

SEXUAL HEALTH CARE: Promoting Safety and Prevention
Wednesday, 24 March, 2004 1:00-1:50 p.m.

1. FEAR/BELIEF/COMFORT Model
 - JUST SAY "KNOW"
 - ALWAYS BE SAFE—Physically, Emotionally, Sexually
2. Role of Medical/Mental Health Professionals Facilitating Sexual Health
3. Personal/Professional Barriers
4. PLISSIT Model/INTERVENTION Model
5. Ignorance Cycle/Cultural Wheel
6. Components of Sexual Identity
 - A. Biology—Before/After Birth; Body Image; Body Function
 - B. Gender Identity
 - C. Gender Role
 - D. Orientation
7. MOVING TOWARD SAFETY—Understanding the Process
 - A. Risk Assessment
 - Sexual Activities/Safer Sex Issues
 - Substance Use/Affect on Sex System
 - Compulsive Sex Cycle
 - Messages
 - Other:
 - B. Knowledge
 - Public/Private Parts
 - Safer Sex/Reduced Risk Activities
 - Immune System
 - Transmission Puzzle
 - Drug/Alcohol Connection
 - 6 Steps Sex Response
 - Other:
 - C. Body Awareness
 - Specific Body Fluids—Sex Fluids & Blood
 - ??? Regarding Men's Sex Response
 - ??? Regarding Women's Sex Response
 - Two Sex Response Models
 - Other:
 - D. Peer Reinforcement
 - Who?
 - When? Where? With Whom? May Safety/Prevention Goals Work?
 - When? Where? With Whom? May Safety/Prevention Goals Be Difficult?

SEXUAL HEALTH CARE: Promoting Safety and Prevention
Wednesday, 24 March, 2004 1:00-1:50 p.m.

1. FEAR/BELIEF/COMFORT Model

JUST SAY "KNOW"

ALWAYS BE SAFE—Physically, Emotionally, Sexually

2. Role of Medical/Mental Health Professionals Facilitating Sexual Health

3. Personal/Professional Barriers

4. PLISSIT Model/INTERVENTION Model

5. Ignorance Cycle/Cultural Wheel

6. Components of Sexual Identity

- A. Biology—Before/After Birth; Body Image; Body Function
- B. Gender Identity
- C. Gender Role
- D. Orientation

7. MOVING TOWARD SAFETY—Understanding the Process

A. Risk Assessment

Sexual Activities/Safer Sex Issues
Substance Use/Affect on Sex System
Compulsive Sex Cycle
Messages
Other:

B. Knowledge

Public/Private Parts
Safer Sex/Reduced Risk Activities
Immune System
Transmission Puzzle
Drug/Alcohol Connection
6 Steps Sex Response
Other:

C. Body Awareness

Specific Body Fluids—Sex Fluids & Blood
??? Regarding Men's Sex Response
??? Regarding Women's Sex Response
Two Sex Response Models
Other:

D. Peer Reinforcement

Who?
When? Where? With Whom? May Safety/Prevention Goals Work?
When? Where? With Whom? May Safety/Prevention Goals Be Difficult?

K. Volker Ed.D.

SEXOLOGIST

Marilyn

1111 VENETIA AVENUE
CORAL GABLES, FLORIDA 33134
PHONE: (305) 443-8850
FAX: (305) 445-5228
email: besafemv@hotmail.com

AMERICAN BOARD OF SEXOLOGY
AMERICAN ACADEMY OF CLINICAL SEXOLOGISTS

Relapse Triggers
Peer Education/Training
Normative Beliefs of Peers
Other:

- E. Mental Rehearsal
 - What Would You Say/Do If?
 - Disclosure Model
 - Communication Model
 - Other:
- F. Access
 - Prevention Materials
 - Support Groups
 - Mobility
 - Economics
 - Finances
 - Other:
- G. Self-Esteem
 - Family & Sex History
 - Messages & Beliefs about Self & Others
 - Meaning of Sexual Activities
 - Personal Strengths/Personal Challenges Assessment
 - Other:
- H. Communication Skills
 - Verbal/Non-Verbal
 - Disclosure Model
 - Communication Models
 - Other:
- I. Practice
 - One Step/One Day at a Time
 - Assess Pros/Cons
 - Evaluation ????'s
 - Impact on INTIMACY—8 Types
 - Other:
- J. Eroticism
 - Abstinence/Self Sex--!00% Safe
 - Outercourse—2nd Safest
 - Protected Intercourse (Oral/Vaginal/Anal)—3rd Safest
 - Other:
- K. Routine
 - Identify How New Behavior Impacts Routine
 - Assess Ease/Challenges in New Routines
 - Affirmation of Decision-Making/New Routines
 - Other:

ROLE OF MEDICAL / MENTAL HEALTH PROFESSIONAL FACILITATING SEXUAL HEALTH CARE

1. Create milieu conducive to discussion of sexuality issues
2. Include questions / permission about sexual health
3. Validate individual experience
4. Educate -- cognitive, attitudinal, behavioral
5. Model communication re. sexual health
6. Counsel / offer variety of strategies
7. Provide intensive therapy
8. Refer to / consult with other professionals

**SITUATION /
?? /
ACTION**



FEELINGS



**GOAL
ISSUES
CONCERNS**



YOURS

THEIRS



**PERMISSION
LIMITED INFO**



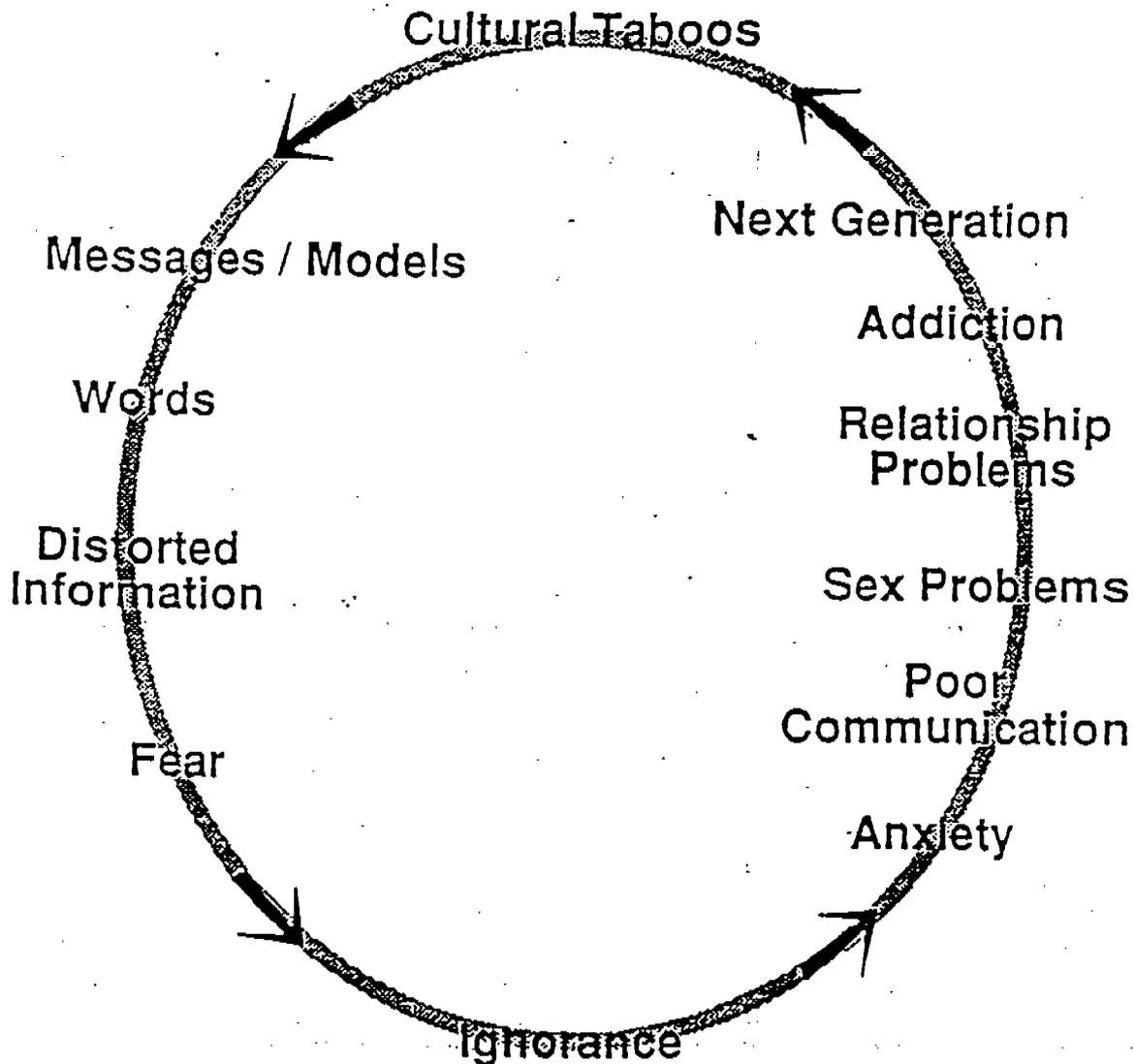
**GETS
IN
WAY**

**PUT
ON
SHELF**



**RESOURCES
REFER**

IGNORANCE CYCLE



American Lutheran Church

--MESSAGES ASSESSMENT—

--BODY (MINE/OTHERS)

--TOUCH

--FEELINGS

--COMMUNICATION

--TRUST

--PRIVACY

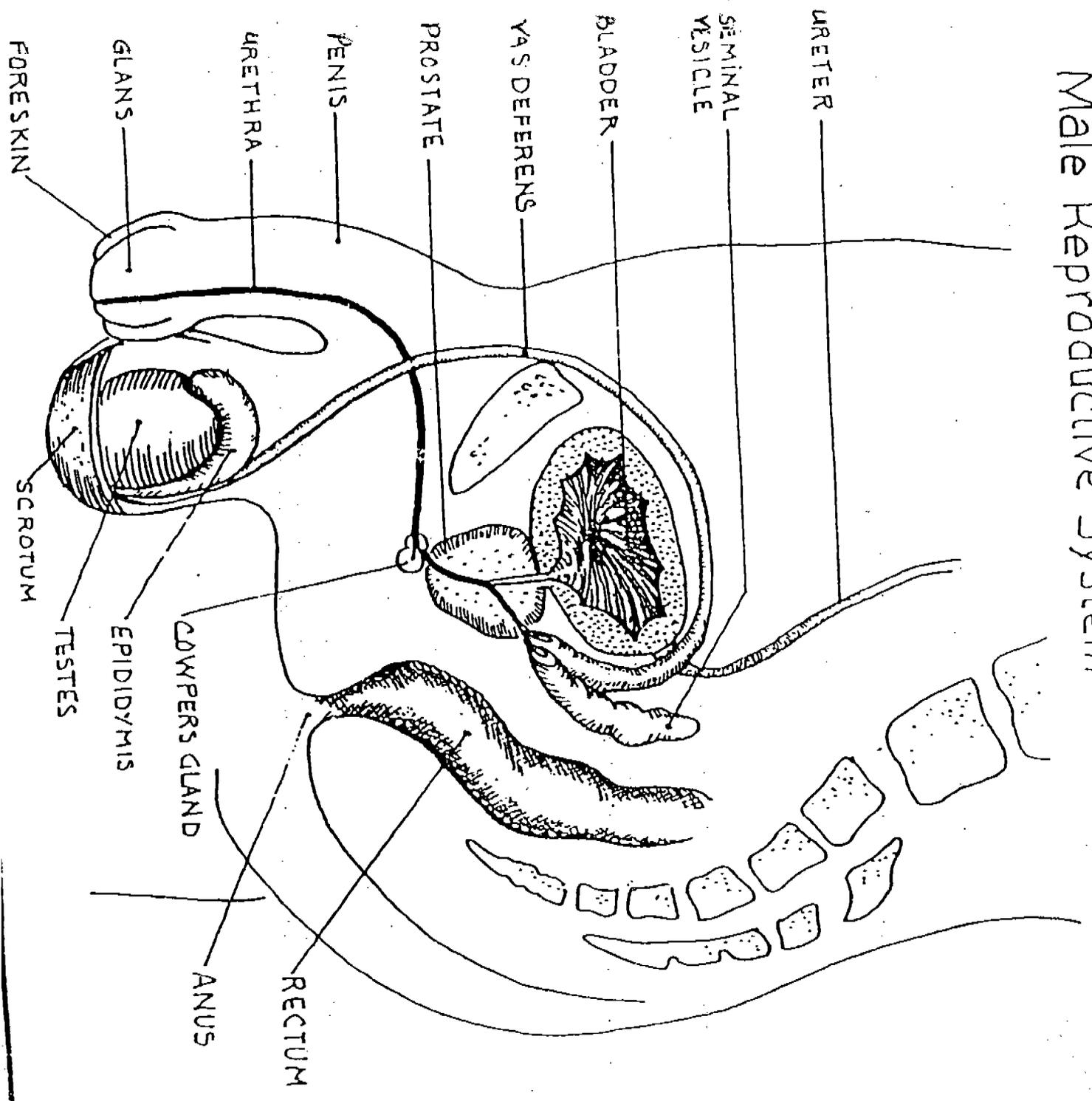
--CONTROL

--DECISION-MAKING

--SEX/SEXUALITY/INTIMACY

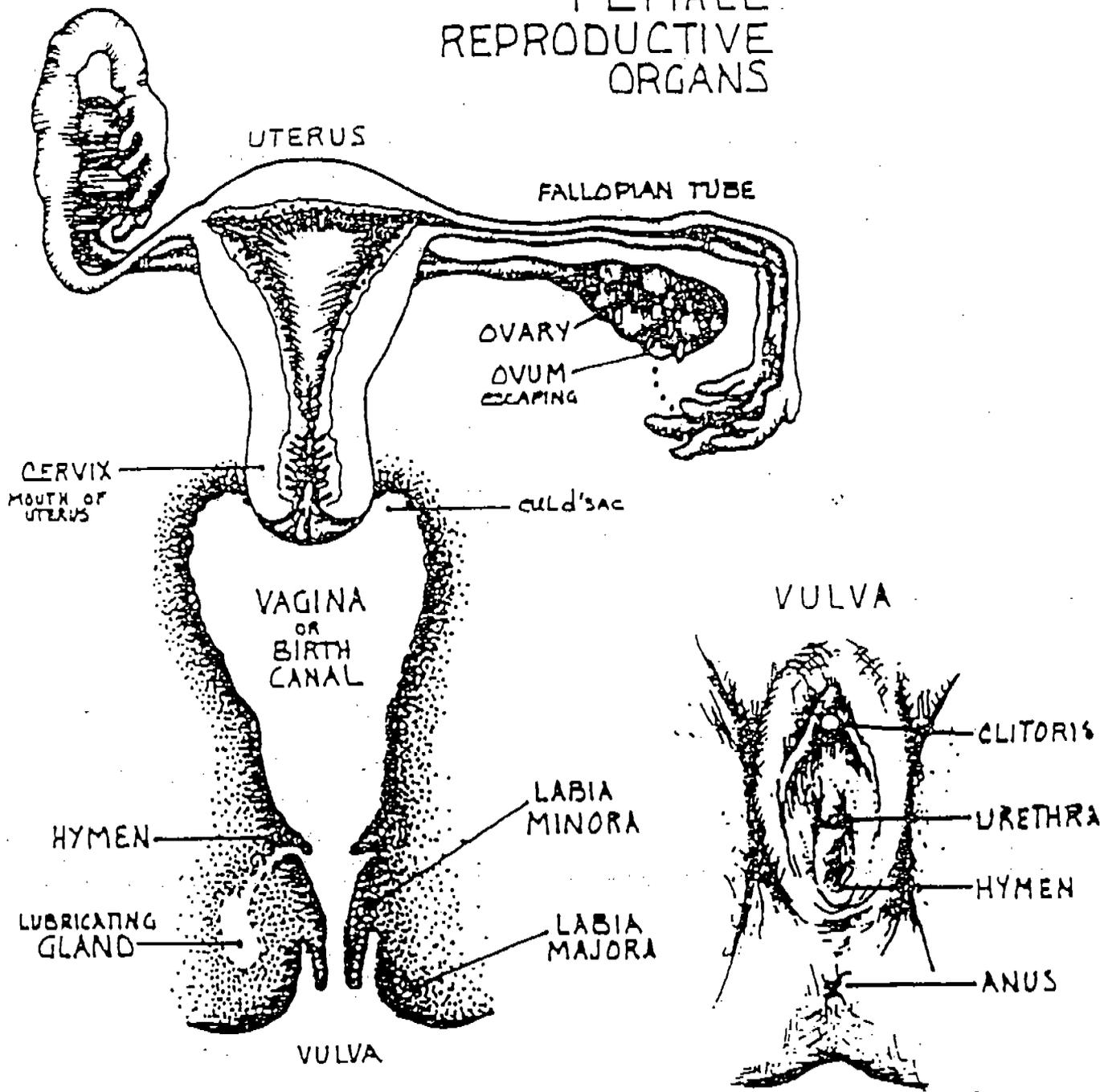
1. The *penis* is the organ introduced into the vagina of the female through which semen is discharged. (*Semen* is a whitish fluid produced in the male reproductive tract in which sperm cells are suspended.)
2. The *scrotum* is a muscular sac or bag which contains the testes and maintains them at a constant temperature.
3. The two *testes* (singular, *testis*) are roundish structures found within the scrotum. (Another term for these structures is *testicles*.) The testes have two functions: (a) to produce sperm cells from the germinal tissue which lines the walls of 300 to 600 tubes making up each testis; and (b) to produce *testosterone*, the male sex hormone. It is this hormone that is responsible for the male sex drive and that accounts for the appearance of secondary sex characteristics, such as the relatively deep male voice and the growth of hair on the face and chest and in the pubic and axillary (armpit) areas. The testes of the male continue to produce sperm and testosterone to the end of the life span (barring disease.) This is in contrast to the female, whose ovaries cease to produce ova after the period of *menopause* ("change of life.")
4. The *epididymis* is a structure that forms a mass over the back and upper part of each testis. Contractions of the tubes inside the testes move the sperm into the epididymus. Here they may be held for as long as six weeks while they ripen to maturity.
5. The *vasa deferentia* (singular, *vas deferens*) are two tubes leading from the epididymis of each testis to one of the seminal vesicles. When sperm cells leave the epididymus, they are propelled by muscular contractions of the vas deferens to the seminal vesicle, where they are stored.
6. The *seminal vesicles* are two pouch-like structures which serve to house mature sperms, until they are ejaculated during sexual excitement into the urethra and then outside the male's body. (During sexual intercourse, of course, the sperm will be deposited in the vagina of the female.)
7. The *ejaculatory duct* is a single small tube or canal connecting the outlets of the two seminal vesicles. This duct enters the urethra, where it passes through the prostate gland.
8. The *bladder sphincter* is a small muscular valve at the base of the bladder which opens to permit elimination of urine but closes during sexual excitement to *prevent* urine from mixing with the seminal fluid. (Urine, like semen, is discharged through the urethra.)
9. The *prostate gland* is actually made up of 30 to 40 small glands that secrete fluid into the urethra at the point where it passes through the glandular mass. (Note that the prostate gland completely surrounds the urethra.) These prostate secretions are alkaline in chemical reaction and thus serve to neutralize the acid condition of the urethra (in the male) and of the vagina (in the female.) This is important because sperm are readily destroyed in an acid medium.
10. *Cowper's glands*, situated at the base of the penis, secrete an alkaline fluid during sexual excitement. This serves the same purpose as the secretion of the prostate gland, and also lubricates the urethra to facilitate passage of the sperm.
11. The *urethra* is a tube that connects with the bladder and opens to the outside. In the male it serves two purposes: (a) to carry urine for elimination; (b) to transmit sperm cells through the penis and outside the body.

Male Reproductive System



1. The *ovaries* are two oval-shaped structures attached to the uterus by ligaments (supports.) The ovaries (a) produce *ova* or egg cells. (The singular form of this word is *ovum*.) (b) They produce the female sex hormone, *estrogen*.
 - (a) There are about 50,000 egg cells present in the ovaries of a human female at birth. At the age of puberty (the beginning of sexual maturity) an egg cell ripens and is discharged into the fallopian tube. The release of an ovum from an ovary is called *ovulation*. This occurs periodically at intervals of about 28 days.
 - (b) The hormone *estrogen* is responsible for the sex drive in females, and also for secondary sex characteristics, such as enlargement of the breasts, broadening and rounding of the hips, development of a fatty layer over the abdomen, and growth of pubic and axillary hair.
2. The two *fallopian tubes* extend from the upper part of the uterus into the abdominal cavity. They pass over the ovaries but are not in contact with them. The outer end of each fallopian tube has fingerlike projections called *fimbria*. A fallopian tube is lined with hair-like projections called *cilia*. These are in constant motion, to move the ovum along the tube into its destination — the uterus.
3. The *uterus* is a muscular, thick-walled, hollow structure. In a non-pregnant woman, it is about the size of a pear, but it has the capacity to increase tremendously in size during pregnancy and then to return to its original size following the delivery of the infant. The inner walls of the uterus lie close together. The upper part is connected to the fallopian tubes; the lower part, or *cervix*, dips down about half an inch into the vagina. The opening at the end of the cervix is normally plugged by mucus.
4. The *vagina* is a muscular tube, lined with a wrinkled mucus membrane, that leads from the cervix of the uterus to the outside of the body. It serves as a depository for semen from the male, as an outlet for menstrual flow, and as the final segment of the birth canal. It has the ability to open to receive the penis during sexual intercourse, and to stretch sufficiently to permit passage of a full-size infant. In some virginal females (but certainly not all), the entrance to the vagina from the outside is encircled by a narrow fold of tissue called the *hymen*. There has traditionally been a great deal of nonsense accepted about the presence of the hymen as a "test" of virginity. The fact is that the absence of the hymen proves nothing. Over a period of time, this tissue may be stretched out of position and eliminated as a result of strenuous physical activity, as well as the use of tampons during menstruation.

FEMALE REPRODUCTIVE ORGANS



1. The *ovaries* are two oval-shaped structures attached to the uterus by ligaments (supports). The ovaries (a) produce *ova* or egg cells. (The singular form of this word is *ovum*) (b) They produce the female sex hormone, *estrogen*.
 - (a) There are about 50,000 egg cells present in the ovaries of a human female at birth. At the age of puberty (the beginning of sexual maturity) an egg cell ripens and is discharged into the fallopian tube. The release of an ovum from an ovary is called *ovulation*. This occurs periodically at intervals of about 28 days.
 - (b) The hormone *estrogen* is responsible for the sex drive in females, and also for secondary sex characteristics, such as enlargement of the breasts, broadening and rounding of the hips, development of a fatty layer over the abdomen, and growth of pubic and axillary hair.
2. The two *fallopian tubes* extend from the upper part of the uterus into the abdominal cavity. They pass over the ovaries but are not in contact with them. The outer end of each fallopian tube has fingerlike projections called *fimbria*. A fallopian tube is lined with hair-like projections called *cilia*. These are in constant motion, to move the ovum along the tube into its destination — the uterus.
3. The *uterus* is a muscular, thick-walled, hollow structure. In a non-pregnant woman, it is about the size of a pear, but it has the capacity to increase tremendously in size during pregnancy and then to return to its original size following the delivery of the infant. The inner walls of the uterus lie close together. The upper part is connected to the fallopian tubes; the lower part, or *cervix*, dips down about half an inch into the vagina. The opening at the end of the cervix is normally plugged by mucus.
4. The *vagina* is a muscular tube, lined with a wrinkled mucus membrane, that leads from the cervix of the uterus to the outside of the body. It serves as a depository for semen from the male, as an outlet for menstrual flow, and as the final segment of the birth canal. It has the ability to open to receive the penis during sexual intercourse, and to stretch sufficiently to permit passage of a full-size infant. In some virginal females (but certainly not all), the entrance to the vagina from the outside is encircled by a narrow fold of tissue called the *hymen*. There has traditionally been a great deal of nonsense accepted about the presence of the hymen as a "test" of virginity. The fact is that the absence of the hymen proves nothing. Over a period of time, this tissue may be stretched out of position and eliminated as a result of strenuous physical activity, as well as the use of tampons during menstruation.

SEXUAL IDENTITY

I. BIOLOGY--

Before Birth:

Chromosome Configuration

Hormone Levels

Brain Development

Brain Imprinting

After Birth:

Appearance

Body Image

Body Function

Sex Response

II. GENDER IDENTITY

Internal Feeling About Being Male and Female

--also includes transgendered/intersex

III. GENDER ROLE

External Behaviors Based on Messages

All boys/men should/should not _____

All girls/women should/should not _____

IV. ORIENTATION

Attraction

Fantasy

Behavior

Self-Identity

Social

Emotional

Spiritual

Lifestyle

PRENATAL FACTORS

--CHROMOSOMES

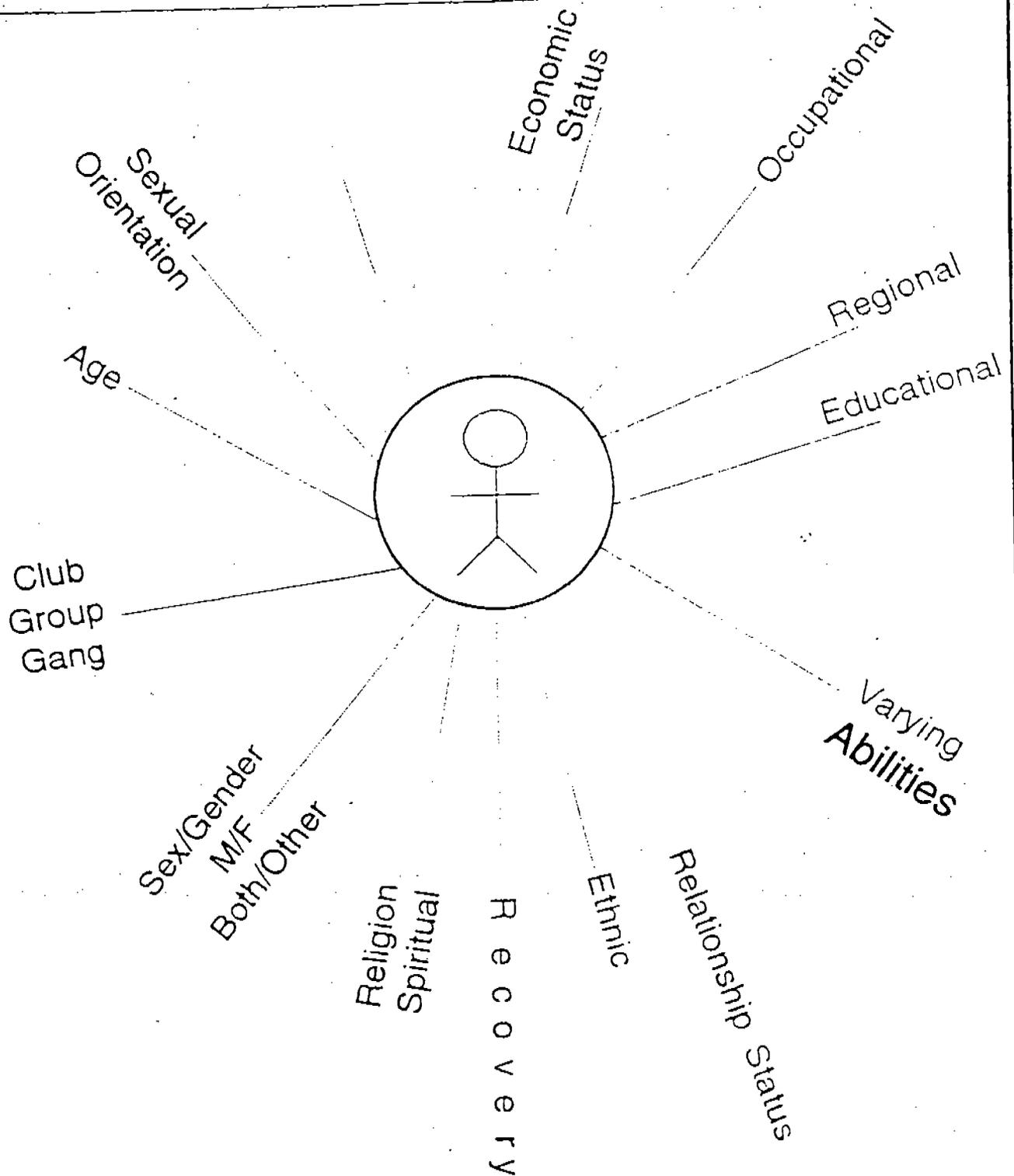
--HORMONES

--BRAIN DEVELOPMENT/
HYPOTHALAMUS

CORPUS COLLOSUM

--BRAIN IMPRINTING

The Culture Wheel



HONORING YOUR SEX RESPONSE—6 STEPS!

#1. Brain
Hypothalamus/
Pituitary Gland

#2. Spine

#3. Neurotransmitters
Chemical
Messengers

#4. Reflex Arc
(Brain Controls
Genitals)

#5. Limbic System
(+/-/??)

#6. Autonomic
Nervous
System
(Erections/
Lubrication/
Ejaculation/
Orgasm)

DISCLOSURE

1. Do you want to tell?
2. If yes, who? / why?
3. If not, why not?
4. Reasons for telling:



5. Exact words:
6. Possible responses:



7. Strategies for each possibility (#6)
8. Resources

TYPES OF INTIMACY

1. AFFECTION
2. SOCIAL
3. EMOTIONAL
4. INTELLECTUAL
5. AESTHETIC
6. PHYSICAL
7. SEXUAL
8. SPIRITUAL