenge can be used in your self-care routine ... *whenever you like*.

Now that your seven nights are done, how do you feel? A bit more confident in yourself, I hope. You are magical, never forget that.

Many people don't spend much time consciously thinking about their identity, their sense of self-worth or their sexual self. But all of these components contribute to your unique identity as a person. Starting to cultivate a well-defined sense of self will contribute to a better overall quality of life and give you a hand when making choices for yourself, both inside the bedroom and out. We aren't perfect, but who is? You still have great value.

This leads me to finish off this chapter with a few words about shame.

## **Shame**

Self-pleasuring is a healthy practice and forms part of our self-care. But for many people, self-pleasure can bring up discomfort as well as feelings of guilt and shame.

Now, babe, if this is you, I'm sorry that you are feeling that way. I'm a big believer that masturbation and shame should not exist in the same sentence.

Shame is not something that we are born with, but it is something we learn as we grow. We pick up sexual shame from the culture around us, beginning with the messages we receive as children from our caregivers, community, society and culture. These messages might not even be direct, as many of us will have internalised shame just from growing up in a society that believes sex, our genitals and our bodies are bad. Many people are unaware of their shame—they don't see it, identify it or talk about it. Shame can therefore stand in the way of confidence and establishing healthy relationships with intimacy, self-pleasure, sex and romantic partners.

When we are a bit older, the media and the patriarchy applauds penis owners for their hook-ups and sexual escapades, whereas sexually active vulva owners are seen as slutty, impure or worse. Penis owners are praised while vulva owners are shamed—their bodies are objectified. Shaming them for their sexuality is used as a way to control them and keep penis owners with the power.

In the eighteenth century, people used to say that if you masturbated then hair would grow on the palms of your hands, which is funny but obviously not true. Many people were also told that self-pleasure caused blindness, infertility or bad skin. However, we know now that just the opposite is true. Self-pleasure can help with migraines, creativity, depression, insomnia and self-esteem.

It's not only self-pleasure that can be a source of shame—shame also figures into sex too.

I see many people with mental health concerns, disabilities, chronic illnesses and diverse body sizes, colours and abilities who feel ashamed, unworthy or undeserving of connection, love, desire and pleasure. This

includes those with erection challenges, pain during sex and orgasm difficulties, as well as those for whom being intersex, trans, asexual and more makes them feel unworthy. But even considering that these experiences and identities and challenges are worthy, valid and common, they still often lead to intense shame and loneliness.

Shame comes from the social messages, expectations and scripts we are conditioned to adhere to, as well as the cultural and religious beliefs that we are taught. Shame comes from a system of power and oppression that recognises the way that shame can be weaponised to control and subdue us.

**But shame can be overcome.**

First, we need to be patient with ourselves. In learning that shame is a process you are unravelling many years of taking on a certain narrative and embodying shame. It might take just as long to unload these messages and replace them with sex-positive ones.

The first thing that we need to do to overcome this shame is recognise that it is a learned response. Babies don't have shame because they haven't learned that there is anything to be ashamed of.

How to unlearn shame:

- Challenge the messages of shame that you hold. Just because you have a thought doesn't mean that it's true. Could there be another alternative? A kinder alternative?
- Take some time to assess the impact shame has had on your life, and how it had made you feel. Does it cause you to hold back? Just acknowledging this is a step in the right direction. Because you have learned these messages also means that you can unlearn them. You might notice some of the following symptoms:
  - insecurity with yourself, your personal expression and your experience of the body
  - feeling small in the way you carry yourself or in your ability to be open and express yourself during self-pleasure or partnered sex
  - sexual concerns such as communication difficulties, dysfunction or avoidance
  - viewing self-pleasure and sex as something 'bad' that you shouldn't do.
- Recognise when shame makes you feel that you 'should' behave in a certain way. Do you actually believe this? What do you really want to do? Challenge yourself and these inner notions as they could well be wrong.

- Come up with a shame self-help list. If you feel like you are sinking into shame and that it is taking over your thought patterns, take a moment to stop and pause. Sit down and think about how you want to move through this feeling. I suggest writing a note in your phone and getting the thoughts out of your head and into a sentence. Think about what will help clear your head—is it talking to a friend, pumping music or going to sleep? Sometimes a distraction will help or journalling your thoughts.
- Therapy is important to help you unpack and understand these notions of shame. Seek help from someone who will be able to support you on this journey. It will require some vulnerability, but you deserve to be given space to understand and move forward. You deserve a non-judgemental space to vent and be yourself in.
- Keep moving and keep challenging yourself. You are one of millions of people who have unhelpful messages drilled into them. You are not alone. Always remember that going on a self-help journey is brave and vulnerable, and whether you know it or not, you are also helping your future generations with their learning pathways.

Remember that you don't deserve to live with shame. You deserve to see yourself as a high-value person inside and outside the bedroom, so taking steps to understand and break down these internal challenges is something that will help with your overall quality of life and your sexual self-esteem. I invite you to consider taking some time for yourself to break down and decrease the hold that shame has on your life. You deserve it.



## Chapter 9

# Pleasure Products

Well, well, well ... one of my favourite topics. I'm lucky enough to have boxes and boxes of great pleasure products (a.k.a. sex toys) at my disposal for whenever I want to use them. Perks of being a sexpert! But for a lot of people, they haven't gotten around to giving these amazing products a go.

Countless sexual wellness brands liberate sexual pleasure, offering products that provide new and different types of sensations and fun for solo or partnered sex. Sex toys have been a game-changer in ensuring that vulva owners also experience pleasure—because let's face it, vulva owners often get neglected. And there are just some things that a penis or fingers or mouth cannot do (like vibrate, lol!).

As you go through this chapter, I want to encourage you to think about toys that you would be open to incorporating into your solo sex life *and* your partnered sex life.

### **History of Sex Toys**

Some people will have heard the stories of Cleopatra inventing the vibrator, or the use of vibes for the treatment of hysteria in vulva owners. But please know that almost everything you've learned about the history of vibrators is wrong. Excuse me for killing your buzz but we better get our facts straight.

In many history books over the years, the information that Brenda Love claimed in her 1992 *Encyclopaedia of Unusual Sex Practices* has been repeated many times. She contended that Cleopatra (69–30 BC) filled a gourd with bees and used it to stimulate her cooch, similar to a vibrator. This story has been repeated and reprinted in so many popular historical collections of the vibrator. But historian Helen King says there is no evidence that this story actually happened. In Brenda's book she doesn't

cite any sources, and there are no ancient writings or findings that mention Cleopatra's 'bee vibe' invention.

Then there is the story of the link between vibrators and the 'hysteria' diagnosis. The term 'hysteria' comes from the Greek 'hysterika', which means uterus. This is actually very interesting, because during the sixth century BC, Atetaeus, a Greek physician, had a theory that the womb could move around a vulva owner's body freely (like, literally float around the body). He believed that this was why vulva owners would get ill sometimes and suffer from mental health concerns. Since his claim, hysteria has been used to describe a lot of things going on in vulva owners. I'm talking small things, from fighting to fainting to getting angry, and liking sex ... lol.

## ***A brief overview***

### **1800s**

Jump forward a couple of thousand years and the popular idea that Western doctors invented vibrators in the nineteenth century had formed. This theory discussed vibrators being designed to masturbate vulva owners with hysteria.

This is just a hypothesis, and historian Helen King found no evidence that doctors had ever masturbated their patients to treat hysteria in any ancient or classical times. However, an English doctor called Joseph Granville invented an electric vibrator in 1883 to treat pain, irritability, headaches, indigestion and bowel issues ... in penis owners! He even used it to treat penile sexual concerns, but he never used it on vulva owners.

Around this time, a hand-cranked model called 'the Pulsocon' was invented by Dr Gerald Macaura. It was marketed as a blood circulator that could stop pain and cure chronic pain sufferers.

### **1900 to 1940s**

In the 1900s, many diseases were claimed to be curable with vibrators, to no real effect. And in 1915, the American Medical Association called the vibrator 'a delusion'. This made manufacturers change their approach, and they started selling vibrator products as home appliances.

Advertisements ran in magazines and newspapers, claiming that vibrators were a cure-all. While none of these ads specified that these vibrators were

for masturbation, they did say that these were invented by ‘women who knew women’s needs’ (wink, wink). The advertisements used provocative language but didn’t write anything about masturbation in relation to their products.

Masturbation was very taboo at this time, and any articles discussing it were considered shameful and obscene. This meant that vibrators couldn’t be advertised openly as sexual products, and vibrator manufacturers emphasised non-sexual uses and used polite language and imagery to hint at sexual services.

Doctors had warnings about the vibrator’s potential for masturbation, which was usually directed at penis owners. In fact, doctors knew what the vulva owners’ orgasm was, which is why they thought masturbation was a bad idea. They knew about clitoris functioning and some doctors were removing the clitoris as a cure for nymphomania. Health advocate Clelia Mosher was the *only* doctor in that era who spoke to vulva owners about their masturbation experiences. She confirmed that they did masturbate, and some of them were using vibrators to do it (woohoo).

## **1950s to 1970s**

In 1954, Alfred Kinsey published groundbreaking research on vulva owner sexuality. His findings stated that 62 per cent of vulva owners had masturbated, though it was unknown whether they used a vibrator or not.

Around this time, the US Food and Drug Agency began cracking down on vibrators because they were being marketed as a cure-all for ailments and as weight-loss devices. They were also advertised as superior beauty products that could transform a person’s face and entire body.

In the 1960s and 1970s, masturbation was seen as liberating. The birth control pill had become available, and attitudes around sexuality had changed. The conversation around masturbation became more positive. Betty Dodson, a pioneer sex educator, had begun teaching vulva-only masturbation workshops in New York in the late 1960s. Betty used vibrators in her workshops, and from the 1970s onwards, she began recommending the Hitachi Magic Wand. This made it one of the most popular and well-known vibrators of all time!

Dodson proposed that sexual self-knowledge, a notion long denied to vulva owners by society, was gained by using a vibrator with masturbation. She said, ‘I have found that the vibrator gives me the strongest and most

consistent form of stimulation and is especially good for women who have never experienced an orgasm.'

British doctor Alex Comfort also praised the vibrator in his 1972 book *The Joy of Sex*. He claimed that vibrators could produce some sexual feelings in almost all vulva owners.

Masturbation, however, remained taboo, and a 1974 US study stated that 61 per cent of vulva owners surveyed regularly masturbated, but 25 per cent felt guilty about masturbating and feared going insane if they did so. In some places, masturbation was a criminal offence. In 1973, the 'Obscene Device Law' was introduced in Texas which banned any device designed or marketed to stimulate human genital organs. As a response, companies marketed vibrators differently, selling them as personal massagers. This era was when the first 'women'-run sex shop, Eve's Garden, opened in New York.

## **1980s to 1990s**

Masturbation went mainstream. In 1983, Vibratex became the first sex-toy company to sell vibrators with internal and external parts in the US. Called The Beaver, The Kangaroo and The Turtle, they all had internal penis-like parts plus an outer part called the 'tickler' used for external stimulation on the clitoris. The Rabbit vibrator was the most popular and rose to fame during a particular *Sex in the City* episode, which aired in 1998.

## **Fast forward to the present**

Sex toys are much easier to buy now and even sold at mainstream pharmacies. Getting your favourite pleasure product is only a click away; you don't even have to leave your home. Yahoo!

The rise of social media sexperts and influencers promoting these topics and speaking about sexuality has started to debunk many taboos around eroticism, though there are still many countries where vibrators are prohibited, such as the United Arab Emirates, Saudi Arabia, Thailand, Malaysia, India, Vietnam and the Maldives.

The use of vibrators is common in many households. They are now made of high-grade medical silicone with different speeds, motions, shapes and rhythms. Some of the biggest celebrities in the world talk about their vibrators and endorse the products. People of all genders and sexual

orientations use them to feel good and add excitement to their erotic lives. I know for me that it's so easy to sit back, type into my computer what product I want, and two days later it arrives at my door in discreet packaging.

What a way we have come! I'm looking forward to seeing what the next hundred years brings in the world of sexual products.

## **Mixing Up Your Sex Life Using Toys**

I'm a huge believer in not letting the success of your sex life be a game of chance. It needs regular maintenance; if you want a fun sex life, it takes work. If you ignore your sex life then it starts to fizzle out. And it's tough to get those fires burning again! So my advice is to always have fun spicing up your sex life with yourself and your sexual partners.

But how do I describe a sex life that is fizzling out? Let's use food as an example. If you and your partner love eating Italian food, and every time you went on a date you went to the same Italian restaurant and ordered the same things on the menu, the novelty would start to wear off. You would stop being excited by the food because the repetition gets boring. You need to try different restaurants, cuisines and spices, giving you new things to experience and enjoy. Even if at a new restaurant you don't love the meals as much as you like your regular place, it's still something a little bit different.

It's the same in the bedroom! If you have the same sexual menu every time, you will get bored. You might even dread ordering from that menu!

The moral is: be creative! Always in a respectful way, of course. Add variety to your sexual menu by using pleasure products, switching positions and talking openly about how you want to expand your sexual life.

In the world that we live in we are busy, swamped, on the run, and we have lots of responsibilities. Sometimes those responsibilities leave us with just enough energy to have sex, but we don't have enough energy to be super creative in the bedroom. To remedy this, I propose adding fun products to your sex life. You can start with solo sex first before adding them to partnered play.

Every time you and your sexual partner get down and dirty, you might start having sex the same way. To mix it up, every second or third time you can try something a little bit different and introduce a toy! This way you

will be adding another thing to your sexual menu (bellissimo!) and adding some spice to your erotic episodes. And I mean, what's the worst thing that can happen if you're adding in a new toy? That you love it? That you won't like it? If you don't, that's fine! Don't use it again. Play is such an easy way for you to bring some variety.

## ***Toys***

Let's look at the different types of toys to add to your sexy toy chest. There's so much to choose from. Each sex toy category is getting more and more industry attention—innovation is continuously occurring in the sexual wellness category, and products are being redeveloped to stimulate *you* in the most pleasurable manner.

Sex toys are the best devices ever invented. They are for you and/or your sexual partners to have so much extra pleasure during solo sex or partnered sex. These products can also have added benefits, especially if you have sexual dysfunction, a disability or a medical condition.

For some transgender and gender diverse people, or those with specific disabilities, sex toys may help you affirm your gender identity, sexual identity, sexual performance or alleviate gender dysphoria. It might make it easier to have sex, masturbate or enjoy your erotic lives in ways that you may not have been able to before.

It's totally normal to have a box of pleasure products. So if you want one, go give it a try! Having these toys is a personal decision, and no one should influence your thoughts or feelings about whether it's okay to have them.

In my clinic we also use sex toys to help treat sexual concerns, like orgasm problems, erectile dysfunction, premature ejaculation and different arousal disorders. Plus we recommend them to those who have issues because of the side effects of certain health conditions and medications. Basically, we recommend sex toys to every single person coming in—because they are brilliant, and everyone should have one (if not ten, twenty, more ...).

## **A PSA on safety**

Did you know that in Australia there is no regulation of sex toys? And around the world we see the same concerns. So terms such as ‘body safe’ don’t really have a meaning when you’re not sure if the toy’s material is good or bad.



There are many wonderful websites to buy sex toys from—the ones that I recommend stock high-quality products. But if you have a toy at home and it looks cheap, or it feels cheap, it’s probably not right for you. For any pleasure product to be used on your body, or internally, it must have non-negotiable safety standards.

The lack of regulation means that anyone can sell anything to you, regardless of whether it’s safe for your body. They are also not responsible if that product causes harm. So let me talk to you about what is safe, first and foremost, and what to avoid.

Look for 100 per cent medical-grade silicone, metal, glass, hard plastic, acrylic or ceramic.

Avoid any products that have phthalates in them. (These are toxic chemicals found in polyvinyl chloride (PVC), rubber, jelly and vinyl.) Phthalates can wreak havoc on your hormone balance, are linked to breast cancer and can impact on reproductive health.

I would also recommend that you stay away from ‘crystal’ dildos. Again, you don’t know where the seller is getting them from—they’re often ordered from bulk-producing websites that ship internationally—and crystal dildos are porous, meaning that bacteria can get inside them and infect your cooch. Yikes!

Remember: products that are going in and on your body must be safe.

Now, the moment you’ve all been waiting for. Let’s talk about the different types of sex toys!

## **Dildos**

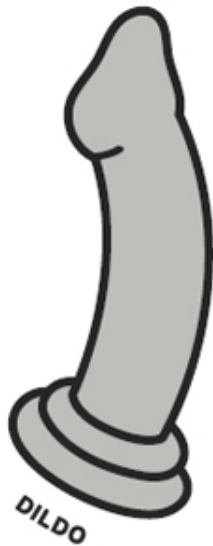
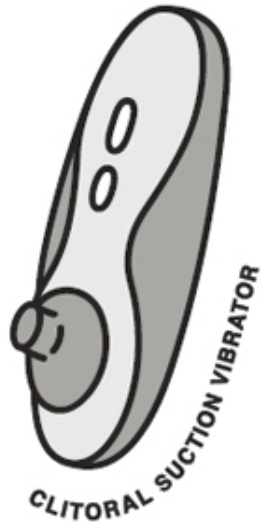
These are objects that go inside a vagina, anus or mouth. They often look like a fake penis—some of them are actually very realistic, and some are a little bit more low-key. They can be slightly curved, to help stimulate different areas, and are made out of different materials like silicone, rubber, glass, metal or plastic.

People of all genders and sexual orientation can use dildos. It's personal preference!

## **Vibrators**

Vibrators are any sex toys that vibrate. This can literally be anything of any shape! Vibrators are used to stimulate the clitoris, the vulva, the G-spot area, the penis, the scrotum, the back door ... you get the picture. Vibrators come in all shapes, sizes and functionalities, and you'll see quite a few detailed below. Most high-end vibrators these days are rechargeable, so you don't have to worry about batteries.





**Clit suckers.** Clit suckers don't actually suck on your clit. They stimulate your clitoris without actually touching your clit by sending airwaves over the top. MAGIC! Some of them come with wi-fi so your partner can control it from a different location. And they often have a lot of different settings and vibration styles and patterns. A must-have for anyone with a clitoris!

**The Magic Wand.** The OG of sex toys, this is a pretty bulky wand, but it brings high vibrations. It's good for people who struggle to get sensation in the clitoris, but they might be a little bit too intense for those who are very sensitive. Don't worry, there's no danger—it's all about personal preference.

**G-spot vibrators.** An internal vibrator that is curved, designed to stimulate the G-spot area for those who like internal pleasure.

**Rabbit vibrators.** Basically, this a vibrating dildo with a little arm on the top to stimulate the clitoris while the dildo stimulates the vagina. Great for those who love dual orgasms, clitoral and vaginal! It is my favourite vibrator.

**Bullet vibrators.** These are the ones that were designed back in the day to look like lipsticks, so you could keep one in your purse and no one would know that you had a vibrator on you at all times. It's a little handheld vibrator that you can hold over the clitoris, or on other areas such as the nipples, base of the penis or the scrotum. It's discreet and powerful and used wherever vibration feels good.

## **Masturbation sleeves**

There are many different types of masturbation sleeves. They are soft silicone devices used to stimulate the external genitals. Great for those who have a penis! Some sleeves have vibration functions, some have suction elements. They have little bumps and ridges inside that create sensations that your hand cannot. Most masturbation sleeves are designed to mimic the feel of a vagina, mouth or anus.

Sexologists also use masturbation sleeves to help retrain penises that have been gripped too hard or suffer from certain types of erectile dysfunction, or for those who suffer from premature ejaculation.

## **Butt plugs**

A sex toy that is used inside your bum for sexual pleasure. Similar to a dildo, some of them vibrate, but these are shorter and have a flat end so that you cannot lose the butt plug inside you.

## **Anal beads**

Used to enhance your pleasure, they are exactly what they sound like, a number of beads or balls attached together that go into your anus. You can remove them slowly or fast, depending on what you want to do and what you and your sexual partner agree on. They are a great way to get your body used to anal stimulation.

## **Prostate massager**

A massager that stimulates the prostate—remember, the prostate plays a part in the sexual response cycle and is important in the production of semen. Prostate massagers can be vibrating or non-vibrating, and either stimulate directly on the prostate or apply vibration and pressure to the perineum—or both!

## **Cock rings**

The purpose of a cock ring is to restrict the flow of blood from the hard penis and keep erections stronger for longer. They are worn either around the base of the penis or the penis and testicles. Some are adjustable, some vibrate—it's really about finding the right one for you. You can wear one for about half an hour, but if you feel any tingling or lack of sensation then it might be a little bit too tight and I would suggest taking it off to increase the blood flow again.

## **Strap-ons**

A strap-on is a dildo that can be strapped to the pelvis or attached strapless (inserted inside the vagina and sticking out to emulate the penis). A strap-on sits in the same position as a penis and can be used by vulva owners, those with a disability that doesn't allow them to have an erection or those who experience erectile dysfunction. Sex with a strap-on closely mirrors sex

with a penis. They act as a penis for sexual play. Some strap-ons also have clitoral stimulators to improve the experience for a vulva-owning wearer!

### ***How to clean your sex toy***

It's important to clean your sex toys after using them. Cleaning your toy prevents infection—we don't want any transmission of bacteria to irritate your bits. Use some hand soap, not one that is going to leave a residue, or get a good toy cleaner. If your sex toy is waterproof then use warm soapy water. Or you can buy special sprays and wipes to clean your sex toys. (If you have a glass or stainless steel sex toy, it's a good idea to boil them!)

Another thing you can also do is use a condom over your sex toy to decrease the risk of transmitting bacteria. Just make sure you use a condom-safe lube and change the condom in between holes/partners.

Also, store these bad boys! Keeping them clean is all about storage. Put them in a silk bag, case or dust-protected box, away from oils, powders and perfumes, so that bacteria and dust do not affect the toy.

### ***Lubricant***

I am a big champion of lube. Lube makes sex more fun and comfortable, and it's important to use with condoms as it reduces breakage. Saliva is not a great lube, so, while it is convenient, I would definitely invest in a good-quality alternative.

I don't think enough people use lube. I feel like there is a strange stigma around it, but at the end of the day, wetness varies by person, and there are parts of the body that do not have a natural lubricant (like your bum!).

There are also medical conditions that make the cooch dry. So if you do feel like you've gone from a full well to a dry and empty one, it's definitely a good idea to see your GP, because there may be a reason for your vaginal dryness. Vaginal wetness varies with different factors—it might be age, hormone levels, time of the month, stress or a heap of other factors. You might also need to be more aroused if you're feeling a little bit parched down there!

Lube is your friend and there is no shame in using it. Use it to your advantage.

There are a few main types of lubricant: water-based, silicone, hybrid, oil-based and pure oil. Invest in the lube that suits you! Some mass-produced lubricants have a lot of shit in them that can be harmful and irritating to your bits. So if you feel any irritation or burning when you use it, it's definitely time to switch it up for one that works for you.

Let's run through the categories of lube.

**Water-based.** Easy to find, cheap, easy to clean up, and can be used with all condoms and dental dams. Water-based lube doesn't last as long as other types because, like saliva, it dries up quickly. This means you do need to keep applying it.

**Silicone-based.** Lasts longer, needs to be reapplied less and can be used in the shower or bath because it is waterproof. It cannot be used with condoms or dental dams or with silicone sex toys because it will wear away their material. It's also super slippery, so be careful when you use it in the shower or if you spill it.

**Oil-based.** Oil lasts a lot longer, has good staying power and people like the feel. It can, however, stain sheets and will break latex condoms, which you need to be mindful of. It's also important to pick the right oil, because some may increase the risk of internal infections. My patients have never had a problem with pure coconut oil.

(Please, please, please don't use the following as lube with condoms: Vaseline, baby oil, massage oil, coconut oil, vegetable oil, butter, body lotions or creams, or saliva. They just won't work, and will possibly damage your condom, which will make it break. Plus, some of these products are just not good for your coochie.)

### **PSA on lube ingredients**

There are ingredients in some lubes that you should stay away from for safety reasons.



*Glycerin/glyceryl and propylene glycerol.* These preservatives found in many water-based lubricants are a form of sugar. As yeast feeds off sugar as a food source, these can contribute to yeast infections. Ouch. They are just going to irritate your cooch!

*Parabens.* These preservatives are found in some water-based lubes. Although the amount used in the product is considered safe, they can have negative side effects as they act like a hormone, disturbing the endocrine system.

*Chlorhexidine gluconate.* This preservative can kill all the good bacteria, so I would avoid it. You might get irritation, burning and itching if it is in the lubricant you choose.

*Petroleum jelly.* Leaves a coating on the skin that can trap bacteria and has been associated with bacterial vaginosis when used as a lube ... um, NO THANKS!

*Citric acid.* Causes burning, itching and irritation.

When you are trying new lubes, notice how each feels for you. Think about how long it lasts and the sensation for your individual experience. Try a few so you can figure out your preference.

Getting the right lube is wonderful. The one thing that I do have to say is that if some partners say they do not like a lubricant, or that it affects their sexual performance, then find another lube. And if you or your partner prefer natural lubrication, just remember that wetness is not achievable all the time for anyone.

## Chapter 10

# Contraception

Now it's time to move on from masturbation and toys to partnered sex ... so let's talk about not getting pregnant!

Do you know that book *Where Did I Come From?* It was ICONIC when I was growing up! I was obsessed with it, even if I guess it only explained about when you have sex and get pregnant. It didn't really explain what to do if you want to have penis-in-vagina (PIV) sex and don't want to get pregnant. So this chapter is about how to be savvy with your sex life and planning for a baby. There are so many versatile ways to stop getting pregnant, and it's always a good idea to figure out early what works best for you. Chat to your doctor or gynaecologist about it, and you can take control of your reproductive future. Of course, accidents sometimes happen, but luckily there are a few options if pregnancy occurs and it's not the right time for you.

I'm going to go through the basics of ovulation again, and then I'll talk about barrier methods that you can use *every time* you have sex. There are also hormonal methods that are either low maintenance or on a schedule; and lifestyle methods that require dedication and won't impact your body. I will also cover permanent methods if you want to make sure pregnancy is not in your future. (Note: statistics of efficacy come from the Planned Parenthood website.)

If you are engaging in PIV sex then remember that contraception is a shared responsibility between you both. One person should not bear the full load of taking care of contraceptive choices. If you do have a partner then have a chat about preparing for sex and about what both of you can do to play your part in a fun and safe experience.

# Ovulation

As discussed in the Menstruation chapter, ovulation happens when one of the ovaries releases an egg to be fertilised. This is a really important phase in the menstrual cycle because it is when you are most fertile and therefore most likely to get pregnant. Birth control aims to interfere with this ovulation stage or to block the sperm from meeting the egg.

The best way to see when you are ovulating is by using a period tracker app to log data about your menstrual cycle and help predict when you will be ovulating.

A lot of people who use fertility awareness methods avoid having sex during these times of ovulation. However, it's not as simple as avoiding sex during ovulation to prevent pregnancy. Ovulation usually lasts one day, but sperm can move inside the body for up to five days after ejaculation occurs.

Now, let's go over birth control methods.

## Barrier Methods

What the hell is a barrier method, you ask? It's what it sounds like: a barrier, a blocker, a really good bodyguard that stops the sperm from reaching the egg. There are a few different barrier methods that you could use, with the most well-known being the condom.

I have also included other methods here, although they are not as popular and may be challenging to find. Why include these? Because we live in a big world, and in some lines of work and in some cultures it's very important that the penis owner ejaculates inside the vagina during sex, even if there is no desire to get pregnant. Some barriers are also super effective in stopping the spread of sexually transmitted infections (STIs), so it's handy to have options and to know about the different types of barriers available.

In this section I am going to run through the following barrier methods:

- condoms
- dental dams
- diaphragms
- cervical caps.



## ***Condoms***

- Penis condoms are 98 per cent effective with perfect use, but typically speaking they are around 85 per cent effective. Internal condoms are 95 per cent effective with perfect use, but more realistically they're around 79 per cent effective.
- They're low cost and readily available.
- No prescription is required.
- They provide protection from STIs (which I will discuss in the next chapter).
- You need to use a new one every time you have sex.

### **Types of condoms**

**Latex condoms.** Latex is a form of natural rubber made out of the milky fluid of the rubber tree. It's the cheapest and most readily available condom. However, it can cause allergies and leave a smell on your hands. It is compatible with water-based lubes.

**Polyurethane condoms.** These are made of thin plastic instead of rubber. They protect against pregnancy and STIs but do not fit as tightly as latex condoms and are more likely to slip off, so I highly recommend using lubricant with these.

**Polyisoprene condoms.** These condoms are made from synthetic rubber and don't have the same proteins that cause an allergic reaction with latex. These condoms stretch out and give a similar level of pregnancy and STI prevention. The material is light and so provides more sensation for the wearer.

**Lambskin condoms.** These condoms are made out of sheep intestines so are obviously not vegan and also don't contain any of the proteins that cause the latex allergy. These condoms protect against pregnancy but not STIs, as they have tiny porous holes big enough for middle virus particles to pass through. You should only use lambskin condoms if the risk of STIs is not of concern to you (so if you have both been tested and results have come back negative to all STIs).

**Internal condoms.** Usually made of polyurethane, this is the only internal option for vulva and vagina owners. It's a soft, round, flexible ring with a rubber pouch. It is usually coated with a silicone lubricant and prevents against STIs and pregnancy, similar to other condoms. These are, however, a lot more expensive and difficult to find in stores. One of the positives of the internal condom is it can be inserted up to eight hours ahead of time and covers more surface area, meaning that it has a tiny bit more protection against HSV and HPV.

I know a lot of us have heard of condoms but for vulva owners it can be difficult to feel confident in bringing your own condom packet to a naughty night. However, they are an easy and cheap way to have safer sex.

You can buy condoms basically everywhere, including those dark nightclub bathrooms. And they are super effective in preventing unwanted pregnancy and most STIs when used well. Just chuck one in your pocket, bag, purse or bra to ensure you have one when you need it.

I do know, however, that there are a lot of people who really think that condoms suck. And I think the moral of the story is that it's important to find the right condom for you. They need to work well with your body and your sexual partner's body, and be paired with a great lubricant.

Many people have a preference when it comes to condoms, and there are some better for different sensations or functions. The right fit is super important to make sure it doesn't slip off. Tighter condoms are better for those who want to last a bit longer, and thinner condoms are great for those who want to get as close as possible to the partner. Also, just a little PSA, if you have sex and your condom breaks, make sure you stop right away and replace it. In these cases it might also be worth getting emergency contraception, which you can get over the counter at your nearest pharmacy.

## **How to put on external condoms**

It's time to slip into something safe yet comfortable. Yes, I'm going to let you know how to put a condom on a penis properly.

- Open packet (duh).
- Squeeze the little nipple-like bit (called the teat) and put the ring over the penis. Make sure the roly-down bit is on the outside of the condom (or else it won't roll down).

- Roll down.
- Does it fit? If it's too big or too small then you need a different size condom.
- Afterwards, put the used condom in the bin, not in the toilet.

I would suggest practising at home on a cucumber or a vibrator! That's what we do in my clinic.

Now, a small fit check:

- Does it fit snugly and comfortably over the penis? With a little pocket at the top? We don't want it too baggy, and we don't want it too tight.
- Does the thickness of the condom suit you and your partner? Or if you and/or your partner like that 'barely there' feeling then a thinner choice will also give you protection while helping you both feel close to each other during sex.
- Always use additional lube—it makes sex so much better. Use one that is compatible with your condom—usually water-based lubes are the best way to go because they will not deteriorate the condom material (see previous chapter for more information about lubes).

## **How to put on internal condoms**

- Open carefully. The internal condom will already have lubrication on it, but you may add more lube if you want.
- If you are using the condom in your vagina, leave the inner ring in. If the condom is going in your anus, remove the inner ring.
- If you can, drop your pelvic floor and relax. Get into a comfortable position, such as squatting, or putting one foot on a chair like you would when inserting a tampon or a menstrual cup.
- If the condom is going inside your vagina, squeeze the sides of the inner ring together at the closed end of the condom and push it in like a tampon. Push the inner ring into your vagina as far as it can go, up to your cervix.
- If it's going in your anus, add a little bit of extra lube, then push the condom in with your finger.
- Remove your finger. Make sure the condom is not twisted. The rim of the condom opening should rest just outside the vagina or anus opening.  
Ready for use!

- To remove, twist the outer ring, which is outside of your vagina or anus—this will keep the semen inside of the pouch—and gently pull it out. Throw it away—it is not reusable.

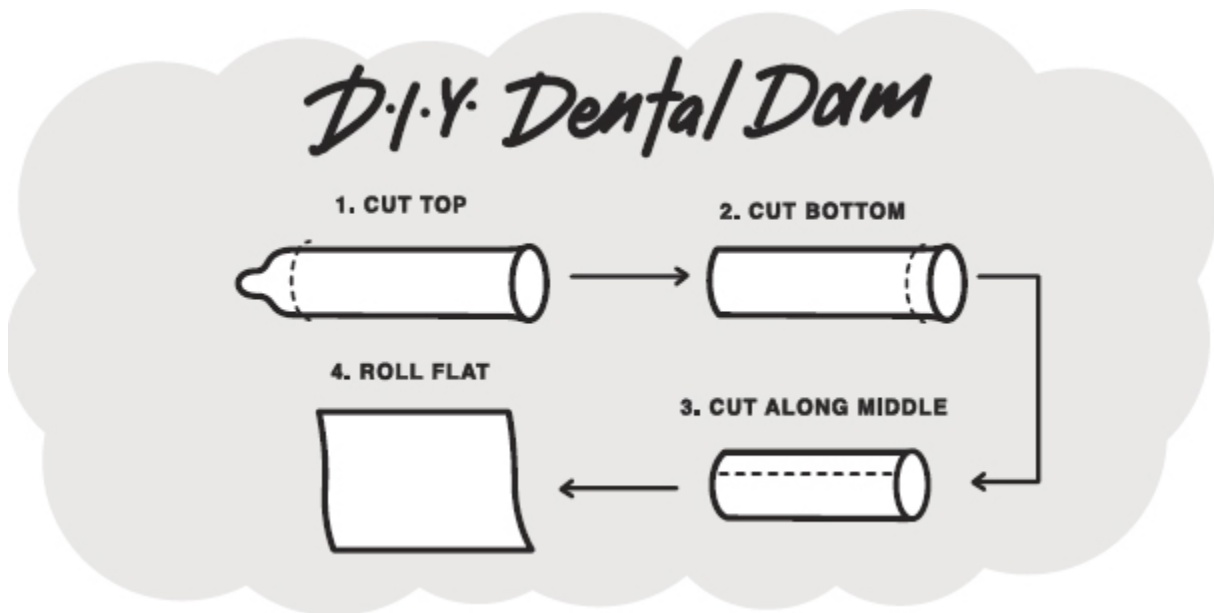
## **How to make putting on a condom sexy**

Condoms are an important part of safer sex, but sometimes you hear complaints about putting on a condom as a bit of a shmood killer. So I want to give you some tips to help, just in case you struggle to see the sexier side of staying safe!

- Time to talk it out. Putting on a condom in a seductive way can happen by describing to your sexual partner exactly what you're doing. Describe how you're putting it on their shaft. Rolling it down. How does their member feel? Tell them that you are pinching the tip and rolling it down. Tell them that you're adding more lubricant to make it slip and slide. Make that voice seductive and you will have safer sexy play.
- It doesn't have to be a one-person job—put the condom on together! Working as a team, you can start touching their appendage and balls as they slide the condom on. Why don't you massage their inner thighs at the same time and kiss the tip of their member. Make your special someone go mad with anticipation!
- Use your mouth! Putting on a condom using oral play is a great way to get you both excited. Pop the condom in your mouth with the rim outside and the tip facing inwards. Roll the condom down the shaft with your lips and put it in the best position with your hands. Voila!

Moving on with barrier methods ...

## ***Dental dams***



Dental dams are traditionally a latex sheet that can be used over the top of the vulva during oral play. They are not a contraception method but they are a barrier against vulva and mouth STIs.

It's actually difficult to buy dams in Australia, so here are some instructions on how to convert a condom into a dental dam:

1. Open packet and roll out condom.
2. Cut off both ends of the condom.
3. Cut lengthways down the condom.
4. Voila! You have your dental dam!

Now, let's keep moving on other barrier methods of contraception.

## ***Diaphragms***

The diaphragm is a shallow, soft cap that you put inside your vagina to cover your cervix during sex so the sperm is not able to travel to the uterus.

- With perfect use, the diaphragm can be 94 per cent effective, but in reality it's around 88 per cent effective on average.
- You don't need a prescription to get a diaphragm—you can get them from a pharmacy or online.
- It costs around \$100.

- It can be used multiple times.
- It does not protect you against STIs.

It's best to pop some spermicide (a cream or gel that kills sperm) inside your diaphragm before inserting. In Australia, the only diaphragm available is the Caya, and you will need to buy the spermicide gel separately. Unfortunately this gel is not available in Australia but it is sold online (nonoxynol-9 is the active ingredient).

Putting in the diaphragm may take a little practice. For anyone who has ever used a menstrual cup, this will be a piece of cake. Not all doctors know how to insert a diaphragm, but you may be able to find a specialist who is able to show you how, and you can also read the instructions that come with the package. Here's how you do it:

- Make sure you have clean hands.
- Put spermicide into the cup, following the instructions on the package that the diaphragm came in.
- Like putting in a menstrual cup, you can squat, lie down, put one foot on a chair—whatever floats your boat.
- Separate your labia minora with one hand and, with the other hand, pinch the rim of the diaphragm and fold into a taco-like cup.
- Push the diaphragm up into your vagina with the dome end pointing down. Try to tuck it behind your pubic bone and make sure your cervix is covered.

## **How to use**

It's a good idea to put the diaphragm in up to two hours before you have sex—any longer than that and you will have difficulties with the spermicide working. So if you're getting down and dirty and it's already been two hours, pull it out, pop some more spermicide into your diaphragm and slip it back in. Leave it in place for at least six hours after you have sex, but take it out before 24 hours has passed.

Every time you go to have more sex (after the first time), leave your diaphragm in but put a new dose of spermicide into your coochie. (If you have had sex and take it out, those slippery little sperms may swim in and hook up with your egg and VOILA! Bébé is conceived. So leave the diaphragm in.)



## **How to remove**

To take out the diaphragm, put your finger inside your vagina and hook it over the top of the rim—this will break the suction and you will be able to gently pull your diaphragm out.

## **Housekeeping**

Caring for your diaphragm is super important, like caring for your sex toys.

Wash it with warm and soapy water after you take it out, let it dry in the air, and don't use any lotions, potions or powders on it. Keep it in a dry, clean, safe place away from sunlight and heat. Make sure that you check it out every so often for any weak spots or cracks. To check if it is still effective, put some water in your diaphragm and see if it leaks. If there are leaks, use another type of birth control like condoms and get a new diaphragm from your pharmacy.

## **No-nos**

It's not a good idea to use the diaphragm if you have cervical cancer or any other cervix issues, or if you've had an abortion, miscarriage or given birth within the last six weeks. If you feel sore and irritated after using spermicide and notice that you are getting more UTIs, it's also not a good idea to use it anymore!

## **Pros of a diaphragm**

- There are no hormones in it.

- It's reusable.
- You only need to buy one every six months.
- It can be used with other birth control methods.

### **Cons of a diaphragm**

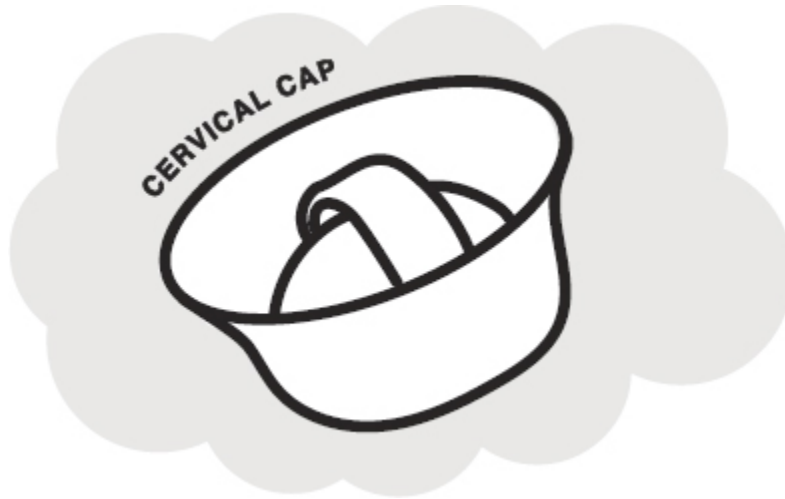
- You need to know in advance when you're having sex to be able to insert it.
- Spermicide irritates some vaginas and increases the risk of contracting an STI and having bladder infections.
- You cannot use the diaphragm when you're on your period.
- Cannot be used if you have cervical cancer or other cervix concerns.
- It may be tricky to insert.
- Not a good idea for those who experience painful sex (we will talk about vaginismus in the Sexual Concerns chapter).

### ***Cervical caps***

Cervical caps are difficult to find in Australia but can be available at family planning centres.

- A cervical cap is 80 to 91 per cent effective when used perfectly, but for imperfect use about 71 to 86 per cent effective.
- The cervical cap is more of an international option.
- You may be able get the right cervical cap from your family planning clinic, who will fit the size for you.
- Price is around \$130.
- They do not protect against STIs.





A cervical cap looks like a tiny sailor's hat. It is a small cup made from very soft silicone and, like the diaphragm, you have to use it with spermicide to make sure it is effective in preventing pregnancy before putting it inside your vagina to cover your cervix. Voila!

Cervical caps are smaller than diaphragms, and the shape is different. They can be left in your vagina for up to two days, which is longer than a diaphragm. To be effective you need to use your cervical cap *every* time you have sex, applying spermicide to it and adding more spermicide into your vagina if you're having sex again. (See same instructions as for the diaphragm.)

It's a good idea for your partner to use the pull-out method (see Lifestyle Methods of Birth Control later in this chapter) while using the cervical cap or diaphragm for extra protection against unwanted pregnancy. If you want to be super safe, use a condom to protect yourself and your partner from STIs. You must leave your cervical cap in place for at least six hours after sex to make sure it is effective.

## **How to use**

Wash your hands. Put a quarter of a teaspoon of spermicide in the cup, and half a teaspoon of spermicide in the groove around the dome. Make sure there is also a thin layer on the flat part of the brim. Separate your labia minora and squeeze the rim of your cap with your thumb and your index finger.

Start inserting the cervical cap with the dome and the removal straps facing down (towards the ground) and the brim side facing up, going into

your vagina first.

Push it right up in there! Cover your cervix and remove your fingers.

## **How to remove**

Squat down and get low! (Low, low, low, low—think the ‘Apple Bottom Jeans’ song by Flo Rida and T-Pain.) Use your fingers and push up against the dome to break the section seal, then hook your finger under the strap and gently pull the cap down and out.

## **Housekeeping**

Wash it with warm and soapy water after you take it out, let it dry in the air, and don’t use any lotions, potions or powders on your cervical cap. Keep it in a dry, clean, safe place away from sunlight and heat. Make sure that you check it out every so often for weak spots or cracks. If you do need to make sure it is still effective, put some water in your cervical cap to see if it leaks.

## **Pros of a cervical cap**

- They give you control and are reusable.
- You only need to replace them once a year.
- They don’t have any hormones in them.
- You can use them with other barrier methods such as condoms.
- They’re a good idea for those who experience painful sex (you will learn about vaginismus later in this book).

## **Cons of a cervical cap**

- You need to know when you’re going to be having sex so that you can put the spermicide in and insert it into your vagina beforehand.
- Spermicide can irritate a lot of coochies and increase the risk of STIs and bladder infections.
- Cervical caps need to be fitted because size does matter.
- You cannot use it during your period as it increases your risk of toxic shock syndrome.
- It cannot be used if you have cervical cancer or other cervix concerns.
- It’s not to be used if you have had an abortion, miscarriage, or given birth within the last six weeks.

- They can be tricky to insert.

Your doctor will be able to help you decide whether this is the best method for you.

## **Hormonal Birth Control**

There are a few different types of hormonal birth control options to choose from. In this section I am going to run through the basics of:

- the pill
- the IUD
- the shot
- the implant
- the ring.

These are all birth control methods that are not barriers—they work by preventing ovulation or by thickening cervical mucus, or both! Hormonal methods of birth control contain either progesterone or a combo of progesterone and oestrogen.

Picking the right birth control method can take a while because it needs to work well for you and your lifestyle. For example, if you are forgetful like me then the pill isn't a great option.

It's a good idea to read through all the options and talk to your GP or specialist about the right one for you after considering cost, convenience and discretion.

### ***The pill***

- When used perfectly, the pill is 99 per cent effective. Generally speaking, however, the pill is about 91 per cent effective.
- A prescription is needed from your GP or gynaecologist.
- The cost is between \$6 and \$90 for a three-month supply.
- It does not protect against STIs.

The pill is a tablet, taken daily, that contains a different combination of hormones. One monthly course has 21 active pills (containing hormones) and seven days of inactive pills (placebo pills). People who take the pill

experience a menstrual-like bleed every month when their placebo tablets are taken, but it suppresses ovulation and thickens the cervical mucus, which makes it harder for sperm to reach an egg if one is released. It also helps with decreasing PMS symptoms, ovarian cysts, and the risk of ovarian cancer and fibrocystic breast changes.

Released in the 1960s, the oral contraceptive pill changed menstruators' lives forever and gave them the freedom to avoid unwanted pregnancies. It contributed to many changes on the social spectrum for the status of menstruators.

Initially, the pill was only available to menstruators who were married. They needed a prescription and it had a luxury tax of 27.5 per cent. These limitations reflected the long-standing social mores that sex was only appropriate when you had a ring on that finger.

The pill was released in Australia on 1 February 1961 under the name Anovlar and legislation banned the German manufacturer from advertising it. However, in 1972 Prime Minister Gough Whitlam abolished the luxury tax on all contraceptives and put the pill on the Pharmaceutical Benefits Scheme list, reducing it to a very affordable price. Woohoo!

## **How does it work?**

Birth control pills contain hormones that help prevent pregnancy. As I mentioned, you take one hormonal pill every day for 21 days and placebo tablets for seven days. It is safe, affordable and effective, however you have to be pretty organised (a nightmare for someone like myself) as you need to take your pill daily at around the same time—if you miss it, you might get your period.

There are two types of pills: the combination pill contains both oestrogen and progesterone, which keeps the ovaries from releasing any eggs, while the mini pill contains only progesterone.

The hormones contained in the pill stop ovulation. This means that there is no egg for the sperm to fertilise, so having a baby is not on the cards. Both the pill and the mini pill contain hormones that thicken the lining of the cervix, called cervical mucus, so sperm cannot penetrate it. It's basically a security blanket.

When taking the pill, it's an excellent idea to plan ahead and think about how to take it correctly—maybe put a little timer on your phone that goes

off at the same time daily to remind you. And also set a reminder for when your prescription is about to run out.

## **The difference between the pill and the mini pill**

**The pill** contains two hormones: oestrogen and progesterone. It works by preventing the ovaries from releasing an egg each month and it also thickens the cervical mucus at the entrance of the uterus in order to prevent sperm from getting through.

**The mini pill** has only progesterone in it, and at a lower dose. It thickens the cervical mucus, slows an egg's progress through the fallopian tubes and also thins the endometrium—a nice triple threat to stop sperm from reaching the egg. It sometimes suppresses ovulation but usually eggs will still leave the ovaries for ovulation each month. One of the cons of the mini pill is that it needs to be taken at the same time every day. If you are three hours late or if you miss a day, you'll be at risk of getting pregnant and will need to use emergency contraception. A pro is that it's a good option for mothers who are breastfeeding as there is no oestrogen in it and therefore it doesn't interfere with milk production.

The pill also has other advantages, including regulating menstrual flow, decreasing risk of pelvic inflammatory disease, managing acne, helping with premenstrual tension, helping prevent ovarian cyst formation, and protecting against endometrial or ovarian cancer. It is also used to manage endometriosis, PMDD and pain with periods too!

## **Pros of the pill**

- Convenient, just carry it in your bag.
- Cost-effective (most of the time).
- Potential for beneficial side effects.
- You can get pregnant straight away after stopping the pill.

## **Cons of the pill**

- You have to take it at the same time daily.
- Potential for negative hormonal side effects, such as weight gain, sore breasts, headaches, nausea, moodiness and more.
- It doesn't protect against STIs.

The pill will not always work properly if:

- you don't take it every day
- you use the following medicines or supplements:
  - St John's wort
  - certain HIV medication
  - certain anti-seizure medication
  - the antifungal Griseofulvin (other antifungals should be fine, speak to your doctor)
  - the antibiotic Rifampin (other antibiotics should be fine, speak to your doctor)
- you have bouts of vomiting or diarrhoea.

### ***IUD (hormonal and copper)***

IUD stands for intrauterine device, which basically means 'device inside your uterus'.

The IUD is T-shaped and inserted by an experienced GP or a gynaecologist into your uterus. It's a great option if you are someone who might forget to take the pill, because it is a long-term device and completely reversible, meaning that when you want to stop using an IUD it can be removed by your gynaecologist. It is also one of the most effective birth control methods out there.

There are two types of IUDs: a hormonal IUD and a copper IUD. Both prevent pregnancy by altering the sperm's movement and survival inside the uterus so it can't get to an egg. Basically it's a security guard—if that sperm can't reach your egg, there is no pregnancy.

With a hormonal IUD, pregnancy is prevented by thickening cervical mucus, thinning the cervical lining and inhibiting sperm's movement. Regular periods occur in 20 to 40 per cent menstruators on Mirena, one of the most well-known brands of hormonal IUDs in Australia, with the other 60 to 80 per cent of users having such thin lining they stop getting periods altogether but still ovulate.

A copper IUD is toxic to the egg and sperm, which stops the sperm from fertilising the egg, making it one of the best bodyguards out there for the egg!

IUDs cost a bit of money upfront, but they do end up being one of the cheapest birth control methods out there because they last so many years. And if you have other health conditions and are thinking about getting a Mirena, talk to your healthcare professional about what the best option is for you.

- An IUD is 99 per cent effective statistically, and also in real life!
- A prescription is needed.
- You get your IUD replaced every five to ten years (depending on the type).
- Cost for a hormonal IUD is concession starting at \$6 (\$40 if not) if the individual has Medicare. The cost is around \$220 without Medicare (Mirena and Kyleena) plus insertion fees.
- A copper IUD costs approximately \$75 plus fees for insertion.
- An IUD does not protect against STIs.

## **How is it put in?**

You have to go to a gynaecologist or a specialist GP to get an IUD put in. They will ask you to lie down on the examination table and will open the entrance to your vagina using a speculum. They will then use a special inserter to put the IUD through the opening of your cervix and into your uterus.

This is a pretty quick process—five minutes or so—but can be a bit uncomfortable, with cramping and pain. If it is really, really painful then tell your gynaecologist to stop and you can discuss other options.

If you find that you are cramping heavily, it may be a good idea to get a pelvic floor physiotherapist to check out your pelvic floor and make sure it's able to relax properly.

I wouldn't recommend normal insertion of an IUD for people who have vaginismus—it's just too painful. They will need to go under general anaesthetic to have it put in.

After the insertion you may feel like you have bad period pain, which could last around a day or two. Using a heating pad and pain medication can help ease this discomfort. And you might have some spotting as well, which usually goes away in a couple of months.

For those with the hormonal IUD, periods usually become lighter and with less cramps, or you may stop getting your period altogether. For those

with the copper IUD, periods may get heavier and cramps worse. But if you are sensitive to hormones, the copper IUD is a wonderful choice.

A string about five centimetres long is attached to your IUD and comes out of your cervix and into the top of your vagina. You won't notice it but it's there so it can be removed. Your partner may feel it if they put their fingers inside your vagina and reach up towards your cervix—just tell them not to tug on the string because that could pull your IUD out of place.

The hormonal IUD lasts for around five years and the copper IUD lasts around ten. But your gynaecologist or specialist GP can take either out earlier if you are wanting to go off birth control. (Don't try taking it out yourself ... please!)

The hormonal IUD can be wonderful for those who have heavy menstrual bleeding, endometriosis, a lot of cramping and pain with periods, some difficulty with the growth of the lining of their uterus, adenomyosis, anaemia or fibroids. (Don't worry, I cover some of these topics in this book and your doctor can help if you want more information.)

The hormonal IUD may not be wonderful for those who have had breast, uterine or cervical cancer, any disease in their liver, pelvic inflammatory disease or unexplained vaginal bleeding.

### **Pros of a copper IUD**

- No hormones in it! Great for those whose bodies struggle to tolerate hormones.
- Lasts five to ten years, so put it in and forget it. Woohoo!
- 99 per cent effective!
- Ends up being more cost-effective than other methods over the period of time in body.

### **Cons of a copper IUD**

- Expensive upfront.
- Uncomfortable to put in.
- Periods may be heavier and you may get some more cramps in the first few months (ouch).
- Does not protect against STIs.

### **Pros of a hormonal IUD**



- Lasts up to five years, so put it in and forget it—woohoo!
- 99 per cent effective!
- Ends up being more cost-effective than other methods over the period of time in body.
- Can give you lighter periods, or no periods at all.

### **Cons of a hormonal IUD**

- Expensive upfront.
- Uncomfortable to put in.
- Side effects from hormones may disagree with you.
- Does not protect against STIs.

### ***The shot***

This is a contraceptive injection that contains progesterone, which stops ovulation so there is no egg for the sperm to meet up with and thickens the cervical mucus. It is another bodyguard to keep sperm away from the egg. If you are organised and amazing at getting your shot on time, you have a very small chance of getting pregnant.

- The shot is 99 per cent effective when used perfectly, but because sometimes you may forget to get your shot on time it ends up being about 94 per cent effective.
- You get the shot every three months.
- Injection is given by a healthcare professional and a prescription is required.
- Cost is \$30 per shot.
- The shot does not protect against STIs.

### **Pros of the shot**

- It lasts three months.
- It is safe for those who are unable to tolerate oestrogen as it contains progesterone only.
- No one will know that you have had it—secret contraceptive!
- It could have some positive hormonal side effects.

## **Cons of the shot**

- You have to go to your doctor every three months to get it.
- There might be negative hormonal side effects, such as weight gain, sore breasts, headaches, nausea, moodiness and more—and unfortunately, if you get side effects you have to wait for the shot to wear off (no options to stop or remove the product).
- It doesn't protect against STIs.
- It has been shown to have an elevated risk for depression, so not great for those who have mental health concerns.
- It's an injection, so if you're not great with needles then maybe think about another method.
- It can take a while after stopping the injections for your period to come back to normal, perhaps up to ten months. So if one day you want to try for a baby, you need to plan ahead. The shot may delay the ability to get pregnant. This is individual, so there is no way of knowing how long it will take for you. It's a game of chance!

## ***Implants***

A contraceptive implant is a small rod about the size of a matchstick that slowly releases the hormone progesterone into your body, stopping you from getting pregnant. Like other hormonal contraceptives, the implant thickens the mucus on your cervix, which is another security guard stopping sperm from reaching the uterus. It also stops ovulation, so because there is no egg leaving your ovaries there is nothing to fertilise. Therefore, you cannot get pregnant!

To insert it, the doctor will apply a local anaesthetic and make a tiny incision to insert the rod under your skin. You won't feel it being inserted and it will only take a few minutes. You might have a small bruise for a couple of days but after that you can forget about it. You will need to use condoms for the week after insertion of the rod.

If you decide you want to get pregnant, or you just want to take it out, a doctor can very easily do that for you. And you are able to get pregnant quickly after it is removed.

Like an IUD, the implant is expensive upfront but cheaper long-term. The hormones in the rod may cause side effects for some people, but this doesn't happen to everyone.

- The implant lasts five years.
- Your healthcare professional will insert it and a prescription is required.
- The cost is around \$200.
- The implant does not protect against STIs.

## **Pros of an implant**

- It is 99 per cent effective! Who doesn't love that?
- It lasts five years.
- It is safe for those who cannot tolerate oestrogen as it contains progesterone only.
- Hormones can have some positive side effects.
- You can get pregnant straight after having it removed.

## **Cons of an implant**

- There can be negative hormonal side effects such as weight gain, sore breasts, headaches, nausea, moodiness and more.
- Irregular bleeding can affect up to 20 per cent of users.
- It doesn't protect against STIs.
- It's more expensive upfront than other contraceptive options.

## ***Vaginal rings***

I had the ring for a few years and I loved it because it's very safe and convenient, and it works super well if you use it correctly. You basically get a prescription from your GP for a pack of rings. To insert, squeeze the ring, putting it up inside your vagina. It prevents pregnancy by releasing hormones into your body. Each ring lasts for up to five weeks, so each month you change it over and put a new one in, depending on the schedule that you have agreed on with your health practitioner. You can also safely skip your period on the ring if you want to.

It works by releasing oestrogen and progesterone, which stops ovulation and also thickens the mucus on your cervix so that sperm can't swim to the uterus.

When you buy the ring from the pharmacy you will usually get them in a pack that can be stored in the refrigerator for up to four months. You just have to put a reminder in your calendar to replace the ring each month.

The ring is generally very effective, and you can also have sex with it in. Some supplements and medications can affect the ring, including certain antibiotics, certain HIV medications, certain anti-seizure medications, and the herb St John's wort.

Negative side effects can include headaches, nausea, sore breasts, period changes, spotting and more discharge. The side effects usually go away within two to three months.

But there are positive side effects, too! It might ease cramps and PMS, can make your period lighter and more regular, and you can use the ring to skip your period.

- The ring is 99 per cent effective in theory and 91 per cent effective in real life.
- Costs around \$30 per month.
- Must be changed monthly.
- Prescription required.

### **Pros of a ring**

- It is super effective!
- You can remove when you want (just don't leave out of your body for more than a few hours—place somewhere safe and hygienic at room temperature, and give it a wash in lukewarm soapy water, pat dry and reinsert).
- Doesn't cause weight gain.
- Hormones can have some positive side effects.
- You can get pregnant straight after removing it.
- Affordable.

### **Cons of a ring**

- There can be negative hormonal side effects, such as sore breasts, headaches or nausea.
- Can experience intermittent spotting.
- It doesn't protect against STIs.

# **Lifestyle Methods of Birth Control**

## ***The pull-out method***

This method cops it a little bit from healthcare professionals, which I totally get because it requires a lot of trust and awareness. I am also Dutch, so I do believe in going double Dutch on your contraception methods (like using condoms and other birth control methods, such as hormonal).

But I want to let you know about the pull-out method because the more info I give you, the better. And look, people are still going to do it.

The pull-out method is when the penis owner pulls out their penis before they ejaculate into the vagina, hopefully keeping the sperm from reaching the egg.

It's not as effective as other types of birth control, but it's better than not doing anything at all.

All you need to do if you are a penis owner is pull out your penis and ejaculate away from the vagina. This sounds pretty easy, but for those who experience premature ejaculation, this method is not for you. Withdrawal takes a lot of self-control, so you need to be aware of exactly when the semen is going to shoot out of your penis, pulling out of the vagina before that happens.

I would suggest the penis owner take some time when masturbating to learn how to recognise the feeling of when you are about to ejaculate. In the sexology world, we called this feeling 'the point of no return'. If you reach that point when you are going to ejaculate and recognise that it is going to happen, you can pull out beforehand.

If you are unable to pull out in time, I would suggest that your partner gets the morning-after pill from the pharmacy, because it's better to be safe than sorry!

- The pull-out method is 78 per cent effective.
- It costs zero dollars.
- You don't need a prescription.
- You will need trust and communication with your sexual partner.
- You must do it every time—dedication and skill are required.

## **Pros of the pull-out method**

- Free.
- Can be used at any time.

## **Cons of the pull-out method**

- There can be mistakes, and pull-out might not be done in time.
- You can get STIs.
- Small risk of pregnancy from pre-ejaculate.
- If you are with a new sexual partner and you are the vagina owner, you will need to have a strong conversation about the pull-out method with them. And tell them that if they don't make it out in time, they must let you know and that *they* are going to be paying for the morning-after pill!

## ***Fertility awareness methods***

Fertility awareness methods (FAMs) are all about avoiding sex at the time of the month when you are most likely to get pregnant. Basically, you are looking out for your *safe days* (when you are not as fertile) and your *unsafe days* (your most fertile times).

What does this mean? Basically, you will have to track your menstrual cycle. I would use a phone app for this, to know when your ovaries release an egg every month, which is called ovulation.

The days around ovulation are your most fertile, which is when you're most likely to get pregnant. So avoiding sex or using condoms on these days when most fertile will help to prevent pregnancy.

- FAMs can be 76 to 88 per cent effective.
- The cost can be around \$20 for materials such as a basal body thermometer and tracking app.
- You must be dedicated to monitoring daily.
- You cannot have sex on your fertile days, or must use a barrier method.

There are a few different FAMs that you could use to track fertility. You can also use all of these methods together.

- **The calendar method**, where you track your menstrual cycle using a calendar, most commonly on menstrual tracking apps.

- **The temperature method**, where you take your body temperature each morning before you get out of bed.
- **The cervical mucus method**, where you check your cervical mucus—meaning your vaginal discharge—every single day, and look for changes.

## **The calendar method**

To start using this method as birth control, you need to have tracked your cycle for at least six periods. If you have done this for a while on a period tracking app, great! When you will be ovulating (*unsafe days*) will be in your app tracker.

There is also a mathematical way to do the calendar method, but with the excellent prediction technology used in tracking apps these days, I suggest using your app over the mathematical method.

## **The temperature method**

The temperature method is used to help you predict when you're going to ovulate. Your body temperature drops one or two days before you ovulate and then starts to rise for a few days after ovulation. Before ovulation, your basal body temperature averages between 36.1 and 36.4 degrees Celsius. After ovulation, it rises to 36.4 to 37 degrees Celsius. It's important to take your temperature every morning before you get out of bed. You will need to buy a good-quality thermometer that goes in your mouth. Take your temperature every day for a few months and you will be able to see which are your fertile days (*unsafe days*) by tracking it on a chart. These fertile days start as soon as your temperature starts to go down. When your temperature has started to rise, this is the end of ovulation and a safer time for you to have unprotected sex.

## **Cervical mucus method**

Remember how your vaginal discharge changes a bit during your cycle? This cervical mucus method follows the changes in your discharge to show when ovulation is occurring. This can be a little tricky, because everyone is different, and things like illness, sex, breastfeeding, STIs and hormonal birth control can all affect your discharge. It will absolutely take some practice. As with the other tracking methods, you need to track for at least three months before relying on this method.

To prevent getting pregnant, check out your discharge every day and write down what it looks and feels like on a chart. The changes in your discharge will help you figure out when you're going to ovulate and can get pregnant. There will be safe days when you can have unprotected intercourse, and unsafe days when you are at risk of getting pregnant so can use condoms.

You can check your discharge by looking at the colour and texture on your underwear, putting clean fingers into the entrance of your vagina and checking the colour and texture, or wiping the opening of your cooch with white toilet paper before you pee and checking.

The best way to get a vibe on your discharge's consistency is to rub it between your thumb and index finger.

You can start with the days of your period, where there is blood. These are safe days. No need to check consistency.

After your period, you might have no discharge, and you will have a few days when your cooch is a bit dry—these are usually safe days.

As you get towards ovulation, your body will start to develop more discharge. Discharge can feel sticky, and look cloudy or white. These are days that are fertile and are not safe days.

On your most fertile days, during ovulation, your discharge will resemble egg whites. This will go on for about four or five days, and these are *fertile* days and therefore *not safe* days.

After this egg-white discharge, you will go back to a tacky consistency, and cloudy-white or yellow. You can have unprotected sex. Then you will go on your period days and these are safe days!

## **Pros of fertility awareness methods**

- Can be used anywhere at any time.
- Free.

## **Cons of fertility awareness methods**

- Technical! Requires a lot of commitment and dedication from both partners.
- It takes a couple of months to get the right rhythm.
- Not precise—can only provide a rough idea of when you're ovulating.
- Not good for those who have irregular periods.



- Does not protect against STIs.

### ***Breastfeeding method***

- Can be 98 per cent effective.
- No cost.
- Needs dedication.
- Can be used for up to six months after giving birth.
- Does not protect you from STIs.

Breastfeeding can also be a form of birth control! But it has to be done in a certain way.

When you breastfeed exclusively (meaning no formula or supplements or food) every four hours during the day and every six hours at night, your body stops ovulating naturally. This means you cannot get pregnant as your body has not released a new egg. Clever!

Not ovulating also means that you won't get your period, which is why this is also called the lactational amenorrhea method (LAM). Lactational means 'breastfeeding' and amenorrhea means 'no period'.

If you breastfeed your baby but also use formula, the LAM method will not work for you, and it also doesn't work if you use a breast pump—you need to feed your baby only from the tit (confusing, I know).

You can start using this method as soon as your baby is born, for up to six months.

### **Pros of the breastfeeding method**

- You can start as soon as you begin breastfeeding.
- It's free and safe.
- It doesn't interrupt sex!
- You don't need a doctor's prescription.

### **Cons of the breastfeeding method**

- Breastfeeding exclusively is very difficult—you have to nurse every four hours during the day and every six hours during the night.
- You cannot use a breast pump.
- You cannot feed your baby formula or anything other than breastmilk.

- You will have less vagina lubrication because breastfeeding makes you dry downstairs.
- Some people feel that breastfeeding makes their boobs less sexy.

I would suggest having outercourse for the first few weeks or months after having a baby. This will also save a lot of discomfort from your cooch, which may be healing if you've had a vaginal birth!

## ***Outercourse method***

Outercourse is basically when you have sexual activity with no penetration. So for some, that means no penis-in-vagina (PIV) sex but lots of other play. For others, this means no penetration of any kind: no fingers, sex toys or anal sex. For this chapter, outercourse is referring to no PIV sex.

This method works because no penis going inside the vagina means no ejaculation inside the vagina, and no risk of getting pregnant. Voila!

Outercourse is great if sex is painful or for those with different abilities or sexual orientations. I honestly think it is the best part of sex.

Some examples of what you can do include kissing, massage, oral sex, finger play, sex toys, grinding and masturbating. But remember that you can still get STIs if there is skin-to-skin contact on the genitals or if any sexual fluids get on your genitals or mouth.

- Free.
- 100 per cent effective.
- Use every time.
- Can still possibly get an STI.

## **Pros of outercourse**

- Pleasure without pregnancy—get creative!
- Low risk of STIs with clean sex toys, kissing, masturbation or dry humping.
- It can help you develop a sense of closeness and intimacy with your partner.
- Easy option if you don't have any other form of birth control.
- Helps you better understand your body and your partner's body, and what feels good for both of you.

## **Cons of outercourse**

- Skin-to-skin genital touching or sharing sexual fluids can still result in STIs.

## **Permanent Contraception**

### ***Tubal ligation***

There is a way for those who have ovaries to ensure that pregnancy is not in their future: tubal ligation, where a surgeon permanently closes, cuts or removes part of your fallopian tubes.

Usually it's recommended for an older age range, and most specialists will not do this for menstruators in their early thirties as they may have a change of heart. It is more common for those in their forties. You may have heard it referred to as 'getting your tubes tied'. It is a safe and effective surgery that permanently prevents pregnancy, and may be performed on some people who have certain health conditions, such as endometriosis.

Remember that every month an egg leaves one of your ovaries in that process that we have been referring to, called ovulation. The egg travels down one of your fallopian tubes for a few days as it waits to meet the sperm, which is coming to fertilise it. If the egg and sperm meet, you get pregnant. If that egg cannot travel down your fallopian tube because it is blocked or removed then there is no way that the egg can get to the sperm and no way that you can get pregnant.

- 99 per cent effective.
- Surgical procedure.
- Done once.
- Cost is surgeon-dependent but usually very expensive.
- Does not protect against STIs.

Sterilisation is only for people who are really sure that they do not want to get pregnant for the rest of their life. It is permanent.

### **Pros of tubal ligation**

- Effective.

- Convenient as you do not need to buy any other form of contraception ever again.
- It does not mess with your hormones and will not cause menopause.

## **Cons of sterilisation**

- It is permanent.
- Any medical procedure has risks.
- It does not prevent STIs.

## ***Vasectomy***

This is the penis owner's version of sterilisation. A vasectomy is generally permanent.

Usually it is penis owners who have already had children, or really do not want to have children, who get a vasectomy. It is a surgery done by a urologist and the small tubes in your scrotum that transport sperm are cut or blocked off. Therefore, the sperm cannot leave your body and cause pregnancy. It's a very quick and easy procedure, and you can go home on the same day!

It takes about three months for semen to become sperm-free and you have to get it tested to make sure.

Now, while vasectomies are generally seen as permanent, sometimes doctors can re-join the vas tubes. This does not guarantee that the penis owner will be able to produce a child. The chances of success decrease with time after the original procedure, so a vasectomy should not be considered lightly.

- 99 per cent effective.
- Cost is surgeon-dependent but usually very expensive.
- Surgical procedure.
- Only have to do it once.
- Does not protect against STIs.

It is a safe surgery for most people, but of course, all surgeries have some risks.

## **Pros of a vasectomy**

- Effective and convenient.

### **Cons of a vasectomy**

- It is permanent.
- All surgeries have risks.
- Does not protect against STIs.

### **Emergency Methods**

Sometimes mistakes can happen. A condom can break, or we might not have our fertility awareness method down pat, or we might have got lost in the heat of the moment!

This is absolutely fine because there is the option of emergency contraception.

### ***The morning-after pill***

Basically, the chance of getting pregnant is high in the two days leading up to and including ovulation. If you have an egg floating around in your uterus and your partner ejaculates inside you, the sperm can live inside you for up to five days. This means that you may fall pregnant even several days after sex. The morning-after pill delays ovulation, so the egg is not released from the ovary and the sperm cannot reach it and pregnancy can't happen. So the morning-after pill has to be taken before the hormones surge to begin ovulation. If the egg has already been released then you can still get pregnant.

- It's 75 to 88 per cent effective when taken in the 72 hours after unprotected sex.
- No prescription needed—you can just go to your local pharmacy.
- Cost is around \$50.
- Does not protect against STIs.

The morning-after pill is quite safe and is also safe to use while breastfeeding. It also doesn't harm the foetus if you are already pregnant. Yay!

## **Pros of the morning-after pill**

- Grab from the pharmacy for around \$50.
- Effective if taken in the first 72 hours after unprotected sex.
- No prescription needed.
- Safe.

## **Cons of the morning-after pill**

- Not many cons! I want you to know that there is no shame in having the morning-after pill. It's completely okay to have contraceptive slip-ups and to want to ensure that you are not pregnant.
- Not as effective for those who have juicier bodies.
- Can cause spotting and cramping.
- Can make you feel sick, and if you vomit you may need to take another pill.

## ***Copper IUD as emergency birth control***

The copper IUD can also be very effective as an emergency birth control method, as long as the person who believes they might be pregnant is super organised and gets to the doctor within five days after unprotected sex to get the IUD inserted.

Using the copper IUD is not the same as an abortion, the latter being designed to end an already-existing pregnancy. A copper IUD severely inhibits viable pregnancy by releasing small amounts of copper into the uterus, creating a toxic environment for the sperm, slow egg movement and changing the lining of the uterus.

Pros and cons of the copper IUD are listed earlier in this chapter.

## ***Abortion***

Sometimes your birth control just doesn't work the way you want it to work. Or sometimes you haven't brought your barrier method with you, or it broke while you were in the heat of the moment.

That's okay, it happens! If you're worried that you might be pregnant then it's a good idea to tell a friend or a loved one or a partner that you are concerned. Remember, it just takes one sexual experience for there to be a potential baby on the horizon.

If you are the partner of someone who might be pregnant and they are having a pregnancy scare, make sure you are there to support them through the experience. Ask them what they need and how you can help. Some will want support and some will want some space.

Go grab a pregnancy test from the pharmacy and pee on that stick!

If it comes back negative, phew, close call. Try to reassess your options for safer sex and birth control. Make sure you monitor your body and if you feel any changes, like breasts swelling, then go get a blood test to make sure that you really are negative for a pregnancy. Sometimes sticks can make a mistake.

If your test comes back as positive then it's time to think about your choices and make the one that suits *you* best. I am pro-choice when it comes to pregnancy, and I believe that you should take some time to settle into your thoughts. If you feel alone, make an appointment with the family planning clinic or your doctor. If they are a good doctor they will support you and come up with a game plan. If you feel uncomfortable with the language that your doctor is using then find a new doctor. This is a very sensitive time, and you deserve to feel supported no matter what your choice is.

The options are usually to either keep the baby and carry your pregnancy or to have an abortion. This is a choice that you have to make depending on your circumstances. It's your body, your future and your life. Talk it through with your doctor and decide what's best for you. Whatever your decision, it will be alright.

The advice that I give you in this section around unplanned pregnancy and abortion is taking a person-centred approach. I and many good doctors believe that the pregnant person is the expert in their own life and they are the one who should make decisions about their pregnancy. To make a good decision, I want you to focus on yourself and look at your needs, thoughts, feelings and beliefs about what the options are for you and your unplanned pregnancy. The reason why you have to focus on yourself first of all is that you are the most important person in this process of decision-making for an unplanned pregnancy. This is not to say that others are not important, but it is vital that you don't forget yourself and your needs in making this decision.

Abortion is also known as termination of pregnancy. It is super safe and a very common medical procedure. The termination is done either surgically

or by taking a medication that causes your cervix to open and helps the uterus expel the pregnancy.

This might seem like a lot. But I want you to know that you don't have to be scared. People who provide abortions are the kindest people. They are there to support you through your journey. Their clinics are there to provide you with a supportive, compassionate and confidential environment. No one will know that you are there unless you want them to. They are also able to give you long-acting contraception after your procedure, if you need it. In Australia, you do not need a referral from your doctor to make an abortion booking unless you are in Western Australia, where it is a legal requirement.

## **Surgical abortion**

A surgical abortion is a day-surgery procedure. It is often performed in the first trimester of pregnancy (up to fourteen weeks). You can get an abortion in the second trimester (up to twenty weeks) in most Australian states. After 24 weeks there is consideration and it requires a specialised procedure to remove the foetus.

Abortion is one of the most commonly performed and safest surgeries in Australia. In a first trimester abortion you are given a general anaesthetic and then the doctor inserts a little tube into the uterus and applies some gentle suction, removing the contents and the lining of the uterus. Like a little vacuum! This only takes about ten minutes, but usually you are at the clinic for about four hours, allowing time to prepare for the procedure and also recover from the anaesthetic. You are given some after-care advice, and someone needs to pick you up and take you home.

This is a very low-risk operation—complications occur in only an estimated three per cent of cases.

For more information I suggest you check out the resources on [www.mariestopes.org.au](http://www.mariestopes.org.au).

## **Medical abortion**

Medical abortion is a little different to surgical abortion. As a non-surgical approach, you don't need to go under anaesthetic.

You need to have an ultrasound to make sure that you are no more than nine weeks pregnant, and that there is no ectopic pregnancy (meaning a



pregnancy in the fallopian tubes). Your doctor will advise whether you are eligible for a medical abortion based on this and your healthcare records.

Medical abortion has meant greater privacy and less invasiveness for those who choose to have an abortion because it can be done at home on the toilet. The abortion is achieved by taking two medications that work in tandem to terminate your pregnancy.

The first tablet is given to you by your doctor and taken at home. This is an anti-hormone tablet that blocks the effects of progesterone, the hormone needed for the pregnancy to continue.

The second tablet is taken 24 to 48 hours after the first tablet. You put this tablet between your cheek and your gum for 30 minutes before swallowing any remaining tablet with water.

This second tablet opens your cervix and helps the uterus expel the pregnancy. This can happen between 30 minutes or a whole 24 hours after taking the second medication, so make sure you have a private toilet nearby that you can get comfortable in. You can usually expect vaginal bleeding, cramps and the passing of pregnancy tissue within four hours or so.

The vaginal bleeding and cramping can last around ten to sixteen days and is kind of like a heavy period for two days. You might feel tired, nauseous and experience vomiting, diarrhoea or chills and fever.

At the end of the day, remember that you are number one. If you decide that abortion is right for you, then that is your decision. Take care of yourself, babe. It can sometimes be a lonely experience but I want you to know that you are not alone. Many people around the world, including me, have had abortions. My advice would be to share with a trusted confidant, someone who is there for you and won't pass judgement but will give you hugs and bring you your favourite food. You deserve a lot of TLC during this time.

## Chapter 11

# Safer Sex

The only thing I remember from sex education in school was a project I did on gonorrhoea, which is a sexually transmitted infection. I was fascinated and spent many hours peeking at pics of gonorrhoea on Google Images. I then did a ‘sealed section’ for the assignment, where you could lift a piece of paper to reveal these images. Fun!

I was one of the only people in my class who felt confident enough to pick a STI. Yet whirling around the classroom were horror stories of sex gone wrong and the infamous blue waffle image (which isn’t real by the way, it’s photoshopped ... and *don’t* google it).

I have never really been scared that I would get an STI. I used condoms with new sexual partners and asked them to have an STI test and send me the results before we got it on. Full-on? Not really—it’s my body at risk.

But, in saying that, I’ll admit I’ve had unprotected sex too, when I was single, and I would get tested for STIs every few months. I once found out I had HPV, which as you will find out in this chapter is the common cold of STIs. My doctor and I have managed it super well together and I am not afraid of my sexual future.

Move forward a few years and I am now a professional in the healthcare industry. And I’ll tell you what: in my sessions, patients who have an STI diagnosis are the most distressed. Especially a herpes diagnosis. The idea of an infection that you can’t get rid of is very scary, and daunting and hard for many people to accept.

It’s STI diagnoses make many people feel as if they are damaged goods. I wish I could cradle each of these patients in my arms and let them know that it will be okay. Their distress is a reflection of how society has taught us that people who contract STIs are ‘loose’, which is just not true—STIs can actually be contracted the very *first* time someone has sex.

I have also met many, many people who are scared to have sex because they have been taught sex ed with fear-mongering techniques.

It's a bit like that movie *Mean Girls*. Remember how Coach Carr instructs everyone not to have sex because they will either 'get pregnant or die'?

Funny in the movie, but realistically lots of us are given these kinds of scare tactics, and I reckon it's about time we had some sex-positive education! All fear-based chat does is encourage shame and secrecy, as we hold off from buying condoms because it's embarrassing or don't get tested out of fear that our doctor will judge us.

So let's liberate!

Viva la education!

Let's focus sex education on the benefits of communicating with sexual partners and sex-positive friends, make condom usage liberating, and highlight the benefits of STI testing so that we can be f\*\*\*ing honest and pro-active about safe sex!

I think the biggest problem about STIs is the widespread fear that's been passed down from generation to generation.

## **It's often the STI stigma that causes more harm than the actual virus or bacteria itself!**

At the end of the day, STIs are not too different from other types of viruses that we can get from each other. STIs are just transmitted through getting naked and having fun with each other. We, as humans, come into contact with germs every day, and they play a role in making our immune system strong. We are constantly giving each other diseases, spreading them through the air, through touch, and through swapping our juices.

Getting sick is just a part of life. However, we don't call people 'dirty' for catching coronavirus or the flu. We don't shame them for having a cold sore, even though it is just a different strain of the same virus that causes genital herpes.

There is still a major stigma about picking up a sexually transmitted infection, despite the fact that they are common, on the rise, and unfortunately under-tested. It is understood that young people feel uncomfortable discussing sexual health concerns with their GPs and therefore avoid getting tested for STIs. According to the World Health

Organization, more than one million sexually transmitted infections are acquired every day worldwide.

Let's try to keep each other feeling safe and healthy by having sex-positive conversations about these topics. There is nothing to be ashamed of. Most STIs are really not a big deal. In fact, most STIs are curable, and for those that are not there is medication that can be taken to reduce the impact it has on your life and that of your sexual partner/s. Of course, first you must know that you have an STI, but for most people there are not any warning signs or symptoms and so they may not know they are infected!

As such, in this chapter we are going to figure out wtf STIs are, the importance of testing, how to have safer sex, and why someone who has an STI is still a person worthy of love and respect.

## **Viral STIs**

### ***Human papillomavirus (HPV)***

Do you know how many of my friends have called me, freaking out, because they have human papillomavirus (HPV)?

It's wild. HPV is the most common sexually transmitted virus out there, and most who engage in sex will get it. It sounds very scary, but it is so common. HPV is usually harmless and goes away by itself, clearing away naturally without any issues or symptoms, however there are some high-risk types that can lead to cancer or genital warts. There are more than 100 types of HPV all over the body. About 40 kinds can infect your genital area, and a few will impact the cells in your cervix. Most people who get HPV will never be affected by it.

### **Who can get it?**

Anyone sexually active!

### **How can you get it?**

Skin-on-skin contact. It transmits through our soft moist zones, including the vulva, vagina, penis, anus and mouth.

## Symptoms

Most people with HPV don't have any symptoms and don't know that they have it until they get tested.

Most HPV infections will go away by themselves, but that can take months or years. It's persistent, high-risk HPV that will lead to cervical cancer. But tongue, mouth, throat, vulva, vagina and anal cancer also come from high-risk HPV, so unprotected oral sex ain't that safe, babe.

High-risk HPV can cause nasty cancers, and most commonly cervical cancer. So even though HPV is usually harmless, it's important to get your cervical screenings (see section on testing following).

When there are symptoms of low-risk HPV, it will look like genital warts. These warts are harmless growths on the skin of your vulva, vagina, cervix, penis, scrotum or anus. They look like a mini cauliflower and are usually painless. They can be treated and taken off just like warts on your hands. Voila!

## Prevention

You will most likely get vaccinated in high school to help protect you from dangerous types of HPV. However it does not protect you from *all* the strains and is also not a guarantee, just a safety buffer. The Gardasil injection is offered to teenagers in Australian high schools, and it protects against two of the most common high-risk and two of the most common low-risk HPV infections. Its job is to try to reduce cervical cancer and genital warts in the community.

If you are engaging in sex with others, just have a tiny squiz at their genitals and see if there are any of the mini cauliflowers on their bits. If you see any, be kind and suggest a GP visit, and don't engage in erotic play until you get results back. Wearing condoms and dental dams also help prevent genitals warts and HPV.

## Is it curable?

Nope, but like I said before, often HPV will clear naturally by itself. And if you develop warts they can be treated and removed. It's important to monitor for high-risk HPV by doing regular cervical screenings or pap tests (for those of us with a cervix).

## **Testing**

In Australia we have the cervical screening test, which is a new and improved version of the old pap smear! People with vulvas should get your first screening at age 25, but if you were sexually active before the age of fourteen then it's best to talk to your doctor about having your screening a little earlier.

You just need to go to a doctor (one you like and feel comfortable with) who will take a swab of your cervix. This means that you will have to take off your clothes from the waist down and lie on your back. Your doctor will ask you to bend your knees so the heels of your feet are up near your bottom, and then they will insert a plastic instrument called a speculum into your vagina. This holds the walls of the vagina apart so the doc can see your cervix. It may be a little uncomfortable but should not be painful if your pelvic floor is relaxed. (If it is painful, please see the section on vaginismus.) The doctor will take a swab of your cervix with a small brush. It is a very quick process, so you can get your clothes back on and get outta there! The cells on that brush will be sent off for testing.

If results show no HPV then you can come back in five years for your next test.

If there is HPV found, your doctor will let you know what needs to happen next and when your next cervical screening will need to be done (usually in twelve months). You will most likely need to see a gynaecologist for a colposcopy (which is a microscope to look at your cervix) or a biopsy (pinching off a few cells on your cervix for examination) if there are high-risk results. But don't worry, your doctor will take great care of you and let you know about the process.

## **Treatment**

Genital warts are part of the low-risk strain of HPV and can easily be removed by a doctor with medication, freezing or burning.

If a biopsy finds cancerous cells, this will be considered high risk and monitored by your doctor. If there are pre-cancerous cells, doctors may use a procedure known as LEEP, which is a tiny hot wire that cuts away the cancer cells, or cryotherapy, which is chemically freezing the cancer cells.

## **Takeaways**

While low-risk HPV is common, it is also necessary that you continue screening for high-risk HPV, which can cause cancer. So head to your GP and get swabbed, because it may save your life.

## ***HIV/AIDS***

HIV is a viral infection that causes AIDS. HIV stands for human immunodeficiency virus, and AIDS stands for acquired immune deficiency syndrome.

Your immune system is your body's way of protecting itself against diseases so that you stay healthy. The HIV virus breaks down cells in your immune system and makes it really easy to get sick and even die from infections that you would usually be able to fight off. It's important to get regular STI checks as it can take months for HIV to show. HIV and AIDS are not the same thing. Longstanding, untreated HIV causes AIDS, which is serious and can lead to death. Those with HIV do not always have AIDS.

### **Who can get it?**

Anyone.

### **How can you get it?**

The HIV virus is carried through semen, vaginal fluids, anal fluids, blood and breastmilk. It gets into your body through cuts or sores in your skin and through mucous membranes on the inside of the vagina, rectum and opening of the penis. You can get HIV from vaginal or anal sex, sharing needles, or getting HIV-infected blood, semen or vaginal fluids in open cuts and sores on your body. It is usually spread through unprotected sex. This sounds scary, but when a person living with HIV is on effective treatment the level of HIV (the viral load) in the blood is lowered. When it is lowered to a point that it's undetectable then HIV is 'virally suppressed' and cannot be passed on sexually. This is amazing news for those living with HIV and for their sexual partners.

### **Symptoms**

Symptoms of HIV can take ten years or more to show. That's why it's important to get tested for HIV regularly, especially if you've had

unprotected sex or shared needles. If you have been infected, you may feel like you have the flu: feverish, achy and sick.

## **Prevention**

To prevent HIV you should not share needles, and use condoms or dental dams every time you have sex. For those who are at high risk of getting HIV, such as those who have anal or vaginal sex with many partners, or share needles, talk to your doctor about getting pre-exposure prophylaxis (PrEP), a pill taken daily that can help prevent HIV.

## **Is it curable?**

HIV and AIDS are not curable, but symptoms can be managed.

## **Testing**

You have to get a blood test or cheek swab and will need to have a follow-up test three months later, because sometimes it takes months for your body to make enough antibodies to show up on an HIV test. That's why regular STI checks are a great idea.

## **Treatment**

There is no cure, but anti retro viral therapy (ART) can help suppress HIV, so you can live a long and healthy life. ART is a mix of medicines that greatly reduce the amount of HIV in the blood and can also lower or stop your chances of giving HIV to anyone else. Remember that undetectable viral loads mean the virus is untransmittable.

## **Takeaways**

If you are at high risk of contracting HIV, talk to your doctor about your options. PrEP can lower your chances of getting HIV from sex by over 90 per cent. Even better, using condoms and PrEP together helps you stay safer.

## **Herpes**



So common: according to one study more than 500 million people were estimated to have genital infection with herpes simplex virus (HSV) in 2012.

Herpes is a virus that causes sores on the mouth and/or genitals. It stays in your body for the rest of your life, but have no fear: it does not cause any serious health problems. Still, it can be heavy to work through on a psychological level.

There are two strains of herpes: herpes simplex virus type 1 (HSV-1), which usually impacts the mouth area, and herpes simplex virus type 2 (HSV-2), which usually impacts the genitals. These strains typically like to stay in their favourite area but can also hang out on your back, nipples (ouch), forehead, ears, fingers, upper buttocks, neck ... It can be anywhere!

Want to know how common it is? According to the World Health Organization, in 2016 around 66.6 per cent of the world's population aged 0 to 49 years have HSV-1 (mouth, so think cold sores), and 3.2 per cent of the world's population aged 15 to 49 years have HSV-2 (genitals, so think vulva, vagina, cervix, penis, scrotum, inner thighs and anus).

Chances are you know a few people who have herpes! It's so common and nothing to be ashamed of—but again, that pesky STI stigma comes into play and millions of people feel embarrassed and ashamed of their diagnosis.

## **Who can get it?**

Anyone.

## **How can you get it?**

Herpes is spread from skin-to-skin contact with someone else who has the virus. This can be from kissing, from mouth to genital touch and from genital to genital touch.

## **Symptoms**

Often herpes has no symptoms, and so if you have it you might not know! If there are symptoms they tend to look like small sores or blisters on the mouth or genitals. On the mouth we call these cold sores. On the genitals you might get a few different symptoms, such as blisters, pain and itching.

You can also get flu-like symptoms, like a chill, fever, headache or achy muscles.

When these blisters and symptoms show it's called an outbreak. An outbreak can happen after years of being infected, or within the first twenty days. This outbreak can last up to a month, and even though the symptoms will eventually go away, the virus stays in your body and an outbreak can happen again (a few times).

If herpes comes up and you don't know where you got it from, don't worry. It doesn't mean your partner has been cheating or that you have done anything wrong—you might have been infected years ago and had no idea it was in your body. Be kind to yourself and your sexual partner. Don't let paranoia get the better of you!

## **Prevention**

Condoms can help, alongside dental dams. But again, because you can't see it, it can be difficult to prevent. If you have a cold sore, hold off from kissing and mouth-to-genital sexual activities. And if there are sores on your genitals, hold off from sexual activities. It's wise to visit your doctor and get some antiviral medication that will help shorten and prevent outbreaks, reducing the risk of transmitting the virus at least slightly, though unfortunately it does not reduce the risk 100 per cent.

There's also the possibility that you can pass on the virus when you have no symptoms, so it's best to try to use antivirals and condoms to prevent viral transmission.

## **Is it curable?**

Nope, unfortunately. Once you have it, you have it for life.

## **Testing**

Like all STIs, the only way to know for sure if you have herpes is to get tested. A doctor will take a swab or culture of your sores.

## **Treatment**

Even though there is no treatment to cure herpes, there are a heap of ways to tend to the symptoms and help manage an outbreak. A doctor can give

you antiviral medication to suppress symptoms and prevent you transmitting herpes to your sexual partner/s. It's also good to make sure you are staying healthy, because outbreaks usually happen when your immune defence is low. Your doctor will give you the best advice about treatment options.

## **How to tell someone you have herpes**

While having herpes is not as uncommon as you think, it still has this stigma that it will spell the end of a normal romantic and erotic life, which is a complete myth.

However, even when we are confident in ourselves and accepting of the fact that we have herpes, letting someone else know that you have HSV can be a nerve-racking experience.

Before you go forth and tell others, I want you to consider whether that person needs to know or not. If it is not a sexual partner then there is minimal risk of them catching the virus from you. You need not disclose it unless it is something you wish to do, as you don't owe anyone a confession or explanation.

The person you will need to tell is your sexual partner. Before you tell them, it's good to practise what you will say.

Even if you rarely have outbreaks, you will need to have 'the chat', as genital herpes can be spread without any visible outbreak symptoms. This process can feel stressful and emotional, but it doesn't have to be a big deal if you know how to 'talk the talk'.

So I have developed an opening line for you (see next page) so that you are able to practise ahead of time and calm those nerves.

**First, choose the right moment:** Yes, this is challenging, but you will need to have this chat before sexual contact. Herpes can spread easily even if you are not having an outbreak.

If you feel that sexytimes are on the horizon then find a moment when you are alone with the person, and comfortable and free of distractions.

**Don't overthink it:** Remember that herpes is common, and easy to manage. And you are not the only one who has it.

**Be unapologetic in your delivery:** It's really important to deliver the info directly and without an apology. Herpes is no biggie, and so we should remove any apologetic sentences (such as 'I'm sorry to tell you this, because it's awful: I have herpes') out of the picture, because there is no need for this type of negativity. You don't need to apologise for having herpes—you have done nothing wrong, babe.

Let's try getting the message across with confidence, transparency and directly. Here's a good script:

*'Hey, I need to chat to you before we go any further. I have herpes. It's not a big problem, and I manage it, but I thought I should tell you before we keep going.'*

This direct approach will give you the opportunity to get the words out of your mouth, observe their reaction, answer questions and give space to process.

Despite what many people with genital herpes think, it's often unlikely for a romantic partner to reject you as a love or sex interest after you disclose you have herpes. They will either already be informed on what that means for them or they will need some help understanding where they sit.

**Answer questions and give more info:** A lot of people are not well-informed on the details of herpes and how it affects them. After letting your partner know that you have a diagnosis, they might want to know more information about your experience. You can let them know whether you take medication to treat your herpes, or how often you have an outbreak, or if you have been asymptomatic for a while.

Remember: you are under no obligation to let them know how you contracted herpes! Babe, it is up to you whether you want to keep that private or not.

**Give them time to reflect:** You can't expect every person to react in the same way to this chat. I suggest that you give your romantic partner some time to think about the information you have given them so they can see how they feel. If they are really interested in you, they might want to take some time to research herpes and the facts.

**Safer sex *per favor*:** There's no way to be 100 per cent protected when you are getting down and dirty with a sexual partner. So even if they are fully accepting of your herpes status, it's super important to practise safer sex.

The number-one rule is to not have genital sex during outbreaks. So keep your undies on! During an outbreak is when the risk of transmission is super high, so have a chat to your doctor about using antiviral drugs, which can help by decreasing the amount of viral shedding that the herpes virus produces and lowers your risk of infecting others. And it's important to use protection such as condoms or dental dams.

And look, at the end of the day, hundreds of millions of people globally have pleasurable and fulfilling sex lives with a diagnosis of genital herpes!

## **Takeaways**

Herpes is not deadly, or even very dangerous for that matter. It can be distressing, and scary, but it won't get worse over time, and it won't cause serious health problems. The most important thing you can do is take care of yourself, communicate with those you trust, and have a good doctor who will be able to explain everything to you.

## ***Hepatitis B***

Hepatitis B is a liver infection caused by a virus that can be spread through sex or exchanging fluids, including breastmilk. Yes, it can be serious, and unfortunately there is no cure. But, on the flip side, it can be easily prevented through vaccines and condoms. Most Aussies have had the hep B vaccine in their youth.

### **Who can get it?**

Anyone.

### **How can you get it?**

It's pretty contagious and can be transmitted through sex via semen, vaginal fluid and blood from someone who is already infected. Hep B can also be spread from mother to baby if mumma has hep B. You can also get it through using an infected person's toothbrush or razor or through sharing needles or piercing equipment as the blood on them can carry hep B.

You cannot get hep B through sharing saliva alone (only if there is blood in the saliva), so it is not spread through kissing or hugging or sharing foods.

## **Symptoms**

A lot of people don't have symptoms, so it's possible to have hep B and not know. You might feel like you have the flu, or you might lose your appetite, be fatigued, have dark urine or pain in your joints. Ouch.

## **Prevention**

You can protect yourself by getting the hepatitis B vaccine, which offers 98 to 100 per cent protection, and by practising safer sex, using condoms or dental dams with oral, anal or vaginal sex.

## **Is it curable?**

Your body may get rid of the virus all by itself, and then you won't need any treatment! However, about 5 per cent of adults who become infected have a long-term, chronic hep B infection. This basically means that it stays in your bloodstream for your entire life, which increases your risk of liver damage and cancer later in life.

## **Testing**

If you feel like you could have symptoms, or think you might have been exposed, or if your doctor suspects you may have it, they will do a blood test to see if you are infected.

## **Treatment**

If your body gets rid of the virus itself, you will require no treatment. It is important that you rest, though! If you have chronic hepatitis there is treatment to relieve symptoms, so definitely chat with your doctor about it. Antiviral medications are available to try to get rid of the virus and reduce liver damage. Your doctor may also refer you to a liver specialist and regularly monitor your health.

## **Takeaways**

Vaccines and safer sex are key here, as is getting tested if you are worried you might have hep B!

There are other strains of hepatitis, namely hep A and C. If you are a penis owner who has sex with penis owners, it's best you have a vaccination for hep A. Hep C has no vaccine, but it is curable.

## **STIs Caused by Bacteria and Parasites**

STIs caused by bacteria and parasites are usually curable, yay! It is best to get tested regularly if you are having unprotected sex just so you don't leave an STI untreated. Untreated STIs can lead to long-term health problems.

### ***Chlamydia***

Or, as some of my friends call it, 'the clam'. I've known many friends and patients who have had chlamydia. It's an infection, caused by a type of bacteria called *Chlamydia trachomatis*. It's also SUPER common. It's the most frequently reported infectious disease in Australia, and nearly 97,000 people are diagnosed globally with it each year.

### **Who can get it?**

Anyone.

### **How can you get it?**

Sex! Chlamydia is usually spread from sexual contact with a person already infected. I'm talking vaginal, anal and oral sex, as semen (cum), pre-cum and vaginal fluids carry the infection. Chlamydia can infect the penis, vagina, anus, urethra, cervix, anus, eyes and throat, and can be contracted even if no one cums.

### **Symptoms**

Honestly, chlamydia is pretty sneaky—you usually have no symptoms. If they do come up, usually you would feel burning with peeing, bleeding

with sex, abnormal bleeding, pain with sex, strange discharge or swollen testicles.

## **Prevention**

Because chlamydia is spread through sexual contact, the best way to prevent it is to get STI-tested regularly and use condoms when you have sex.

## **Is it curable?**

Yes! Very easily.

## **Testing**

A urine test can see if there is presence of the infection, and a swab can be done during a cervical screening.

## **Treatment**

Seven days of antibiotics will get rid of the bacterial infection. If you have a partner then they will often have to take antibiotics too. And you will need to notify anyone you have had sexual contact with in the past 60 days to let them know to get tested.

After you and your sexual partner have had the antibiotics, you will both need to hold off sex for seven days and also get tested again in six weeks to make sure there is no reinfection.

## **How to tell someone to get tested**

Well, you could just send an anonymous text message from the Melbourne Sexual Health Centre website! Go to [letthemknow.org.au](http://letthemknow.org.au) to send a text to a sexual partner that you don't want to contact personally!

Otherwise, if you're having the chat in person, you could use this script:

*'Hey, I was just doing my routine STI tests, and it turns out I have \_\_\_\_\_. The doctor recommended that I tell my previous sexual partners so that you can get tested. I didn't have any symptoms, and you may not either, so it's best to get tested to be safe.'*



## **Takeaways**

It's really important that you get regular STI checks, especially if you are having unprotected sex. I mean, if chlamydia is so easily treated, why wouldn't you? Doctors don't mind doing STI checks—they like that you are being diligent. If chlamydia is left untreated it can lead to complications like pelvic inflammatory disease (PID), which can cause infertility. Chlamydia can also be passed from mumma to bubba and can infect a baby's eyes or lungs, so ... get tested! A little pee in a cup or a swab could save you from having major complications.

## ***Trichomoniasis***

Called 'trich' for short, this is a super common parasitic STI. It doesn't usually have symptoms, and a good ol' round of antibiotics will clear it up!

## **Who can get it?**

Anyone.

## **How can you get it?**

Millions of people get trich every year! Trich is caused by the single-celled protozoan parasite *Trichomonas vaginalis* being passed on during unprotected sex or sexual play with someone who has the infection. It can be passed on when infected cum and vaginal fluids get on or inside your penis, vulva or vagina.

You do *not* get it from casual contact, so you can still kiss, hug, hold hands and share food.

## **Symptoms**

Often you will have no idea that you have trich! About seven out of every ten people infected have no symptoms. For penis owners there are usually no symptoms, while vulva owners might have symptoms of a yeast infection or UTI. There might be yellow or greenish discharge, painful peeing or a bit of genital swelling.

## **Prevention**

You know the drill: condoms and dental dams.

## **Is it curable?**

Yes!

## **Testing**

The only way to know if you have trich is to get tested. Usually a nurse or GP will take a swab from your genitals and look at the sample under a microscope to see if there are any little parasites swimming around, or they will send it off to be tested in a lab.

## **Treatment**

Trich is treated with antibiotics, either metronidazole (sold as Flagyl) or tinidazole (sold as Fasigyn), both a single dose taken with food. Avoid alcohol and don't have sex for about a week after your antibiotics. It can take that long for the medication to work and to get rid of all the trich in your body.

## **Takeaways**

If you're being treated for trich, it's important that your sexual partners also get treated. Otherwise, you never know—you could be passing the infection back and forth between you. Sometimes your doctor will give you medicine for both you and your partner.

## ***Gonorrhoea***

Gonorrhoea is a common bacterial infection transmitted through sexual play. Most people with gonorrhoea do not have any symptoms and it is usually easily cured with antibiotics.

## **Who can get it?**

Anyone.

## **How can you get it?**

The infection is transmitted through semen, pre-cum and vaginal fluids that are swapped through vaginal, anal and oral sex. Gonorrhoea can infect your peen, vageen, cervix, anus and urethra, and more rarely your throat and eyes.

## **Symptoms**

Gonorrhoea doesn't often have symptoms, so many people don't know that they've got it. If they do notice signs of gonorrhoea it might be burning or pain when peeing, yellow or bloody abnormal discharge from the vagina and bleeding in between periods. For those with a penis, your symptoms might look like yellow, white or green discharge from your penis, pain or burning when peeing, and pain or swelling in your testicles.

Gonorrhoea can also infect the anus, so if you are having anal sex some symptoms could include itching inside or around your anus, discharge or pain when you poop.

You could also get gonorrhoea in your throat, which doesn't usually have symptoms. If there are any it'll be a sore throat.

## **Prevention**

To prevent gonorrhoea, use a condom or dental dam. The main thing if you are having unprotected sex is that you get regular STI check-ups.

## **Is it curable?**

Gonorrhoea is usually easy to get rid of.

## **Testing**

To get tested for gonorrhoea, all you need to do is pee in a cup. Your doctor may also test any discharge that's coming out of you, and they could take a swab for cell samples from your penis, cervix, urethra, anus or throat to test for the gonorrhoea bacteria.

## **Treatment**

You will be prescribed antibiotics to treat the infection. However, some strains of gonorrhoea may be resistant to antibiotics and can be very difficult to treat. If you are getting treated for gonorrhoea, it's important that

your sexual partners also get treated, otherwise you may be passing the infection back and forth.

## **Takeaways**

If you don't get treated, gonorrhoea can spread to your uterus and fallopian tubes causing pelvic inflammatory disease (PID). This may have no symptoms at first but can cause permanent damage, which may lead to chronic pain, infertility or ectopic pregnancy (which means that pregnancy occurs in the fallopian tubes). If you have a penis and you haven't treated your gonorrhoea, it can spread to your epididymis (the tube that carries sperm from your testicles) and cause a lot of pain in your testicles. Having gonorrhoea also increases your chance of getting or spreading HIV. So go get it treated, because we don't want that to happen to you.

## ***Pubic lice***

Also called crabs, pubic lice are small parasites that latch onto the skin and hair near your coochie and penis areas. Millions of people get pubic lice every year. If you look at them under a microscope they are like tiny versions of crabs that you see at the beach. Cute? I think not! They are annoying, super itchy, but not dangerous, and are easy to get rid of.

Also, just an FYI, getting crabs doesn't mean you are dirty. Crabs have nothing to do with how clean you are! They are just super contagious.

## **Who can get it?**

Anyone.

## **How can you get it?**

Usually through skin-on-skin contact, because pubic lice like to live in ... you guessed it ... pubic hair! These mini crabs can crawl from one person's hair to another person, and can also climb to other hairy areas, like underarms, eyelashes, eyebrows, beards ... You get the picture. If there is hair, a crab can go there.

## **Symptoms**

Feeling itchy down there, and you may also see the little critters or their eggs in your pubic hair.

## **Prevention**

Honestly, if you get it, there isn't much you could have done, apart from avoiding intimate contact altogether. There isn't really a way to prevent them!

## **Is it curable?**

Yes, easily.

## **Testing**

You can usually see them in your pubic hair, or with a magnifying glass. However, if you can't seem to find them and you are still itchy, go see your doctor so they can check under a microscope. Even if you don't see any in your hair, you might as well go to the doc and find out why you are super itchy!

## **Treatment**

Most treatments you can grab from a pharmacy, including lotions, shampoos and foams that are sold over the counter. You don't need a prescription from your doctor. If you have these little pests in your eyebrows or eyelashes, you will need to see your GP to get a special kind of treatment. Alas, hot baths and shaving don't work.

## **Takeaways**

Itchy skin + scratchy nails = sore skin. Getting bitten by crabs is irritating and can lead to skin conditions due to the scratching, so you might as well get treated!

## ***Syphilis***

Syphilis is a common bacterial infection passed on through sex and can be treated with antibiotics. If it's not treated, you may be in more than a spot of trouble.

## **Who can get it?**

Anyone.

## **How can you get it?**

Syphilis is passed on through direct oral, vaginal or anal sex with someone who is already infected. It causes sores (called chancres) on your genitals, which don't cause pain but are highly infectious. It can also be passed on from mumma to bubba during pregnancy.

## **Symptoms**

A sneaky little STI, a person might not realise they have syphilis because they don't have symptoms or the symptoms are so mild! This is why it's important to get tested for STIs regularly and especially after unprotected sex. We will however discuss what symptoms *could* happen, because they come in stages.

The stages of syphilis can be confusing, as they can overlap, or you may have no symptoms. However, the infection does not go away by itself and will still be there until you get it treated (so get your bum down to the doctor if you haven't had a test recently!).

### ***1 Primary stage***

A single chancre (syphilis sore), which is firm, round and painless (or sometimes open and wet), will pop up on your genital area. This sore is from where the syphilis infection entered your body.

This sore will usually show up between three weeks and three months after getting syphilis. It will be there for three to six weeks and then go away ... but the syphilis will stay in your body! So you need to get treatment to cure the infection and stop it moving to stage 2.

### ***2 Secondary stage***

You don't have a sore anymore, but you might have a mild rash on your palms or soles of your feet or other parts of your body. It usually doesn't itch and could be accompanied by mild flu-like symptoms.

### ***3 Latent stage***

Your syphilis will have no symptoms and be lying low, sneakily staying hidden. This can last for *years*.

#### ***4 Tertiary stage***

This is where severe medical problems come up. This can be ten, twenty, even thirty years later! Health problems like tumours, blindness and paralysis can result, or even damage to the nervous system, brain and other organs. We don't want this, so please, please, please, keep up your STI screenings.

#### **Prevention**

Condoms and dental dams!

#### **Is it curable?**

Yes!

#### **Testing**

If you have been having unprotected sex, it's pretty simple to get a quick blood test for syphilis. If you have a chancre, a sample of fluid might be taken from the sore with a swab and tested.

#### **Treatment**

Ye ol' antibiotics. Syphilis is pretty easy to get rid of in the early stages. You will be prescribed antibiotics to treat the infection, which is usually penicillin (unless you have allergies, then you will get another type of antibiotic).

If you're having treatment, make sure your sexual partners also get treated. Otherwise you might be doing the 'pass back and forward' STI dance, which isn't sexy.

It's also important to have repeat blood tests at three, six and twelve months after treatment.

#### **Takeaways**

Syphilis can be quite serious if not treated (look back at the tertiary stage) and can also cause problems if mumma has syphilis and passes it to her

bub. The baby could end up with some serious medical problems and birth defects. So let's get that blood test and sort it out ASAP.

## **Let's chat more about safer sex**

Look, if you don't want to get an STI, the most effective thing to do is never have sex with anyone, ever. Which is ridiculous and, basically, what fear-based sex education teaches us.

What you can do to reduce your chances of getting an STI is actually pretty simple! You now know that STIs range from pretty bloody harmless and low-key (as long as they are diagnosed and treated ASAP) to potentially fatal and having a real impact on our health and quality of life.

The next few suggestions not only make our risk of getting an STI smaller, they also make sex safer—but not completely safe. I think what we need to do with sexuality is essentially try our best, and if you use the following safety measures you can absolutely say that you tried your best! But also, please don't be ashamed if you end up with an STI. It happens to the safest of us, babe.

### ***Safety measures***

#### **Get vaccinated**

If you get vaccinated for HPV and hep B then you are protecting yourself from the complications of both conditions, and also preventing the cancers that HPV causes.

#### **Use barriers—condoms and dental dams**

The simplest way to lower your chances of getting an STI is to use condoms and dental dams to protect your bits! You can also use gloves for your hands if you want. Basically, condoms and dental dams create a barrier and should be used with water-based lubricant. They don't eliminate risk, but do lower the risk drastically.

#### **Get regularly tested**



Honestly, this is easier than you think and is not awkward. And if a doctor or nurse is making it awkward, we need to get you a new healthcare professional! You should never feel ashamed to get tested.

If you are having casual sex, get tested every three to six months, even if you are using barriers. If you are entering into a relationship with someone new, ask them when they last got tested and if you can see the results. You can also offer information about when you last got tested.

If you are going to have unprotected sex, get a full round of STI tests before ceasing the use of condoms, and get tested three months into a relationship then keep testing once a year. Why get tested every twelve months? Because sometimes those sneaky STIs are lying low and can pop up.

## **Check in with your GP about STI prevention**

Especially if you are a penis owner who has sex with penis owners, using PrEP will help prevent HIV.

## ***Tools of the trade: the safer sex kit***

For a few bucks you can make the best safer sex kit to help protect you, and pop it in your bag or pocket. Take control of your own sexual safety! If that isn't empowerment, I don't know what is.

A safer sex kit includes:

- **Condoms.** You can also get flavoured ones for oral sex, or latex-free condoms for those who are sensitive to latex.
- **Dental dams.** These thin pieces of latex go over a vulva or anus so that you can play with it, or perform oral sex, without being exposed to the skin. You can also create your own dental dam with a condom, as shown in the Contraception chapter.
- **Latex or nitrile gloves.** You can buy these from the supermarket—not the cleaning gloves but the very thin gloves that are skin-tight. You can use them to touch the genitals if you are not sure about STI status.
- **Lube, lube, lube.** You can buy a little travel-sized, water-based lube. Why water-based? Because it's the only lube that is safe to use with condoms. Silicone- and oil-based lubes will eat away at the condom material and then you have a broken condom, which isn't ideal! And lubricant also

keeps your condoms from breaking. It helps protect the cooch and peen from scrapes or tiny little micro-tears, which can be painful and also make picking up infection a lot more likely, especially a bloodborne infection like HIV. Most condoms have lubricant on them but literally the smallest amount, which wears off quickly. Extra lube helps keep you safe and makes sex fun.

Now go forth and have fun, safe sex babe! You have all the information you need to make informed choices about your safer sex life.

*[OceanofPDF.com](http://OceanofPDF.com)*

## *Chapter 12*

# **Sexual Identity**

Now that we know a bit more about safer sex, you probably need to think about who you want to have sex with. Who are you sexually attracted to? Are you also romantically attracted to them? In this chapter we are going to talk more about sexual and romantic attraction.

Sexual orientation is a term used to define who you are attracted to, and how you are attracted to them.

During your teen years, you might have started developing an increase in sexual feelings. Noticing people who you thought were cute or had great energy. You wanted to be around them more often, or you started to feel horny around them ... getting aroused ... maybe you got wet in your undies, or an erection. You started having sexual thoughts and attractions—or was that romantic thoughts and attractions?

I'll define the two for you. Sexual attraction is about who we desire for sexual play and sexual relationships. Romantic attraction is who we desire for love and emotional relationships.

These sound similar, but they are actually not the same. They can definitely co-exist—for example, you might feel sexual and romantic attraction towards a partner. But they can also be separate—you might feel sexual attraction towards someone you don't know, like a celebrity! But you wouldn't necessarily want to be in a relationship with them, so you're not romantically attracted to them, you just desire them.

You can also romantically desire someone and think about loving them but not feel sexually attracted to them.

Let me list a few of the common sexual orientations that you may be familiar with.

*Heterosexual*: Attracted to people of the opposite gender, also called 'straight'.

*Lesbian*: A woman who is sexually attracted to other women.

*Homosexual/gay*: Attracted to the same gender (a lesbian could call themselves gay also).

*Bisexual*: Attracted to the same gender and other genders.

*Queer*: A word that can refer to a variety of sexual identities and gender identities that are outside of straight and cisgender. Once used as an offensive slur, the word 'queer' may still be offensive to some. However, many queer people have reclaimed the word and use it with pride to identify themselves.

*Pansexual*: Attraction towards others regardless of their sex or gender identity.

*Questioning*: Unsure of sexual orientation or gender identity.

*Demisexual*: Not experiencing primary sexual attraction to someone but experiencing secondary sexual attraction after a close emotional connection with someone has been formed.

*Asexual*: No sexual attraction to anyone.

*Grey*: Someone who feels like their sexuality falls somewhere on the spectrum of sexuality between asexual and sexual.

There are a few other labels that define attraction in terms of desiring a level of femininity or masculinity in another person:

*Androsexual*: Attracted to someone because they are masculine and have masculine traits.

*Gynosexual*: Attracted to someone because they are femme and have feminine traits.

*Skoliosexual*: Attracted to those who are genderqueer or androgynous.

Even though we have all these different attractions, note that attractions don't necessarily define or predict the behaviour that we will show to the world. You could assume that I am heterosexual because my partner is a cisgendered male, for instance. But you can't be sure if you've never asked me, right?

This is important, because it's polite to ask people what their orientation is rather than assume it. You can't know someone's orientation based on

their looks or behaviour. This also means you cannot assume what types of relationships or behaviours a person will engage in just because you know how they identify.

It's pretty clear from the above information that sexual orientation is diverse, and part of sexual orientation is how we experience attraction.

There are actually many different types of attraction! Here's a few.

*Romantic attraction:* Desiring a romantic relationship with someone.

*Aesthetic attraction:* Being attracted to someone based on how they look.

*Sensual or physical attraction:* Wanting to touch, hold or cuddle someone.

*Platonic attraction:* Wanting to be friends with someone.

*Emotional attraction:* Wanting an emotional connection with someone.

Look, attraction at its core is how you desire to be with someone. If we talk about sexual attraction, for some people it comes easily: they see someone and they feel hot and excited. But for others it doesn't come that easy—it may develop over time.

I'm sure you've met someone before that you weren't really attracted to, and you may not have even liked when you first met them, but as your connection developed they suddenly became a lot more interesting, sexier, and maybe that's because you developed an emotional attraction to them before a romantic one. You got to see more of their personality, their humour and their quirks, and how they make you and others feel. Emotional attraction isn't necessarily romantic, because we feel it with friends, family and co-workers. But it is linked to romantic attraction because this is when we desire emotional intimacy, and often sexual intimacy and physical intimacy too. It's just an area to be very curious and open-minded about. There is no one size fits all, even for those who identify as asexual. They feel attraction in other ways. So while they might not experience sexual attraction, they may experience romantic attraction. They may also be aromantic and not want a partner at all.

## **Labels**

When it comes to sexual orientation and romantic attraction, please don't ever feel like you *need* to define yourself. If you want to, you can, but that is up to you. Society tends to like to 'label' who we are, what we do and what we want, but it's not always clear-cut and often doesn't really matter.

## **Language**

You might have heard of the acronym LGBTQIA+ before. It's used to refer to a few different sexual identity groups as a whole to help create a community and show that sexual identity is broad and diverse, yet personal and individualised.

LGBTQIA+ stands for lesbian, gay, bisexual, transgender, queer or questioning, intersex and asexual—and the + stands for those who still stand under the umbrella but are not listed or yet to be defined.

Sexuality is fluid. If you are questioning where you are at, that's totally okay! You are not alone, and it's important to connect with people in the LGBTQIA+ community so you can have some support along your journey. You don't have to conform to a gender or sexuality that doesn't suit you. And no one has the right to tell you what your gender or sexuality is!

## **Questioning**

Figuring out your orientation can be complicated. When most of us are categorised as 'straight', figuring out a different orientation can take time, and can be difficult and painful. It can also be exciting and fun!

At the end of the day, you're the only person who can know where you sit on the spectrum and what your orientation truly is—and it can change!

I get a lot of people coming into my clinic assuming that because they have had a sex dream, sexual thoughts or feelings of attraction towards people of the same gender then that means they are not straight. But, babe, you need to know none of those things actually proves your orientation!

Having a sex dream about someone of the same gender does not make you same-sex attracted, and having a dream about someone of the opposite gender doesn't make you opposite sex-attracted—they are just hot dreams.

## **Process to figuring out your orientation**

Lol, tricked you. There is no formula for coming to terms with your orientation! It's an individual journey, not a step-by-step process. I would advise that you let yourself feel all the feelings. Find a LGBTQIA+ support group or a qualified therapist (if you can afford it, however there are resources to support queer people and funding for therapy through different avenues) and work through your feelings within those contexts, with the support of those who understand what you're going through.

I couldn't tell you why some people are straight and why some people are gay—it's just how we're born. All that's important is that we accept ourselves and others with empathy and kindness.

You never have to tell anyone what your orientation is if you don't want to—you don't owe that information to anyone. But if you do want to tell people your romantic orientation, sexual orientation or gender identity then that is wonderful. This is called 'coming out.' Many people who are not straight experience a sense of relief and freedom once they come out as they are able to find friends and allies who can support them. Still, it is something you shouldn't feel an obligation to do. The circumstances are individualised.

Coming out and being out can be wonderful, but it can also be unsafe. Unfortunately, homophobia and bigotry (which means prejudice against a person or people because of the group they belong to) is still very prevalent today.

## **How to tell someone about your sexual orientation**

If you're thinking of coming out then good for you! Remember, there is never an obligation to feel like you must come out as it's something you only do if it's the right time for you.

If you make that decision then it's a great idea to think carefully about who you would like to tell. I recommend someone open-minded—maybe your therapist, maybe a friend or a family member, at least to begin with. Ideally it should be someone you think will be accepting. If it goes well, maybe you could ask them to be with you when you tell other people.

There are a few different ways to tell someone that you're coming out. You can tell them in person, via SMS, over the phone or in writing. You could simply put a Post-it Note on the table that says 'I'm gay!'.

Some lines that you could use to come out:

- 'Hey, I've been wanting to tell you something. I realise that I am not straight but attracted to people of all genders. I would love it if you could support me.'
- 'I wanted to let you know that I think that I am gay and attracted to people of the same gender. If you have any questions, I will try to explain.'
- 'Hey, I'm not sure where my sexuality lies and I haven't figured it out yet. I would love it if you could be here with me on the journey.'

If the person you are coming out to needs any resources, there are heaps online ([qlife.org.au](http://qlife.org.au) is a wonderful one that could be very helpful). If you have a favourite resource, you can give it to them. Let them know whether you are okay with them sharing your news or if they should keep it to themselves. Just because you have come out to one person doesn't mean everyone is entitled to hear your news!

If your coming-out experience doesn't go like you wanted it to, remember that you're not the one in the wrong. If someone shames you, or laughs it off, or bullies you, they are being a bigot. It's a good time to take a step back from that person and give them space to work on themselves, and come back to you (if you'll have them) when their attitude has changed and they can improve their reaction. In the meantime, surround yourself with people who make you feel good, safe and supported.

If you are in an unsafe situation and have been evicted from your house or feel threatened in your place of residence then it's best to stay with a supportive friend or to find a shelter in your area. A good resource to look at is [vincentcare.org.au/our-services/lgbti-support](http://vincentcare.org.au/our-services/lgbti-support).

The bottom line is that everyone is on their own journey when it comes to discovering their orientation. You are the only one who can identify yourself, and you are the owner of your identity. Support and respect are the most important aspects of your journey. Not just gaining support and respect from others but being able to respect and support your own journey.



## Chapter 13

# Consent

Now that we are learning who we want to play with in the bedroom, it's time to talk about ethics in the bedroom. That's right, *ethics*. There are morals and values when it comes to sexual play, and at the heart and soul of a good sex life is consent. In the bedroom, we must make sure that all parties are enjoying the sexual play, and that no harm is being done to others and to ourselves.

This requires consent.

By reading this book you are actively moving away from outdated, patriarchal, fear-based, traditional sex education—the type of sex education that focused exclusively on informing young people how to avoid pregnancy and disease, the type of sex ed that has no mention of boundaries or negotiation (or even the clitoris!) and so demonstrates that sexual pleasure and especially vulva owners' pleasure are not important in the sex ed conversation. This means that many of us have not had serious discussions about what consent is and the importance of pleasure in sexual interactions.

In recent times we have seen the scope of how serious this topic is, with allegations of rape occurring in parliament and petitions for better and earlier education about sexual consent gaining over 28,000 signatures in two weeks. The conversation about safety is at the forefront of the minds of everyone seeking healthier and more robust sexual education. We are, as a culture, looking beyond the traditional 'no means no' model of consent and assessing the wider issues, such as sexism and patriarchal notions of entitlement. We are addressing gender and power, and we need to discuss education that teaches an affirmative and positive model of consent.

Consent is a crucial part of sexual practice. It is fundamental to our body autonomy (meaning respect for our own bodies and other people's bodies).

It is the foundation of being a sexually ethical person. Affirmative consent means that you and your sexual partner are actively agreeing to be sexual. You are letting someone know that you want to have sex with them. When there is a lack of consent, it is non-consensual sexual activity, sexual assault or rape.

## Let's Reflect

Before you get down and dirty with someone, have you let the other person know that you want to get down and dirty with them? Have you both said, 'Yes, let's do this!'

Yes? Great. *That is affirmative consent.*

Now, have you asked them if they're ready? If they would like to do a particular activity? Or move into a specific position? Have they said yes each time?

Yes?

Yay—again, you are both setting your personal boundaries and respecting each other, checking in to make sure that the sexual play you are about to embark on has the green light.

Consent and asking for permission are all part of the check-in process and must be continued during sexual activity.

You might be thinking, *Chantelle ... this is pretty obvious.* Well, unfortunately, affirmative consent is not the norm.

Times are changing, thankfully—we see the education of affirmative consent becoming more popular and more widely expected. For those who've experienced the absence of comprehensive, pleasure-based sex ed, we relied on media, pornography and cultural institutions to show us what sexual interactions should look like. This is why many have trouble with consent and stating their needs and boundaries.

We need to start respecting our own body autonomy and other people's. Remember when sex ed used to teach 'no means no'?

The conversation that 'no means no' is outdated. Even if this dictum still feels radical to most people, from many young vulva owners' perspectives it is seen as embarrassingly basic. It encourages partners to assume that if their partner did not distinctly say 'no' then they have a right to coercion—a

free pass to try what they please, even if their partner is pushing them away, asking them to slow down, shrinking away or frozen with fear. ‘No means no’ is inadequate because it puts the pressure of confirming consent on the person who feels vulnerable. If the vulnerable person does not feel safe, confident or capable enough to speak up then they could feel violated. If they seem hesitant, uncomfortable or say ‘I don’t know,’ then at that point that means no! LIKE ... NOOOOO!

With *any* sexual interaction, being ‘into’ your partner is what makes for a great experience. Coercion and non-consensual sexual activity can happen to anyone, regardless of gender identity or sexual orientation. If you feel uncomfortable and are visually demonstrating this—are frozen or are saying no—and the other person persists, this is called coercion and those acts are non-consensual. Sexual assault includes many forms of unwanted sexual contact that are not necessarily forceful or violent. Catcalling, gestures or being pushed to do something uncomfortable are violations of your boundaries. They are acts of entitlement and power and are non-consensual.

**If this has happened to you, it is not your fault. You are the victim here. I stand with you.**

Uneasy submission into a sexual act does not lead to great sex, and will probably lead to trauma.

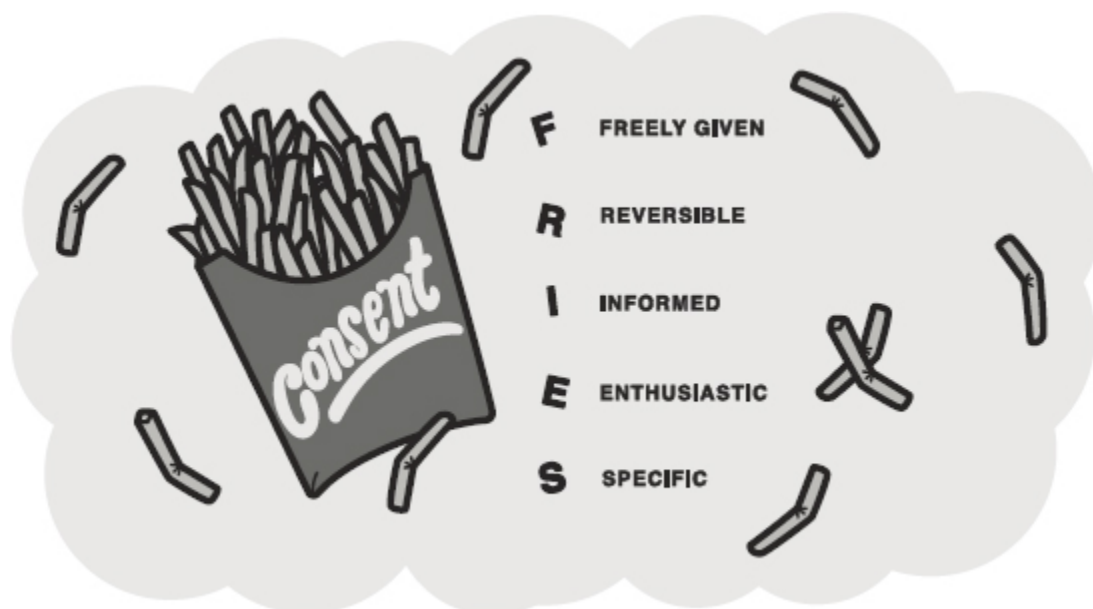
**What we need to look for is not the absence of ‘no’ but the presence of ‘yes, yes, yes’. This is called affirmative consent.**

Affirmative consent means a statement of agreement with or consenting to a request. This must be a conscious and voluntary agreement to sexual play. It is the responsibility of all people involved in the activity to make sure they have the affirmative consent of the other/s involved to engage in the sexual play. And the rule is: ask for consent freely and ask often. You can ask in sexy ways during sex—it’s helpful to know what your sexual partner likes and dislikes!

Affirmative consent highlights consent and pleasure, and can involve positive communicative language such as ‘that feels good’, ‘keep going’ or pleasurable noises. This requires us to get to know our bodies and to articulate our desires and boundaries. Our partners cannot read minds, so

let's be unashamed about our personal likes and dislikes in the bedroom. It is positive to include the language of consent in the bedroom.

### ***Planned Parenthood has made consent as easy as FRIES***



**Freely given:** A choice you make freely, an agreement! Aaaaand, you must be sober.

**Reversible:** You can take it back!

**Informed:** You're informed about the sexual act and your safety. Will there be condoms? Where will it take place? What's the story?

**Enthusiastic:** Yes! I want to! And not that you are doing it out of duty or obligation, or feeling bad.

**Specific:** You say yes to one act, and that's great! But if another activity needs to be specified, consent must be asked again. Yes to receiving oral sex doesn't mean yes to receiving a finger inside you. Consent must be asked for the next act.

The bottom line is that any sexual activity must be respectful. Making someone feel intimidated and fearful is not seductive. Open communication and acknowledgement of interest in your pleasure, excitement and safety is sexy, seductive and HOT.

A great example of consent: if you go to the doctor to have a cervical screening, the doctor has to ask 'Can I touch here?' or 'Is it okay if I insert

this instrument?’ It’s not the doctor’s permission that’s needed—it’s yours. These are established social norms and expectations about how to interact with another person’s physical space, and the same principle applies in the bedroom. If something is uncomfortable or makes you feel uneasy then it is okay to say ‘no’. If your boundaries are being crossed, be vocal (e.g. ‘That is not cool’) and if someone really crosses the line it is okay to tell them to f\*\*\* off.

Consent is progressive. Consent should not be assumed. Consent can be withdrawn at any time. Consent cannot be validly given by a person who is incapacitated.

## How to Chat Consent

Talking about what you want and don’t want with a sexual partner doesn’t have to be beige, awkward or scary. It’s actually super simple.

Try this:

- ‘Can we do \_\_\_\_\_ on each other tonight?’
- ‘Want to try \_\_\_\_\_?’
- ‘What do you want to do?’
- ‘I’d love to \_\_\_\_\_—thoughts?’



All you have to do is pay attention to their body language, see if they’re into it and listen for the answer. If your partner looks enthusiastic, nods their head and says yes then you have consent.

Consent could also sound like:

- ‘Amazing.’
- ‘That feels so good.’
- ‘Keep going!’
- ‘More!’



Get the picture?

If your partner says no, or doesn't say anything, or says 'I don't know' or is hesitant about saying yes, then you DO NOT have consent. And that's okay—it's a no for now, and it just shows that maybe the action needs a little bit more conversation around it, or perhaps your partner is just not in the mood for it.

If you are not really sure if they want to do an activity, there is no harm in checking in again. For example:

- 'I just want to double-check: is this okay?'
- 'We don't have to do this now—want to try something different?'
- 'Why don't we slow down and snuggle?'



Now, want to know what peer pressure is? Just in case you've ever done it, or someone's done it to you, this is what it can sound like:

- 'Babe, you love it when I do this. Come on
- 'Don't be silly, I know you like this. Just let me do it.'
- 'If you loved me you'd do this for me.'
- 'It's no big deal.'



This kind of chat unfortunately tends to happen in long-term relationships quite often. So be aware of it, check yourself, and check your partner. And

if it's not working for you then bow out. You don't have to stick around for that.

Now, let's talk about how to say no.

Here we go: 'No.'

Literally, babe, you don't have to say anything else if you don't want to.

A simple 'no' should always suffice.

Other ways you can say no:

- 'Hang on, I've changed my mind.'
- 'Not tonight.'
- 'I prefer this, actually.'
- 'I don't feel like \_\_\_\_\_, but I do feel like \_\_\_\_\_.'
- 'Babe, this is so nice, but I'm wrecked. Let's just snuggle and plan to do \_\_\_\_\_ another time.'



These are part of your sexual boundaries, and you have a right to have your sexual boundaries respected. Being pressured into sex does *not* make for a good sex life, is not sexy and will most likely ruin your sexual relationship. Boundaries are important in every healthy relationship. And relationships can't be healthy if clear boundaries are not in place and respected.

Boundaries are about ownership and responsibility, and help define where you and your partner start and stop. These can be soft boundaries, flexible boundaries or hard boundaries, but they help you know how to treat your partner in a way where they feel loved, valued and respected. And vice versa.

It creates an environment where there is less blame, too, because if your boundaries are clear and respected then there is less chance of feeling overwhelmed or disrespected.

For example, if you don't want to be touched in a certain way then you have the right to say no. If you are unkind to your partner because something has made you uncomfortable, but they didn't know you had a boundary in place, you need to take responsibility and tell them what action

they have done and how it makes you feel, plus how it can be navigated differently next time.

If you go quiet because you feel a boundary has been unknowingly crossed then it's your responsibility to tell your partner why you are quiet and help them understand how you are feeling instead of making them guess.

It's a process! But it's worth it!

The healthier your communication around boundaries, the less that blame and misunderstanding is your responsibility. Resolution becomes easier once you own your boundaries and communicate them clearly.

In long-term relationships you will get more comfortable with each other and your boundaries will become known to you both. But as you develop and grow, so will your preferences. It's best that you and your partner check in with each other about your sex life, your personal connection and consent every few months. Just say, 'Hey, babe, do you still like when I do that?' or 'Is there anything I do that annoys you or crosses the line?' or 'I'm going to start asking you more questions about what you like and don't like, and I would love if you could help me out.'

At the end of the day, you change, your lifestyles change and your sex lives change, and that is all good. You do need to check in with your partner, though, so that no resentments occur and neither of you feels like you have to shrink into yourself just to avoid having a difficult conversation.

If you know there are boundaries that you or your partner struggle with, book in a sexology session!

## **What About When Affirmative Consent Doesn't Apply?**

Now that we understand consent, we should probably chat about when affirmative consent doesn't ride.

Let's start with the age of consent:

- It is never okay for a person to have sex with another person who is less than twelve years old.
- In Australia, if you are twelve to fifteen years old then you can legally have sex with another person who is less than two years older than you (as long as you both actively agree to it).



- Once you turn sixteen you can legally have sex with another person who is also aged sixteen years or older (as long as you both actively agree to it).
- A person in a position of care or authority—e.g. a teacher, parent, step-parent, guardian, counsellor, doctor or sports coach—cannot have sex with a person aged sixteen to seventeen years old under their care.

### ***Now let's talk about consent when drinking and on drugs***

This is actually a common concern that I see at my clinic. The problems that come from sex while drinking and on drugs often happen in steady, ongoing relationships, especially where all people involved were impaired due to drugs or alcohol and the activities they engaged in crossed over their comfort lines and boundaries.

Let me tell you, this causes serious damage to relationships. In some cases it can ruin a relationship. So it's good to have a chat beforehand about what happens when you are both intoxicated and engaging in sexual play. Outside of this, if one of you is intoxicated and the other one not so much, remember that if someone is too high or too drunk to get behind the wheel of a vehicle then they are not in the right state to give affirmative consent.

Booze and drugs complicate sex because they impair our judgement. They might be fun but they do affect our capacity to communicate effectively, and they can also impact on our ability to interpret other people's communication and consent. While it can be possible to have fun, consenting, positive sexual interactions when using drugs and alcohol, there is a whole lot that needs to be considered.

In Australia there are several circumstances where a person is considered legally unable to consent to sexual activity. With regards to alcohol: when they are so affected by alcohol or other drugs that they are incapable of consenting and incapable of withdrawing consent. A person also cannot legally consent when they are asleep or unconscious, or when they submit to sex out of fear.

So while you can have sexual play while using drugs and alcohol, they can complicate sex a lot. Consent *can never* be given by someone who is incapacitated, but it *can* be given by someone who is intoxicated.

I'm still not keen on intoxicated sex. I mean, if you're having sex with a penis, often it's also impacted by the alcohol. My thoughts are that if you:

- are tipsy
- are having a good time where you can think clearly
- can clearly communicate
- are aware of what's going on around you
- have a sexual partner who is also clear, aware and can communicate

... then that's when you may be able to consent to sexual activity while using drugs and alcohol.

However, if you are:

- intoxicated
- slurring speech
- weaving while you're walking
- exaggerated in your emotions

... you're too drunk to consent fully, from my perspective. If you are incapacitated, unable to speak coherently, not able to walk, passing out and confused on basic facts or just 'out of it' then NOOOO.

You don't want to have sex like that, and you don't want to have sex with someone else who is like that. If you're in doubt, my suggestion is just sober up and have sex the next day. You don't need to be off your face to have fun together. Have a smooch, lie down, snuggle and get dirty tomorrow or next time you meet.

The next thing we need to talk about is power. We know that this conversation is getting the limelight it deserves with the rise of the #metoo movement. We need to keep talking about imbalances of power, especially when one person may feel like they are unable to say no to sexual acts because they are scared of the repercussions of doing so.

### ***Let's talk about consent and power imbalance***

What's a power imbalance?

Let's start with defining power: power is the ability to influence the actions and choices of others. It can be obvious, like a schoolteacher or a supervisor, and it can also be less obvious, like when one person has more sexual experience than another.

When there is an imbalance of power, it means that one person has power to influence things, like money, housing, job, their reputation, etc. It can influence how comfortable someone feels saying no to the person with the higher level of power, as the person with less power may fear negative repercussions from not consenting. In many cases there can be an abuse of power too, where there are threats for not consenting to sex. And at the end of the day, consent is never possible when someone feels like they don't have a choice.

Examples of a power imbalance:

- When someone is your mentor, boss, teacher or supervisor.
- When one person relies on another for food or a place to live.
- When one person has the power to influence finances.
- When one person fears the negative consequences of saying no to sex.
- When one person is being threatened into sex.
- When one person is sick and unable to consent.

Before engaging in sex with someone, consider whether there is a power imbalance there. Do you have the higher power, and would the person say yes if you didn't have authority over them? Or have you got the lower power? Would you say yes if the person did not have authority over you? How do you feel about the imbalance? Do you need help?

If you have ever been in a situation where you feel the power imbalance has compromised you, or has negatively affected your autonomy, then you are not alone. I know hundreds of people who have unfortunately gone through similar experiences. It would be a good idea for you to consider talking to a counsellor, your human resources department (if it happened at work) or the local police.

## **Consent Culture**

We can and must create what is called 'consent culture'. This is where we value the feelings of those we are interacting with personally, either casually or professionally. We respect their personal and emotional boundaries, which goes beyond sex and applies to everyday interactions, from sharing a photo of someone to asking before giving them a hug.

Remember that consent should be voluntary, enthusiastic, sober, continuous, informed, non-coerced and transparent.

We want to move away from a patriarchal society that has maintained a culture where it is easier for cis men to ignore boundaries and get away with bad behaviour.

It means having a conversation with people around us—partners, lovers, friends, family, children, staff and colleagues—about behaviours that are okay, necessary boundaries and appropriate communication. These conversations should discuss what consent is and is not. These conversations should also allow us to look at how our own beliefs, attitudes and behaviours need to change and avoid using any language that is degrading or objectifies minority groups. We want to have a conversation that shuts down victim-blaming and offensive jokes and is respectful of other people's personal, physical and emotional spaces.

Here are some things you can do to create a culture of consent:

- Develop your understanding of what consent is and what it is not.
- Chat with your social circles, loved ones and colleagues about what makes them comfortable and uncomfortable.
- Look inwards and seek to understand what beliefs, attitudes and behaviours of your own are NQR (not quite right) and need to be challenged.
- If you ever hear crude jokes that normalise rape, coercion or assault, shut that shit down, e.g. 'Ummmm, that's not funny.'
- Support victims.
- Think deeply on messages portrayed in the media. about sexuality, women, other genders, LGBTQIA+ people, minorities and violence.
- Follow people on social media of all sexualities, genders and cultural backgrounds, and learn from sex-positive role models.
- Be an active bystander. If you recognise that someone needs help, feel responsible to act and be part of the solution, e.g. 'Hey, do you need help?' (to the victim), 'Hey, you need to stop and back up now' (to the perpetrator).
- Take care of yourself.
- Be an ally.
- Always let survivors know that what happened to them is absolutely not their fault.

To finish, I want you to look inside and consider yourself, first and foremost. Your safety and options are extremely important in sexual situations. And next, think about how you encourage strong ethics in your sexual encounters and in your day-to-day life. Harboring a strong affirmative consent culture means that you stand up for those around you who have been victims of sexual assault. Now, more than ever, we have an opportunity to change and grow. People need to be held accountable for their bad behaviour, and we need to listen to victims of assault and harassment. Let's change the scope of consent culture together.

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## *Chapter 14*

# **Sexual Debut**

Your first time! So exciting.

My first time was such a huge experience for me. I was one of those people who couldn't wait, and I planned it with my partner at the time. We planned it for when we had a half-day at school. I can remember it not being as amazing as I thought it would be, but then the second time was better, and it just got even better from then on.

Back then there was still a lot of emphasis on 'virginity'. Remember from the first chapter that there is no such thing as 'popping your cherry' because the hymen doesn't 'pop' or 'break'. Virginity is, therefore, a myth. Sex is what you make it, and what you want to do in the bedroom is your prerogative! You can consider whatever sexual act you like to be 'sex', it's not just exclusive to penis-in-vagina sex.

In this chapter we are going to talk more about so-called virginity, but we will rename it 'sexual debut', meaning the first time you have sex. When we talk about a sexual debut we move away from 'when' to 'how'. Let me explain.

Expectations around having sex for the first time are often fed to us by narratives in movies, friends and our upbringing, and they all impact our first experience more than we think. So many people talk about how the first time always sucks, but is that correct? It doesn't have to be.

Maybe instead of talking about when we will lose our virginity we should talk more about how to prepare for the first time, and how we should feel about sex in general before we experience it.

This approach is about accepting the sexual debut as an experience and not a state of being. It's not about being a 'virgin' or not, nor who is and who isn't a virgin. It's about starting our sexual journey without feeling like we have to lose something or give something up to graduate into being a

‘real adult’. We can refrain from the cultural implications of the phrase ‘losing your virginity’ by using language that empowers us to celebrate our choices, our autonomy, our feelings and our bodies, right from the start. ‘Losing your virginity’ is loaded with innuendo, rooted in the idea that something is there to be taken. Instead, we make a *sexual debut*. We choose to be sexual; we set it up to feel differently about the situation, so we can choose to have safer sex with someone who will make us feel safe, desired and heard.

In some cultures, virginity tests are still expected—but only of vulva owners. There are still traditions in many countries where bloodstained sheets have to be shown to relatives after the wedding night. In 2013, India’s Supreme Court finally ruled out ‘the two-finger test’, which stated that if two fingers could fit inside a rape victim it meant that she consented to sex. That wasn’t so long ago.

From now on, let’s talk kindly about having sex for the first time. We are going to take away the loaded language and start talking about sexual autonomy and choice. If you or someone you know or your future children want to *choose* to be sexual, then you have an opportunity to talk about the evolving way they can learn about intimacy, and how their first experience should be a great start to their sexual journey.

Let’s face it: taking something from someone doesn’t sound like an equal and balanced experience. Our bodies and our choices belong to us, and other people’s bodies and choices belong to them. No one should be able to take anything from us. Our sexual debut is about the possibility of choosing to spend time with someone, learning new ways to be as close as possible and learning slowly about intimacy and sexuality. Your sexual debut is the start of a long journey, one where you develop your knowledge and skills over time.

## **First Time Sex Tips**

So you’re ready to make your sexual debut? How exciting for you. It’s very typical to feel a little nervous about your first time. Many other people have had that feeling before! Just remember: having sex for the first time can be such a wonderful experience, and I want to talk about how I want you to

feel during your first time. Let's make it fun, pleasurable, exciting, full of sensations and maybe even some love. There is no pressure to 'get it out of the way'—it's about asking yourself if you're ready.

Let's reflect on a few topics around your sexual debut.

- **First of all, are you ready? Who are you having sex for?** Is it for yourself, your sexual partner or because of social pressure? It's vital that you feel confident the decision is yours. There is a 'right' time to have sex for the first time and that's when you decide it's right for you.
- **What is the right journey is for you?** How are you going to be safe during this experience? Are you going to be able to communicate openly with your sexual partner about any worries you have before and during? Your first sexual experience can affect how you see sexuality for a long time, and so it's a good idea to start this journey on the best foot possible. It's okay to wait until you have someone you care about and who you know you're going to feel good with, so that you can have a pleasurable experience that is memorable in all the right ways.
- **Have you taken some time to masturbate?** Have you taken the time to explore your body? Self-pleasuring can help you find out where and how you like to be touched and what feels pleasurable to you. Finding out about your own pleasure makes room for more pleasure when you are having partnered sex because you will be able to tell your sexual partner what you want.
- **Did you bring your safer sex kit with you?** It's time to have a condom ready if a penis or dildo is involved so that you can have safer sex. We've talked lots about STIs and pregnancy, so take your safety into your own hands and bring your own condoms with you. Being safe can relax you, because nothing takes away from an experience like worrying that you're pregnant or that you have an STI. Use a condom and birth control to protect you from STIs and unplanned pregnancy if you are having vaginal intercourse.
- **How's your timing?** Can you plan your first time? Remember that this is the start of a very long journey, and sex should take time, so plan your sexual debut for when you know you don't have any plans afterwards, as this also makes room for aftercare (the cuddling and chatting that you can have with your sexual partner after you've had sex). It's also a great idea to pick a place where you know you're not going to be disturbed, a place



where you have privacy. This is a shared experience for you and your sexual partner, so it helps to make sure that you have a safe space to set the mood of intimacy.

- **Have you thought about how you want to look and feel on your first time? Maybe you want to have a bath or shower beforehand to feel warm and cosy?** Think about what is going to make you feel good, but remember, no matter what face you're making and how your body looks in different positions, it really doesn't matter. Focus on how you feel, how you are experiencing sex, and what the sensations are like when your partner touches you. It's not a performance—it's an experience.
- **Can you move away from having a goal-oriented point of view?** Take the pressure off trying to have an orgasm and just focus on having fun and feeling pleasure because that's the purpose of sex. Yes, having an orgasm is great, but it takes time to get familiar with your own body and for your partner to get familiar with your body. You might be waiting, waiting, waiting for an orgasm to happen, and all that anticipation starts to take away from the pleasure of the experience. Your sexual experience's success is not based on whether or not you have an orgasm during sex. So talk to your sexual partner beforehand and tell them that you are just going to have fun, and that having an orgasm is a bonus (the cherry on top). And whatever you do, don't fake your orgasm! It doesn't do you or your partner any favours.
- **Do you feel like you can consent and can communicate effectively?** Communication is a must. To have pleasurable sex, you need to be able to communicate what you want and what you need, and ask questions. The worst thing you can do in an erotic experience is assume you know what your partner wants and that they know what you want. The only way to find out is to ask. 'Do you like this?' 'Do you want to try this?' 'Is this okay?' This shows that you care, and also encourages them to do the same. You are making the whole experience better for everyone.
- **Once you've made your sexual debut, how did it feel?** Did it hurt? Sex shouldn't hurt. Many people come into my clinic after years of painful sex because they've been told that it's meant to hurt. It might be a little uncomfortable, it might be awkward, but it shouldn't be painful. This is often where we can get signals of whether a vulva owner has vaginismus. If the first time was super intense, with stinging or burning sensations inside the vagina, or it felt like their partner's penis or fingers were hitting

a brick wall, know that this is absolutely not what sex should feel like. If the problem wasn't a lack of lubrication, there may be the possibility of having the condition called vaginismus, which is covered later in the Sexual Concerns chapter. If you feel any burning or stinging or like there is a barrier to penetration, don't force it. Take penetration off the table and start having intercourse, kissing, hugging, oral sex, etc. Forcing penetration is not going to make it a beautiful experience.

- **Did you compare yourself to movies, or friends' experiences?**

Remember, your experience is not like other experiences. It's best to not compare your first time with other people's first time. Keep your expectations managed, and be kind to yourself about what you and your sexual partner are doing.

- **Do you want to tell someone it's your debut?** Or keep it to yourself?

You don't have to tell someone it's your first time, but if you want to, do! No new partner deserves a full report of your sexual history; it's none of their business. But having sex for the first time is intimate, and if you want to tell them, they might take a different approach and be more gentle and communicative with you. If they make weird comments and freak out a little then maybe it's not the person you want to have sex with for the first time anyway.

- **How do you feel about the person you want to have sex with?** Your first sexual partner doesn't have to be your partner for life, you just have to feel good with them. Some people will wait to have sex for the first time with a long-term partner, and that's wonderful. They might stay together, or they might break up in the future. If that happens, you don't have to feel bad about the fact that you've broken up. Just remember that you had a good time while it lasted and that your first sexual experience was with someone you liked.

- **Did you and your sexual partner chat about consent?** Enthusiastic consent is a must, and 'enthusiastic' is a crucial part of that term. That means you have to be excited about doing something, and that's the reason you're saying yes. You have the right to pause or stop whatever you are doing whenever you want. And the same goes for your partner. That's why it's good to check in with each other as things progress to make sure you're both enjoying the sexual experience.

- **Were you able to give feedback to your sexual partner?** Could you tell your partner what you liked and didn't like? Feedback and criticism are

different. If you tell your partner that something doesn't feel right and that you would prefer something different, that is just feedback, it's not a criticism. The only way to learn about what you and your partner enjoy is to communicate, and during sex, keep it simple—for example, 'That feels good/wait/ softer/harder/keep going/stop'. Listen for hot noises, listen for gasps, watch and feel how your bodies respond to each other. It's a good idea to afterwards talk about how it made you feel and what to do differently next time.

- **Things may get embarrassing; it's not all going to go smoothly.** Sex isn't like we see in the movies. It's okay to be awkward. Just have a giggle about it and have fun.

Aftercare. Sex means different things to different people, and to have some time after sex to cuddle and debrief and have a laugh is great for bonding. Talk about what you like and what you don't like, and keep going with confidence that you and your partner can communicate openly about sex.

## Chapter 15

# Good Sex—and How to Have It!

We have reached the really fun part of the book where we talk about how to have great, pleasurable sex. And when I say great sex I mean sex that is great for *you*. Great sex is sex that makes you feel satisfied, makes you feel pleasure and makes you feel empowered and confident in the bedroom.

When I talk about sex I mean everything that happens under the sexual umbrella. I am not just talking about PIV (peen in vag, remember?). If I was, that would rule a whole lotta people out of the sexual equation and is really quite limiting in the erotic world. Remember that sex is not a one size fits all, and, as relationships psychotherapist Esther Perel says, sex is a place you go, not something you do.

Great sex is about having a sensual experience. Still, a lot of people see sex as a performance they need to get right. But when we are talking about sex, we are talking about pleasure, and pleasure is not about performance. It is not a recipe. Sex is something that is meant to be playful. Pleasure is about communicating with your sexual partners, dropping into the sexual experience, being present, relaxing, trusting the person you're with, relating to each other, and seeing sex as something beyond penetration and orgasm.

We are going to talk about our likes, our kinks, our 'yums'. What do you find tasty in the bedroom? Good sex is about exploring new things, and sure, you won't like *everything*, but remember, your 'yuck' may be another person's 'yum'. Never shame someone for what they want in the bedroom. Eroticism is about imagination, connection and going beyond what you consider to be normal. It's about exploring new possibilities with your sexual partner while maintaining boundaries.

So while I could fluff on for hours about the intricacies and curiosities around sexuality, maybe it's a good time to break down sex into the fundamentals.

Let's start with your sex checklist. This is a handy checklist to help you figure out where you stand with sex, and a good way to start conversation about your preferences when needed.

## My sex checklist

<b>Me</b>	
My pronouns are e.g. he/him/his, they/them/theirs	
My sexual identity/s are e.g. straight, queer, gay, curious, etc.	
I like having sex with e.g myself, cis men, cis women, all genders, etc.	
My relationship status is e.g. single, partnered, poly, etc.	

<b>Contraception</b>	<b>Y/N</b>
Condoms	
Hormonal e.g. pill, IUD, implant, ring	
Other (name)	

<b>What do I need to tell my sexual partner about my sex life?</b>	<b>Y/N/M</b>
STIs	
Trauma	
Disabilities	
Health conditions	

<b>Wording</b>	
Please refer to my chest as e.g. boobs, tits, breasts	

Do not refer to my chest as	
Please refer to my genitals as e.g. vulva, cooch, penis, cock	
Do not refer to my genitals as	
Please refer to my _____ as (other parts)	

<b>My trauma</b>	
Can be triggered by e.g. touch, smell, language	
Looks like e.g. shaking, disassociation, fear	
You can help me by e.g. hugs, calming actions, time out	
If I say this safe word _____, stop immediately	

<b>Emotions</b>	<b>Y/N</b>
I am shy when it comes to talking about sex	
I can communicate about my sexual preferences using e.g. phone, talk, letters	
I like to talk about consent e.g. before, during, after sex	
You don't need to ask for consent when performing this activity e.g. oral sex, finger play	
During sex I like it e.g. rough, soft, varied, other	
Please touch these areas during sex e.g. breasts, genitals, bum	
Please don't touch these areas during sex	
e.g. nipples, feet, bum	

We will start with the physical aspects of sexuality and the parts of your body that can be stimulated to reach erotic ecstasy.

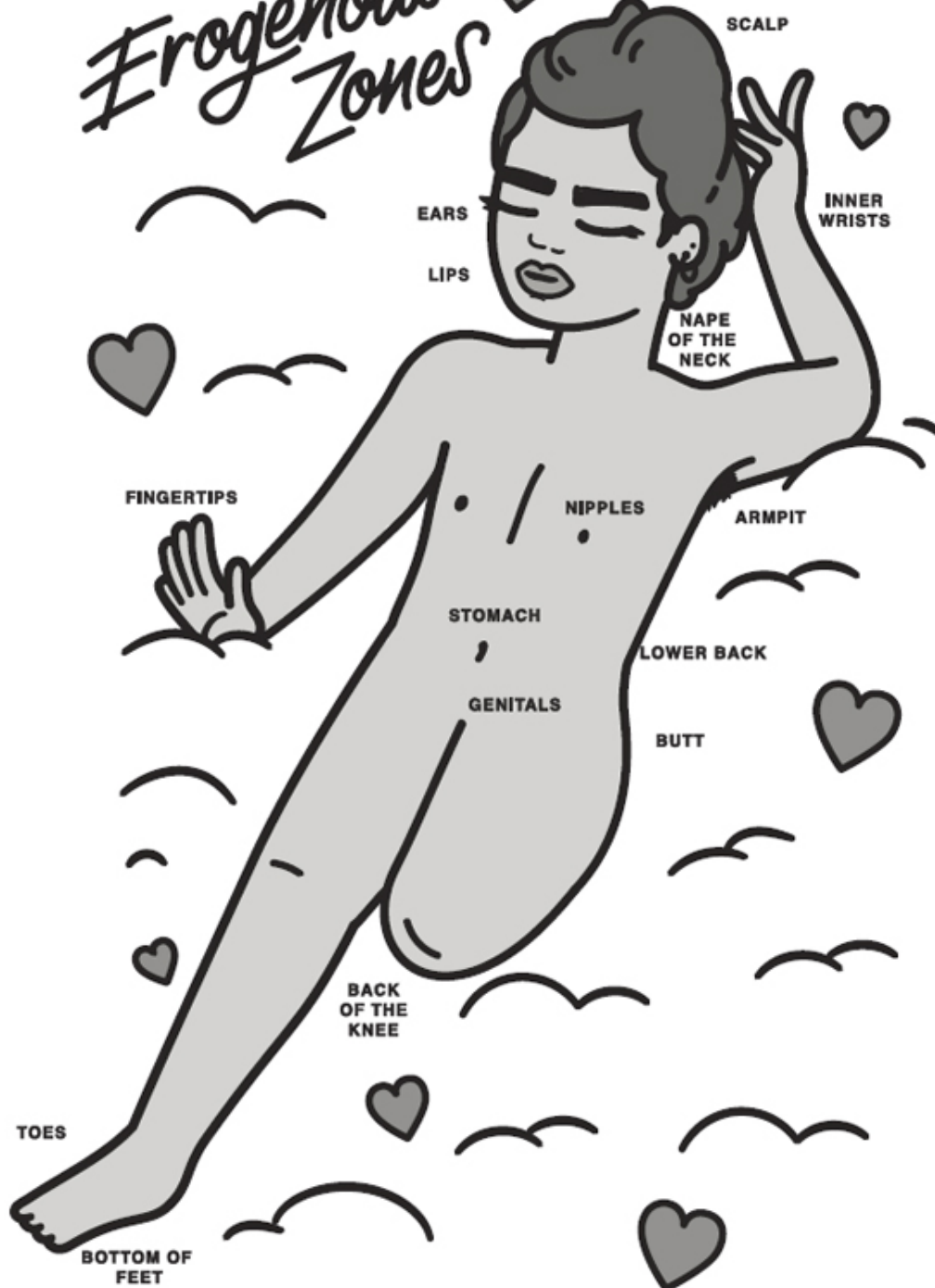
## **We Call These Erogenous Zones**

You may have heard of erogenous zones before. They are commonly referenced during articles about sex and in movies and TV shows.

Erogenous comes from the Greek words 'eros', which means love, and 'genous', which means producing. Erogenous zones are ultra-sensitive areas of the body that make sex oh-so-good.

Any area of the body can be an erogenous zone. It's a part of your body that when touched produces a sensual response. Erogenous zones are usually areas that are ultra-sensitive due to higher concentrations of nerve endings.

# Erogenous Zones





## ***What can we do to these areas?***

### **Brain**

The most important erogenous zone! People tend to forget it because they're so focused on physical sensation. The brain is the most central erogenous zone. If it's not in the mood because we are struggling with being present—if we are fatigued, irritable, etc.—the brain can block the rest of our body's ability to act upon arousal. The more you can focus on being mindful and present during your erotic experiences, the better things will be in the bedroom.

### **Ears**

Your ears are majorly sensitive areas. The outer skin can be especially sensitive, and your ears contain hundreds of sensory receptors inside them. Not just that but you're also engaging your sense of hearing when your ears are kissed, licked or nibbled. I would suggest having your partner use their tongue to lightly trace the outside of your ear, then nibble on the earlobes, and stick their tongue inside your ear. You might also like some whispering, moaning or light blowing on your lobes to get that beautiful, tingly feeling.

### **Lips**

Call me old-fashioned but lips will always be one of the hottest erogenous zones. Why? Because they have a bunch of nerve endings that are close to the surface of the skin. The great thing is that either you or your partner can stimulate the lips and bring on beautiful sensations because you can kiss your partner and nibble away at their body, and vice versa. Your lips can be used during the entire erogenous experience.

### **Boobs**

A primary erogenous zone, and I'm not just talking about the nipples. We need to play with the whole boob because of the intricate network of nerve endings that bring pleasure and sensitivity to the experience. Experiment with a light touch, including fondling, massaging, kissing and caressing.

### **Nips**

We love the nipples; we love them for all genders. Nipples are sensitive for everybody. Some people find them too sensitive to play with while others lap it up. Start with light kissing, move on to licking, maybe some nibbling, perhaps some biting, pinching or twisting—it's really up to the recipient. I would also recommend that you experiment with sensation play, so try some ice or champagne—pop it in your mouth before sucking on your partner's nips.

## **Fingertips**

Your hands have thousands of touch receptors in them. There are so many sensory neurons just in your fingertips. This means a larger part of the brain is devoted to receiving the signals coming from the fingertips, meaning they are more sensitive. Tickling hands, sucking on a finger and maintaining eye contact while doing so is a really lovely way to play with this erogenous zone.

## **Wrists**

I'm talking about specifically your inner wrist, where you can feel your pulse. If your partner can use their fingers or their lips to gently caress the skin here, this can lead to unique erotic touch.

## **Nape of your neck**

Yes, yes, yes, I know nibbling and licking on the throat is fine, but the nape (back) of your neck is super hot. There are many sensitive nerve endings here that are stimulated with kissing, licking and heavy breathing. Don't forget fingernails down the back of your neck ... Yum.

## **Lower back**

The sacrum, which is the small of your back, has many nerves that are connected to your pelvis, making this area a great place to provide sensual stimulation. Personally, I think it's best to kiss down the lower back and mix in some light touch from the fingers alongside some scratching or more forceful play, depending on what you and your partner are into.

## **Scalp**

Okay, so who doesn't love a head scratching? The scalp is full of nerve endings, so once you start kissing, it's a great idea to run your nails through your partner's hair and down the back of their scalp and neck to bring on those pleasurable feelings. Moving your thumbs up behind the ear and down the nape of the neck are really hot ways to incorporate multiple erogenous zones.

## **Belly**

Soft and gentle touch from yourself or from your sexual partner is a wonderful way to tease this area. As it starts to flow down towards the genitals, light strokes with your hands, a sex toy or your partner's mouth and fingertips will bring teasing sensations towards the lower part of your body.

## **Perineum**

The perineum is the bit of skin between the bum hole and your genitals. It is home to the pudendal nerve, which serves to carry sensations back and forth between the nerves in your genital areas. Tracing a finger up and down along the strip is a great way to induce pleasure, and using a vibrator or a tongue here is also amazing.

## **Frenulum**

This little bit of skin where the shaft of the penis meets the head (the glans) is super sensitive, especially for those who still have a foreskin. Licks, sucks and temperature play are all great ways to go to stimulate your lover's frenulum.

## **Clitoris**

Need I say more? Do you know this is the pleasure hotspot for vulva owners? Give it loads of attention with your fingers, a toy or mouth.

## **G-area**

You know what I'm talkin' about. The G-spot area, inside your vagina and up towards the belly button. An area to get your inner nerve endings stimulated with either fingers, penis or a toy.

## **V-spot**

A really important area. The V stands for vagina vestibule, which is at the lower entrance to the vagina. If you look at the vagina face-on, it is the lower part of the vagina opening. Tracing it with a lubricated finger, tongue or toy is the best way to go.

## **Testicles**

Lick and suck these babies—they're full of nerve endings! I know they can be a bit hairy, but they are definitely worth playing with.

## **Prostate**

The prostate is a gland the size of a walnut which produces fluid that contributes to the development of semen. You only find it in the body of those who have a penis and some people who have intersex variations. Getting a good prostate vibrator is the right way to go here, or you can use a finger inserted into the anus. Don't forget the lube! The point is to massage that little walnut prostate internally. Known as the penis owner's 'G-spot' or 'P-spot', massaging it makes an orgasm stronger and longer and helps with the health of the prostate owner as it can ease pressure and swelling by releasing any fluids built up in the prostate.

## **Anus**

Don't knock it till you try it. Even if you don't enjoy anal play, there's no need to steer away from the pleasurable sensations that can be experienced throughout intercourse involving your butt hole. Grab some lube and get your partner to caress the outside skin, using their fingers or tongue to trace around the bum hole. This will be a wonderful way to stimulate the sensitive nerve endings around your anus. You can even give a rim job, which is licking the bum hole. If it's clean, there's little need to worry about catching diseases or anything like that.

## **Buttocks**

Okay, so maybe your bum hole is off limits. But your butt cheeks might not be! Can they be massaged, spanked or simply just given a bit of extra attention with kisses and strokes?

# Types of Sexual Activities

Now, I've talked a little about *where* someone could feel good in their body, but what do I do *with* my body, or with a consenting partner's body? Sex is SO many things, not just penis-in-vagina sex.

I am here to give you an idea of all the wonderful things you can do with your erogenous zones! The delicious activities below are listed to serve as inspiration for you. And you are able to pick and choose what you would say Yes, No or Maybe to on this sexual menu. And remember that first and foremost, consent is the most important foundation to sexuality, so you could always go through this list with a lover to see how they would react. All of these activities are optional—none of them are required!

## *Sexual menu*

Activity	Giving	Receiving
	Yes/No/Maybe	Yes/No/Maybe
Solo pleasure (masturbation)		
Smooching/making out		
Hickeys, body marks (sucking on the skin with your mouth so that it leaves a mark)		
Petting, stroking, sensual massage (touching the body)		
Breast play (playing with the boobs)		
Dry sex (clothes on, rubbing against each other)		
Tribbing (rubbing against genitals or rubbing genitals together naked)		
Mutual masturbation (masturbating with a partner watching—a great way to		

show each other how it is done)		
Hand jobs (popping lube on your hand and creating a fist over the penis, rubbing up and down)		
Fingering (putting one lubricated finger or more, if comfortable, into a vagina or anus)		
Fisting (only for pros—putting an entire hand into the vagina or anus)		
Blow job (putting penis inside mouth; a fist around the base of the penis can control depth and comfort)		
Cunnilingus (one of my fave words, which means oral sex on a vulva and clitoris)		
Penis in vagina		
Toy on or in vulva/vagina		
Toy on or in anus		
Toys on penis		
Toys on other parts of the body (specify what and where)		
Vibrator/dildo (a device used to vibrate for sexual stimulation)		

Activity	Giving	Receiving
	Yes/No/Maybe	Yes/No/Maybe
Butt plug (an anal toy that essentially plugs your butt)		

Nipple clamps (clamps for the nipples)		
Anal beads (beads on a string that go into the anus)		
Cock ring (worn around the base of a penis to restrict blood flow)		
Strap-on (a dildo designed to be worn, usually with a harness)		
Restraints (tying someone up)		
Blindfold (over the eyes of the receiver)		
Anal play (playing with or inside the back door)		
Prostate play (using fingers or a prostate massager)		
Pegging (using a strap-on dildo for anal sex)		
Role-play (doctor/nurse, for example)		
Talking dirty (agree upon language beforehand)		
Sharing fantasies (my fantasy is ... )		
Temperature play (using ice, hot candle wax, etc.)		
Phone sex (sexting, video, masturbating on video)		
Safe sex in public		
Impact play (spanking, flogging, whipping)		
Fluid play (golden showers, ejaculating		

or being ejaculated on)		
Shibari (Japanese rope bondage)		
Hair pulling		
Watching porn		
Swinging, or partner swapping		
Sex clubs		
Anything else you like, feel free to add it here!		

***These preferences can change and develop as you go!***

It might be a good idea to revisit this list every couple of months to see if any of your ‘maybes’ have turned into a ‘yes’. And preferences you have in one relationship might change in a new one. Your sex life and your desires will develop and flow as you move forward in life. Remember, it’s always good to try different things on the sexual menu if you feel comfortable.

## **Communication Around Sexual Activities**

All of these activities can be immensely pleasurable, but the most important part is the communication around them.

As you have heard me say before in this book, communication is the foundation of great sex. And we can use this wonderful list to negotiate sexual activities and inspire you and your sexual partner/s for future sexual activities!

Here’s a suggestion on how to communicate this list to your sexual partner. Start by checking yourself and making sure that you can put judgement to the side. Look at yourself and your sexual partners in non-judgemental ways. We all have preferences when it comes to sex, and there are lots of things that might turn us on, and lots of things might make us think ‘yuck!’.



But remember, our ‘yuck’ might be another person’s ‘yum’. And when we are talking with others we need to put aside our judgement, because it’s not our job to have an opinion on what they like. Judgement is the quickest way to create shame in your sexual relationship with yourself or with others. It shuts down communication, and it does not create a comfortable environment for the discussion of sex. It will put up barriers. If the goal is for you to learn about your sexual self and your partner’s sexuality then you and they need to feel comfortable discussing topics, asking questions and actively listening to the other person. Non-judgemental conversations are the core value of sex.

So moving forward, if you are discussing these activities with someone, be direct and non-judgemental. Watch your body language to make sure it matches your words. Ask for clarification around what they mean, ask questions, validate their emotions, and provide information if you have it.

Want an example? How about your partner wants to try pegging.

*Judgemental response:* ‘You want me to wear a dildo and have sex with your arse? That’s just weird.’

*Non-judgemental response:* ‘I’ve heard that people like this! But I’m not sure how I feel—I’ve never done it before. I’m willing to talk about it, though, and maybe you can explain what you would like from this scenario?’



Or your partner has an incurable STI.

*Judgemental response:* ‘Oh my god, how long have you had it? You should’ve told me sooner—I can’t believe you got one. Who are you having sex with? Have you cheated on me?’

*Non-judgemental:* ‘Okay, thanks for telling me. Do you want to tell me the story about it? I am here for you. We can talk about how to have safer sex and what our options are. Let me know if there is anything I can do, like get an STI check too.’



See what I mean? There's a big ol' difference. You're allowed to feel unsure about a topic, but just take a breath and hold space for the other person—it is a big deal that they are being transparent with you.

You can make commitments to develop how you show up to the world, to yourself and in your sexual relationships. And babe, you are going to do it RIGHT!

### ***What do I do if my partner just ain't hitting the spot but means so well?***

The best way to talk about this is to give feedback that is positive. Here's a scenario: you decide to go down on your partner and are looking forward to giving them pleasure. You're working away, trying your best, and they look down at you, roll their eyes and say something like, 'You just don't do it for me.' Or, 'You're doing it wrong.' How does that make you feel? Not good, I imagine.

Now, would you do that to someone? Assess yourself. Your partner is not a mind-reader—that's why you work on your own self-pleasure, to be able to provide feedback that is positive, affirmative and able to change your sex life, not hinder it.

My favourite way of giving feedback is using a compliment sandwich. Literally imagine a sandwich with pieces of bread and filling. You start with some praise, like, 'Babe, you're so wonderful at going down on me.' Then you give feedback: 'Do you think you can use the toy at the same time?' Or, 'Babe, I'm gonna need you to use your tongue in a different way.' And then you give more praise and affirmation, closing the sandwich.

This is actually giving the person an opportunity to change and not to just feel shut down or bad about themselves. It's about giving simple, authentic, constructive feedback when there is a need for it.

I also suggest throwing them a few compliments during sex, those positive affirmations that they are doing a good job. 'Babe, that feels so good', or 'Ahhhh, you are amazing', or even just moaning.

Butter that bread, baby. It will encourage them to be more passionate. J'adore!

If you are on the receiving end then take the feedback as a gift. This person is being vulnerable with you! They want you to know more about how they would like to experience pleasure with you. Be curious, be open and be optimistic. The more that you create a positive dialogue around your sex life, the better your sex life and your sexual relationships will be.

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## Chapter 16

# Techniques

There are some formulas to being a good lover. A lot of it comes down to the way that you stimulate the other person.

I'll give you beautiful people a tip: you don't have to rush straight for the genitals. In fact, I encourage you to move away from rushing towards your usual sexual position and take a step back towards being *sensual*. Sensual touch is an important part of eroticism. Take your time with your own body or the body of your lover. Don't move straight to the genitals. Sensual touch can help you connect with yourself and your erotic partner—it helps in giving and receiving affection and being present in the erotic experience.

### ***Kissing***

Kissing is so powerful. I suggest that you hold your lover's face, tell them to stop moving, and let them simply receive your kiss for a minute. This not only shows them how you like to be kissed but it gives you a minute to really drop into the situation. Dr John Gottman, a famous relationship expert, believes in the power of a six-second kiss, which he calls a kiss with potential. Gottman recommends this six-second kiss as a connection ritual for those in long-term relationships. But hey, I think it can work for anyone and make things sexy. It doesn't necessarily have to be attached to sex, but the kiss speaks for itself. If it leads to great sex, wonderful! But regardless of how it manifests, it's a sexy activity for sensual experiences, and at the end of the day it should hold you and your lover in an intimate space.

### **Housekeeping**

I recommend that before kissing you pop some lip balm on your lips and brush your teeth and use mouthwash. Daily dental and lip hygiene is so important to make sure that that kiss not only feels good but tastes and smells good.

If you're not so sure on your kissing technique, let your lover lead the way. Hopefully they're good and you can follow their lead and find out the way they like to be kissed. I always think it's great to show my partner the way that I love to be kissed, and my partner has followed suit. Now we really have a kiss with potential!

### ***Nibbling, licking, sucking and biting***

If you move past the mouth and make it to the neck, ears and collarbone, why don't you try licking, sucking, nibbling and biting your lover's skin? (If they are into that—don't go full vampire. Start gentle, like a mouse.)

Move beyond the lips and enjoy the rest of the body—feel your partner's body cues and listen to moans and affirmations to know whether you're heading in the right direction. If they pull away, that means they are not into it, so try a different area or ask them what feels good. Exploring alternative play, like stroking or kissing the body, might be the way to go here.

It's important when you are nibbling or biting on their neck that you ask before leaving a hickey. A hickey is when you suck hard on the same spot for a while and it creates red dots and eventually a bruise. While they were kind of cool in high school (well, I thought they were cool), they can be hard to hide at work. So check in! Your lover might say no or direct you to give them a hickey in another area of their body.

### ***Finger and hand play***

The possibilities are endless! Your fingers and hands are an important part of an erotic experience. You can use your fingers to trace the outline of your partner's curves or creases. You can scratch using your nails, starting gently, and if they would like to go harder then with permission you can. You can use your hands to fully caress your partner's body or to lift them and move them into a different position.

You also use your hands to masturbate, give hand jobs or do finger play.

Your hands are an important part of the erotic experience—in fact, some of the best sex toys in the world are literally at the end of your arm. Your hands and fingers can do so many wonderful things for your body. You can increase or decrease the pressure, speed and rhythms as you are using them on your partner. You can grip with them, thrust, stroke and tap. And if you want to get kinky (sex that's a little outside of the box and non-vanilla) then pinch or scratch.

The best thing is that hands hanky-panky can be the main course of sex (remember your sexual menu). And you're at lower risk for an STI, and nil risk for pregnancy.

So if you want to play with your partner using your hands, let me guide you through it.

### **Make sure they're into it**

The mood has to be right—you can't just dive in with your hands and do a sneak attack. Don't reach down between their legs unless you've asked for consent. A good way to go would be to say, 'I want to feel you—is it okay if I play down there?', then gesture between their legs. Ask them what they would like and check in as you go along. Are there any adaptations you can make so the experience is more pleasurable for them?

### **Add some lube**

There is no sex that is not made better with lube. Hands are dry and genitals can need a little bit of extra slip. We don't want any painful friction. Lube will help your fingers glide over your babe's bits. Because you are not using a condom or a sex toy, I would highly recommend using a silicone-based lube as it lasts a lot longer and you don't have to reapply it frequently.

If you or your lover have any little cuts or sores on your fingers then it's a good idea to wear rubber gloves and use a water-based lube, just so you don't spread any bacteria that could turn into an infection.

### **Start from the outside and move inwards**

Remember, babe, you're not in a rush. There's no need to head straight for the most sensitive spot of the genitals—start by caressing thighs, belly, pubic mound, the base of the penis or labia. Spend some time teasing your partner. If you are playing with a vulva, start with the labia majora, the

outer pieces of skin between the labia minora flaps and the legs. If you are with a penis owner, have a play around the base of their penis, stroking up and down from their pubic mound towards their balls, making your way slowly towards their shaft.



If they give you the green light, touch their perineum—the skin between their genitals and that bum hole is very nerve-dense and usually responds super well to stroking. If your partner has a penis, they might also like their testicles being played with. You should always ask and find out!

## **Different strokes for different folks**

No matter what type and shape your partner's genitalia are, using different strokes is a great way to add some spice to your sexual activity.

### *How to stroke a penis*

- Try slow, lubricated, long strokes up and down the shaft of their penis.
- Put your middle and index finger and your thumb together, to form a little O, and twist your wrist to make movements up and down the shaft. You can always ask them to show you how they like to have their penis touched.
- Remember that the frenulum—the bottom of the head of the penis and top of the shaft—is very sensitive.
- Another option is to use two hands, one gripped around the base of the penis and the other moving up and down in circular stroking motions.

### *How to play with a vulva*

- Take it slow and gentle, starting at the legs, thighs, belly and pubic mound. Play like this for a while; you don't want to rush.
- Instead of reaching straight for the clitoris, move your fingers around the clitoris, like you are circling a clock. You can either move clockwise or counter-clockwise, or if you find a spot that their body reacts to in a positive way, start flicking your fingers back and forth across that spot.
- My recommendation is not to move straight to the clitoris because it's super sensitive—the skin on either side of the clitoris and above the clitoris is a really wonderful place to give indirect stimulation.
- The vulva likes stimulation that is sensual and slow. And it takes time—you might be feeling down there for around twenty minutes before you start to get a good, pleasurable reaction.
- Next, if your lover is cool with it, you might be able to slide a finger or two into the vagina. This is called fingering. If you are going to try fingering, make sure your fingernails are short, clean and have smooth edges so there is no risk of cuts or bacteria in the cooch that can lead to infection. Again, lube up. And a reminder that penetration is always optional, not required. So if your partner is okay with it, slip a finger or two inside. Instead of fingering them as they do in porn, with intense thrusting in and out, you are going to do it in a more gentle way. Remember to check in with your partner to see what they are enjoying and not enjoying.

I like to play music when enjoying erotic activities. You can just really zone in on the moment and not worry about the amount of time it's taking.

How you are touching your partner is important. When your partner is enjoying the way that you're moving your fingers on their vulva or inside their vagina, it's a good idea to start moving your fingers and hands with consistency and persistence. Don't mix up the rhythm a lot as you need rhythm to reach orgasm, and without it the experience can be too random.



# Vulva and Vaginal Play

Okay, so you know by now that many have referred to penis-in-vagina (PIV) sex as the official label for sex for many years. But PIV is just one of the things on the sexual menu—there are heaps of erotic activities on that menu that involve the vulva and vagina!

Unfortunately, there is such a thing as inequality in the bedroom, known as ‘the orgasm gap’. The orgasm gap is especially prevalent in heterosexual relationships, where vulva owners on average are having fewer orgasms than penis owners. The number-one reason for this orgasm gap? Our cultural ignorance of the clitoris. Basically we have neglected the poor thing.

The clitoris is the key to vulva and vagina satisfaction. Different techniques on the clitoris can bring different types of pleasure and sensation. The clitoris is not just the point on the outside of the vulva but is attached to a large internal organ made up of erectile tissue similar to penile erectile tissue. So I invite you to learn how to be *clitorate*! Get to know the clitoris and what it does externally and internally.

Remember that the clitoris is the only organ in the human body that is purely designed for pleasure. Vulva owners need direct clitoral stimulation, such as touching and oral sex, to orgasm. And unfortunately this is not represented in the media—in movies and in TV shows we see penetrative sex with fast, high-energy, fabulous orgasms from intercourse alone, but this is not real life! Most vulva owners cannot orgasm through penetration alone, and this is because the penis is nowhere near the clitoris during penetration. Stimulation needs to be more direct than penetration.

From a physical point of view, the clitoris is the most important anatomical part of the vulva owner. Yes, you can orgasm through anal stimulation and nipple play, but did you know that when other erogenous zones are being stimulated there is also a clitoral response? The area in the brain that responds to nipple play actually interacts with the area that responds to clitoral play. Wild!

Ultrasound studies show that the clitoris will become engorged with blood regardless of whether it is being stimulated externally or internally. That means that any play on your vulva, clitoris or internally with a toy, fingers, penis or tongue are all producing clitoral stimulation.

If you are a vulva owner then you need to be aroused for sex, just like the penis needs to be aroused for penetration. A lot of the time, if there is no warm-up and no fooling around or playing before penetration then the vagina does not get lubricated and the cervix does not pull out of the way of the penis. This can be uncomfortable for the receiver. I encourage you to take time to get warmed up.

If you are the person with the vulva, do not be shy about discussing your stimulation preferences. Tell your sexual partner what you like and what you don't like. And there is no shame in touching your clit through passionate sex—you know how to do it, and you know what's gonna bring you all the good feelings.

If you are playing with someone who has a clitoris, don't be afraid to ask about their likes and dislikes also. Be curious in their pleasure and how to stimulate them remembering that there is no pressure on either of you to perform or to reach a goal.

Consensual play and communication around touch is extremely important. The vulva is a curious thing—a spot that feels great one week might feel not as great the week after, so that's why it's really important to talk about where it feels great for that singular experience. There is no one size fits all for clitoral and vagina stimulation. That's why it's important to mix up the rhythms, positions and pressures. Communication, people!

Remember, condoms are important to avoid both STIs and pregnancy.

## **Pro tips**

- Use lubrication, always!
- Clitoral play during penetration: To focus on the clitoris during partnered play, try to find positions where you can still reach your own clitoris or, if you are the giver, where you can reach your partner's clitoris. That way, you can play with their pleasure centre and allow for maximum pleasure!
- Use toys to reach the clitoris in partnered sex. I would suggest a clit sucker or a wand.
- Prop up your pelvis with pillows if you are lying on your stomach so you can reach down with your fingers or a toy.
- Use your bed, couch, shower wall, etc. as props to lean against to stimulate yourself during partnered play.
- Sit on top and grind against your partner's pelvis while you are having penetrative sex. Holding onto the headboard of a bed or the back of a sofa

will help with balance and stability.

- Cowgirl position is great for those having heterosexual sexual play, where the vagina owner sits on the penis but faces away from the body towards the feet, allowing them to reach down and stimulate their clit with a finger or a vibrator. The partner with the penis could also prop up one leg for the clit owner to grind against while having penetrations, or the clit owner could also lean back on their partner so the penis owner can stimulate the clitoris while still inside them.



- Spoon sex: For any combo of partners, the big spoon can reach around and stimulate the small spoon's genitals.
- The Bermuda Triangle: A fancy description for standing sex. Reach your arm around your partner to stimulate their clitoris while they are leaning against a wall, and with the other hand you can play with their chest.
- Doggy style: The penis owner, or partner with a strap-on, reaches around and stimulates the clitoris from behind.
- Lap sex: The penis or strap-on owner sits on a chair which is slightly reclined, and the vulva owner sits on top of them, so there is ability to reach around and pleasure the clitoris.
- Mix it up. If rubbing on the clitoris, try different techniques, rhythms, toys, pressures and numbers of fingers. Ask for feedback!

Remember that it is all about experimentation and mixing up positions to find the right one for you! Provide feedback and have fun. There are so many positions out there to try, but don't feel overwhelmed. Do what's right for you and expand slowly.

## **How to play with the G-spot**

The G-spot is very pleasurable for a lot of people and can just add to the erotic experience. To find the G-spot area (remember that spongy bit of tissue found five to eight centimetres inside the vagina, up towards your belly button), you need to lube up your fingers and angle them up towards the belly button.

These G-spot areas can be stimulated by using a come hither motion with a finger or two. You can always ask your partner to touch or use a toy on their clitoris at the same time for extra stimulation ... Who doesn't love dual pleasure?

If you want to play further, start by moving your hand up and down or moving your fingers faster. As your rhythm gets more persistent you may start to feel your partner tightening up—maybe they will start to reach climax. Signals of climax include faster breathing, their noises growing louder or they might go silent, depending on the person. You have to maintain focus during this time—keep the rhythm and touch that is working for your lover and check in to see how they're going: 'Hey, babe, is this good?'

As they reach climax you might want to kiss them at the same time, look into their eyes, let them know how much you also love the experience. You will start to get to know your partner's quirks as you get to know them more.

## ***Squirting***

Ah, squirting. Vaginal ejaculation. This is when fluid comes out of the vagina during certain types of stimulation, usually G-spot stim!

This is an interesting topic in the sexology community. It's hard to know where the fluid is coming from—experts aren't certain—but research suggests that the Skene's glands are involved, two pea-sized glands found in the vagina wall on either side of that urethra, the tube where urine exits the body.

Often I find that if the vulva owner has a full bladder, you get quite a lot of vaginal ejaculate coming out. Researchers have tested the fluid that is squirted out and it isn't pure pee, but it is a combo of urea, uric acid and creatinine which is released by the Skene's glands.

Technically, every vulva owner has the mechanics to be able to squirt, but it doesn't mean that they actually can. It's a highly contentious question and I want everyone reading this to know that there is no pressure to be able to squirt if you have a vulva, or for a partner with a vulva to be able to squirt. Being able to squirt doesn't mean that you're better! It's just another thing on the sexual menu.

But if you and your partner want to try squirting, I have some tips below.

## **Pro tips**

- Prepare the room. Get rid of distractions, make sure you have privacy and feel good (maybe a hot shower/bath and clean body will help you both be relaxed and in the zone). Have soft, gentle lighting, make a playlist that's soft and sensual (try Majid Jordan or Loyle Carner) and start by making each other feel sensual. Sex is about the journey, not the destination.
- It's a good idea to start with some outercourse, warming the body up to arousal and making sure you are both in the moment and enjoying yourselves. Anyway, why would you rush? Prepare your partner both mentally and physically by kissing, stroking, oral play and clitoral play.
- Ask your vulva owner to lie back and have knees bent, letting their legs hang to the side in a frog-like position. This will relax the muscles in the thighs. You could stick with this position or have a pillow resting just under your partner's buttocks. This will tilt the receiver's pelvis slightly, making it possible for both vaginal and clitoral stimulation during foreplay, stimulation and penetration.
- Invest in high-quality lube. Silicone lubricant is best for this act. You can apply it liberally to the clitoris, inside the vagina and to your fingers and palms. Play with your partner's clitoris until you are given the green light to be able to insert a finger into the vagina.
- You can then slowly insert your index finger into your partner's vagina with your palm facing up towards the roof, resting it on their clitoris. You will most likely need to be kneeling next to your partner on the bed to be in the right position.
- Curl your fingertip and perform a 'come hither' motion with your finger on the frontal wall of the receiver's vagina. You should be able to feel the G-spot, a rougher, fleshier part of the vagina that feels spongy. It's about five to eight centimetres into the roof of the vagina. As you stroke this area, you should soon be able to insert another finger.

- You will know that your sexual partner is getting excited as you feel the vaginal wall swelling. Next we move on to your movements inside the vagina. You can try out a few different stimulation techniques to see what feels best. Usually moving your hand up and down consistently with applied pressure while keeping your fingers curled is the best way to go. Keep in mind that your partner may say they have an urge to urinate. This is totally normal, and you should assure them that there is no need to worry. Make them feel completely comfortable and provide reassurance.
- Keep moving your hand up and down while continuing to keep your fingers curled and stroking the G-spot. It can be tricky, but eventually you will get the technique just right and your arms will be getting a workout.
- Speed up the movements with time. Don't go so hard or fast that you lose control, but keep pace allowing you to continue in a rhythmic motion. You may feel as if you're being too rough sometimes, but as long as your partner is enjoying the experience you can continue using your fingers at the pace that brings the most stimulation.
- As your partner comes closer to climax you will start hearing squelching sounds and notice that your fingers are getting wetter. Your partner will be breathing faster and squirming. Keep up the pressure and the speed, and hopefully you will start seeing ejaculate, which will come out of the vagina onto the bed. Keep your palm on the clitoris to maximise pleasure and clitoral sensation. And most of all, enjoy yourselves! It is about the experience, not the goal.

## **Queefing**

Vaginal gas! Fanny farts! Queefs! Has your or your partner's vagina ever farted during sex? Well, it's because air has gotten trapped inside the vagina, and when it is released it can sound like a fart. It's pretty normal and is usually caused by sexual activity. If it is happening outside of sexual activity then tell your doctor, as there may be a problem with your pelvic floor or an underlying health condition, but usually it just needs to be laughed away.

## ***Oral play***

Oral sex involves using your mouth or tongue to sexually stimulate your partner's genitals or anus.

## Definitions

- When putting mouth to penis, this is called fellatio. It can also be called giving head, or a blow job, or many other things!
- When putting mouth to someone's vulva, this is called cunnilingus, or going down on someone, or eating out. What else have you heard it called?
- When putting your mouth on someone's anus, this is called anilingus, or rimming.

Oral play is adored by many, but it's not to everyone's taste. Oral sex is less risky when it comes to STIs, but you can still contract them. So remember if you are giving oral sex to use a barrier, like a condom, or a dental dam if possible.

If you don't have a dental dam, remember you can cut a condom open and use that, or use cling wrap. It's not so sexy, but better than getting an STI!

If you have a cold sore or are having a herpes or genital warts outbreak, then it's not a good time to be having oral play, as there is a risk of contracting or passing on HSV.

### Tip

Also, it's not a great idea to brush your teeth before you go down on someone, because brushing can leave little cuts in your gum which make it easier for bacteria to infect you. It's also a good idea to avoid chilli before using your mouth on anyone's genitals. Do I need to explain this?

## *Cunnilingus (mouth to vulva)*

kuh-nuh-lin-gus ... I know, you're probably thinking, 'What is she talking about?' But cunnilingus is very well known! It's when someone goes down

on a vulva.

First of all, going down on someone is a very intimate act. Remember that everyone's vulvas look different—they're kind of like snowflakes, all unique.

Labia also come in many shapes, colours and sizes. Some labia hang low, some are short, some asymmetrical, but at the end of the day, all labia are normal. You can check out examples of all different kinds of labia at [labialibrary.org.au](http://labialibrary.org.au).

Vulvas also smell different. Each person has a different smell going on down there, which is completely normal! The only time the smell would be of concern is if it smells a little bit fishy or foul and there is discharge and itching. That's when a visit to the doctor is needed.

Vulvas can also taste different, depending on the owner's diet, medication, their menstrual cycle, how much water they have drunk, and more. None of this is anything to be ashamed or fearful of—it's just life, baby! Please do not use any types of soap or washes—all you need is some water. And if you have concerns you can always go see your doctor for an assessment. Ultimately, your lover will most likely enjoy your authentic look, smell and taste.

Pubic hair is also varied in style, length and texture. Some people decide to wax, shave or laser their hair off, and some trim it into a design. Some let it grow as is. All pubic hair choices should be up to the owner—it's a matter of personal preference. Whatever you decide to do with your pubic hair, embrace it and j'adore it.

If you have a vulva, love and embrace yours. Remember that whoever is going down on you is having the most expensive meal they've ever had, and it's a pleasure for them. They're welcome!

## **Good cunnilingus**

Now, if you are going down on a vulva, let's talk about some things that you can do.

Communication is an important part of cunnilingus because there are so many things that you can do to the vulva, like tease, lick or gently suck the labia or clitoris. You can also put your tongue inside the vagina if the vulva owner wants it. This is not to everyone's taste, so remember to ask first.

Regardless of how your technique is, the better the communication between you both, the better the erotic experience will be!



## **Try this**

I suggest starting by licking and kissing the labia majora, as there are a lot of nerve endings there and it will make the receiver squeal. Think long, soft licks, like you're eating the most delicious ice cream out of a cone.

Begin to build slow, gentle pressure. Not so gentle that it's ticklish, but gentle enough that it's not overwhelming. You can lick up and down, clockwise or counter-clockwise in circles, side to side, or lightly suck on the clitoris.

You can then ask your sexual partner things like:

- 'Does this feel good?'
- 'I'm learning as I go—tell me when it feels amazing.'
- 'Do you prefer this, or this?'
- 'Should I go faster or slower?'

Remember that their body is going to give you clues, so if they reach down and start pulling your head towards their pelvis, or move towards you with their pelvis, you will know that it's most likely feeling good. If they start to pull away or push against your head, then maybe reassess and figure out another way to stimulate them.

Cunnilingus takes a long time, so if your partner will let you, you need to go down on them for at least 25 minutes. If you want you can incorporate some finger play, or stroking their V area. Or you can put a vibrator inside them at the same time, or play with their anus. (Remember: they have to be consenting to any activity you are doing.)

If you have grand ideas about randomly sticking your tongue inside their vagina, remember that you need to ask them first. Don't use your tongue like a penis or a finger, thrusting in and out. Use it in soft gentle ways. Slowly in and lick up.

## **Popular positions for cunnilingus**

- Missionary, with the receiver lying on their back, or you can always pull them to the end of the bed and kneel in front of them.
- A 69 is also great, where they are giving you oral sex and you are giving them oral sex.

- Face-sitting is wonderful, where they sit on your mouth and look down at you while you are giving them oral sex.



### **Pro tips**

- Make sure you're dedicated to going down on your vulva owner. They are deserving of pleasure, and you need to be focused on bringing pleasure during the experience. Be enthusiastic and tell them how good they taste.
- Set the pace, making sure that you stay consistent. It's easier to climax when there is consistency and dedication to movement and pace.
- Make some noise—show them that you're enjoying it, that it tastes so good. You can make slurping noises, or spit on their vulva. That can be a huge turn-on for some people.
- Watch their body language. See how they are breathing, the way they are gripping the furniture around them, the way their pelvis is tilted towards you or away from you, and where their eyes are—whether they are closed, or looking towards you, or away. If they like what you're doing, you will usually know!
- Clitoris is key: licking on the clitoris is a really important part of oral sex. But don't rush straight to it—remember it is super sensitive, and you have to build on the sensation. Start with light pressure, pace yourself, and figure out the right technique that your partner is responding to.
- Lock eyes with your sexual partner. I really don't think there's anything more intimate than making eye contact while you are having oral. Show them how much you're enjoying it.

### **Oral sex questions**

These are some popular questions that I hear from my followers, who are the givers:

Q: What if I have braces?

A: Honestly, braces shouldn't be an issue, just wrap your lips over your teeth and use your tongue.

Q: Can I do anything with my hands?

A: If you are the giver, you can hold your partner's legs with your hands, or you can reach up and play with their breasts or nipples, or use them to penetrate the vagina or anus if they are consenting. If you are the receiver, you can grip onto the bed sheets or play with your partner's hair.

Q: Sex toys and cunnilingus?

A: Totally! Using a G-spot vibrator or a butt plug can enhance the experience. And if they need extra clit play, use a clitoral vibe while you lick around their labia.

Q: How do I know if I'm doing a good job giving?

A: If your partner is moaning, tilting their pelvis up towards you or holding your head in place, these are all signs that you're doing a great job. Don't change up your technique then—keep doing exactly what you're doing.

Q: It's taking a long time!

A: That's okay, it's meant to—you need to build pressure up and this can take more than 25 minutes.

Q: What do you do after oral sex?

A: Tell your partner how much you loved going down on them.

Q: How do I make it more enjoyable to give oral sex?

A: Try using a flavoured lube! There are some good quality, safe ones out there.

Q: What if I am the vulva owner and I don't want my partner to go down on me?

A: That's fine! Just sit and think about why, though. It's a very pleasurable experience, and somewhere along the line you've decided that you don't like this. Is that because you don't want your partner to be looking at your vulva, or tasting you? Do you not like the sensation? What are the messages around this? If there is shame, it's a great idea to unpack why.

Q: What happens if your partner does not want to go down on you?

A: It's good to have a conversation about why, and find out whether you feel like it's reasonable. Of course, we can never make anyone do something that they don't want to do. I would suggest finding alternatives. There are wonderful sex toys like a clit sucker that can give you oral sex sensations without your partner having to use their mouth on your vulva. If it is about taste, you can buy a flavoured lube that might make the experience better for your partner.

## ***Mutual masturbation***

Mutual masturbation is when you touch yourself while your lover watches, or they may touch themselves at the same time. You are masturbating in front of each other! The aim of the game is to get yourself off, and it's the perfect tutorial for both of you to know how each other likes to be touched and how your body responds to different stimulation.

It'll be some of the best sex education you will ever give and receive. You know your own bits like the back of your hand (hopefully, if you've tried self-pleasure). There is no one more qualified than you to show your lover how you'd like to be touched, and vice versa.

Even if you've been together for ages, you know that sometimes your body can react in different ways. Your body and stimulation preferences will change depending on where you're at in your life and what's happening in your body, or you might simply want to show them how to use the new toy that you've invested in.

Mutual masturbation does not result in pregnancy and has a lesser chance of STIs. Remember to use gloves if you feel like there is any risk, and cover your toy dildo with a condom if you have shared it with someone else.

Mutual masturbation is also super helpful for those in long-distance relationships because you can show your partner your hot and steamy self-sex time, or they can enjoy using a Bluetooth-controlled sex toy on you.

You are holding the sex toy and they, while in another location, can control the rhythms, movement and intensity of the toy. You can also get really playful and get into some role-playing with a costume.

There are two ways that you can try mutual masturbation for beginners.

### **The show-and-tell method**

Tell your partner to sit on a chair or lay down next to you in bed, and they can watch as you pleasure yourself. If you want to, you can describe what you're doing and how it feels. Or just drop into the moment and forget they are even there. Touch yourself as if they are a not-so-innocent bystander.

### **The hide-and-peek technique**

This is great for shy babes. It is where you spend some time by yourself, without your lover in the room. Tell them they can watch later and spend some time seducing yourself: have a hot shower or bath, light candles and put music on, and do whatever it takes to get you in the mood before you start touching yourself. Once you are in your position, they can come back and peek on you through the crack in the door. That sense of watching, voyeurism (the practice of gaining sexual pleasure from watching others when they are naked or engaged in sexual activity), can be very exciting for both of you. You can easily lose your inhibitions and really tap into yourself and your own self-pleasure while educating your partner at the same time.

You can also introduce toys into your mutual masturbation practice. Show your lover how you like that vibe to work so they will know what they are doing with that bad boy next time!

## **Penis Play**

### ***Fellatio (mouth to penis)***

fuh-lay-shee-oh, or 'giving a blow job', means putting someone's penis in your mouth. Now, before we begin, it's important to know that like vulva owners, all penises are different. It's not like what we see in porn, where the penis is pumped up and smooth, with no pubic hair. Peens vary!

Penises come in different sizes, shapes and colours. Some are circumcised and some are not. Some have a lot of pubic hair, and some are neat and tidy and trimmed. It's what the penis owner can do with the peen, hands and mouth that's important!

Like all genders, everyone has a different smell down there, and of course, penises are usually tucked away and might get a little bit sweaty. So remember that everyone has their own odour, and having a shower can fix any freshness issues. And yes, every penis has a different taste. Likewise, with semen, it really depends on what the penis owner has been eating and drinking, if they are staying hydrated, and on their vitamin intake and general health.

I will reinforce here that blow jobs run the risk of contracting sexually transmitted infections, so use a condom—or better yet, use a flavoured condom! Make this a yummy experience.

Blow jobs, like cunnilingus, can take some time to perfect. A lot of us givers worry about whether we are doing it right and doing it well. But this comes back to communication. If you want to know how to give a good blow job, all you need to do is ask your partner for feedback. There is no one size fits all.

A good place to start is by using a lubricant. Lube is an incredible addition to oral play, but it also keeps the penis safe and reduces the risk of friction, soreness and injury. If you use a water-based lube it will work well with condoms, and a flavoured one will make the experience taste good! You can get some good quality natural ones that will taste great and enhance the experience.

## **Popular positions for fellatio**

Get your sexual partner to lie down on the bed, or scoot to the edge of the bed so that the giver can kneel in front of them. You could also ask them to stand while you kneel in front of them, or they could sit on a seat. There are lots of ways to give blow jobs. I think it's important for the receiver to be able to see the blow job as it's a very visually erotic experience.

## **Pro tips**

- Don't go straight for the peen. For a lot of penis owners, their anticipation comes from wanting to be inside you. So don't put the penis straight in

your mouth but start by playing with it and giving them a beautiful hand job, just for a minute or two, to get them excited.

- I think it's important to put your thumb and forefinger together and form a delicate ring to put around the base of the penis, because this will allow you, as a giver, to have control over how you are giving the blow job. You can also do a combination of blow job and hand job. This is the secret that I like to teach everyone because it brings a huge amount of control to the giver. Most penis owners won't be able to feel the difference between your hands and your mouth, so use your hands as an extension of your mouth, and maintain control. Keep the O that you have formed with your index finger and thumb attached to your mouth and move it up and down as you are giving your blow job. It also increases stimulation of the shaft, and you can have some different variation and technique that utilises the hand/mouth combo.
- Start with the tip of the penis, licking the head and the frenulum. It's an extremely sensitive part of the penis, and you can curl your lips around your teeth and put your mouth over the head. It's the area to pay attention to in the beginning.
- Deep-throating is really a porn activity. If you can do it, and want to do it, and your partner wants you to do it, and all three line up, then maybe give it a go. But if you are gagging on the penis and about to vomit then it might not be the sexiest thing.
- Set the pace—remember rhythm is really important in oral sex. You don't want to go too quick because they may ejaculate too soon. It's good to start off with slow and light pressure and increase the pace, keeping a steady rhythm. Don't go too quick and grip and suck too hard! It might be overwhelming. If you don't want them to orgasm yet then mix up your technique and try edging, with you bringing them close to climax then bringing them back down again. Kind of like a thermometer, it can rise in temperature and come back down again.
- Make eye contact. Locking eyes is sexy and shows confidence. Try to lock eyes often!
- You can decide whether you want to spit or swallow. It's your body and your decision to make. If the receiver is pushing you to go in a certain direction then that is a shit sexual partner and you might as well get a new one. They need to respect your boundaries. It is your body, your choice and you are in a compromising position.

- Involve sex toys. Using a cock ring will keep the penis harder for longer, and you can also get some that vibrate to add extra stimulation!
- If you don't like giving oral sex then try using a penis masturbator, which is a silicone sleeve with texture inside that goes over the top of the penis and provides extra stimulation. It is designed to feel like a vagina.

## **Blow job questions**

Q: I've got braces—help!

A: Honestly, your teeth shouldn't be an issue here, just cover your braces with your lips and let the tongue and lips do the work.

Q: What do I do with my tongue?

A: Your tongue isn't super important during oral sex. It's great to lick the head of the penis, but it doesn't need to be slurping and licking all the time. Just do what feels right for you and what gets positive feedback.

Q: Should I play with other bits down there?

A: Um, yes! With consent, of course. The penis, balls, perineum and top of the legs are all really sensitive places. You can play with the balls at the same time that you are giving a blow job. But of course, you have to ask for consent first. Don't yank on the ballsack but start with a light tickle on the perineum, maybe a light tug, or playing by cupping your partner's balls in your hand. The perineum is a really sensitive area for penis owners. If your partner is willing, I would suggest using a finger to trace up and down along the perineum.

Q: What do I do with my hands?

A: Again, I'm a big believer in forming an 'O' with your index finger and thumb around the base of the penis, allowing you to have control of the depth and speed.

Q: What happens if my jaw locks?

A: Well, my dear, you need to have a good jaw massage and use your hands instead or switch to a different sexual position. There's no point being in pain and cramping.

Q: What if I don't want to give a blow job?



A: That's completely fine! That decision is up to you. If you don't want to give one, try using a masturbation sleeve on them instead. If you want to stop while you are giving a blow job then by all means stop. The fun in the sexual experience doesn't have to finish because a certain position is over.

Q: Cum doesn't taste great—help!

A: Ask your partner not to ejaculate in your mouth, or use a condom during oral sex. Another option is to ask them to start eating sweeter things. While there isn't solid research on how to change the taste of semen, adding some fruit into the penis owner's diet could help.

## ***Analingus (rim jobs)***

A rim job is when one partner licks, sucks, kisses and teases their sexual partner's bum hole using their mouth, lips and tongue. It doesn't usually involve putting the tongue inside the anus, but of course, you and your partner can negotiate as desired.

As with any erotic experience, consent and communication is number one when it comes to rimming. Rimming is for all genders and sexual orientations because of the pleasurable feelings it gives due to the high amount of nerve endings in the anal region.

If it is something that you and your partner are into then fun times ahead! Remember that you can still get STIs from rim jobs, so it's good to create a barrier between mouth and bum hole either using a latex sheet or cutting open a condom and making a dental dam.

A good position for rim jobs is with the receiver laying on their stomach with a pillow under their hips. They could also go on all fours, bent over the edge of the sofa or bed, or lay on their back with their legs in the air. Be creative!

## **Pro tips**

- Make sure the area is clean. If you've had a bad bathroom day then it's not the day to be receiving rimming. It's a good idea for anyone who is the receiver to have a shower or a bath beforehand and then regularly clean that area. You don't have to use soaps, just water will do. This is important for the giver so that the taste, smell, and amount of bacteria and sweat are

minimal. Also, if you are the receiver, knowing that you've given yourself a good clean will help you relax into the erotic experience!

- Pop some flavoured lube on the bum hole to make it taste a little bit different. Remember, most meals taste better with a sauce—same with rim jobs!
- Don't be too intense. It's a good idea to start by enjoying the journey of giving a rim job, exploring your partner's body and outermost area around the anus and gradually making your way inwards towards the bum hole. You could try massaging, kissing, squeezing and licking their bum cheeks before moving closer to their anus, teasing areas with your fingers, lips and mouth.
- When licking the bum hole, experiment with different types of movements, pressures and licks. Some people like a broad, flat tongue with a firm lick, some like a delicate tickle from the tongue circling around the bum hole opening. Again, communication is key here.
- You could also play with their penis at the same time that you are giving them a rim job for extra satisfying pleasure, with a few erogenous zones being stimulated simultaneously. Or they can wank themselves while you are licking their bum!
- If your partner is consenting, you might be able to put a lubricated finger inside their bum hole and progress to butt play or a prostate massage.
- Adding in an anal sex toy might be a great next step—something like a small vibrating butt plug or a prostate massager can bring incredible sensation.

## **Rimming questions**

Q: What do I do with my tongue if I am the giver?

A: Remember to not rush to the bullseye—start off slow and work your way towards the anus using soft, light touches, licks and kisses. Pretend that you are licking ice cream from a cone! You can also experiment with different types of touch: stiffening the tongue, relaxing the tongue, different directions and pressures.

Q: What if I get down there and it's dirty?

A: Well, there's no obligation for you to continue. I would switch to another sexual position and perhaps keep some baby wipes nearby for next time,

or plan the session differently, with your sexual partner having a shower beforehand.

Rimming is for everyone and a great addition to your sexual repertoire.

## ***Anal sex***

Anal sex is the one topic that divides groups. Some love it, some hate it, some don't want to even try it. Whatever your choice, it's good to still educate yourself.

You can't get pregnant from anal play, but you can get STIs. Do wrap it up, please!

There are heaps of nerve endings around the anus, way more than around the vagina. All those nerve endings mean great pleasure. First of all, people assume anal sex is painful, but it shouldn't be if you are careful and patient. It might just take a lotttttt of lube and some different techniques. Remember that there are a lot of new and unusual feelings down there, so it's possible to mistake these new sensations as pain. Try asking yourself, is this painful? Or is it just a weird feeling? If it's weird, keep going, just add more lube and direct your partner with how you would like to be played with.

If you are trying solo anal play to start, it's a good opportunity to explore your boundaries, get comfortable with sensations and unpack any fears you have with anal play.

Firstly, you are not going to 'have an accident', but if you're nervous you can try these activities in the shower or bathtub, so any mess can be washed away.

## **Pro solo tips**

- Firstly, explore the outside of this area with your fingers. What does it feel like?
- Secondly, grab a good lubricant, because the bum doesn't make any natural lubricant. Start by deep breathing (in through the nose slowly, out through the mouth slowly ... drag those breaths out). If your body is relaxed, the muscles around the anal opening will hopefully relax too. You can slide a lubricated finger into your back door and make small movements until you are relaxed. Remember that any objects that go in

the back door do not go back into the front door, as it's not hygienic and can contribute to UTIs and thrush (ouch).

- If you are going to try with a small vibrator, lubrication again is key. I recommend a water-based lubricant. Exhale and slide the toy in. It will feel strange, but be patient and remember, deep breathing. If it hurts then back off a little bit or stop altogether until you are ready to try again. Never say never. When you are pushing the toy in, try angling it up towards the belly, respecting the curve of the rectum. You can wiggle, play around or push the vibrator in and out. Drop into the sensation, appreciate the intensity and see how you feel!

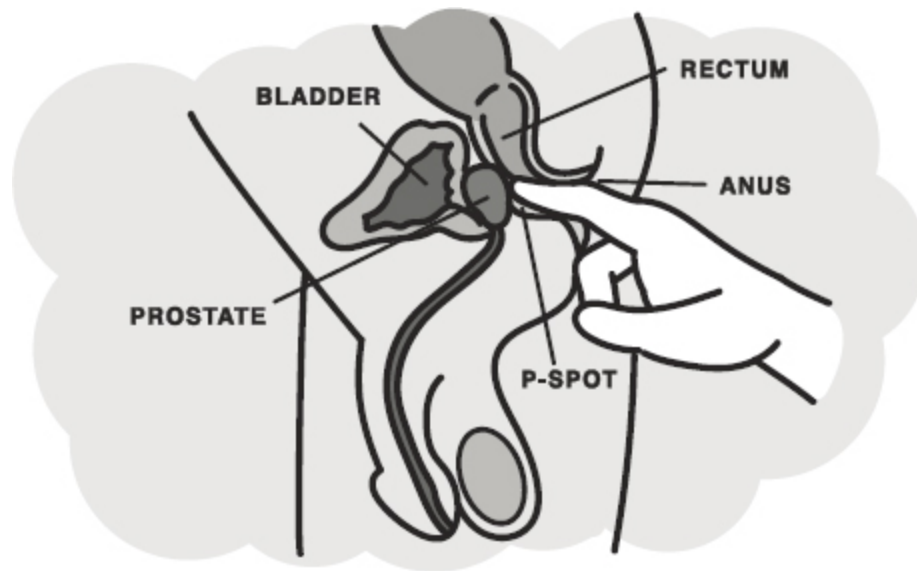
## **Prostate massage**

One of the things you can include in your anal sex is a prostate massage. The prostate is a small, walnut-sized, muscular gland that produces seminal fluid and is found sitting under the bladder, surrounding the top part of the urethra (the tube that takes pee out of the penis). The prostate helps push semen out of the penis, but it's also surrounded by a heap of nerve endings that can feel amazing when stimulated in the right way.

Not everyone has a prostate—only people assigned male at birth, some intersex people and cisgender men have them.

A prostate orgasm (or p-gasm) is said to feel similar to having a penile orgasm, but the intensity level is higher. Not everyone comes during p-gasms, but sometimes a bit of milky dribble comes out of the penis hole.

It can take a little bit of time to find the right technique and method, and remember that the anus is a very nerve-dense place, so it might feel quite intense. Going slow and using a ton of lube is absolutely paramount as you don't want any discomfort during this kind of play.



Again, if you are the receiving partner then it's good to not play with the anus when you are having a bad stomach day, and maybe having a bath or a shower beforehand might make you feel a little bit more comfortable. Make sure that you go to the toilet before you get started, because bum hole play can cause the sensation of feeling like you need to poop.

If you are the giver, it's important that you have clean hands with short and smooth-edged nails to help avoid any nicks to the delicate skin in and around the anus. If you have any cuts on your fingers it might be best to use a barrier like latex gloves or a condom over your fingers.

Now, if you are the giver and thinking about giving a prostate orgasm, cool, but you need to have a conversation with your partner first. I know many, many people who have been shocked when their partner surprisingly puts a finger into their bum hole. This is not consensual—you and your partner need to chat about whether they are willing and receptive.

## **Pro tips**

- Make sure that you are warmed up beforehand, with lots of kissing and touching and rolling around together to get your arousal process going.
- Always use lubricant.
- Start by playing around the anus with lubricated fingers then gradually slipping one or two fingers inside. The prostate gland swells when aroused, so it should be easy to find. The P-spot can be found by curling two fingers up towards the belly button (this might be easier to navigate if

the receiver is lying on their back). Like finding the G-spot area, you can make a 'come hither' motion and you might feel a small bump, which is the prostate gland!

- If the receiver feels like they need to pee, that is completely normal, because the P-spot is super close to the bladder.
- Massage gently; experiment and listen to feedback. Find the right pressure and movement for the receiver.
- Try incorporating a good prostate massager toy. There are great remote controlled ones that you can direct via Bluetooth!

## **Health benefits**

There are benefits from prostate massage!

- You can help improve erectile dysfunction by clearing the prostatic duct.
- It can improve urine flow as a swollen prostate can put pressure on the urethra (the pee-hole tube), which interferes with the flow of urine. If a massage can relieve some of the swelling, urine can flow better.
- It may help prevent prostatitis, which is when the prostate becomes inflamed and painful.
- Sometimes fluid blockages in the reproductive system can cause pain with ejaculation, and prostate massages can sometimes help get rid of these blockages.

Prostate play might not be for everyone, but if you want to give it a go then using fingers or a toy can bring on pleasurable experiences. Again, communication, consent and safety are key!

## **Pro tips for couples**

Remember, the number one rule in any sexual situation is respect for boundaries. So have a conversation about comfort levels, hopes for the experience, no-go zones, pace and depth. It is important to be relaxed, clean and in the zone.

- You can always set the scene with a dimly lit room. Candles make anal play romantic.
- Stay warm and remember deep breathing and mindful relaxation.

- You never have to go through all the steps to penetration. Maybe the first session will be playing around the outside of the back door. Fingers, mouth, toy, whatever you like and brings you pleasure! Orgasming through outercourse will make you nice and relaxed before the penetrative act.
- If you want to go further, try asking your partner to go through steps listed in the 'Pro solo tips' with a finger or toy.
- If using an appendage and you are the receiver, you can reach behind you and guide it in for control. Go slowly and avoid wild thrusting (we are not in a porn scene). Communicate: 'Oh, it feels good!', or 'Slowly please', or 'Not yet, babe, I'm liking the outer play'—whatever suits you. Once the appendage is inside, you can use a toy on the clitoris or experiment with different types of pace and technique.

## **Common anal sex questions**

**Q:** Will anal sex be messy?

**A:** Most of the time, no. But also, who cares? Sex is messy sometimes, and we are human all of the time. It's a good idea to have baby wipes nearby and a good sense of empathy between you both. Every anal sex receiver will be a good judge of whether they should be back-door active that day. Communication should help avoid any messy situations or clean up any situations with a laugh. Make sure any fingers touching that area are washed before touching other genital areas or face. If you want to be super clean before anal, try an anal douche an hour or so beforehand, however it is not a necessity. It's also a good idea to use a condom if you are unsure of STI status prior to the romp.

**Q:** My boyfriend really wants to have anal and I'm terrified. I've heard horror stories. Is it something everyone does?

**A:** There is nothing to fear! People love telling horror stories over pleasure stories, but I am going to teach you how to make anal sex smooth, safe and sexy. Firstly, it's essential to know some basic anatomy. Everyone's anus is equipped with a bunch of sensitive nerve endings, making the experience feel different from vaginal sex. And every anus has an internal and an external sphincter, which controls the poo exiting the body. The inner sphincter moves involuntarily to keep the poop in, while

the external is voluntary (you control whether it relaxes or tenses). Now, sex should never be painful (unless it is consensual and kinky), and if it is, we need to reassess the actions being taken. Some people who feel like anal sex is too intense are unaware of the internal sphincter, which is a little hidden barrier, and if it isn't relaxed it may make anal uncomfortable. So what needs to happen for your first time having anal (or anytime having anal) is that you must be relaxed in the body and mind so that all these internal protectors can welcome you in.

## **PSA**

Do not put anything in the bum that does not have a flared base, because it can go missing. No vibrators without a base, no cucumbers, no bottles ... you get it? It might sound silly, but as my friends who are doctors in the emergency room tell me, they will try their best to fish it out of your bum, but a lot of the time surgery is the only option to remove the object.



## **Sex and Disability**

Now, my lovely readers, most of you wouldn't know that I am in a relationship with a man in a wheelchair. The most beautiful and wonderful man in the world! I also see a lot of people who have a disability at my clinic, and I see that there is a common narrative around disability and sexuality.

Most people are erotic beings with sexual feelings, thoughts, attitudes, desires and fantasies. However, there is a common misconception that those who have a disability are not erotic beings, don't need sex, or can't have real sex. On top of this, many people who are able-bodied tend to not



discuss sexuality with people who have a disability because they see the topic as taboo, or just assume that it is not high on the priority list for someone with a disability.

People with a disability are erotic beings and for many their sex life is more expansive as they need to think outside the box. Maybe their disability will make their sex lives a little different, but I believe that for those with a disability sex is erotic, fun, sensual and super creative.

I know from my partner that having a disability may be worrying in regards to finding the right sexual partner, dating, relationships and having a family, but fear not! If you have a disability, just know that even though it can be frustrating sometimes, you and whoever is lucky enough to be your partner can approach eroticism differently and find new and exciting ways to satisfy each other. If you're not sure how to navigate this, book an appointment. It's easy for me to help you look at different options (we consult both in-clinic and online).

### **Some common concerns for people with a disability**

- How do I find the right partner?
- Will someone find me attractive?
- How the fuck do I have sex?
- What do I do with limited movement?
- It's painful for me to have sex.
- My energy can be affected.
- Can I have a family?
- What will my sexual partner think about my body?
- How can I please my sexual partner?

These are all really common concerns, and yes, your disability may affect certain things you do. But I'm a big believer that for every one thing that you can't do there are ten more things that you can do if you just think outside the box.

It's important to recognise that there are options for you, and if you are someone who is able-bodied and attracted to someone with a disability, don't hold back. I didn't! And now I have found the love of my life and have a very erotic sex life that is full of fun, pleasure, fantasy, eroticism and a lot of amazing sex toys. We also plan to have a family and conquer the world together.

Sex toys and sexual aids are a really important part of eroticism with your sexual partner because, look, they can do things that the body just can't. They vibrate, hit different angles and have different pulsations, and you can use them on each other to really expand your sexual menu.

There are also a lot of amazing sex workers who are able to work with someone with a disability and help them learn more about their body and how to have a satisfactory sexual life.

If you are the parent of someone with a disability, definitely reach out to a sexologist who is able to help with strategies and solutions to ensure that your child has a healthy and pleasurable sex life. No one should be deprived of an erotic life just because of their disability.

One thing that I do worry about regarding people who have a disability is the shockingly high rate of sexual and relational abuse that they can incur. A terrifying 47 per cent of adults with a disability have experienced violence after the age of fifteen—that's one in two people. Acts of violence can affect everyone, but those with a disability may be especially vulnerable to experiencing violence of a sexual or physical nature. If you see that this is happening to someone you know, reach out to White Ribbon Australia or 1800 RESPECT.

To recap, people with disabilities can have fulfilling romantic and sexual lives—all they need are the tools and support to be able to achieve these erotic lives. Don't avoid the conversation! If your friend or family member has a disability, work together to come up with solutions and tools to ensure that they lead a healthy and satisfactory sex life, or book an appointment with a sexpert!

## Chapter 17

# Kink

It's time to demystify and celebrate alternative sexuality. I'm talking about kink. Kinkiness is all about sexual practices, concepts or fantasies that are outside of the conventional sexual menu. They might be seen as a little bit abnormal. But, you know, it's pretty great. And a lot of people are really into kinky shit!

When I think of kink I'm thinking of any sexual behaviour that is outside the 'norm', but really, what's the norm anyway?

Kink can mean different things to different people; some just assume we're talking about fifty shades of BDSM. While we'll talk about the joys of BDSM, kink means so much more.

Sometimes our kinks are specific to our sexual fantasies—maybe it's practices we like with a partner or group, or maybe it's something that gives us sexual pleasure that has nothing to do with having sex. Kink is about being outside the typical, meaning a desire for sex that is less conventional than the vanilla variety.

## Kinky Menu Options

### ***BDSM***

BDSM stands for bondage, discipline/domination, sadism and masochism. You might be into one or all of these things, or none at all!

- **Bondage** is the act of tying someone down or being tied down during sexual activity, maybe with rope, tape, a scarf or chains.

- **Discipline/domination** is the idea of relinquishing control to our partner, having them control our sexual pleasure and potentially punish us for misbehaving. Depending on the punishment, we might be naughty on purpose!
- **Sadism** refers to people who enjoy inflicting pain on others.
- **Masochism** are those who enjoy someone inflicting pain on them. This might just be spanking, or maybe some whipping, or maybe a caning.

## ***Fetishes***

A fetish is a sexual desire for an object, item of clothing or body part that brings gratification in an intense way. An example could be a foot fetish, a leather or rubber fetish, wearing a diaper and acting like a baby ... There's a lot on the fetish menu!

## ***Fantasy and role-play***

Fantasy is about creating an imagined scenario that is arousing. Sexual fantasies are normal and give people the opportunity to explore sexual activities and relationships that might not be achievable in real life. Like sex in the doctor's office: great in your head but might not be achievable in real life. The fantasy gives the ability to enjoy the idea on its own without consequences. Role-play might be about acting out that fantasy! There are different ways of interacting with fantasy and role-play. It might stay inside someone's inner thoughts, be shared with a partner or be acted out!

## ***Group sex***

Woohoo, sex with two others or more! Common group-sex scenarios could be sex parties, threesomes, orgies, whatever involves more than two people.

## ***Voyeurism or exhibitionism***

Having safe sex in a public place is a form of exhibitionism. Watching others undress or have sex is voyeurism. Both are common. They can either be acted on or be fantasies!

So really, the possibilities are endless when it comes to eroticism. A lot of people might say, ‘Huh? That’s kinky?’, because it’s really about interests and preferences. A lot of these activities are part of people’s usual sexual menus and are not abnormal, so it comes down to perception and the individual. Many things that some people would consider to be kinky sexual preferences are common.

Let’s talk a little bit about kinky sex myths.

## **Myths About Kink**

### ***It’s gendered***

Firstly, people of all genders are interested in kink. There seems to be a misconception that only those who have a penis are kink-orientated. But all genders like to explore kink equally!

### ***It’s hardcore***

Weirdly, in media, BDSM and kink is often associated with hardcore and violent acts. But research shows that people who engage in consensual kink have above-average psychological health. It also can be as softcore or as hardcore as you want. As long as all participants are consenting and the play is safe!

### ***You need fancy equipment***

You can literally use a wooden spoon from the kitchen. You don’t need to be dressed in head-to-toe latex or leather—all you need is an imagination and a sexual partner who is willing and eager to participate.

There are definitely a lot of amazing outfits and equipment that you can purchase at low cost, but to get started, why don’t you just try using a ribbon, an eye mask and a little wooden spoon to get naughty!

### ***It’s weird***

Kink looks different to different sexual partners. It can be as basic as breaking out of your regular erotic menu and adding something new to the list of delicacies! But at its core, successful kinky sex needs to have the following aspects: communication, patience, trust and understanding.

### ***People who like kink are mentally unwell***

LOL, wrong! Good news for people who enjoy restraints, riding crops and floggers in the bedroom, you are not mentally unwell and vulnerable to abuse (like past studies have suggested). In fact, current research suggests that those who engage in BDSM and kink are functioning as well or better than those who are not engaging in BDSM, and might be more sexually satisfied and have fewer sexual concerns than people who are not involved with BDSM!

### **No Kink Shame**

Society already tells us not to talk about vanilla or normal sex, that it's taboo and shameful on its own, let alone adding in latex and spanking! Discussion of kink can make people nervous about sharing, so let's all just be kind. Having a kink does not make you any less. You are not bad, dirty or shameful or anything else people might say! You are an amazing, empowered human who knows what they want sexually, which I think is pretty incredible.

### **Definitions around Kink**

You do need to know the following terms in kink play: dom, sub or switch.

Remember BDSM? Well, people who engage in BDSM often 'play' in sexual scenarios that involve power struggles, where one partner is in a dominant position (the dom) and the other is submissive (the sub).

- A **dom** is someone who likes to be dominant in the bedroom.
- A **sub** is someone who likes to be submissive in the bedroom.
- A **switch** is someone who take pleasure in switching between being dominant and submissive.

# Rules of Kink Play

## *Consent*

The biggest must-have in kink play is consent. In general, every sexual experience should have nothing but enthusiastic consent at every level.

Some terms that you must know about BDSM include:

- SSC (safe, sane, consensual) or RACK (risk-aware consensual kink). These are the cornerstone philosophies in BDSM play. All activities must be consensual and safe, so you need to have a good chat before you go into BDSM play.
- Safe words: A word is given by the sub to basically say, ‘Stop everything right now.’ The words ‘no’ or ‘stop’ aren’t typically used as safe words because sometimes in BDSM play, someone may say ‘no’ as part of the erotic play. So a word that easily sticks out like ‘berries’ or something else abstract is chosen. When the sub says that word, everything stops immediately, no questions asked. No persistence.

When we are trying something new, like a kink, we need to have clear conversations about it beforehand so we know what we’re actually consenting to. If we want to try introducing a flogger (a handle with straps used to whip, stoke or tease a partner) to the bedroom, we can’t just spring this on our partner. We need to talk about what we want to do with the flogger. Are we whipping? How hard? Who’s hitting who? Where are we hitting? It might sound pedantic to go through all of this but we never want to put our partner into a position when they agree to something they don’t fully understand. So paint the picture of how this experience or scene is going to play out.

With any conversations about kink, your sexual partner might need time to process the request. Or your partner might not always be open or interested in trying out a kink that we have, and that’s okay. We all have hard and soft limits in the bedroom, even outside of kink play.

We need to be having a conversation with our partner about what our limits are, and especially what’s a ‘hard limit’, what’s a ‘soft limit’ and what’s completely fine. It’s imperative that we respect our partners’ hard limits as these are things that are completely off the sexual menu. We don’t

need to bring them up or pressure our partner to do something they aren't comfortable with. Soft limits are something we need to have a conversation about before trying with a partner. They are things they might be interested in trying, but they also might not. Let's be adults and respect people's boundaries!

To bring up kink with a partner, it doesn't have to be complicated. All you need to say is:

- 'I'd love to chat about some sexual play that's more colourful, can we talk about it?'
- 'I'm into a few things in the bedroom that are kinkier than the usual stuff we do—I'd love to share them with you.'

### ***Educate yourselves about pain and pleasure***

If you are heading down the BDSM road and want to go beyond light spanking or slapping, you need to educate yourselves on the risks and health consequences. For example, choking is a popular activity in BDSM. However, I know some people who have gone home with a new sexual partner who has choked them without consent and not discussed limits and boundaries with them. Now, it's pretty self-explanatory that choking is dangerous! You need to explore these types of topics before you partake in ANY kink play.

### ***Open minds and open legs***

When exploring the world of kink, whether with a partner or alone, go forward with an open mind ... and maybe open legs! Don't judge yourself if you discover something new and weird that turns you on. We are all different! You are allowed to find latex sexy, or get turned on by balloons, or even get sexual pleasure from pinwheels or spikes. Your sexuality is YOURS, so be kind to yourself.

If your partner shares their kinks with you, don't judge them! You don't need to be into it yourself or even want to explore it with them, but keep an open mind. It might be something you hadn't ever thought of, but that doesn't mean you won't love it.



## ***No intoxication***

Just no, babe. Not when you are having play that is edgy or even potentially dangerous. You know your limits, so have one to two drinks, but no more than that. Drinking and drugs can be super dangerous in the kink world, and I have had many a patient who has come in with a very fragile view of sex and relationships because of kink play gone wrong.

## **Here Are My ABCs of Kink!**

What better way to get acquainted with the world of kink than by skimming through this list of kinky practices in alphabetical order! This is by no means a comprehensive list as there are so many more things I could include ... but that's for another book!

### **A**

*Aftercare:* The recovery time following any kinky sexual activity—an essential! Assessing each other's needs from an emotional and physical level is super important after kink and BDSM. Have a conversation and also maybe some hugs, snuggling, wine, kissing and sleeping.

*ASMR:* Autonomous Sensory Meridian Response. These are noises that can elicit a sensual reaction in the person hearing them. An example would be to blindfold your partner and whisper in their ears, smack on latex, scratch the walls or use a whip to whack the bed.

### **B**

*BDSM:* The umbrella term of different kinks that fall into bondage, discipline/domination, sadism and masochism. These often involve a dominant and submissive partner.

*Bondage:* Rope, tape or other materials used to tie down a partner during a sexual/erotic activity.

*Bottom:* The submissive partner.

*Bum:* Anal play! Think anal massage, toys and prostate massagers.

### **C**

*Consensual non-consent:* When all parties agree to perform sexual activity that has been agreed upon beforehand and pre-consented before engaging in play. For example: 'I give you permission to smack my ass as hard as you want, you don't have to ask me during sex.'

*Consent:* Permission given explicitly for erotic activities to happen.

*Cuckoldry:* When a penis owner watches his partner have sex with another person.

## D

*Double penetration:* Penetration in two or more orifices by multiple people or objects, such as toys or body parts.

*Dungeon:* Not necessarily an actual dungeon but a BDSM space (it can just be a room, closet, etc.) designed for BDSM play!

## E

*Edgeplay:* Not for amateurs. A subjective term for activity (sexual or mentally manipulative) that may challenge the conventional SSC (safe, sane and consensual) sex. If partners involved accept the risk, then the activity is considered RACK (risk-aware consensual kink). Edgeplay can be dangerous and could potentially cause short-term or long-term harm. Activities such as breath play (erotic asphyxiation), fire play, knife play, fear play, temperature play, wax play and more. Start off slowly—an example could be something like a glass dildo or a massage with candle wax.

*Electric play:* Not as extreme as it sounds. Often, TENS machines are used for electric play, though there are also other wands and sex toys that also have features to create shocking feelings on the body.

## F

*Face-sitting:* Who doesn't want to hear someone say 'sit on my face'? This is also known as queening or kinging. You sit on your partner's face for oral sex in the genital or anal regions. If you struggle with mobility you can also use a sex position enhancer chair (a chair with a slit in the bottom, which is used to achieve and maintain difficult positions).

*Fetish:* A sexual attraction to objects or body parts that are not directly sexual. Examples include wearing diapers or foot worshipping.

*Fire play:* Using fire and heat to stimulate a person.

*Fisting:* Inserting a fist into the vagina or anus. You need to use lube for this.

*Floggers:* With a handle and straps, a flogger is used to caress or tease your partner.

*Foot fetishism:* Podophilia, or a sexual interest in feet is one of the more common forms of fetishism.

## **G**

*Group sex:* Sex with more than just you and one sexual partner.

## **H**

*Human furniture:* using a person's body as a type of furniture.

*Humiliation:* a very common fetish under the BDSM umbrella. Erotic humiliation is consensual between partners. Levels of intensity could range from lightly embarrassing someone during play, to humiliating them, to completely degrading them.

## **I**

*Impact play:* The act of the sub being struck by the dom for sexual gratification using a crop, a whip, a paddle, a flogger or hands.

## **J**

*Japanese bondage:* Known as shibari, this is a specific type of rope bondage that originates in Japan. The person tying down their partner is called the rigger. Elaborate rope designs can be made, and the pressure from the ropes can bring pleasure to erogenous zones.

## **K**

*Knismolagnia:* Being sexually aroused by tickling.

## **L**

*Latex:* Shiny rubber clothing that clings to the body, and sounds great when you slap it.

*Limits:* What are you not willing to do? These are your limits.

## **M**

*Masochism:* Feeling pleasure from receiving pain.

*Mummification:* When you wrap the body and prevent movement. Your partner may be played with or left alone for sensory deprivation.

## **N**

*Needle play:* Needle play means sticking a needle through the skin of another person for fun, or to let someone do this to you and enjoying the sensation.

## **O**

*Orgasm control:* Also known as edging, this is the act of maintaining a high level of sexual arousal while staving off orgasm.

*Orgasm denial:* The act of keeping your partner (or them to you) at a heightened state of arousal, but purposely not pushing them over the edge.

## **P**

*Play party:* Sex partyyyyyy!

*PVC:* Polyvinyl chloride (PVC) is a type of synthetic material that is sometimes used for erotic clothing.

## **Q**

*Queening:* Another word for face-sitting.

## **R**

*Role-play:* Playing out a sexual fantasy. It can be done IRL, online or on the phone.

*Rough sex:* The way this looks may vary for people, but it basically means sex that is considered more vigorous or painful in some way.

## **S**

*Sadism:* Receiving pleasure from applying pain.

*Safe word:* A word that is agreed upon to immediately pause or stop sexual activity.

*Sensation play:* Experimenting with different forms of sensory activity to heighten sexual arousal.

*Sensory deprivation:* Basically the opposite of sensation play—inhibiting sensory activity for sexual arousal.

*Spanking:* Slapping the toosh or other parts of the body with a hand or object (like a paddle) with the goal of heightened sexual arousal.

*Swinging:* Non-monogamous sexual behaviours where people engage in sexual activities in a group setting, regardless of their relationship status.

*Switch:* A person who could adopt both roles of top or bottom.

## T

*Top:* A dominant partner who provides the sensation play (e.g. flogging, electric play, etc.).

## V

*Vanilla:* We've all heard the term 'vanilla sex', right? This is sex that conforms to expectations of the culture/community of the individual(s) involved.

*Vinyl:* A type of rubber clothing that tends to cling to the body and have a lot of shine. You could also try a vinyl bed sheet for slipping and sliding.

*Voyeurism:* The act of becoming aroused by secretly watching others, whether that be others having sex or in partial states of undress. (No, I'm not encouraging you to sneak around and try to watch unaware people having sex—please don't do this. You will and should get arrested. I would suggest doing this with a consenting sex partner or setting up this scenario with sex buddies.)

## W

*Waxplay:* A form of temperature play where warmed wax is dripped onto the skin for a warming or erotic sensation.

## Z

*Zapper:* Using electricity to add stimulation ... putting a literal spark into your sex life.

Okay! If you try out some of these activities, remember to take it slow and don't risk your health or the health of your sexual partner/s. Have fun, communicate and be safe. You are in for a naughty and pleasurable time!

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## *Chapter 18*

# **Sexual Concerns**

Problems with sex are normal—in fact they are a concern for 20 to 40 per cent of the adult population.

My whole career is based on helping people with sexual problems, and let me tell you: it's super normal to have them at some point in your life.

It's important that we talk about sexual difficulties, because they are so common yet they can really affect someone's quality of life. Literally everyone will have a sexual problem or question at some point in their lives ... me included! Sexual problems come up for a variety of reasons, and a lot of them can arise from illness, medication or a person's individual relationship with themselves and within relationship dynamics.

Unfortunately, sexual difficulties often go untreated. And many surveys show that patients within the medical system are hesitant about discussing sexuality and sexual concerns with doctors, and doctors are hesitant to talk about it with patients. People from marginalised communities can be even more reluctant to discuss these problems, especially if they feel like their doctor has some discomfort answering their questions about sex.

As a sexologist, it's my job to help people with their sexual difficulties. I know that in the past it's been hard for people to get information or speak with a specialist about these concerns. But I want to let you know that the future is bright, not bleak. Sexologists are here to give you the support that you need to have a fun and healthy sex life, whether you have sexual concerns or not.

## **What Is a Sexual Problem?**

A sexual problem could be anything that prevents you from experiencing a satisfactory sexual life. These can affect people of all ages.

Around 43 per cent of cis women and 31 per cent of cis men report some degree of sexual dysfunction! So in this chapter we are going to run through some common sexual problems. But remember: with any question or any concern about sexuality, you can book an appointment with a sexologist to figure out the best course of action and help you reach your sexual goals.

## **Why Don't Doctors Ask About Sexual Problems?**

When you have a health problem, usually you would go to your doctor for guidance on how to treat it. And doctors also quiz their patients to help figure out what's going on. Asking patients about sexual matters is an important part of a holistic approach to health, but many doctors don't take sexual histories from their patients. There is no excuse for this, but there are a few reasons. Often in medical degrees there is a very short lecture on sexuality, and little to no guidance on how to bring up topics about sexuality with patients, even though it is fundamental to the patient's health and wellbeing. They may also just make assumptions about your sex life based on your presentation or age. Or they might feel super uncomfortable talking about sex themselves! Whatever the reason, it's important to take the time to find a doctor who can talk about sex, or see a sexologist who can help you out—that is our job!

## **Why Patients Don't Talk to Their Doctors About Sex**

A lot of people feel embarrassment and shame around the topic of sex. They might feel uncomfortable talking about it with the doctor they have been seeing for years or a new doctor they don't know. They may also be aware of the doctor's body language and reluctance in discussing sexuality.

Many people also feel uncomfortable with their body, or have low self-esteem and are unsure how to communicate about sex in general.



Often people don't talk to their doctors about sex because they believe that they are abnormal.

### ***How to talk to your doctor about sex***

Firstly, I recommend being prepared—jot down a basic script or a few dot points that include details of the issue and how long you have been experiencing it. For example:

*'I need to talk about something. I have been having problems sexually and I need you to help me figure out why. I am experiencing \_\_\_\_\_ and it has been going on for \_\_\_\_\_ months. I have/haven't talked to a doctor before, and it is troubling me. Can you help me? Or recommend someone who can help?'*

It is important to stress to the doctor that you are seeking treatment, and that you are hoping for a solution. If you are concerned or worried, tell the doctor; if you are embarrassed or ashamed, you can acknowledge this too.

If you don't get the answers you were seeking from your doctor, you should absolutely get a second opinion. And if you can't get the help you need from a physician, see a sexologist. As sexologists, it's our job to understand the intricate details of sexuality, and we will work with you to solve the problem.

It might feel challenging to seek help about sexual functioning, but it is worth pushing through the discomfort. We all deserve to have fulfilling, enjoyable sex.

## **Sexual Problems**

In this section of the book, I am going to talk about common sexual problems that I see in my practice, including:

General sexual problems:

- sexual performance anxiety
- low desire.

Vulva problems:

- orgasm issues
- sexual pain
  - vaginismus
  - deep pain
  - vulvodynia
  - clitoral pain.

Penis problems:

- erectile dysfunction
- premature ejaculation
- delayed ejaculation
- permanent erections
- bent penis (Peyronie's disease).

## ***General Sexual Problems***

### **Sexual performance anxiety**

Experiencing nervous energy before engaging with a new sexual partner or before trying something new in the bedroom is suuuuper normal. That nervous energy can even heighten arousal and excitement with a partner! However, if the nervous excitement is starting to turn into feelings of panic or dread, it may be something closer to sexual performance anxiety (SPA).

Sexual performance anxiety is something that affects all genders and can cause individual difficulty in experiencing wholesome sex. It usually manifests when you begin to question your ability to perform sexually, generally followed by the belief that there will be negative consequences because of your perceived 'lack of performance'. This belief system sucks and can cause a dip in self-respect and result in fear over how your sexual partner will view you.

Again, we all feel nervous at times about sexuality, but if it persists and starts impacting your sexual function and performance and leads to avoidance or minimising ourselves sexually, then this is something that needs to be worked on. I recommend booking an appointment with a sexologist.

## ***Symptoms of SPA***

Sexual performance anxiety is very common. While there are no statistics around the issue, it is something I see with my own clients *all* the time. In fact, most people that have a sexual concern will experience performance anxiety.

For penis owners, the symptoms can be obvious, as the penis is so identifiable to the eye. The penis may become shy, the increased mental stress over performance directly decreasing ability to maintain an erection, potentially becoming a chronic erectile dysfunction concern. All penis owners will lose an erection a few times in their lifetime for a range of reasons, or for no reason at all, but as soon as they start thinking that they are a failure then the performance anxiety kicks in. Remember, you cannot force an erection to happen! If you have SPA and are distracted by the state of your penis, you are going to struggle to get it hard. Sex is not a sport you can be a spectator in—it requires active involvement.

For vulva owners, the symptoms of SPA are again hugely mental but can also impact the levels of lubrication that you experience. The anxiety can take you out of the right mindset for sex, can take away the desire to make love, and can impact the way you interpret your partner's bid for connection, touch and sexual advancements. This anxiety-ridden state of mind can greatly impact on your ability to get aroused with a partner. Even if you are with someone you find sexually appealing, you may become so worried about pleasing your partner that it becomes impossible for you to do so. Additionally, the anxiety around needing to orgasm may become so overwhelming that it negates your ability to orgasm.

## ***Tips for overcoming SPA***

Sexual performance anxiety causes you to focus on being able to perform, making it difficult to be present in bed, difficult to surrender, and, even more so, to find pleasure in the experience.

A few tips to start:

- Figure out if any biological reasons are impacting your functioning. Speaking to a sexologist or a well-trained GP is a good idea in figuring out any sexual concerns.
- Sexual anxiety is in the brain, so a sexologist will be able to help with the therapeutic aspects of that.

- Be open with your sexual partner and let them guide you through the anxiety and try to reach solutions together. Try to say 'yes, I'll try' rather than avoiding the issue altogether.
- Be erotic in other ways. Try mutually masturbating each other, showering together, a massage with a happy ending, or stroke each other's bodies. You don't always have to aim for penetration.

Because most of the sexual performance anxiety is happening within our minds, the best thing we can do is to relax our thoughts. Try putting on a sex playlist (mine on Spotify is called Sex: Vol 1, look it up) while you make love to take your mind off your worries and allow yourself to fall into the rhythm. This might take time and can be practised individually. Relaxing and learning how to turn yourself on can take some of the pressure off yourself.

It's also important to work on sexual self-esteem. If you want help feeling sexually empowered, check out my online course, 'The Sexual Self Esteem Guide' which is on my website.

Remember above all else to be kind to yourself! It's common to have sexual performance anxieties at different stages in your life. Just go to work on it and don't waste time feeling miserable. You have the power to make things better.

## **Low desire**

Also called lack of libido, low sexual desire affects four in ten vulva owners and one in four penis owners ... soooooooo common! We will all have a dip in our desire at some point in our lives. There is a common misconception that penis owners always have a high sex drive and that vulva owners have less of a sex drive, but this just ain't true! People of all genders can fluctuate in their sex drive, so it's best to just focus on yourself and not generalise.

Desire will ebb and flow in relationships, and it is something that takes a lot of work. Essentially, sexual desire is a drive that needs ongoing maintenance and engagement. It needs attention, it doesn't just happen. When we talk about low desire, we are talking about your sexual drive and how it is affected by a combination of physical, emotional, psychological and relational circumstances. Libido is hugely influenced by circumstances and experiences in our lives, either from the past or in the present.

There are a lot of reasons why libido declines, and it's important to realise that it's completely normal to have a fluctuation in our sexual desire. Changes are nothing to be afraid of.

A huge problem with our society is unrealistic sex expectations. There is a belief that it is 'normal' to always feel spontaneous horniness and libido, and a belief that we are meant to want sex every single day regardless of what is happening in our lives. Unfortunately, when people don't reach this benchmark, they start to feel abnormal and dysfunctional and don't know how to communicate their concerns with their partners around the libido mismatch they may be experiencing.

Often people come to me after about eighteen months in a relationship and explain that their sex life is changing. They don't feel like sex as often, and they're not sure where their libido has gone. I just want to give them a big hug, because do you know what's happening here? People in relationships are misled by the intense sexual lust and desire that they experience in the early phases of romantic relationships.

If you have ever been in love, do you remember the first few months? The connection is often romantic and exciting, with passion, energy, less sleep, weight loss and increased sex drive and euphoria. This is called a honeymoon period or limerence phase.

Limerence is something that happens in our body where a dramatic increase in neurochemicals in the brain leads us to feel emotionally excited with high sexual passion. This is driven by the neurotransmitter phenylethylamine (PEA) which, combined with the endorphins dopamine and norepinephrine, creates feelings of romantic, crazy love. It is also a stage of high spontaneous sexual desire, euphoria and increased energy.

I wish I could bottle limerence!

This period unfortunately lasts from about six months to maybe three years. And when the limerence period is over, that's when I get people knocking on my clinic doors, wondering why the differences in sex drives are starting to show.

It's completely normal for our sex drives to vary and go up and down like a roller coaster. This really depends on what's going on in that person's life.

There are some major life changes that can affect your sexual desire, including pregnancy, relationships, psychological or physical problems, menopause, and what's happening socio-culturally in your work and your life.

In saying that, a lot of other sexual problems will lead to low sexual desire. People can be confused about why they don't desire sex when they have sexual pain or erectile dysfunction—it's difficult to desire something that is painful or that leads to confusion and shame.

I invite you to think about whether you have always had low desire and whether this is just normal for you, or if you used to have a higher sex drive and it has dropped over recent months.

### ***Who gets low desire?***

Everyone will have low desire at some point.

People who are at high risk of developing desire problems are those who have a history of trauma or were taught negative attitudes about sex by their family, culture or religion.

There are many medical and psychological factors that can also hamper sexual desire, including:

- painful intercourse
- erectile dysfunction
- delayed ejaculation
- negative thinking patterns (anger, dependency, fear of intimacy, or feelings of rejection)
- pregnancy and breastfeeding
- mental health problems (depression, anxiety, low self-esteem)
- stress (we've all felt that, right?)
- alcohol and drugs
- illness
  - high blood pressure
  - cancer
  - coronary heart disease
  - STIs
  - neurological issues
  - diabetes
  - arthritis
- chronic pain and fatigue
- side effects of medicines
- hormonal changes
- low testosterone (in all genders)

- menopause
- ageing
- trauma.

### ***What to do***

Firstly, it's important to think about how long you have been experiencing low desire. If it's been going on for longer than six weeks or so then it's definitely a good idea to go see your doctor or to book a sexology appointment. A sexologist can liaise with the right medical team to get an answer on both physiological and psychological levels.

Usually the treatment depends on the cause, so your doctor will look at your medical history and do blood tests for any problems with diabetes, heart disease, cholesterol, thyroid and hormones. They will also ask about your sexual history, to see if there is anything affecting your current libido. Figuring out any underlying conditions is key!

After undergoing medical testing, it's a good idea to do some sex therapy. This is where a sexologist will take a comprehensive sexual history and really figure out what is going on for you to help you reach your goals of a higher libido and more satisfactory sex life—shame-free, enjoyable and full of fun!

We might also look at ways that you can balance your life better, eat well, sleep better and have a healthy overall quality of life. We can help you prioritise your sexual relationship, increase your sexual self-esteem, and communicate your sexuality and how to navigate it with your sexual partner.

### ***Vulva Problems***

#### **Orgasm issues**

This is a topic that comes up for me time and time again from my patients at work. Often when I meet young vulva owners in my work they complain to me that they have never been able to have an orgasm. Or they tell me they can have an orgasm by themselves but never with a partner. So I want to talk about anorgasmia, which is the inability to achieve orgasm. And I want to preface this section by saying that there's nothing wrong with not having an orgasm!

The fact is, we are never taught how to have an orgasm. And Sigmund Freud, well-known psychiatrist, popularised the myth of the vagina orgasm, stating that orgasms using the clitoris were immature. He claimed that if a vulva owner was not able to have an orgasm through vaginal penetration then they were in need of psychiatric care and had failed to 'mentally adjust' to their natural role. Lol, this dude was definitely not a feminist. Or very smart. And his work regarding vulva owners was patronising and fearmongering. So let's put him in the bin.

**If you are having trouble with an orgasm, please don't stress.** It's super common, and for a lot of vulva owners you probably just haven't figured out how to ride the orgasm bike yet!

Getting an orgasm *is* like riding a bike, and sometimes when we are learning how to do something we put too much pressure on ourselves. We focus so much on the destination that we don't learn to enjoy the journey. Some people are naturally able to ride a bike quickly and easily, and some people have to relax and learn how to do so with time.

Just remember: there is no rush.

Let's talk about a few different things that you can try to make that big orgasm happen.

One of the problems with difficulty with orgasm is the fact that we are shown through media and cultural representation that 'real sex' is penis-in-vagina (PIV) sex, and any other type of sex is foreplay. First of all, this is problematic because it rules out a huge part of the LGBTQIA+ community as well as people with certain disabilities, those who experience painful sex, and sufferers of erectile dysfunction.

Research suggests that 5 to 10 per cent of vulva owners have never experienced an orgasm, and about 16 per cent of vulva owners are unsure or have not had an orgasm by age 28. It's hard to tell from this research how many respondents were not able to have an orgasm under any circumstance or just had not done enough exploration to find the right way to orgasm for their body.

The way I see it, if you're finding it difficult to have an orgasm then we need to use a process of elimination. The first thing we need to eliminate is the pressure that you put on yourself. The second thing we need to eliminate is the pressure that anyone else puts on you! Then after that, we keep eliminating different pressures, worries, stresses, anxieties, frustrations and expectations. Let's just give them a break.



We should also check on the psychological factors that may be impacting your ability to orgasm.

- Do you have performance anxiety? Take the pressure off.
- Is your stress high?
- Are there problems in your relationship?
- Are there impacts from past sexual trauma or abuse?
- Do you have negative attitudes about sex? Do you have guilt about sex? Do you need guidance knowing what to do? Are you sexually inexperienced?
- Is the context of your sexual experience right? Is the timing right? Do you have privacy?
- Is your orgasm problem a result of other sexual concerns? Are you having low sexual desire or arousal problems in the relationship (erectile dysfunction, lack of or low lubrication, sexual pain)?

Anorgasmia can also be impacted by physical elements, such as:

- medications
- diabetes
- hypertension
- drug and alcohol use
- chronic pain conditions
- disabilities, such as spinal cord injury, multiple sclerosis, physical disability and motor problems such as with Parkinson's disease
- hormonal challenges
- difficulty staying focused, such as attention problems, hyperactivity (ADD or ADHD).

The main thing to remember is that your clitoris needs love and attention. And your clitoris is also *nowhere near* your vaginal opening. So if you are aiming to have an orgasm through penetration alone, maybe reassess and go back to the pleasure centre. Le clitoris.

We must also redirect our focus for masturbation and partnered sex. The focus has to be making pleasure the goal, not orgasm. If you can find pleasure then you are having successful sexual experiences.

I want to teach you how to find pleasure in your body through masturbation.

- Firstly, release all expectations on what you should be feeling and just observe what is happening in your body without judgement as we start warming up and make it feel good.
- Find a place where you will not be interrupted for at least 30 minutes—a safe, private place that is free of distractions.
- Make sure you are warm and comfortable. Did you know that there was a study done that said wearing socks made it easier to orgasm? Participants were asked to orgasm while masturbating in a brain-imaging machine, and it turned out that when they put on socks and had warmer feet they had easier orgasms. Your emotions are regulated by your internal states, such as frustrations, physical comfort, hunger, thirst or exhaustion. The participants were more comfortable with socks on, which led to easier orgasms. So pull your socks up, get warm and comfy, feel safe, and hopefully you will be able to relax into the feeling of pleasure.

See more in the Masturbation chapter.

## **Sexual pain**

Feeling pain or discomfort during sex is pretty common, so I want you to first of all know that if you have pain, you are not alone. You are also not broken. In fact, sexual pain is more common than asthma or cancer!

But you know what? No one talks about sexual pain. I find this really interesting considering one in ten vulva owners will have pain with sex at some point in their life. A lot of these vulva owners think pain is quite normal during sex because they were taught in their youth to just ‘grin and bear it’, or because the first time was painful and so they expect every other time to be painful, or they have seen a doctor who’s told them there is nothing wrong.

Many doctors, even the most enlightened ones, are not trained in managing sexual pain and can therefore give unhelpful advice in treating the concern, instead very much disheartening the pain sufferer.

In fact, sexual pain is a condition that I treat a lot in my clinic. And I hear a lot of horror stories about vulva owners who have visited the doctor to talk about their concerns and have come away feeling worse off than they did beforehand. They may have even seen a few doctors who have told them that the problem is all in their head, or that they just need to relax during sex, have a bath, or have a glass of wine (grrrr, makes me so angry).

Few doctors understand what is needed to properly diagnose and treat sexual pain, and many patients have spent too much money searching for the right specialist in order to get effective treatment.

Nevertheless, I want you to keep the faith. Help is out there, treatment exists, and once you work with the right person there is a huge reason to be hopeful—sexual pain is one of the easiest sexual concerns to fix!

Full recovery is often possible, and the main goal of treatment is to significantly reduce your pain and make sure that sex is pleasurable and enjoyable. I promise you, things will get better.

### ***Reasons for sexual pain***

If sex is painful, there could be a few reasons why. The most important thing is to listen to your body and be curious.

Ask yourself these questions:

- Am I using enough lube? Lubrication is so important to reduce friction on your delicate vageen.
- Am I warming up enough? All I can say is: foreplay, foreplay, foreplay. Take your time and enjoy the journey, don't focus on the destination of penetration.
- Does the condom I'm using work for me? Maybe try a few different condoms and see if you get a different result.
- Do I have thrush or some other condition? Candida causes mucho pain, so best get tested and then treated, if required.
- Have I just given birth or had surgery down there? Maybe your cooch needs a little bit more time to rest. Focus on outercourse instead.
- Is your cooch dry? Again, it's important to check this. I would suggest gently sticking two fingers down there and see if there is any natural lubrication when you're aroused. If you are going through menopause, or breastfeeding, then you may need a little bit of extra help in this area. Talk to your GP about the right option for you.

### **Conditions that may be causing you pain downstairs**

*Vaginismus*

If you find it difficult or painful to insert a tampon, to have a cervical screening or to insert a finger/vibrator/penis into your vagina, then you may want to hold off penetrative intercourse for a while because there is the possibility of you having vaginismus. Vaginismus sounds like Christmas for the vagina but it's actually the opposite—it's like Halloween. Vaginismus is a form of sexual pain. It's an involuntary (meaning you cannot control it) contraction of the pelvic floor muscles surrounding the vagina, making penetration or sex painful, if not impossible. It feels like burning, razor-like sensations in the vagina, and sometimes like the penis is hitting a brick wall. In fact, vaginismus is the main cause of unconsummated relationships.

The vaginal restriction results from the involuntary tightening of the pelvic floor, especially the pubococcygeus (PC) muscle group (surrounding the vagina), although the person may not be aware that this is the cause of their penetration or pain difficulties.

Sexual pain can occur in any stage of life; even if you have had years of comfortable sex. While temporarily experiencing discomfort during sexual intercourse is not unusual, ongoing problems should be diagnosed and treated. There are too many potential causes to list here but I'll take you through some of the symptoms of vaginismus:

- burning or stinging with tightness during sex
- difficult or impossible penetration, entry pain, uncomfortable insertion of a penis
- ongoing sexual discomfort or pain following childbirth, yeast/ urinary infections, STDs, hysterectomy, cancer and surgeries, rape, menopause or other issues
- ongoing sexual pain of unknown origin, with no apparent cause
- difficulty inserting tampons or undergoing a pelvic/gynaecological exam
- spasms in other body muscle groups (legs, lower back, etc.) and/ or halted breathing during attempts at intercourse
- avoidance of sex/lower desire due to pain and/or failure.

If you feel like you relate to these symptoms, you are not alone. In fact, one in five vagina owners will feel this at some point in their life. If the pain is persistent then please don't put up with it. Even if you have been trying to treat it for a while, there are really effective ways to work with your mind

on the cycle of pain—and boosting sexual satisfaction that is not penetrative—while you are going through treatment.

Vaginismus is treated with a holistic approach, as the condition can come from emotional aspects and physical aspects. So it is a great idea for you to be seeing a sexologist and a pelvic floor physiotherapist alongside any other necessary healthcare professionals. We are here to retrain your pelvic floor and make sure that you feel comfortable with the aspects of treatment and reduce the amount of negative associations with pain that you have. It's my job to also make sure that you have a great sex life regardless of whether you can have penetration at that time. And yes, it is very much achievable to have fun without penetration! Trust me!

### *Deep pain*

Sexual pain that is deeper up inside the vagina is also very common. Deep pain can be caused by many different things, including an overactive pelvic floor, or medical conditions such as endometriosis, pelvic inflammatory disease, uterine fibroids, pelvic adhesions or a retroverted uterus. Because it can have so many different causes, it's important that we figure out what is the underlying issue. Then we work together as a sexologist, gynaecologist and pelvic floor physiotherapist to make sure that we increase your comfort during sex. The important thing is to remember that there are many ways to deal with the pain, no matter what the cause is!

Some symptoms include:

- pain during penetration or thrusting, including burning, sharpness, throbbing or aching sensations
- pain with orgasm
- pain or aching that lasts after PIV sex.

There might be many reasons why you have deep pain, including pelvic floor dysfunction, cancer treatment, endometriosis, ovarian cysts, etc., so it's a smart idea to see a gynaecologist with a good reputation for treating sexual pain.

### *Vulvodynia*

Okay, remember your vulva? That is what we used to call the vagina. But we are grown up now and know that vulva is the scientific term for all the external 'female' sexual organs, such as the labia minora and labia majora. Well, vulvodynia is when you get pain or discomfort on your vulva, around the opening of your vagina and on your labia.

It's not just one-off pain but goes on for a few months. And there can be burning, stinging or irritation down there. You might even feel uncomfortable sitting for long periods of time and it will make sex difficult.

Some symptoms include:

- Burning, stinging, or irritation on the vulva with no other clear presence of a skin condition. Your cooch looks fine, but it's bothering you.
- Discomfort is made worse by touch, so even wearing tight clothes or riding a bike might be difficult.
- There can be flare-ups of intense pain when touched, and this can last for hours or days.
- Sex can be quite painful.
- The pain may be occasional, or can be all the time, or only when touched. It may be your whole vulva area, or just a certain area, such as the opening of your vagina.

It's a good idea for you to see a pelvic floor physiotherapist to help relax the muscles of the pelvic floor. Medications can help too, alongside using ice packs, numbing cream, magnesium baths, and lots and lots of good lubricant. Sexology can absolutely help you with reducing your fear of pain, and help you and your partner cope with vulvodynia effects on your sexual self-esteem, sexual life and relationship.

### *Clitoral pain*

Pain in your clitoris is one of the most disturbing sexual pains out there. We call it clitoraldynia. The pain can often be severe and difficult emotionally. It's also super difficult because not many specialists know how to treat this condition, leaving you feeling isolated. It's even hard to find statistics on the condition because there is so much silence around clitoral pain.

The clitoris, which is usually a source of joy and pleasure, becomes a source of pain. This often leads to shame, secrecy and depression for sufferers, as they endure in silence, not knowing who to talk to.

Symptoms include:

- sharp, stabbing pain of the clitoris
- throbbing or irritation of the clitoris that can get worse by touching it, wearing tight clothing, certain movements or walking
- tenderness from touch
- burning pain that can sometimes last for days, especially after touch or orgasm.

Clitoraldynia isn't the name of a specific disease—'dynia' actually just means pain, and this pain in the clitoris can have many causes. Most cases of clitoraldynia can be cured, so don't give up hope! Even though the pain is horrible and the condition often feels like it's taking over your life, it can be fixed. This means that identifying the underlying condition is needed, and you may need medications, creams and sexological help. It's important to go see a gynaecologist or a sexologist who will be able to help you get the treatment you need. Don't stop until you have your answers!

Note: there are many other painful conditions that I don't have space to talk about in this book. However, if you feel like there is something wrong, reach out! See a sexologist for guidance. We are trained to get these conditions treated and are here to help.

## ***Penis Problems***

It's time to have a chat about conditions that can leave a penis owner feeling ashamed, sad, angry or confused. If you or your sexual partner has one of these concerns, be kind to yourself and to others.

## **Erectile dysfunction**

Ever lost your boner? Or ever had a sexual partner that lost their boner? Erectile dysfunction (ED) is when a penis owner is unable to gain or maintain an erection. There are many causes of ED and they can be either psychological or physical. The degree of severity of ED ranges from simply having a slightly floppy erection to not being able to get a boner at all.

ED is so common. A lot of my patients find that after losing their erection once, they start to worry that next time they have sex they're not going to

be able to get an erection again, and it becomes a self-fulfilling prophecy.

ED can happen to any penis owner at any age, and it becomes more common as a penis owner grows older. It doesn't mean the end of your sex life. ED, especially for those under age 50, is usually because of psychological factors or the person's relationship. ED can happen for soooo many reasons, such as drinking too much, anxiety, depression, anger, side effects of medication, vascular (vein) or neurological (brain) problems, hormonal problems, being exhausted, not feeling sexy or not being into the person they are sleeping with.

To determine whether the ED is because of something going on physically or something going on psychologically, I often ask the penis owner whether they still get morning or night erections. If they do, often that means that there may be a psychological problem that is causing ED, as medically they can still get an erection—it's just not happening when they want it to.

For anyone who has ongoing difficulty with erections, you should visit a urologist (a specialist in the penis and urinary tract). If you're still getting morning or night erections, this is great! It usually means there is nothing physical going on (still get checked though) but something emotional and psychological.

It's a good idea to sit back and think, 'Why would I be struggling with this psychological element of erections?' Are you going through a stressful time at the moment? Is your relationship going well? Are you nervous having sex? What's your diet and exercise like? There's a lot of reasons why your head might be getting in the way of your erections.

If you are struggling with ED, I have a few suggestions:

- Firstly, go see a urologist. Even for those in the younger age bracket, where erectile difficulties are more in your head than in your body, it's a good idea to still see a medical doctor who specialises in men's health to make sure there is nothing physically wrong. If the doctor comes back saying that your test results are clear then we work from a sex therapy point of view.
- My first job when seeing a new patient with ED is getting them to gain confidence. This might start by getting them to masturbate a little bit differently and do some mindfulness to tap into what their body needs. I'd suggest they strip back their sex life so that they and their partner can have



sexual encounters without penetration. This way they do not fear having penetration and don't feel the need to perform.

I often look at the patient's health, wellness and sleep habits. If they are smoking a lot, taking drugs, sleeping badly and/or not exercising, this needs to change. Health is so important! One study says that penis owners who do not exercise and are overweight are two and a half times more likely to develop ED than those who lead active lifestyles and are in a healthy weight range. It also reports that strengthening your heart through cardio workouts helps with your ability to have an erection. In fact, doing cardio for one and a half hours a week dramatically reduced the chance of them getting ED problems by 30 per cent compared with those who did not exercise.

### ***Giving your penis a helping hand with medication***

You've all heard of Viagra, right? When the US Food and Drug Administration approved the drug in 1998, many penis owners were able to get their erections back. This little pill works for 75 to 80 per cent of penis owners who suffer with ED. Unfortunately, there are some possible side effects that can really put some ED patients off, such as hot flushes, headaches and dizziness. I invite you to discuss with your doctor and see what works for you. I would also say that seeing a sexologist could completely change your sex life and help your ED. You never know—we might be able to help, and it'll cost less than paying for Viagra for the rest of your life!

An alternative is the injection, which is a medication used to treat erectile dysfunction. It works by helping the blood flow into the penis to achieve and maintain an erection. The injection usually used in Australia is called Caverject. A doctor will teach the person with ED to inject their penis with medication that helps relax the muscles, which allows blood to flow into the penis and causes an erection. This might sound a little bit shocking, but the penis doesn't really feel pain, and the injections have good results. There doesn't seem to be a problem with having an orgasm using the injections—all you need to do is pop one in, wait five to twenty minutes for it to become effective, and the penis should then be hard for about 60 minutes. Guidelines recommend that these injections should only be used three times a week, and you should wait 24 hours before using another injection.

## ***Penis pumps***

I like to suggest that ED patients try using a penis pump (or a ‘vacuum construction device’). They put the pump over the penis and press a button to pump the air out of the device, sucking up the penis and allowing blood flow to create an erection. A battery-powered pump is very quick and easy. On the downside, some people have difficulty ejaculating after using pumps.



Penis pumps can also retrain the penis to have blood in it, especially if it has been a while since an erection was achieved.

I would also suggest a cock ring, usually an adjustable one, worn at the base of the penis once an erection is achieved to hold the blood in place.

I want to emphasise that having an erection is nice, and I get that it's attached to penis owners' identity and sometimes their masculinity. But you don't need an erection to have a good time. Remember that clitoris owners love having clitoral play, and that's on the outside of the body, and you can please them by practising outercourse. They can also give you an orgasm when you have a soft penis. That's right: you don't need to have a hard penis to have an orgasm. You just play with and sexually stimulate it in the way you would a hard penis, and it can reach climax.

## **Premature ejaculation**

This is nothing to laugh about and can be quite devastating to sufferers and their partners.

Lots of people assume premature ejaculation (PE) is when a penis owner ejaculates in under a minute, but it is actually when a penis owner cannot

keep themselves from ejaculating before they want to. In general terms, PE occurs when a penis owner ejaculates earlier than he intends to. More specifically, three criteria are used to define PE:

- the time period between penetration and ejaculation (also called the latency period) is shorter than desired
- the penis owner feels they cannot control when they will ejaculate
- the penis owner feels distressed about having PE.

When considering PE, it is helpful to have realistic expectations. Typically, the normal time to ejaculation is between five and seven minutes.

A lot of the time, PE is related to anxiety and things going on in the brain. It is nothing to do with the penis itself. However, some penis owners with erectile dysfunction may experience PE because they have 'learned' to ejaculate before losing their erection.

Some people will always have premature ejaculation problems, called 'lifelong PE'. And some people will get premature ejaculation problems later in life, called 'acquired PE', where they used to be able to control their ejaculation time but now they cannot, and they are suffering negative personal consequences, such as distress, frustration and/or the avoidance of sexual intimacy.

The most severe type of PE is called 'ante portas ejaculation', which occurs before any penetration.

How do we diagnose PE? Usually sexologists start by asking questions like the following:

- How long has PE been a problem? When did it start?
- What is the length of time between partner penetration and ejaculation?
- How much control does the penis owner think he has over ejaculation?
- How distressed does he feel about the situation?
- How distressed does his partner feel?
- Are there any psychological, emotional, or relationship issues of concern?

Once a diagnosis is made, PE is usually treated with sex therapy and/or medication. Sufferers usually do need a combination of medication and psychological work together, as there is no 'quick fix' for PE.

A sexologist can educate penis owners and their partners about ejaculatory function and why PE might be happening. They can also

provide some context and reassurance, as penis owners who feel they are ejaculating too soon may be closer to ‘normal’ than they think.

In addition, we can teach penis owners practical techniques to try the next time they have intercourse.

## **Delayed ejaculation**

Delayed ejaculation (DE) is when a penis owner cannot make themselves ejaculate. It’s the opposite of premature ejaculation. And while it might seem exciting that they can go on for hours and hours, often not being able to ejaculate can leave the penis owner feeling frustrated, their partner frustrated, and both of them may subsequently experience a drop in desire.

Difficulty with DE can be lifelong, so you may have always had this problem (primary), or it might be an acquired or situational (secondary) problem. Situational means you may sometimes experience DE, or you might get it when you have sex with another partner but not with masturbation.

Many of those with secondary DE can masturbate to orgasm, whereas others, for lots of reasons, cannot.

A really important characteristic of those with DE is that they usually have no problems getting and keeping their erections—in fact, they are often able to maintain erections for long periods of time! Yet despite their good erections, they often report low levels of subjective sexual arousal. This means they can struggle being engaged in the moment of sex; their mind is elsewhere.

DE can sometimes be caused by a medical problem or by medications such as antidepressants. And in many cases it can be caused by psychological problems, in which case a sexology session would absolutely help. DE can also be caused by relationship concerns, which adds to the psychological element, so relationship therapy is often incorporated into treatment for delayed ejaculation.

## **Permanent erections (priapism)**

There is too much of a good thing. A permanent erection is called a priapism. This might be caused by taking Viagra or using the injection and unfortunately the blood has gotten stuck, and the erection that was wanted never goes away! There might also be a problem with thick blood that is

unable to leave the penis after it has engorged. Having a very hard penis forever is not a good time—it's extremely painful, and usually you need to go straight to the emergency room at the hospital. Having priapism requires medical care.

### **Bent penis (Peyronie's disease)**

Peyronie's disease can be a horrible nightmare for penis owners and is often referred to as a bent penis. It's what it sounds like! The penis owner goes to bed with a healthy, happy penis and wakes up in the morning with a penis that is super bent, and even when erect is impossible to have penetration.

Why does this happen? We don't know.

Often the penis has had some trauma at some stage. Those with Peyronie's disease will sometimes experience pain associated with having an erection, which can be a tell-tale sign that something has gone wrong. If this is happening, go straight to your doctor. Peyronie's disease can get pretty bad, and the penis can start to look like a corkscrew.

My advice is to go straight to a urologist for help. They will be able to recommend the right course of action and try to and help you as best they can with this condition.

## **How to Talk About Sexual Difficulties With Your Sexual Partner**

A problem in our sex lives can lead to feelings of anxiety, avoidance of sex and embarrassment. Sometimes, it can also lead to resentment and blame. So let's talk about how you can best communicate any questions around sexuality with your partner.

**Never talk about it as 'your issue' or 'my issue'.** No one asks for sexual problems! I like to call health problems 'the dragon', and separate them from you as an individual. That way you can talk about 'vaginismus, the dragon' instead of 'my vaginismus', or 'anxiety, the dragon' instead of 'my anxiety'. Because at the end of the day if there is a problem in your sex life it's something you can separate from you as an individual. It's not all-

encompassing and there is so much more to you than your sexual concerns. And hey, it affects the couple—it's 'our' issue!

**Don't talk in the bedroom about sexual problems.** It's important to choose your moment carefully. Don't spring it on your sexual partner, and don't bring it up out of frustration. Just say, 'I would love to talk to you about our sex life when you have a moment. It's nothing to stress about, but I think that there's a few things that we need to work on.'

Note down your questions and concerns, and read them out to your partner. 'I feel sad that performance anxiety is holding us back in the bedroom. What do you think we can do to work through this?'

**Be vulnerable and tell them how the concern makes you feel.** Obviously, if your partner reacts in a negative way then you might need to reassess that relationship. But I'm sure they will be empathetic and help you work through it. An example would be, 'I just wanted to let you know that I suffer pain when having PIV sex, and so the best way for me to have sex at the moment is to have more outercourse. I'm working through it, and I would love it if you could be kind, because it's vulnerable for me to share this with you.' You can then explain what is the best type of sex for you at that time.

**Be clear and direct.** Focus on what you *can* do rather than what you *can't*, and set boundaries for your sexual activities. Also ask them if they have any questions, and be willing to listen to their perspective and validate their feelings. Remember that sex is a menu, and there is much more than just penetration and orgasm on this menu. There's no need to avoid sexual activity just because there are a few things that you struggle with. It's definitely worth discussing what you can do together, how you can support each other and what is great sex for you.

**Hold back from any judgement or blame when your partner comes to you with concerns.** Offer empathy and reassurance and express what you love and desire about them. If you start finding that you're becoming critical or blaming your partner, it's important that you go see a sex therapist together to work through solutions to the problem instead of going down a toxic road of resentment and blame. Remember that you can create

a creative, fun sexual environment together, but sometimes you might need some expert help.

**Be practical.** If there are medical concerns that you're not so sure about then go with your partner to see a doctor and get advice together. If you don't get the advice you need, book a sexology appointment. Going together is a practical way to build support within your relationship and develop a treatment plan as a couple.

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## Chapter 19

# Dating

Dating can be so much fun. I realise that that is not everyone's view, but remember that I am a professional who talks to hundreds of individuals and couples each year about their sex and dating lives. Yes, dating can be challenging, but it can also bring new experiences, and new, fun stories to tell your friends.

## Being Single

In this chapter, we are going to explore casual dating and relationships. But I wanted to start it by talking about being single.

For some reason along the way, the concept of being single became heavily stigmatised and perceived as 'out of the norm'. It's seen as more acceptable to be in a relationship, even if it's a toxic one, than it is to be single. In some ways it's even more acceptable to be divorced than it is to be single!

Many single people feel shame, like being single is their fault or that there is something wrong with them, but I'm here to tell you that, babe: being single is okay!

Society can put pressure on singles to always be looking for the next relationship, and, ideally, the *best* relationship. It's so bloody hard to live up to the expectations of society these days—no wonder people get burnt out!

Movies have played a large role in this stigma, with storylines focused on the main protagonist finding the love of their life, or being the 'third wheel', or missing out. But thankfully, that's starting to change.



Instead of investing in the wrong relationships in order to be accepted, I want you to invest in yourself first. And for anyone who has dumped someone because they were not right for you, please change your perspective on being single. You choose to not be in a relationship that is less than you deserve. You choose yourself. It is a privilege to be able to make this decision. There is so much power in prioritising your health and your happiness.

Let's focus on what makes you happy rather than what you feel is expected of you. You don't need a relationship to justify your worth in the world. You are whole, wonderful and complete without a significant other. So, my love, stop identifying with your relationship status—you *are not your relationship*. Your relationship status does not give you an identity as a person.

Plus, you can also have casual sex while single, which is fun. You don't even need to date! You can literally flirt without fear, hook up with who you want, eat when you want, travel alone, sleep across the entire bed, masturbate all day long and befriend your solitude. You run your own world, baby! Have fun! You can have major success without being someone's 'other half' (lol).

Being single is great, but finding company and new experiences in a romantic relationship is also fun! That's when we start dating.

## **Rules For Dating**

Dating is an opportunity to get to know yourself while having new and interesting experiences with different people. I used to go on dates just for the stories. I really think that philosophy worked well for me—because I didn't need to date someone to feel whole, I could just go to have fun and see what experiences (and tasty treats) I got along the way!

I dated people my age, younger than me, older than me, and much, much, much older than me. I have no regrets—I met some incredible people and some real characters. At the end of the day, I wouldn't be here with my partner now if I hadn't had those experiences along the way. Unless you are one of those people who just finds 'the one' when you are super young, you need to explore a little to meet that person! There is no harm in getting yourself out there and having fun at the same time.

Whether you are getting out and about in the world, dating through apps or online, or meeting people by chance, you are getting exposure to people you would *never* usually come across. I mean, you can swipe right these days and meet a stranger in a new city—it's pretty exciting!

In saying that, sometimes we can get a little caught up in dating. Like way too much. And it can be exhausting messaging a whole bunch of people, scheduling a few dates a week, and then having a work/life balance.

So here are my rules for dating:

- **Figure out why you are dating.** People hunt out relationships for a variety of reasons. Maybe they are looking for love, companionship, fun, want a family, or just someone to do life with! It may take some time to figure out what your motivations are for a relationship, but that's okay! We only live once, and I encourage you to just have as much fun as possible as you figure out what direction you want to take. I'm a believer that everyone who is dating should try different types of relationships to figure out what works for them.
- **Make sure you have a good group of sex-positive, non-judgemental friends.** Friends who support you and care about your safety and security. Friends who will call and pretend to be sick if a date isn't going well or who will come to get you after a sleepover. We all need support that is going to lift us up.
- **Get enough sleep, and have your downtime.** Dating is fun, but you need to have the energy to be able to hold a conversation with someone new. Yawning through a date might make you tough to connect with. So remember, take a night off from drinking and schmoozing to do you, and do whatever makes you feel good. And get some sleep!
- **Fake it till you make it!** No, I'm not talking about orgasms—I'm talking about confidence. Finding long-lasting confidence can be tricky. Building that energy is sometimes a project that can take years, but the good news is that faking it until you make it can be a helpful part of the plan. Some ideas to bring to the date include badass moments from your past (have a brainstorming sesh and write down things that make you different and special), accept compliments instead of deflecting them, and repeat positive affirmations to yourself.
- **Have a date playlist and a sex playlist.** These are playlists designed to get you up and at 'em, or down and dirty. Both are designed to bring you

energy and confidence and will help you feel beautiful and sensual. I suggest jumping on Spotify and curating some bangers.

- **Clothes and makeup have a purpose.** If you are going on a date, dress how you want. Express yourself, babe! Outfits that make you feel amazing also give you energy. So spend time preparing for that date and to have a heap of fun in your amazing get-up.
- **Release tension.** In life, we can get a bit burnt out, and it's the same with the dating game. Remember to take time out of your day to rest, go for a walk, go to the gym, call a friend or see your therapist. It's important to release tension and feel carefree once in a while!
- **Go on a date just for a story.** Learn how to read body language, grab a chance to get dressed up, try a new bar, or (my favourite) get a new story under your belt. Dates, whether good or bad, always have a story behind them. They're something to be excited about, and something to perhaps laugh about later. Always go for the experience, the story, and hopefully a new drink or meal.
- **Remember that you are there to connect with another human.** Dating isn't easy for everyone. Both dates get nervous. You have to venture out with no expectations: don't be future-focused and take the pressure off you and your date. Try to tell yourself, 'I'm here to connect, chat, have fun and come away with a story.' No expectations, no disappointments.
- **Have a time cap.** If you want to get out there but not get caught up on a bad date, organise a few 30-minute mini-dates. Go for a drink with the person before going out with friends. Do coffee on your lunchbreak, or ice cream after you've had dinner at home. If you like the person then you can either extend your date or organise another longer date together: 'Hey, this was fun, want to catch up tomorrow?' If you aren't vibing it, you can get out quickly: 'It was nice having a date with you. I didn't feel a romantic connection, however. I wish you the best of luck finding your person!'
- **Get out of your comfort zone.** If you are new to dating or getting back in the game, it can feel pretty nerve-racking to be on a dating app, chatting away, without the knowledge of where the conversation is going to go. But I have advice. If you want it to go somewhere, lead the way. If you want to date, make the first move and ask someone out yourself! There's no need to waste time—who cares if they are not the right person? You need to meet different characters to discover more about your type and find your person.

- **Assess whether you want to see them again.** One: was there chemistry? Laughter, physical chemistry, excitement? Two: did you find elements that made you compatible? Did your personalities align? What about values? If this is a yes then roll with the punches. Your date doesn't need to tick every box on your dream person list because that's a lot of pressure. You only need to have a connection through your chemistry and compatibility.
- **Learn the art of conversation.** Every friendship, every date, every sexual encounter starts with a conversation. It is important to know how to ask questions and allow someone else to open up. Ask open-ended questions, because dull conversation is stale and can be a nightmare. And when someone is opening up to you, don't judge, criticise or gasp. Instead, make them feel like their stories are interesting and you are curious. Give them space to speak and dig deeper, asking things like, 'How did you end up there?', 'What else happened?', 'What was it like?', 'What are you excited about coming up?' People open up when they have room to talk and know you are curious about the conversation. Trust me, you'll be a dating pro in no time.

### ***How to step out of your comfort zone***

Okay, I get it, it can actually be challenging sometimes to find someone. But my suggestion is that you really step outside your comfort zone and try to meet as many people as you can. If your friends invite you for dinner, go along. Ask people to set you up, jump on dating apps and websites and flirt with people shamelessly.

People don't just fall into your lap. You have to really pursue new someones. So I'm gonna give you a step-by-step guide to dating!

- You must start to talk to people you don't know, even if you're anxious, even if you hate small talk, even if you're a homebody. This can be on dating apps, on social media, in the supermarket ... wherever! What have you got to lose? If that person is a flog and not interested then you can just move on. Remember, babe, you deserve fun. You deserve to be adored. And you deserve a healthy and happy relationship.
- Ask interesting questions. I'm really over this narrative, particularly in cis het relationships, that it's always the penis owner that has to make the first move. No, I didn't do that in my relationship—I pursued my partner. If

you want something, go for it. You've got nothing to lose except time. So if you stumble upon someone interesting and cool, ask good questions instead of the boring ones like 'What do you do?' or 'How do you know blah blah?' Step outside your comfort zone and ask some interesting questions that might lead to a better conversation.

- Here's what you can do instead:

- Ask them a favour. 'Hey, sorry, I don't know you, but do you mind holding my bag for one second while I grab these coffees?' or 'Hey, do you know how long you're allowed to park here? I'm a little bit confused.' Honestly, just including them in a conversation gives you an 'in' to chat further.
- Ask for advice. 'Hey, I don't know this area. Do you know a good place to go for a drink or dinner?' You never know ... this might lead to a drink or dinner.
- Compliment them. 'Hi, I don't know you, but I just wanted to let you know that I love your kicks, I'm a big shoe fanatic', or 'Your style is immaculate', or 'I love that book you're reading, such a good choice ... what chapter are you up to?'
- Be flirtatious. 'Help me out—do I get a margarita or an Aperol spritz? I can't decide with this weather.' Maybe you can share a drink afterwards?

These are a few really basic conversation starters, and the person will probably be happy that you started talking to them in the first place. You've taken the initiative, so let's see how the conversation flows.

One thing that I've noticed from my friends who are dating on apps is that people don't tend to ask open questions back. The conversation is a little bit boring and they feel like they're doing all the work. My advice is to get off a dating app with someone as soon as possible and go on a date in real life. That is the point of these apps—so you can have a quick conversation and then meet in person or via video-call.

How? What about saying something like, 'Hey, you seem cool. I'm not a great chatter on the apps—do you want to just grab a drink on Friday?', or 'I love that you love dogs! Why don't we take my dog for a walk together this weekend?'

Keep it specific, and be direct. If you're not sure how much you like that person, pick an activity that's low-commitment for both of you. Maybe it's

just coffee, or a lunchbreak date. It's also a good idea to be flexible. If they're busy, organise something else. If they don't reciprocate, leave it up to them to figure out what works best.

I also advise that if you are going to date, see multiple people. When you meet someone that you like, you will naturally want to invest more time in them and less in others.

If you want to show someone that you're into them, use your body language and flirtation skills. You can show that you desire the person with subtle cues like leaning in towards them, touching their arm, flirting and lightly teasing them. If the date ain't good then get out of there and go tell your friends your funny stories.

### ***Conversations and questions for a first date***

Here are some questions and statements that can typically open a conversation for you:

- 'Tell me more about your life! Who are your closest friends? What does a typical day look like?'
- 'What do you love about your job?'
- 'I have been binge-watching \_\_\_\_\_ —what have you been watching recently?'
- 'I'll tell you a secret: the thing that attracted me most to you was \_\_\_\_\_. I find it so intriguing and I wanted you to know that.'
- 'I have to buy a present for my friend and I'm a little bit stuck—what is the best present you've given someone? I need advice.'
- 'What has been your favourite holiday ever?'
- 'Where in the world would you love to go?'
- 'Do you have any hidden talents?'

Hopefully one of these will get those convo juices flowing!

### **A little pep talk on rejection**

Rejection sucks—it's painful. But it will not kill you, and it's actually a gift. In many ways, I don't believe in rejection, I believe in opportunity. When someone doesn't want to date you or get to know you, it leaves room for

someone new. Life is short, so don't waste your time on anyone who doesn't want you as much as you want them.

People may turn you down for a lot of reasons, and I'm guaranteeing you the reasons are not usually personal. Maybe that person is not in the right place, maybe they don't feel a romantic connection with you—there are many reasons why someone might not bite, and it doesn't say anything about your value as a person. Dating is about finding someone who is the right fit for you. It's really about trial and error!

If someone does reject you (in a nice way), let them know there are no hard feelings. You never want anyone to feel guilty for not wanting to be with you. Just say, 'Well, it was nice having a chat, thanks anyway!' or 'I wish you the best! Thank you for letting me know.'

If someone behaves poorly, don't give them another chance. Let them know you are not a fan! 'Hey, your behaviour has been pretty average. I'm going to be bowing out now, ciao!' Then go forth, baby, and meet someone who is of higher value to you.

If you don't feel a romantic connection with someone but they are still interested in you, it's a good idea to tell them that you are not feeling it so they have the opportunity to move on. One of the biggest things I hate about dating these days is the number of people who 'ghost'. This is when someone just stops replying to all forms of communication and doesn't give the courtesy of letting someone know that they're not interested in taking the relationship further. It's so simple to tell someone that you're not interested—all you have to do is say 'Hey, it's been really nice chatting to you, but I don't really feel a romantic connection. I wish you the best on your journey.' This allows a person to grieve, then move on. If they're sitting around wondering what's happened to you because you never responded to a text, that's so mean! You can do better than that, honey. Be the best version of yourself and let others know your feelings. They deserve that.

## **Safety**

Safety is important when you are dating. Please don't go meet people at their houses for the first date. Also, you probably want to go out and have a good time, so let a friend know that you're going on a date, where you are going, and what time you expect to be back or when you will let them know how it's going. Meet dates in a public setting where you are safe, with other

people around you, and put a time limit on your dates. If you don't like the date then you can get out of there. If you do like the date, you could consider extending it or meeting up again very soon.

## **Sex and dating**

### ***Disclosure***

When we have sex with people, either through flings or something more serious, we share information about our bodies that we might keep private from most people. Depending on the type of engagements we want to have with others, for trans people this can mean things like what our bodies look like, what we want from sexual partners and what surgeries we have had. And while you never have to share what you don't feel comfortable sharing, it can be helpful to have a think about what you do want to share and when you would like to have this conversation before engaging in intimate activities. It can be awkward, but boundaries around your comfort levels are important here. If someone says no, that's also okay and there's no need to push here. Remember that disclosure is about you, your safety and being able to control your sexual narrative. Consent means all partners have the right to say 'no'.

### ***Timing***

I've often heard people say things like, 'No sex until the third date.' I'm here to tell you that there are no rules when it comes to recreational sex. Sex is an important part of relationships, but often we find ourselves at the receiving end of advice from the media, friends or colleagues who feel they are experts in the sex and dating department. Look, there are no rules. Every single person is different and what people like is different. What works for your friends may not necessarily work for you. There have been negative messages around vulva owners and casual sex that are now being debunked. There is no right or wrong time to have sex with a new partner.

Hooking up with someone does not change the outcome of the relationship, so if you have chemistry three hours in and you want to get laid, then go for it. If you're not sure, or if you want to wait for sex, then wait!

It all depends on you, your date and what works for both of you. Just remember ... safe sex, please, babe.





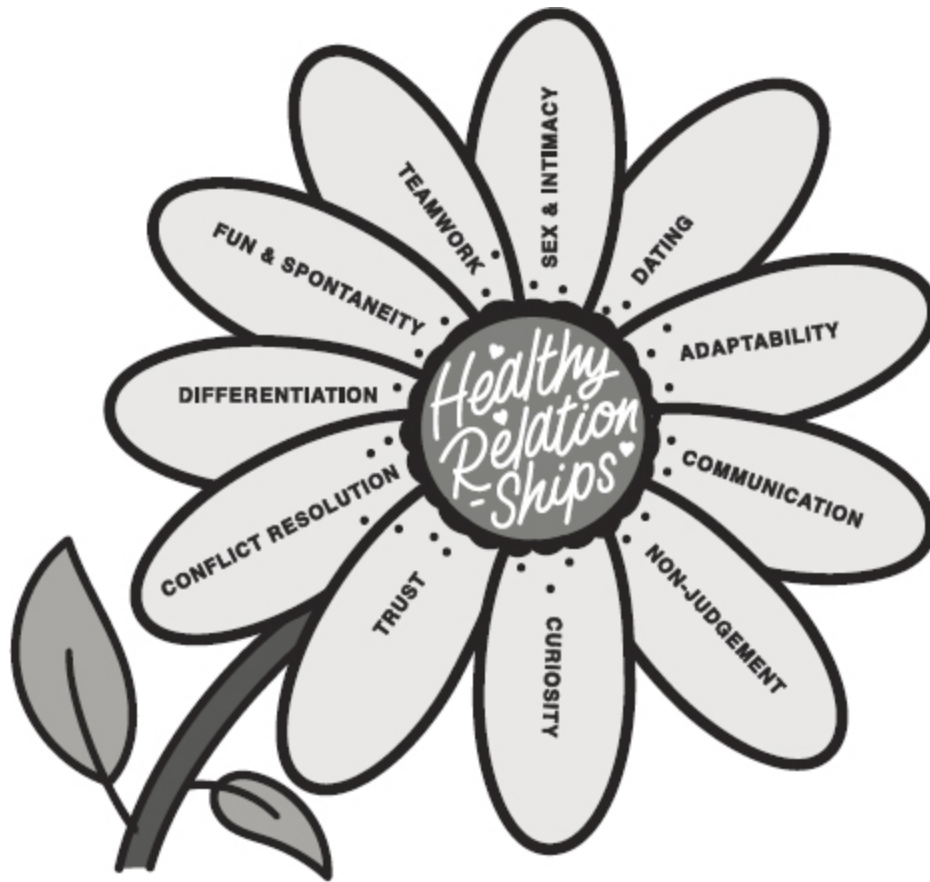
## *Chapter 20*

# **Relationships**

If you're jumping into a relationship, sometimes it can be hard to know what a good one is and what's healthy. Everyone has different needs in relationships, and what works for you at this stage in your life might not have worked for you ten years ago. Healthy relationships don't look the same for everyone because everyone has different requirements and needs. For example, you might like to be with just one person at a time. But there are plenty of people out there who want to practise polyamory (where a couple has agreements about having sex and relationships with other people), or ethical non-monogamy (agreeing that it's okay to have relationships with more than one person), and that is what a healthy relationship is for them.

## **What Is a Healthy Relationship?**

Essentially, you need to determine what a healthy relationship looks like to you and what your standards within a relationship are. You can develop healthy boundaries around them, communicate to your partner what your needs are and what some no-go areas are.



Important factors in healthy relationships:

- **The ability to adapt.** It's important to realise that when you are in a relationship with someone, no matter whether it has been a few weeks or many years, you need to be able to adapt to circumstances. The fact is that we develop and change as individuals and as a couple during different phases in life. Being able to communicate and accept these changes is important to allow your relationship to flourish.
- **Communication.** In a relationship, it's healthy to talk about things that are going on in your life. That means your emotions, celebrating your successes, working through your failures, and all the colourful parts in between. It takes a lot of work to be able to communicate openly with a partner, and that's why we have therapists. Sometimes the hardest person to talk to is our partner, but it's important to work through this so that you are both able to feel comfortable talking about any concerns that come up.

- **Put judgement to the side.** Listening and discussing without judgement and sharing perspectives are brilliant ways for a couple to grow and learn. Communication is a two-way street, and it's important to feel like you have your own voice in the relationship. Your partner should feel they are able to talk to you about anything happening in their life without feeling judged. If you've ever been judgemental in your relationship, you need to assess why that is the case and whether it's a healthy part of you and your relationship.
- **Curiosity.** A characteristic of healthy long-term relationships is curiosity. It's something that we often forget about once we've been with someone for a long time: we start to assume that we know everything about them, all of their funny little traits and daily activities. But I guarantee that you do not know everything about your partner, and there are so many things that you can discuss and learn about each other, especially if you both maintain a sense of yourself as a separate person. To be curious about your partner means that you are interested in their thoughts, feelings, goals, vulnerabilities and daily life. You are their partner in crime, encouraging them to be their best self. You're not there to change them and be fixated on who they used to be or who you believe they should be. Curiosity also gives you the capacity to discuss changes in your relationship and work towards a fulfilling and wholesome future. It shows that you are truly caring and see them for who they are, not trying to form them into an idealised version of who you think they should be.
- **Trust.** Trust gives you the ability to feel safe and comfortable with your partner and know that you will not be hurt within the relationship. It's really hard to do in this day and age as people break trust often. If you can see that your partner is a good and wonderful person and is never intentionally trying to hurt you, then trust can be developed with honesty and integrity. If you feel like you cannot trust in the relationship, or if trust gets broken, then it's a good idea to go see a therapist to decide whether you are able to keep moving forward.
- **Conflict resolution.** I always see red flags when people tell me they don't fight. It's healthy to have arguments in a relationship, to feel frustrated, or to just be annoyed. It doesn't mean that your relationship is unhealthy. If

you can work through your differences with respect, vulnerability and honesty then you're on the right track. I really believe that while disagreements can happen, it's the way that you repair the relationship after the disagreement and the aftercare that shows how well you are going within the relationship. Even if you yell at each other, which is not ideal, if you can come back and discuss your conflict without judgement or contempt and find a compromise and solution then you are on the right track. In saying that, if you don't know how to communicate effectively then definitely go see a relationship therapist. I did, and it's a wonderful process to go through—you learn so much about yourself and your relationship and become stronger as a team.

- **A sense of differentiation.** By differentiation I basically mean a sense of yourself as a separate person. You want to be interdependent in a relationship, meaning that you maintain your identity as an individual but you are able to come together for mutual support, fun and love. It means that your relationship is balanced, that you know that you have love, trust and intimacy but your self-esteem isn't dependent on the other person. You don't need the other person to get all of your needs met because you still have a great support network of friends and connections outside the relationship. Spend time pursuing your own interests and hobbies! Have time apart with your friends and loved ones, doing things separately. If you're doing everything together, don't you run out of things to talk about? You don't want to be predictable! The reason your partner was attracted to you in the first place is because of your individuality, so keep that up, baby!
- **Fun and spontaneity.** It's so important to remain playful! Tap into your inner child, because if you can laugh together, make jokes and have fun and spontaneity then your relationship is on the right track. During the course of our lives we will go through different challenges in times of distress, which may mean your relationships go through a bit of a hazy period. Being able to embrace the lighter side of life, have a laugh and be goofy is a really great way to strengthen your relationship, even when it's going through a rough patch.

- **Be a dream team.** A good relationship is considering yourself to be a team. In my relationship, my number-one supporter is my partner, and I am his number-one supporter. We both have busy lives, but we have the same goals, morals and motivations at the end of the day. We are a strong team. We have each other's backs and I know I can turn to him whenever I'm struggling. You deserve the same, babe.
- **Sex and intimacy.** It's important to maintain things like kissing, hugging, cuddling and closeness. But sex is also important in relationships, and your sexual relationship will be healthy when you feel comfortable discussing sex, desires, fantasies and your sexual interests. Being in a relationship also means respecting boundaries, like how to navigate discrepancies in desire, problem-solving sexual issues and having safe and healthy sexual experiences. You must work as a team to unpack any sexual concerns you have and work together to have fun in an intimate relationship. Remember that in relationships, desires ebb and flow, and it's not always going to be good. But if you can work together then I believe that you can have a good erotic future.
- **Keep dating each other.** Just because you're in a relationship doesn't mean that you stop dating each other. It's important to make each other feel loved and appreciated, spend quality time together, do nice things for each other, touch each other, and surprise each other. You need to keep the flame alive!

## ***Red flags***

If you're not feeling good in your relationship and there is a lack of happiness, connection and fulfilment, then maybe we need to think about if your relationship is struggling. Relationships can go through unhealthy periods, but if it is unhealthy overall then it's good to consider what the issues are and how to manage them. Or whether this relationship is for you! Red flags include:

- **Lack of respect for boundaries.** Boundaries are important in your relationship. They range from privacy to respectful communication. If you set a boundary and there is resistance against it, this is a red flag.

Sometimes overstepping boundaries shows disrespect for your needs as an individual, and this needs to be addressed or the relationship needs to be re-evaluated. You deserve respect.

- **Trying to change each other.** I've been in a relationship where I didn't like who my partner was. I loved him as a person, but I was always trying to change him. I had to realise that I was the toxic person in that relationship. It's never okay to tell another person how to behave or attempt to control their behaviour. If they are doing things that bother you and you are unable to accept it, then maybe that relationship is lacking in potential. It's okay to be concerned about specific behaviours and to discuss with your partner, but if it is a part of their personality, and it's not necessarily a bad trait, maybe you need to think about whether you are in the right relationship.
- **No room for constructive feedback.** In a healthy relationship there should be an opportunity for you both to express your feelings in helpful and constructive ways. However, if there is criticism, contempt and hurtful things said about personal choices, then the relationship will lack the ability to flourish. If you feel like your partner is always criticising you or behaving in a way that shows that they believe they are better than you, you need to address this with them. If these behaviours do not change, then you need to think about how you feel within the relationship and whether you see long-term potential with that person. Also, notice how they talk about other people. If they speak negatively about others, then it is a really good indicator of how they feel on the inside and the way that they view the world. You can decide whether that is something you are willing to tolerate within the relationship and whether it's healthy for you.
- **You spend a lot of time apart.** Relationships are really about prioritising each other. Life is busy, but it's important to maintain a high level of communication and actually spend some time together. If you feel distant constantly or relieved when you're not around each other, then it's a good idea to think about why that is, and if it is something that you are both willing to change.
- **There is inequality in the relationship.** Healthy relationships are all about balance. I'm talking about balancing affection, expectations and

communication. There might be times where there is inequality from a financial side of things or task-centred side of things. But if this is an ongoing problem and it causes distress in the relationship then it might be a good idea to assess how to make the relationship more equal.

- **You don't feel comfortable expressing your point of view.** In relationships, you should feel safe to state your own opinion, even if you don't agree with each other. If they do not respect your opinion and respond with criticism, you may end up censoring things that you say around your partner because you're afraid of their reaction. Relationships are not about walking on eggshells, and I suggest seeing a relationship therapist to work through these concerns.
- **You feel lonely in the relationship.** This is something that I have experienced, and it led to detachment and depression. I really felt sad every single day. If you are in a relationship but you feel lonely, it might not be for you. I mean, I don't want to be in a relationship where I am sad! It might not be that it's necessarily either of your faults, it might just mean that the relationship is not the right fit. This is an issue that needs to be addressed from a therapeutic point of view.
- **Disagreements don't lead to solutions or compromise.** As I said before, disagreements happen—it's about how you work through those disagreements and repair your relationship that is the most important. If there is no improvement, and you find yourself constantly disagreeing about the same things then this definitely needs to be addressed as it can become toxic and poisonous within the relationship.
- **There is physical or emotional abuse within the relationship.** If this is happening, it's time to get out. If you need help knowing how to get out, confide in a friend or family member and ask for help, or talk to your doctor or psychologist about the right avenue to take. Violence and abuse is never part of a healthy relationship. And that needs to stop right now. You can also go to [www.whiteribbon.org.au](http://www.whiteribbon.org.au) to find out more.



# Questions To Ask Yourself About Your Relationship

- Do we have the same motivations in life?
- Am I able to be myself around them?
- Do we encourage each other to grow?
- Do we share the same morals and goals for the future?
- Do we accept each other for who we are?
- Is my life better with them in it?
- Do we have fun?
- Do we want to spend time together?

This is a great way to check yourself and see if there is room to grow within the relationship, or whether it's the right relationship for you. Remember that when things happen and there is dissatisfaction in a relationship, it doesn't mean it's the end. It just means that you might need to reassess whether you can both grow or take a different direction. When I say both of you, it's because it's a team effort. You have to encourage each other to flourish. If one person is always pulling more weight then there is going to be inequality in the relationship, and it is not going to work out the way you want it to.

## How To Build a Stronger Relationship

I am a huge believer in doing relationship therapy. And I don't mean relationship therapy only when your relationship is in crisis. My partner and I made an agreement when we got together that we were going to work as hard as possible to always show up for each other and be the best version of ourselves for each other, so we started going to relationship therapy early, just so that we could learn how to deal with each other's intricacies and things we didn't understand about each other. We learned to embrace each other's differences, be patient, listen, solve problems as a team, consider each other's perspectives, and be active listeners within our relationship.

You deserve this too. At the end of the day, you should feel like your relationship has the capacity to grow and develop. If you are worried that

your relationship is not as strong as you want it to be, look inwards and explore what those feelings mean. Therapy can help guide you through this process and determine the right course of action for you.

## **Sex in Long-Term Relationships**

People often ask me what is the average amount of sex that people are having in relationships. But sex lives are all different and it really depends on the couple. For those who consider themselves sexual beings, sex is important to maintain within a relationship. If sex wanes, or ceases, the relationship can become vulnerable to detachment and sometime problems like dishonesty or separation. So if this is happening for you then aim to open up a conversation about it. I implore you to try your best to come to a compromise. Often sex is the last thing on peoples' to-do lists when it really should be at the top.

You know what? All those tasks that you feel you need to do, like cooking, work and laundry, can wait for a minute. Prioritising sex can make your relationship stronger and lead to a healthier overall quality of life. That might mean scheduling sex and making a time that works for both of you. At the end of the day, nothing works perfectly, and sometimes your timing or wants and needs will not match up. But this is what a sexologist is here to help out with. So definitely book an appointment with a sexologist and learn how to expand your sexual menu, find exciting things to do and flourish within your erotic relationship.

# **Fin**

I want to say a very big thank you for reading my book. You are part of this movement to change the conversation around sexuality. By learning more you will be giving yourself and the people around you the opportunity to enjoy relatable, safe and normalised conversations about important topics for people of all genders and orientations. Thank you for being so open and vulnerable, and I hope that you come away from this book feeling empowered and full of new information.

*[OceanofPDF.com](http://OceanofPDF.com)*

## Acknowledgements

Thank you to everyone for reading along. I hope the *The Sex Ed You Never Had* has provided and will continue to provide a safe space to discuss sexuality. Just remember that sex is individualised. Every person's journey is different. Be kind to yourself and go gently. Try your best to be sex-positive, as we will change the conversation around sex together. We will empower sex-positive conversation as a community because I can't do this without you.

A few people I need to thank.

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And to my readers. I love you. Let's do this.

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