

Reproductive Health Campaign for a School Based Health Clinic

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Abstract

Adolescent health and well-being depend on access to quality reproductive health services, including reproductive health education and counseling, contraception, and screening and treatment of sexually transmitted infections (STIs). It has been shown that adolescents face significant barriers to accessing reliable reproductive health information, products, and services. Social media platforms are becoming an increasingly popular way to provide adolescents with accurate sexual health information. In partnership with a high school-based health clinic (SBHC) in Portland, this project was created to educate and advertise sexual and reproductive health services to adolescents through a social media campaign. The project consisted of four phases: developing reproductive health topics based on evidence-based guidelines, creating posts using Canva, increasing awareness of the SBHC, and publishing the posts on the SBHC's Instagram account. Twenty-one posts were included in the campaign, covering STI awareness and prevention, preventing unintended pregnancies, safe sex and consent, and sexuality and LGBTQ health. As the primary outcome measure, there was a 0.55% increase in the number of followers of the Wellness Center Instagram over the course of the project. It was challenging to discern how many students utilized the information from the campaign, or if the campaign increased access or usage of sexual health services at the clinic. Next steps may include consulting with marketing professionals to determine best strategies for the implementation of a successful social media campaign, increasing stakeholder involvement, or exploring the use of additional social media platforms to expand reach to the target audience.

Keywords: reproductive health, adolescents, quality improvement, social media

Reproductive Health Campaign at a School Based Health Clinic

Introduction

Problem Description

Adolescence is a unique and critical life stage characterized by significant physical and psychosocial changes (Liang et al., 2019). Sexual and reproductive health is an essential aspect of the adolescent period. Access to quality reproductive health care services, including reproductive health education and counseling, contraception care, and screening and treatment for sexually transmitted infections (STIs) plays a crucial role in adolescents' overall health and well-being (Romero et al., 2015).

Multiple professional organizations have established evidence-based clinical practice recommendations regarding the provision of reproductive health care for adolescents (Hallum-Montes et al., 2016). Despite these guidelines, national data demonstrate that many adolescents are not receiving preventative reproductive health services (Romero et al., 2015). Compared to other age groups in the U.S., adolescents experience disproportionately higher rates of STIs, including human immunodeficiency virus (HIV), and unintended pregnancy (Centers for Disease Control and Prevention [CDC], 2021a). Local data also support the lack of reproductive care among adolescents as an ongoing health issue. According to the 2019 Multnomah County Community Health Assessment, chlamydia and gonorrhea rates have been steadily increasing in youths since 2007 (Healthy Columbia Willamette Collaborative, 2019).

With the Reproductive Health Equity Act of 2017, Oregon addressed these disparities by expanding access to comprehensive reproductive health services for thousands of Oregonians, regardless of income, citizenship status, gender identity, or type of insurance (Oregon Health Authority [OHA], 2022). Despite increased access to reproductive health services, data from the

CDC School Health Profile for Oregon indicates that adolescents face significant barriers to accessing reliable information, products, and services related to HIV, other STIs, and pregnancy prevention (SIECUS, 2021). Recent analyses also suggest a significant disruption in reproductive health services due to the COVID-19 pandemic (Steiner et al., 2021).

Available Knowledge

School-Based Health Centers (SBHCs) are medical clinics on school campuses that offer a full range of physical, behavioral, and preventative health services (OHA, 2021). SBHCs provide increased access to care by reducing barriers including cost, transportation, and concerns regarding confidentiality (OHA, 2021). SBHCs offer various reproductive health services, including reproductive health exams, STI prevention education, screening and testing, and condom distribution. Additionally, as of 2020, 62% of Oregon's certified SBHCs provide prescriptions and dispense contraceptives on-site (OHA, 2021). According to recent data, students at SBHC schools are 23% more likely to report healthy sexual behavior than students at non-SBHC schools (Bersamin et al., 2018).

Despite their availability, students often underutilize care at SBHCs. Factors contributing to underutilization include lack of awareness of provided services and confidentiality concerns (Gruber et al., 2021). Recent analyses also demonstrate that the COVID-19 pandemic has further impacted engagement with SBHC services. Specifically in Oregon, overall SBHC utilization fell from 130,586 visits in 2018–2019 to 121,144 visits in 2019–2020, a total decrease of 7% (OHA, 2021).

Given its important developmental context and nearly ubiquitous use among 13-17-year-olds, social media presents new opportunities to improve the utilization of SBHCs and provide reproductive health information to adolescents. According to available data, adolescents report

using three to eight different social media platforms for an average of 3 hours daily (Vannucci et al., 2020). Adolescents in previous studies have expressed openness to interacting with healthcare professionals through social media and often use social media to learn about reproductive health (Kelleher & Moreno, 2020; Stevens et al., 2017). Adolescent social media campaigns that have proven successful feature "trendy" topics, "catchy" captions, humorous videos, and attention-grabbing yet reliable content. (Kelleher & Moreno, 2020).

Set at a high school SBHC in Portland, this project will utilize social media to increase awareness of SBHC reproductive health services and disseminate reproductive health information to adolescents using the clinic's Instagram account. This method is particularly compelling given adolescents' access to social media platforms, whether at home or school.

Rationale

According to the World Health Organization (WHO), health promotion is a core function of public health and involves the process of empowering individuals to increase control over and improve their health (WHO, 2016). The goals of health promotion are to achieve healthy lifestyle behaviors, improve health literacy, and enhance life skills. Adolescents are particularly vulnerable to the adverse consequences of unhealthy sexual behaviors and are widely recognized as an essential group to direct reproductive health promotion interventions (CDC, 2021a). An integral approach to reproductive health promotion goes beyond individually focused behaviors and moves toward a wide range of societal and environmental factors, making it a critical healthcare focus for SBHCs and other adolescent-based community health centers.

This project will incorporate Nola Pender's Health Promotion Model (HPM) from 1982, which was developed to be a complementary counterpart of the models of health protection (Srof & Velsor-Friedrich, 2006). In this model, health professionals are provided with positive

resources to motivate individuals to improve their health and support them in making specific behavioral changes (Srof & Velsor-Friedrich, 2006). Pender's HPM emphasizes the multidimensionality of individuals and offers a holistic approach to examining how persons interact with their environment to pursue health (Ho et al., 2010). The nursing community has widely accepted this model, and it is currently utilized in nursing research, practice, and education (Srof & Velsor-Friedrich, 2006). One integrative review of seventeen qualitative studies found that HPM had predictive value in estimating health-promoting behaviors, indicating its validity and applicability in a wide range of healthcare settings (Aqtam & Darawwad, 2018). This model was selected as a framework for this quality improvement project because it will allow for examination of influences on participation in health-promoting behaviors and provide direction for effective interventions (Srof & Velsor-Friedrich, 2006).

Specific Aims

The purpose of this project is to implement a reproductive health social media campaign at a Portland-based SBHC from August 2022 through December 2022 to promote positive sexual behavior among adolescents. The project aim will be to increase the number of high schoolers that follow the SBHC's Instagram by 30% over a three-month period. An additional goal of this project will be to increase utilization of services provided at the SBHC in order to improve reproductive health outcomes for adolescents at this Portland-based high school.

Methods

Context

The high school SBHC is located in urban Portland, Oregon, and serves 848 students. There are 205 freshmen, 199 sophomores, 217 juniors, and 227 seniors. The majority of students identify as male (553), while the remaining students identify as female (285) or non-binary (10).

The clinic staff consists of a physician and medical director, family nurse practitioner, registered nurse, certified medical assistant, licensed clinical social worker, and mental health consultant.

Students with access to the SBHC's Instagram account were targeted in the campaign.

Adolescents are considered the target demographic for this project due to the transformative effect that new communication methods, knowledge exchange, and social media has had on their lives (Liang et al., 2019). Adolescents are also particularly vulnerable to experiencing a wide range of reproductive health and social challenges including risks of unwanted pregnancy, unsafe abortion, and STIs, including HIV/AIDS (WHO, 2018). Further disparities in sexual health exist among certain subpopulations of youth including those in corrections, those with developmental disabilities, those in foster care, homeless youth, LGBTQ youth, youth with mental health conditions, and youth who have experienced sexual abuse (OHA, 2011).

Data from 2017 showed that Oregon has one of the highest rates in the nation of youth suffering from at least one major depressive episode, which has presumably worsened secondary to the accelerating mental health crises among adolescents as a result of the COVID-19 pandemic (OHA, 2021; Balingit, 2022). This significant rise in mental health issues places adolescents in the target population at higher risk for negative outcomes.

In the U.S. and around the world, there is a deep-seated discomfort regarding adolescent sexuality, contributing to inadequate reproductive health knowledge and provision of services (WHO, 2018). Supporting adolescents to be in healthy and safe relationships, feel comfortable with their sexuality, and prevent unwanted pregnancy and STIs is essential to their overall physical and emotional health.

Interventions

This project was implemented in four phases. Phase I was the development of topics of critical importance to adolescent reproductive and sexual health and included key stakeholder input. Phase II included creation of weekly Instagram posts addressing topics selected from Phase I. Phase III was implemented to increase awareness of the SBHC and the SBHC's Instagram by posting on the school's bulletin board and by displaying posters in the clinic to remind students to follow the SBHC's Instagram. This phase also included an Instagram post to announce the publication of sexual health information on the SBHC's Instagram account. Phase IV included posting the created graphics on the SBHC's Instagram.

Phase I

Phase I involved the development of topics from evidence-based guidelines to include in the reproductive social media campaign. The Health Education Curriculum Analysis Tool (HECAT) is an assessment tool developed by the CDC in partnership with the National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) and Division of Adolescent and School Health (DASH) and includes health behavior outcomes targeted towards sexual health curriculum for pre-K-12 students (CDC, 2021b). The outcomes are as follows: 1. Recognize developmental changes experienced by self and others during childhood and adolescence. HBO 2. Establish and maintain healthy relationships. HBO 3. Treat all people with dignity and respect with regard to their gender identity and sexual orientation. HBO 4. Give and receive consent in all situations. HBO 5. Be sexually abstinent. HBO 6. Engage in behaviors that prevent or reduce sexually transmitted infections (STIs), including HIV. HBO 7. Engage in behaviors that prevent or reduce unintended pregnancy. HBO 8. Support others to avoid or reduce sexual risk behaviors. HBO 9. Avoid pressuring others to engage in sexual behaviors. HBO 10. Use appropriate health services to promote sexual and reproductive health.

Based on the above outcomes, the four monthly topics chosen for the social media campaign included: 1. STI Awareness and Prevention 2. Preventing Unintended Pregnancy 3. Safe Sex and Consent 4. Sexuality and LGBTQ Sexual Health. Topics were reviewed and approved by the clinic medical director before Phase II.

Phase II

Phase II included the creation of posts using Canva, a social media graphic design platform. Weekly or biweekly posts were created for each of the four monthly topics, depending on how many subtopics there were, for a total of 21 posts. Each post was created using evidence-based information from the CDC and other nationally recognized organizations.

STI Awareness and Prevention

For the first month's topic of STI Awareness and Prevention, bi-weekly subtopics included basic information on each STI, including signs and symptoms, testing, and treatment. The STIs covered included Genital Herpes, Chlamydia, Gonorrhea, HIV/AIDs, HPV, Syphilis, and Trichomoniasis (Planned Parenthood, 2022a). There was a total of 7 posts created during this month. See Appendix D.

Preventing Unintended Pregnancy

For the second month's topic on preventing unintended pregnancy, a total of 5 posts were created. The first week included 2 posts on various birth control options, while the remaining 3 posts presented information on emergency contraception, barrier methods, and abortion (Bedsider, 2022; CDC, 2022; Planned Parenthood, 2022c). See Appendix E.

Safe Sex and Consent

The third month's topic was on safe sex and consent. Subtopics included healthy relationships, definition of sexual assault, guidance on what consent means, and safe sexting for

a total of 5 posts (Futures Without Violence, 2019; National Coalition for Sexual Health, 2022; National Sexual Violence Resource Center, 2021; Planned Parenthood, 2022b). See Appendix F.

Sexuality and LGBTQ Health

The last month's topic was related to sexuality and LGBTQ health and included 4 posts on gender, sex, and attraction, "coming out," bullying, and awareness of the Q Chat Space. See Appendix G.

Phase III

Phase III included posting on the school's bulletin board, developing posters encouraging students to follow the SBHC's Instagram, and creating an Instagram post to announce the start of the reproductive health information campaign. During the week of August 30, 2022, the first week of school for the 2022-2023 school year, posters were displayed in the clinic lobby and in each of the clinic rooms to remind students to follow the SBHC's Instagram account. See Appendix A. In addition, an announcement was posted on the school's bulletin board to remind students of the presence of the SBHC, its specific location, hours, and services. See the script in Appendix B. Lastly, an Instagram post was published on the SBHC's Instagram account on September 26, 2022, to remind students of the start of the reproductive social media campaign on October 3, 2022. See Appendix C.

Phase IV

Phase IV of the intervention included publication of posts on the SBHC's Instagram account. Over three months, from October 2022 through December 2022, there were weekly posts for a total of 21 posts. The content of each post was evidence-based and approved by the clinic medical director prior to publishing.

Study of the Interventions

The study of the intervention included monitoring the number of Instagram followers throughout the duration of the project. Additionally, the SBHC's utilization rate was analyzed weekly from September 1, 2022, through November 30, 2022, and compared to the previous years' utilization rate over the same period of time. The ability to determine specific utilization of reproductive health services at the SBHC could not be accomplished and would have yielded inaccurate data.

Measures

The primary outcome measure for this quality improvement project was the percent increase in followers of the SBHC's Instagram account from August 30, 2022, through November 30, 2022. This measure allowed us to determine if the social media campaign resulted in an increase in awareness of the SBHC. A secondary outcome measure was the number of students who utilized the SBHC between September 1, 2022, to November 30, 2022, which was compared to data from the same 3-month period during the previous year. Process measures for this project included the number of likes for Instagram feed posts. Several balancing measures considered for this project included increased burden on the medical director for reviewing and approving Instagram posts, in addition to increased burden on the entirety of the clinic as a result of increased visits. These balancing measures were not formally assessed for this project.

Analysis

Data was collected and stored in a Microsoft Excel spreadsheet. The data was analyzed and displayed using run charts and graphs to document the process and outcome measures.

Ethical Considerations

All clinic staff were informed of this quality improvement project. Major stakeholders, including the clinic's medical director and medical providers, extended support. The

implementation of this project did not pose any ethical concerns for the patients who seek care at the clinic as there were no surveys of participants or direct contact with human subjects. The project was deemed not research involving human subjects by the Oregon Health & Science University Institutional Review Board due to its nature as quality improvement (IRB STUDY00024663).

Results

Results

The primary outcome measure of this project was the percent increase in followers of the SBHC's Instagram. The number of followers of the SBHC's Instagram increased by a total of one follower over the course of the project, resulting in a 0.55% increase in overall followers. At the start of the project, there were 181 followers. By week 5 of the project, there were a total of 182 followers, which remained unchanged for the remainder of the project.

During Phase IV, the weekly posts received an average of 4.8 likes, with the most likes (10) on the initial post reminding students of the start of the reproductive social media campaign. On average, 2.6% of followers liked the weekly Instagram posts.

As a secondary outcome measure for this project, clinic utilization rates were gathered from September 1, 2022 through November 30, 2022 and compared to the same 3-month period in 2021. Overall, utilization rates increased in September 2022 and October 2022 when comparing to September 2021 and October 2021. However, utilization rates decreased when comparing November 2022 to November 2021. See Appendix H for graphical representations of the above data. Limitations will be discussed below.

Discussion

Summary

In collaboration with the SBHC at a Portland high school, this project utilized social media to increase awareness of SBHC reproductive health services and disseminate reproductive health information to adolescents. By the end of the project, there was an increase in followers by 0.55%. However, it was challenging to measure how many students the project reached and how the information affected those it did reach. The medical director of the clinic and project contact for the clinic agreed with this. Despite liking the posts, she reported that it was difficult to know if students visited the clinic as a result of Instagram posts.

Social media plays a particularly large part in adolescent's lives as indicated by their extensive use of several different social media platforms. The social media platform, Instagram, was chosen as the application for this project since the SBHC already had an established account. Instagram is considered a popular social media outlet, however, according to data from the Pew Research Center, 95% of teens used YouTube in 2022, making it the most popular social media platform among teens (Vogels et al., 2022). The next most popular platform for teens was TikTok (67%), followed by Instagram and Snapchat (Vogels et al., 2022). To inform future social media campaigns, it would be helpful to determine which social media platform is most popular among students at the high school used for this project.

Developing this campaign did not incur any costs due to Canva being free and only one doctoral student designing it. The campaign may have included more appealing graphics and marketing strategies with the use of an interdisciplinary design team; however, this would not have been plausible due to schedule constraints and high costs.

Limitations

This social media campaign targeted adolescents at a SBHC, but it was difficult to determine how many students were reached. Though post likes could be tracked, it was not

possible to accurately determine how many students viewed the posts or if they were utilized or referenced. Additionally, it was unclear whether those who interacted with the posts were adolescents at the high school or other followers of the SBHC's Instagram account, such as parents, teachers, or other community members. The Instagram account is public and therefore allows anyone to view posts, even if they are not followers of the account. Though it may have been beneficial to educate the broader population in Portland regarding reproductive health, the public accessibility of the account limited data collection that specifically pertained to the target audience.

Beyond the project's scope and reach, it was also not known how the campaign affected the utilization of the SBHC's reproductive health services. Since there was no specific data point that could be tracked to measure utilization of these services, it was challenging to assess if the campaign increased access or usage of sexual health services at the clinic. This project was also limited by the lack of experience in developing and implementing a successful social media campaign. Professional social media campaigns typically include the use of multiple platforms, data analytics, and consistent engagement (Sreenivasan, 2018). Lack of funding and novice expertise significantly reduced the ability to replicate the scale and success of a professional social media campaign.

Conclusion

The reproductive social media campaign was the first of its kind at the project site. It was deemed successful in terms of the creation of accurate sexual health information that covered a variety of topics, but there is room for this project to be built upon. Future next steps could include consultation with a professional marketing agency and graphic designer to ensure that the posts are visually appealing and reaching as many students as possible. There could also be

more involvement with other stakeholders at the school, such as principals or teachers, so that they could inform the students of the campaign. Furthermore, it would be helpful to allow students to participate in the campaign by providing input into which topics they were most interested in learning about. Ideally this input would come from the majority of students. As mentioned previously, information regarding the social media platforms most used by students would help target the intended audience. The use of multiple social media platforms could also further extend the reach of the project.

Adolescence is a critical life stage for reproductive health education. The use of social media campaigns for disseminating reproductive health information to adolescents has been shown to be effective. In spite of the difficulty of measuring project outreach and utilization at the SBHC, the project still produced useful posts that can be repurposed and expanded. The use of social media for public health education will only continue to increase in the future due to its ability to eliminate barriers that preclude access to healthcare services. In future projects, further exploration is needed to identify which social media platforms are most popular and best suited for targeting adolescents at SBHCs for reproductive health campaigns.

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Appendix A



Appendix B

"Don't forget that the Wellness Center on campus is here to help keep you healthy! You can find us by following the signs to the Wellness center across the hall from the gym. The medical providers have appointments Monday to Thursday from 1-5 pm and you can drop in to speak with the school nurse or social worker anytime. We offer general health check-ups, sports physicals, sick visits, sexual health counseling, mental health counseling, vaccines, and COVID-19 testing. We are also here to answer any questions you may have about your body, health, and mind. You schedule your own appointments and come during school hours. All services are free. Stop by the clinic to register and to pick up some school swag!"


Appendix C



Appendix D

STI: Genital Herpes

Genital Herpes



What is it?

HERPES IS A **SUPER** COMMON INFECTION THAT CAUSES SORES ON YOUR GENITALS AND/OR MOUTH AND STAYS IN YOUR BODY FOR LIFE.

Herpes is spread from **skin-to-skin contact** with infected areas often during **vaginal sex, oral sex, anal sex, and kissing.**

HOW DO I KNOW IF I HAVE HERPES?

THE MOST COMMON HERPES SYMPTOM ARE **SORES ON YOUR GENITALS OR MOUTH.**

BUT MOST OF THE TIME THERE ARE **NO SYMPTOMS**, SO LOTS OF PEOPLE DON'T KNOW THEY HAVE HERPES.

GENITAL HERPES OUTBREAKS USUALLY LOOK LIKE A CLUSTER OF **ITCHY OR PAINFUL BLISTERS FILLED WITH FLUID.**

SHOULD I GET TESTED FOR HERPES?

YOU CAN'T TELL IF YOU HAVE HERPES JUST BY THE WAY YOU LOOK OR FEEL. **THE ONLY WAY TO KNOW FOR SURE IF YOU HAVE HERPES IS TO GET TESTED.**

IF YOU HAVE BLISTERS OR SORES, YOUR PROVIDER WILL GENTLY TAKE A SAMPLE OF FLUID FROM THE SORES WITH A SWAB AND TEST IT.

HERPES TESTS AREN'T NORMALLY RECOMMENDED UNLESS YOU HAVE SYMPTOMS.

WHAT ARE THE SYMPTOMS?

- PAIN OR **BURNING** WHILE PEEING
- ABNORMAL VAGINAL **DISCHARGE**
- **DISCHARGE** FROM THE PENIS
- **SWOLLEN** OR TENDER TESTICLES
- PAIN, DISCHARGE AND/OR **BLEEDING** AROUND THE ANUS

WHAT DO I DO IF I HAVE HERPES?

THERE'S NO CURE FOR HERPES. BUT YOU CAN TAKE MEDICINE THAT MAKES OUTBREAKS SHORTER AND LESS PAINFUL, AND CAN HELP PREVENT OUTBREAKS IN THE FUTURE.

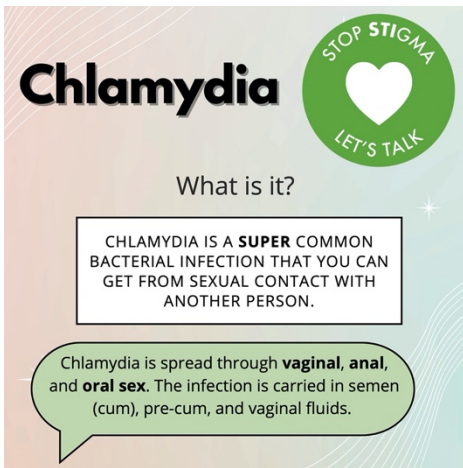
THE GOOD NEWS ABOUT HERPES IS THAT IT'S NOT DEADLY OR EVEN VERY DANGEROUS. IT MIGHT BE ANNOYING, BUT HERPES DOESN'T CAUSE SERIOUS HEALTH PROBLEMS LIKE OTHER STIS CAN.

HOW CAN I PREVENT HERPES?

ALWAYS USE CONDOMS AND DENTAL DAMS DURING ORAL, ANAL, AND VAGINAL SEX.

DON'T HAVE SEX WITH ANYONE DURING A HERPES OUTBREAK, BECAUSE THAT'S WHEN IT SPREADS MOST EASILY.

STI: Chlamydia

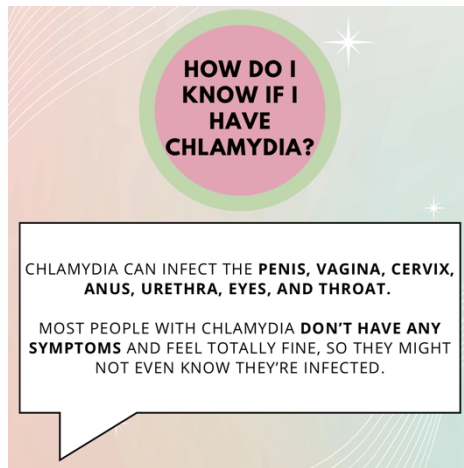


Chlamydia

What is it?

CHLAMYDIA IS A **SUPER** COMMON BACTERIAL INFECTION THAT YOU CAN GET FROM SEXUAL CONTACT WITH ANOTHER PERSON.

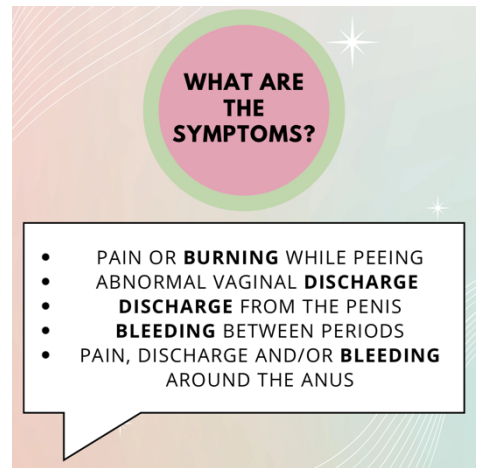
Chlamydia is spread through **vaginal, anal, and oral sex**. The infection is carried in semen (cum), pre-cum, and vaginal fluids.



HOW DO I KNOW IF I HAVE CHLAMYDIA?

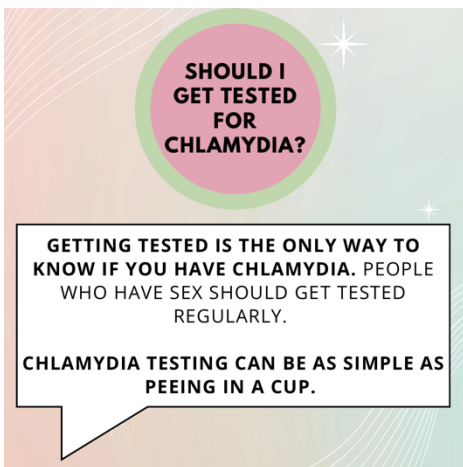
CHLAMYDIA CAN INFECT THE **PENIS, VAGINA, CERVIX, ANUS, URETHRA, EYES, AND THROAT.**

MOST PEOPLE WITH CHLAMYDIA **DON'T HAVE ANY SYMPTOMS** AND FEEL TOTALLY FINE, SO THEY MIGHT NOT EVEN KNOW THEY'RE INFECTED.



WHAT ARE THE SYMPTOMS?

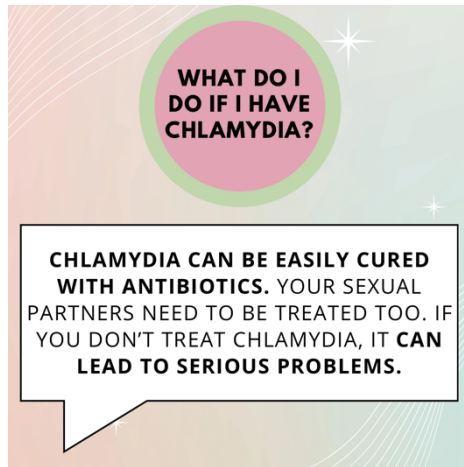
- PAIN OR **BURNING** WHILE PEEING
- ABNORMAL VAGINAL **DISCHARGE**
- **DISCHARGE** FROM THE PENIS
- **BLEEDING** BETWEEN PERIODS
- PAIN, DISCHARGE AND/OR **BLEEDING** AROUND THE ANUS



SHOULD I GET TESTED FOR CHLAMYDIA?

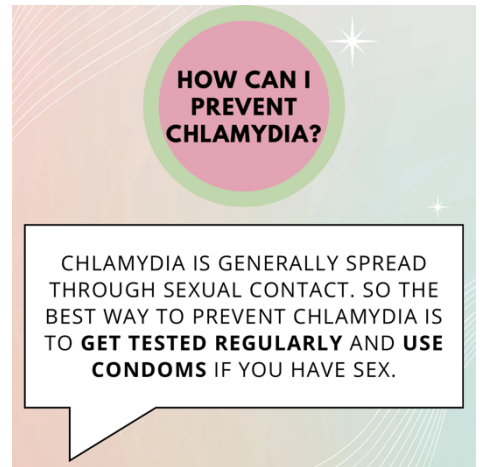
GETTING TESTED IS THE ONLY WAY TO KNOW IF YOU HAVE CHLAMYDIA. PEOPLE WHO HAVE SEX SHOULD GET TESTED REGULARLY.

CHLAMYDIA TESTING CAN BE AS SIMPLE AS PEEING IN A CUP.



WHAT DO I DO IF I HAVE CHLAMYDIA?

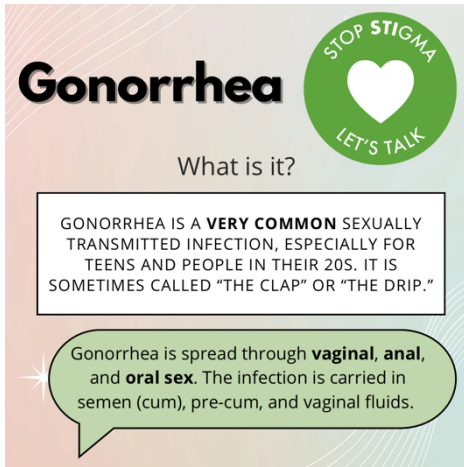
CHLAMYDIA CAN BE EASILY CURED WITH ANTIBIOTICS. YOUR SEXUAL PARTNERS NEED TO BE TREATED TOO. IF YOU DON'T TREAT CHLAMYDIA, IT **CAN LEAD TO SERIOUS PROBLEMS.**



HOW CAN I PREVENT CHLAMYDIA?

CHLAMYDIA IS GENERALLY SPREAD THROUGH SEXUAL CONTACT. SO THE BEST WAY TO PREVENT CHLAMYDIA IS TO **GET TESTED REGULARLY AND USE CONDOMS** IF YOU HAVE SEX.

STI: Gonorrhea

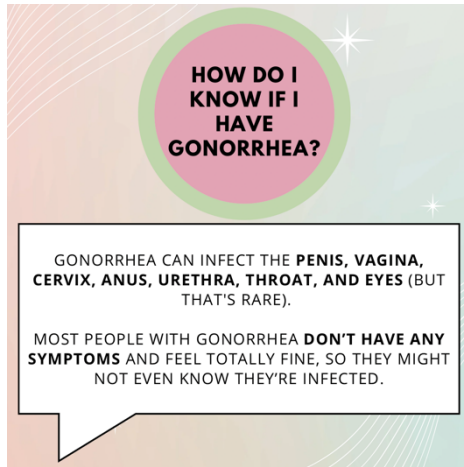


Gonorrhea

What is it?

GONORRHEA IS A **VERY COMMON** SEXUALLY TRANSMITTED INFECTION, ESPECIALLY FOR TEENS AND PEOPLE IN THEIR 20S. IT IS SOMETIMES CALLED "THE CLAP" OR "THE DRIP."

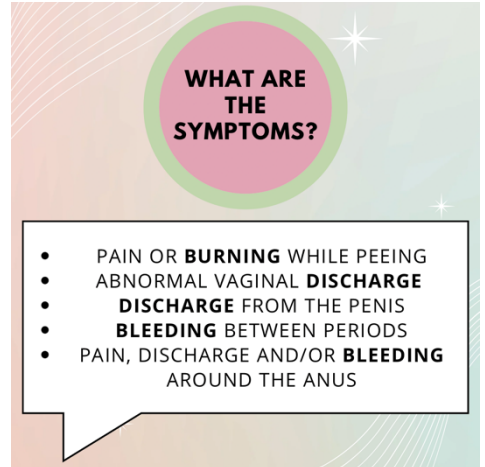
Gonorrhea is spread through **vaginal, anal,** and **oral sex**. The infection is carried in semen (cum), pre-cum, and vaginal fluids.



HOW DO I KNOW IF I HAVE GONORRHEA?

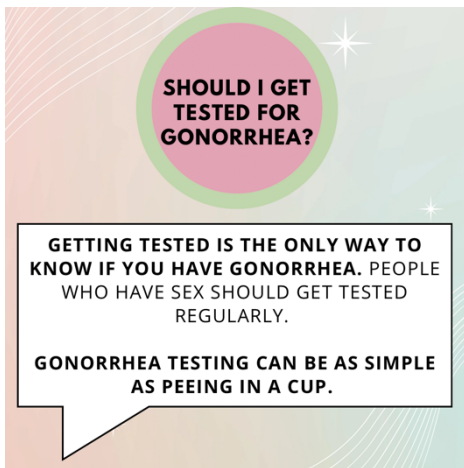
GONORRHEA CAN INFECT THE **PENIS, VAGINA, CERVIX, ANUS, URETHRA, THROAT, AND EYES** (BUT THAT'S RARE).

MOST PEOPLE WITH GONORRHEA **DON'T HAVE ANY SYMPTOMS** AND FEEL TOTALLY FINE, SO THEY MIGHT NOT EVEN KNOW THEY'RE INFECTED.



WHAT ARE THE SYMPTOMS?

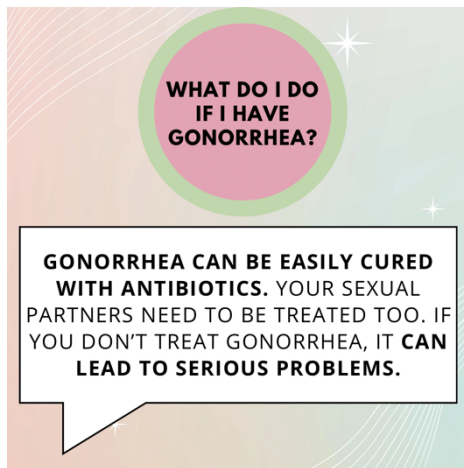
- PAIN OR **BURNING** WHILE PEEING
- ABNORMAL VAGINAL **DISCHARGE**
- **DISCHARGE** FROM THE PENIS
- **BLEEDING** BETWEEN PERIODS
- PAIN, DISCHARGE AND/OR **BLEEDING** AROUND THE ANUS



SHOULD I GET TESTED FOR GONORRHEA?

GETTING TESTED IS THE ONLY WAY TO KNOW IF YOU HAVE GONORRHEA. PEOPLE WHO HAVE SEX SHOULD GET TESTED REGULARLY.

GONORRHEA TESTING CAN BE AS SIMPLE AS PEEING IN A CUP.



WHAT DO I DO IF I HAVE GONORRHEA?

GONORRHEA CAN BE EASILY CURED WITH ANTIBIOTICS. YOUR SEXUAL PARTNERS NEED TO BE TREATED TOO. IF YOU DON'T TREAT GONORRHEA, IT **CAN LEAD TO SERIOUS PROBLEMS.**



HOW CAN I PREVENT GONORRHEA?

GONORRHEA IS GENERALLY SPREAD THROUGH SEXUAL CONTACT. SO THE BEST WAY TO PREVENT CHLAMYDIA IS TO **GET TESTED REGULARLY** AND **USE CONDOMS** IF YOU HAVE SEX.

STI: Syphilis

Syphilis

What is it?

SYPHILIS IS A **COMMON** BACTERIAL INFECTION THAT'S SPREAD THROUGH SEX. SYPHILIS IS **EASILY CURED WITH ANTIBIOTIC MEDICINE**, BUT IT CAN CAUSE **PERMANENT DAMAGE** IF YOU DON'T GET TREATED.

Gonorrhea is spread through **vaginal, anal, and oral sex**. You get it when your vulva, vagina, penis, anus, or mouth touches someone's syphilis sores — usually during sex.

HOW DO I KNOW IF I HAVE SYPHILIS?

SYPHILIS CAN INFECT YOUR **VAGINA, ANUS, PENIS, OR SCROTUM**, AND SOMETIMES YOUR **LIPS AND MOUTH**.

SYPHILIS **SYMPTOMS CAN BE HARD TO NOTICE**, AND COME AND GO OVER TIME.

WHAT ARE THE SYMPTOMS?

SYPHILIS FIRST CAUSES **PAINLESS SORES ON YOUR GENITALS** (CALLED CHANCRES). THE SORES ARE **SUPER CONTAGIOUS**. LATER SYMPTOMS CAN INCLUDE RASHES, SLIGHT FEVER, FEELING TIRED, SORE THROAT, SWOLLEN GLANDS, HEADACHE, AND MUSCLE ACHES.

SHOULD I GET TESTED FOR SYPHILIS?

GETTING TESTED IS THE ONLY WAY TO KNOW IF YOU HAVE SYPHILIS. PEOPLE WHO HAVE SEX SHOULD GET TESTED REGULARLY.

SYPHILIS TESTING USUALLY INVOLVES **GIVING A QUICK BLOOD SAMPLE.**

WHAT DO I DO IF I HAVE SYPHILIS?


SYPHILIS CAN BE **EASILY CURED WITH ANTIBIOTICS**. YOUR SEXUAL PARTNERS NEED TO BE TREATED, TOO. IF YOU DON'T TREAT SYPHILIS, IT CAN LEAD TO **VERY SERIOUS HEALTH PROBLEMS.**

HOW CAN I PREVENT SYPHILIS?

SYPHILIS IS GENERALLY SPREAD THROUGH SEXUAL CONTACT. SO THE BEST WAY TO PREVENT CHLAMYDIA IS TO **GET TESTED REGULARLY AND USE CONDOMS** IF YOU HAVE SEX.

STI: HIV

HIV (Human Immunodeficiency Virus)



What is it?

HIV **DAMAGES YOUR IMMUNE SYSTEM**, MAKING IT EASIER FOR YOU TO GET SICK. HIV IS THE **VIRUS THAT CAUSES AIDS**. AIDS STANDS FOR ACQUIRED IMMUNE DEFICIENCY SYNDROME. **HIV AND AIDS ARE NOT THE SAME THING**. PEOPLE WITH HIV DO NOT ALWAYS HAVE AIDS.

HIV is carried in **semen (cum), vaginal fluids, anal mucus, blood, and breast milk**. You can't get HIV from kissing or sharing foods, but you can get it through unprotected sex and by sharing needles.

HOW DO I KNOW IF I HAVE HIV?

PEOPLE WITH HIV **DON'T USUALLY HAVE SYMPTOMS RIGHT AWAY**, SO THEY MAY NOT KNOW THEY HAVE IT. IT CAN BE YEARS BEFORE HIV MAKES YOU FEEL SICK.

WHAT ARE THE SYMPTOMS?

PEOPLE USUALLY **LOOK AND FEEL TOTALLY HEALTHY FOR A LONG TIME AFTER THEY'RE INFECTED**. IT CAN TAKE 10 YEARS OR MORE FOR HIV TO SHOW ANY SYMPTOMS. THE FIRST 2-4 WEEKS AFTER BEING INFECTED WITH HIV, YOU MAY FEEL FEVERISH, ACHY, AND SICK.

SHOULD I GET TESTED FOR HIV?

GETTING TESTED IS THE ONLY WAY TO KNOW IF YOU HAVE HIV. PEOPLE WHO HAVE SEX, ESPECIALLY UNPROTECTED SEX, SHOULD GET TESTED REGULARLY.

HIV TESTING USUALLY INVOLVES **GIVING A QUICK BLOOD SAMPLE**.

WHAT DO I DO IF I HAVE HIV?

THERE'S NO CURE FOR HIV, BUT THERE ARE TREATMENTS THAT HELP PEOPLE WITH HIV LIVE LONG, HEALTHY LIVES. **ANTIRETROVIRAL THERAPY (ART)** IS A COMBINATION OF MEDICINES THAT SLOWS DOWN THE EFFECTS OF HIV IN YOUR BODY, AND CAN ALSO LOWER OR EVEN STOP YOUR CHANCES OF GIVING HIV TO ANYONE ELSE.


HOW CAN I PREVENT HIV?

PROTECT YOURSELF BY **USING CONDOMS** EVERY TIME YOU HAVE SEX, AND **DON'T SHARE NEEDLES** WITH ANYONE.

YOU CAN ALSO ASK YOUR DOCTOR ABOUT **PREP — A DAILY PILL THAT HELPS PREVENT HIV**.

STI: HPV

HPV (Human Papillomavirus)



What is it?

HPV IS THE **MOST COMMON SEXUALLY TRANSMITTED INFECTION**. HPV IS USUALLY HARMLESS AND GOES AWAY BY ITSELF, BUT **SOME TYPES CAN LEAD TO CANCER OR GENITAL WARTS**.

HPV is easily spread from **sexual skin-to-skin contact** with someone who has it. You get it when your **vulva, vagina, cervix, penis, or anus** touches someone else's genitals or mouth and throat — usually during sex.

HOW DO I KNOW IF I HAVE HPV?

GENITAL HPV INFECTIONS ARE VERY, VERY COMMON. IN FACT, **MOST PEOPLE WHO HAVE SEX GET HPV AT SOME POINT IN THEIR LIVES**. MOST PEOPLE WITH HPV HAVE NO SYMPTOMS AND FEEL TOTALLY FINE, SO THEY USUALLY DON'T EVEN KNOW THEY'RE INFECTED.

WHAT ARE THE SYMPTOMS?

MOST PEOPLE WITH HPV DON'T HAVE ANY SYMPTOMS OR HEALTH PROBLEMS. SOMETIMES HPV CAN CAUSE **GENITAL WARTS**. SOME TYPES OF HPV CAN CAUSE **CANCER**.

SHOULD I GET TESTED FOR HPV?

THERE'S AN HPV TEST FOR THE CERVIX, BUT NOT FOR OTHER GENITAL AREAS. HPV TESTING IS TYPICALLY DONE DURING A **PAP TEST**, SOMETIMES CALLED A PAP SMEAR. PEOPLE WITH A CERVIX START SCREENING AT **AGE 21**.

WHAT DO I DO IF I HAVE HPV?

MOST HPV INFECTIONS **GO AWAY ON THEIR OWN**. IF NOT, DON'T WORRY. WHILE THERE'S **NO CURE FOR THE VIRUS**, THERE ARE **TREATMENT OPTIONS FOR THE PROBLEMS HPV CAN CAUSE**.


HOW CAN I PREVENT HPV?

GET THE HPV VACCINE!

IN ADDITION, **USING CONDOMS AND/OR DENTAL DAMS**, AND **GETTING REGULAR PAP/HPV TESTS** IS THE BEST WAY TO AVOID PROBLEMS THAT CAN COME FROM HPV.

STI: Trichomoniasis

Trichomoniasis



What is it?

TRICHOMONIASIS (AKA TRICH) IS THE **MOST COMMON CURABLE STD**. MILLIONS OF PEOPLE GET TRICH EVERY YEAR. IT'S **CAUSED BY A PARASITE** THAT SPREADS REALLY EASILY DURING SEX.

Trich is often passed during **vaginal sex**. It's also spread by vulva-to-vulva contact, sharing sex toys, and touching your own or your partner's genitals if you have infected fluids on your hand.

HOW DO I KNOW IF I HAVE TRICH?

TRICH CAN EASILY **INFECT THE VULVA, VAGINA, PENIS, AND URETHRA**, BUT IT USUALLY DOESN'T INFECT OTHER BODY PARTS (LIKE THE MOUTH OR ANUS).

MANY PEOPLE WITH TRICH DON'T HAVE ANY SYMPTOMS, BUT THEY CAN STILL SPREAD THE INFECTION TO OTHERS

WHAT ARE THE SYMPTOMS?

ABOUT **7 OUT OF 10 PEOPLE** WITH TRICH HAVE **NO SIGNS OF THE INFECTION**. WHEN THE INFECTION IS IN A PENIS, IT'S VERY UNLIKELY TO CAUSE SYMPTOMS. TRICH IS MOST LIKELY TO CAUSE **VAGINITIS** SYMPTOMS, SUCH AS **FROTHY, BAD-SMELLING VAGINAL DISCHARGE AND VAGINAL ITCHING**.

SHOULD I GET TESTED FOR TRICH?

GETTING TESTED IS THE ONLY WAY TO KNOW IF YOU HAVE TRICH. GET TESTED IF YOU OR YOUR PARTNER HAS SIGNS OF TRICH.

TRICH TESTING CAN BE **AS SIMPLE AS PEEING IN A CUP**. SOMETIMES THE TEST IS DONE BY TAKING A **SELF-SAMPLE OF CELLS FROM YOUR PENIS OR VAGINA**.

WHAT DO I DO IF I HAVE TRICH?

TRICH CAN BE EASILY CURED WITH ANTIBIOTICS. YOUR SEXUAL PARTNERS NEED TO BE TREATED TOO. IF YOU DON'T TREAT TRICH, YOU MAY PASS THE INFECTION BACK AND FORTH OR TO OTHER PEOPLE.

HOW CAN I PREVENT TRICH?

TRICH IS GENERALLY **SPREAD THROUGH SEXUAL CONTACT**. SO THE BEST WAY TO PREVENT TRICH IS TO **GET TESTED REGULARLY** AND USE **CONDOMS** IF YOU HAVE SEX.

Appendix E

HOW WELL DOES BIRTH CONTROL WORK?

What is your chance of getting pregnant?

Really, really well	The Implant Works, hassle-free. Up to 5 years	IUDs Up to 7 years	Copper IUD Up to 12 years	Sterilization Forever	Less than 1 in 100 6-9 in 100, depending on method 1-24 in 100, depending on method
Pretty well	The Pill For it to work best, use it... Every. Single. Day.	The Patch Every week	The Ring Every month	The Shot Every 3 months	
Not as well	Pulling Out For each of these methods to work, you or your partner have to use it every single time you have sex.	Fertility Awareness Use a condom with any other method for protection from STDs.	Internal Condom	Condom	

7% without birth control, over 90 in 100 young people get pregnant in a year.

OOPS! EMERGENCY CONTRACEPTION: BIRTH CONTROL THAT WORKS AFTER SEX

Types of Emergency Contraception	How well does it work?	How soon do I have to use it?	How do I use it?	Where can I get it?
Copper IUD	Almost 100% effective	Within 5 days	It's placed in the uterus by a health care provider. Keeps working as super effective birth control.	From a health care provider. Say it's for EC so you are scheduled quickly.
ella	May be less effective if over 163 pounds. Try an IUD.	ASAP	Works better the sooner you take it, up to 3 days.	From a health care provider. Get an extra pack for future emergencies.
Plan B One-Step or a generic	May be less effective if over 163 pounds. Try ella or an IUD.	ASAP	Works better the sooner you take it, up to 3 days.	At a pharmacy, no prescription needed. Get an extra pack for future emergencies.

If you do have sex, use DUAL PROTECTION.

Even if you or your partner is using another type of birth control, agree to use a condom every time you have sex, to reduce the risk to both of you for HIV and most other STDs.

+

 Birth Control Pill
 Patch
 Ring
 Implant
 Injection
 IUD

How do you put a condom on correctly?

The condom should be put on before any genital contact. Sperm may come out of the penis before the male ejaculates, so put the condom on before any skin-to-skin contact begins. You should also know that some STDs can be transmitted without intercourse, through genital (skin-to-skin) contact. To reduce the risk of pregnancy and STDs (including HIV), males need to wear a condom the entire time from the beginning to the end of genital contact, each and every time.

- When you are opening the package, gently tear it on the side. Do not use your teeth or scissors because you might rip the condom that's inside. Pull the condom out of the package slowly so that it doesn't tear.
- Put the rolled up condom over the head of the penis when it is hard.
- Pinch the tip of the condom enough to leave a half-inch space for semen to collect.
- Holding the tip of the condom, unroll it all the way down to the base of the penis.

Know your CONDOM DOs & DON'Ts

DO

- Read all the information on the package. Know what you are using.
- Check the expiration date on the package. If it is expired, get a new package of condoms and throw away the old ones.
- Use only condoms that are made of latex or polyurethane (plastic). Latex condoms and polyurethane condoms are the best types of condoms to use to help prevent pregnancy, STDs, and HIV.
- Use a pre-lubricated condom to help prevent it from tearing. If you only have a non-lubricated condom, put a little bit of water-based lubricant ("lube") inside and outside the condom.
- Condoms come in different sizes, colors, textures, and thicknesses. Talk with your partner and choose condoms both of you like.

DON'T

- Do not use two condoms at once.
- Do not use condoms made of animal skin, sometimes called "natural" condoms. Animal skin condoms can help prevent pregnancy but don't work as well as latex or polyurethane condoms to prevent STDs, including HIV.
- Do not keep condoms in a place that can get very hot, like in a car. If you keep a condom in your wallet or purse, be sure you replace it with a new one regularly.
- Do not use any kind of oil-based lubricants (like petroleum jellies, lotions, mineral oil, or vegetable oils). These can negatively affect the latex, making it more likely to rip or tear.
- Do not reuse condoms.
- Do not use condoms that are torn or outdated.

Which birth control is right for you?

Take the Quiz

FACTS ABOUT ABORTION

1. IN OREGON, YOU DO NOT NEED PARENTAL CONSENT FOR ABORTION IF YOU ARE 15 YEARS OR OLDER
2. THERE ARE 2 KINDS OF ABORTION IN THE U.S. - IN-CLINIC ABORTION AND THE ABORTION PILL
3. GETTING AN ABORTION IS YOUR CHOICE

LET'S TALK ABOUT THE ABORTION PILL

THE ABORTION PILL IS A SAFE AND EFFECTIVE WAY TO END AN EARLY PREGNANCY. TWO DIFFERENT MEDICATIONS ARE USED:

mifepristone and misopristol

THE ABORTION PILL WORKS FOR THE FIRST 77 DAYS (11 WEEKS) OF PREGNANCY.

HOW CAN YOU ACCESS ABORTION SERVICES?

SCHEDULE AN APPOINTMENT AT THE WELLNESS CENTER IF YOU WOULD LIKE TO DISCUSS ACCESSING ABORTION SERVICES.

YOU CAN ALSO CALL 1-800-230-PLAN OR GO TO ABORTIONFINDER.ORG

Appendix F



Caring Relationships, Healthy You

Do my partner(s):

- ✓ Support me and my choices?
- ✓ Support me in spending time with friends or family?

Do I:

- ✓ Feel comfortable talking about sex and protection with my partner(s)?
- ✓ Support my partner(s) and their identities?

Is your relationship affecting your health?
You can talk to your provider about what's going on. We value you, your loved ones, and your community.

If you have questions about relationships or abuse, national helplines can connect you to local resources and provide confidential support 24/7 via phone or online chat:
National Domestic Violence Helpline
 1-800-798-7233 | 1-800-787-3224 (TTY) | 800helpline.org
The Trevor Project
 Crisis line for LGBTQ Youth | 866-486-7386 | thetrevorproject.org

Other helpful resources:
The Northwest Network nwnetwork.org
National Coalition of Anti-Violence Programs
<http://www.ncavp.org/ncavp/>
FORGE for trans survivors and allies
forge-forward.org
The Network/Le Red lnr.org

FUTURES WITHOUT VIOLENCE
www.futureswithoutviolence.org

GLMA, The Northwest Network, NCVAVP, National Network, LGBTQ, gov, FORGE, theNetwork/LeRed, FORGE

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"What if the next victim is me?"

Let's talk about sexual assault, abuse, and rape →

What are sexual assault, abuse and rape?

Sexual assault or abuse means any unwanted sexual contact. It's when someone uses force or pressure (either physical or emotional) to get you to do something sexual. Examples include... →

- Someone touching you without your consent
- Someone showing you their genitals or making them touch you without your consent
- Someone forcing you to kiss you

It doesn't matter if the person doing these things is a family member, friend, or even someone you're dating - it's still wrong. If someone sexually assaults you... →

Get to someplace safe as soon as possible and tell a parent, guardian, or another adult in your life you trust.

Your safety is important. Tell an adult you trust and they can help you figure out what to do next, which might include seeing a medical provider for an exam or calling the police. The most important thing to remember is that... →

What happened isn't your fault.

Even if you start doing something sexual with someone, but didn't want to continue and they forced you anyway, it's still not your fault. What you were wearing or drinking or how you were acting does not make it your fault.

For more support and information.. →

Talk to your medical provider and/or explore RAINN, an expert anti-sexual violence organization.

RAINN offers a 24-hour, 7-day a week hotline. They can tell you about your options and connect with you with local resources. You are not alone.

[Click here to go to the RAINN website](#)

Sexual Health Quick Tips

How Do You Ask a Partner for Consent?




First: You should never pressure or force your partner to consent to sexual activity.

Remember: A partner can say no to any type of sexual activity, even if they've done it before. And they can take away their consent at any time.

Consent means asking your partner—every step of the way—if what you'd like to do sexually is ok and desired. You could ask:

- Would you like to try ___?
- Is ___ ok with you?
- Does ___ feel good to you?



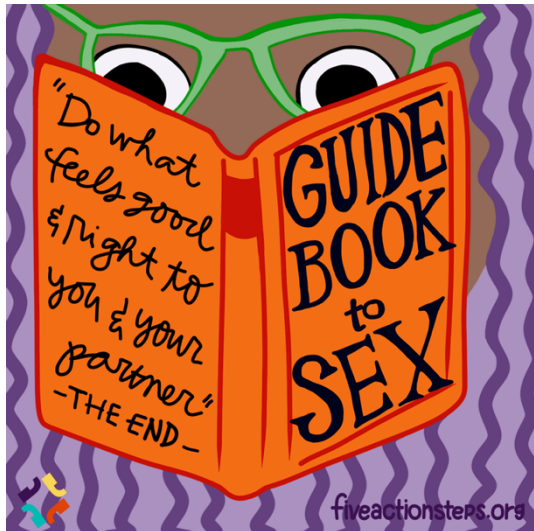
To give consent, your partner should clearly, freely, and positively answer: "YES," using words.



Note: Your partner can't give consent if they are asleep. And, they might not be able to consent if they are drinking alcohol or are under the influence of drugs.

Learn more at FiveActionSteps.org





Sexual Health Quick Tips

Making the Case for Safer Sex: Five Simple Lines



Before getting physical, **caring partners** will talk about safer sex. This can include using:

- Condoms
- Dams
- Lube
- Medications
- Birth control



Here are 5 lines to help you get started:

- 1 "A worry-free sex life is great for both of us. Let's talk about safer sex."
- 2 "Safer sex makes perfect sense to me. Can we talk?"
- 3 "Sex is more relaxing and fun if we're not worried about STIs or unplanned pregnancies."
- 4 "Using condoms can be standard practice for people who care about each other."
- 5 "You can't tell by looking. Either of us could have an STI and not even know it."



If your partner refuses to practice safer sex, risking your health and future isn't worth it. You deserve better.

Note: Sometimes, things don't go as planned. If you have unsafe sex, you can take medications to avoid unplanned pregnancy and/or HIV.

Learn more at FiveActionSteps.org



Be safe online!

Digital Consent

Texting
Check in with your partner about how often you would like to text each other.

Sharing Online
Ask your partner if they are okay with you sharing and tagging photos of them and posting about your relationship online.

Sexting
Sexting means sending sexual photos, videos, or messages from your phone or computer. It's never okay to send unwanted sexts.

It can also be a crime to store or share sexual photos of someone under 18, even if you are also under 18

Picture Pressure
NEVER pressure, coerce, or guilt someone to send sexual photos.

Consent Violations
If someone shares an intimate photo with you, don't share it with anyone. Sharing intimate photos without consent is a violation of trust.

Appendix G

The Gender Unicorn

Graphic by: **TSER**
Trans Student Educational Resources

Gender Identity
Female/Woman/Girl
Male/Man/Boy
Other Gender(s)

Gender Expression
Feminine
Masculine
Other

Sex Assigned at Birth
Female Male Other/Intersex

Physically Attracted to
Women
Men
Other Gender(s)

Emotionally Attracted to
Women
Men
Other Gender(s)

To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Gender Unicorn Definitions

Gender Identity: *How I identify.*
One's internal sense of being male, female, neither of these, both, or another gender(s). For transgender people, their own internal sense of gender identity and their sex assigned at birth are not the same.

Gender Expression/Presentation: *How I look and express myself.*
The physical manifestation of one's gender identity through clothing, hairstyle, voice, body shape, etc. Most transgender people seek to make their gender expression (how they look) match their gender identity (who they are), rather than their sex assigned at birth.

Sex Assigned at Birth: *The sex classification that I was assigned at birth.*
The assignment and classification of people as male, female, intersex, or another sex based on a combination of anatomy, hormones, and chromosomes. This is usually decided at birth or in utero, and is usually based on genitalia.

Sexually Attracted To: *Whom I am sexually attracted to.*
The group of people or genders to which a person can become sexually attracted to, if at all.

Romantically/Emotionally Attracted To: *Whom I am romantically/emotionally attracted to.*
The group of people or genders to which a person can become romantically, emotionally, or spiritually attracted to, if at all.

Examples of Genders: We included "other genders" to indicate the many genders that other people might identify as, express themselves as, and be attracted to. Examples of these genders include: Agender, Bigender, Genderfluid, Genderqueer, Transgender, Non-binary, Gender Non-Conforming and Two-Spirit.

The Gender Unicorn

Graphic by: **TSER**
Trans Student Educational Resources

Gender Identity
Female/Woman/Girl
Male/Man/Boy
Other Gender(s)

Gender Expression
Feminine
Masculine
Other

Sex Assigned at Birth
Female Male Other/Intersex

Physically Attracted to
Women
Men
Other Gender(s)

Emotionally Attracted to
Women
Men
Other Gender(s)

To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Coming Out

WHAT IS COMING OUT?

"Coming out" is understanding your own gender identity or sexual orientation and then deciding to share it with some or all of the people in your life.

Not everyone comes out in the same way. And not everyone comes out to everybody in their lives, or comes out to everybody at the same time. There's no right way to come out.

Coming Out

HOW CAN I COME OUT?

There are lots of different ways to come out! Here are a few examples:

- Calling someone on the phone
- Sending a text
- Sending an email
- Writing a letter
- Talking with someone in person

Coming Out

PREPARING TO COME OUT

- **Plan ahead:** Take some time to prepare what you want to say and practice with supportive people.
- **Timing:** There is no perfect time to come out. Sometimes it is helpful to wait for a time when the person you tell feels relaxed, open, and willing to listen.
- **Location:** There is also no perfect place to come out, but think about if you'd rather be in public or private, at home, or in a location special to the person you're talking to.
- **Support:** Think about people in your life who would support you no matter what.

Coming Out

AFTER COMING OUT

- **Healthy relationships:** Relationships should be characterized by trust, honesty, mutual respect, and open communication. Remember that everyone must consent to engage in sexual, physical, or romantic intimacy.
- **Self-care:** Discover what helps you feel cared for, relaxed, and able to cope with everything that's going on.
- **Check on mental health:** Feeling sad or alone can be overwhelming, especially if people in your life are unsupportive. Reach out to Benson Wellness for support. You are not alone.



Know that **everyone has the right to feel safe.**

If you see anti-LGBTQ bullying, **let the person making the comments know that they are offensive.** If the situation is such that you do not feel safe intervening, **alert a teacher or administrator** immediately or report a social media post as harassment.

If you know someone has experienced anti-LGBTQ bullying, **let them know you are on their side** and make an effort to spend time with the person at school.

Know that all people, regardless of sexual orientation and gender identity, **should be treated with dignity and respect.**

Anti-Bullying Resources



- The Gay, Lesbian, Straight Education Network (GLSEN)
- PACER's National Bullying Prevention Center
- The Trevor Project offers a 24-hour helpline for LGBTQ and questioning teens: toll-free (866) 4-U-TREVOR (866-488-7386).



Q Chat Space

**JOIN THE
CONVERSATION AT
QCHATSPACE.ORG**

**SAFE
DIVERSE
ACCEPTING**



A community for LGBTQ+ teens.
Chat with like-minded peers in live
chats, facilitated by folks who care.

Appendix H

