

Keeping It Safe-

A sexual and reproductive health
guide for same-sex-attracted
women



Consent
Let's talk about sex... familyplanning.org.nz
Penetration Keeping It Safe-

This resource is for women who have sex with women; occasionally, regularly or are just thinking about it. The focus is on cis-women (women who were born with female reproductive systems and genitals), although transmen (or cis-women who have sex with transmen) may also find parts of this resource useful.

It aims to provide information to women who have sex with other women, regardless of their sexual identity (e.g. lesbian, queer, bisexual, gay, straight, butch, femme, dyke, or no expressed identity) or how that may change over time.

It aims to help us make informed choices about our sexual practices whoever they may be with. It also aims to enable us to be assertive in dealing with health professionals.

We acknowledge that same-sex attracted women have a wide range of different sexual experiences and desires.

We have based this resource on the premise that the risks of sexually transmissible infections relate to behaviours not sexual orientation or sexual identity.

Let's
talk about
sex...



Let's talk about sex...

Communicating about sex is important, whether you are in a long-term monogamous relationship, specialise in a series of one night stands, or are somewhere and anywhere in between.

Talking about sex can be embarrassing for many women, but it's essential in checking out what is safe and comfortable, physically and emotionally.

Negotiating our sexual practices can be both empowering and downright sexy.

Talk with your partner(s) about what turns you on and off, and what your sexual boundaries are. Talk about the contents of this resource!



Consent

Be clear about what you want, and how far you want to go with any activity, and value yourself enough to stick to that. The only way to know for sure if someone has given consent is if they tell you. Check out what your sexual partner wants. Be aware of her body language. Include checking if she is comfortable as part of your sex talk - a whispered “Is this ok?” or “Do you want to go further?” – can be very sexy. Stop if she says it’s not ok.

Coercion is never ok. Everyone has the right to say “No,” or to change their minds at any stage even if they have always said “Yes” previously. Sex without consent is against the law. Someone cannot consent to sex if they are really drunk or high on drugs. NZ law recognises that women can rape or sexually violate other women.

Safer Sex

The risk of transmission of sexually transmissible infections (STIs), including HIV, between women is lower than male-to-female and male-to-male. Risks do exist.

The risk of STI transmission depends on which STI and sexual practice are being considered. Studies have found herpes, HPV (genital wart virus), and chlamydia in women who have never had sex with men. Some sexual practices between women can put them at risk of HIV transmission.

You cannot judge that someone is free of STIs because they look healthy. Many STIs have no signs or symptoms. The only way of detecting these is an STI test.

There are some things you can do to make your sex safer and to ensure that you care for your own and your partner's health and wellbeing.

The basic principle is no exchange of body fluids. Keep your partner's bodily fluids out of your body. That includes vaginal secretions, blood, discharges from sores caused by STIs, and breast milk.

It is important to think about our risks and consider ways to make the spread of infections less likely. Honesty and communication about safer sex are important between partners.

Remember: in order to transmit an STI someone first has to have one.



Oral Sex

Oral Sex

Oral sex, or cunnilingus, means licking, kissing, sucking or tonguing the clitoris, labia and vagina. It is pleasurable for most women.

If a woman has open sores and cuts in her mouth she may be at risk of getting STIs through oral sex. The risk of transmission is greater for the person performing oral sex i.e. the person doing the kissing/ licking/ sucking.

If your partner has a genital infection or her period and you agree to have oral sex you can use a latex dam or cut open a condom or latex glove lengthways to cover her genital area. Use lube, genital side, with it.

Penetration

Putting large things inside you such as fists and toys can cause tearing, and tears and rips make you more vulnerable to the transmission of bacteria and viruses.

Finger/Vaginal Penetration/Fisting

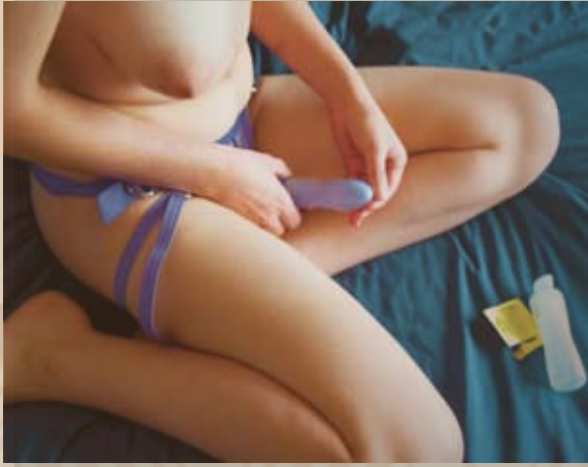
Fingering involves using fingers and sometimes hands to stroke the vulva and penetrate and move around in the vagina.

Fisting involves penetrating a woman's vagina or anus with a whole hand. If you do this it is essential that you start slowly and with a few fingers and build up. Slow and gentle withdrawal is equally important.

Keeping fingernails trimmed, removing rings and bracelets and using lube will help prevent soreness, or tearing or bruising the vagina, and will therefore minimise opportunities for infections to move into the blood stream. Bacteria can build up under fingernails and possibly lead to vaginal infections.

Latex gloves are useful in protecting against STIs and can also make penetration smoother and more enjoyable.

If you are not using latex gloves wash your hands thoroughly in warm, soapy water before and after fingering or fisting your partner.



Using Sex toys

When choosing toys be realistic about the size. Let the woman on the receiving end control the action to avoid abrasions.

Sharing sex toys can be an STI risk as they can come into contact with fluids in the cervix, at the top of the vagina, where infections can survive.

Some women use dildos for vaginal or anal penetration. They come in all shapes, sizes, colours, textures and materials. Silicone dildos are easiest to clean. Silicone transmits heat and, with the right size, is generally comfortable.

Plastic and glass dildos are more rigid and may be more likely to cause damage. However silicone is itself more likely to be damaged than plastic and could present a risk if contaminated. Most silicone-based lubricants are not compatible with silicone toys, as they can cause the toy's surface to break down.



Using Sex toys

If your dildo has any breaks on its surface, always use a condom with it; those breaks will make it difficult to keep the dildo clean. When sharing dildos with other women change condoms between partners to avoid sharing vaginal infections.

Butt plugs are designed to be inserted in the **anus** and **rectum** (arse). They tend to be shorter than a dildo, and have a flared end to prevent the device from being lost inside the rectum. Condoms don't fit butt plugs well so pull the condom over the entire butt plug to keep it secure.

Anything that has been used anally should not be used vaginally. Use a condom for anal sex then a new condom for vaginal sex to avoid infection. It is safer to have different toys for different uses.

After every use, wash the dildo or butt plug thoroughly with warm, soapy water.

By using condoms and lube, changing condoms between partners, and washing toys carefully you can reduce risk.

Using Sex toys

Vibrators are used most often on the exterior of a woman's genitals for sexual stimulation.

Vibrators are often quite helpful for women who can't reach orgasm during masturbation or sex. For women with decreased mobility, vibrators can be wonderful. For women who might be experiencing reduced sensitivity as they age a vibrator can provide pleasure more easily.

Vibrators can simply be a fun addition to some women's sex play.

Do not use vibrators on a skin rash, or existing swelling or bruises.

Use a condom and lube. Remember to change condoms between partners, and wash vibrators in warm, soapy water after removing the batteries.



Anal sex

This can involve rimming (licking, tonguing and delving around and inside the anus) and penetration.

Bacteria live in the anus so use latex dams or cut up flavoured condoms lengthways. Put lube on the anus side of the dam or condom to remove sensations of latex friction for the receiving partner.

Prepare for anal penetration by relaxing e.g. with a bath or massage. Arouse the surface of the anus first, penetrate slowly and start with something small. The rectum has no natural lubricants and lacks the elasticity of the vagina so is more susceptible to tearing than the vagina. Use plenty of lube and go gently with toys and fingers/fists. There's no "end" to your rectum and things really can get lost up there, so be careful. And if it hurts, stop.

Clean your sex toys with disinfectant soap after anal play, even if you use a condom.



Rubbing/ Frottage/Tribadism

This involves the rubbing or grinding of a vulva against some part of a partner's body.

If two women are flexible it may be possible to have direct labia-to-labia and clitoris-to-clitoris contact. There is an STI transmission risk if there is contact and exchange of fluids.

You can use a latex dam to create a barrier between partners.

Watersports

Urinating onto a partner carries a very small risk of bacterial infection for the partner.



Sex with Men

Women have sex with men for pleasure and fun, for romantic and emotional reasons, to get pregnant, to make a living, or because they are coerced or abused. Many lesbian and gay identified women fantasise about having sex with men, while some have occasional sex with men.

Regardless of your sexual identity, if you are having sex with men then it's important to practise safer sex. Safer vaginal and anal sex with men generally means using condoms with water-based lube.

If you have unprotected vaginal or anal sex with a cis-male partner (a man born with a biological male reproductive system and genitals) get an STI check two weeks later.

The female partner is at greater risk of getting an infection from penetrative sex than the cis-male partner as the vagina and rectum are more absorbent than the penis.

If you want to avoid pregnancy after unprotected sex, and you are not post-menopausal, the Emergency Contraceptive Pill (ECP, frequently referred to as “the morning after pill”) can be taken for up to 72 hours after intercourse. It is available from Family Planning, on prescription from GPs, or can be purchased over the counter from pharmacies.

If you are in a relationship with a cis-man both of you should be tested for STIs before you decide whether or not to stop using condoms.

Substance Use & Abuse

Using alcohol and drugs is a significant part of some of our lives. Substance use can lead us to take sexual, physical and emotional risks we might not otherwise take.

Alcohol and drugs can impact considerably on our emotional health.

If you are using injectable drugs don't share works. You run the risk of HIV, and Hepatitis B and C. Have a supply of clean equipment handy. Get in touch with your local needle exchange for information and equipment (<http://www.needle.co.nz>, or look under Needle Exchange in your local phonebook, or call the national office on 03 366 9403).

Substance Use & Abuse

Piercing, cutting and **tattooing** are risks for the spread of blood borne viruses (e.g. HIV, Hepatitis B & C) if unclean equipment is used.

The basic safety precaution is sterilising equipment (use bleach at home) and preventing another person's body fluids from entering into your bloodstream. Wear gloves if you are piercing, cutting or tattooing your partner and do not get blood into your mouth if you have cuts or sores in your mouth.

If you are **shaving**, use separate razors.

Wax – if you are dripping wax candles on your partner make sure they are made of paraffin wax (your average household candle). Beeswax candles, while smelling gorgeous to many, melt at a high temperature and can cause permanent damage to skin.

STI Risks

Infection	What is it?	Transmission Risk	Prevention	Treatment
Chlamydia	Infection of the lining of the cervix or urethra.	Sharing toys between partners without use of condoms or cleaning the toys.	Use condoms on sex toys.	Antibiotics.
Gonorrhoea	Bacterial infection of genitals, throat, rectum.	Low risk - via shared sex toys without condoms or cleaning between partners.	Use condoms on sex toys.	Antibiotics.
Trichomoniasis	Small parasitic organism causing irritation of the vagina.	Sharing toys between partners without use of condoms or cleaning the toys. Touching own genitals then partner's.	Use condoms on sex toys. Clean fingers in hot, soapy water before touching self or partner. Keep fingernails short. Use latex gloves and lube.	Antibiotics.
Genital Herpes	Herpes simplex is a virus that causes infection, usually on the mouth and lips (cold sore) or on the genitals.	Close skin contact with someone who has the virus. Oral sex e.g. if partner has a cold sore. Via shared sex toys, without condoms or cleaning, between partners.	Use latex dams for oral sex when cold sores present.	Sores can heal on their own. Antiviral medication can reduce pain and severity. The virus remains in the system.
Human Papilloma Virus (HPV)	Wart virus which can lead to cervical cancer or genital warts - different wart strain from those found on the rest of the skin.	Genital to genital contact. Touching own genitals then partner's. (Unlikely that warts on hands can be transmitted to genitals.)	Avoid genital to genital contact. Regular smears to detect any pre-cancer. Clean fingers in hot, soapy water before touching self or partner. Use latex gloves and lube.	Warts can be treated by creams, or by freezing or burning.

STI Risks

Infection	What is it?	Transmission Risk	Prevention	Treatment
Hepatitis A	Virus that affects the liver.	Can be spread through sex which involves oral to anal contact (rimming).	Use latex dams or cut up condoms when rimming.	Immunisation available, no medicated treatment.
Hepatitis B	Virus that affects the liver.	Easily transmitted via shared sex toys, oral sex and possibly rimming, sharing needles and razors.	Use latex dams or cut up condoms for oral sex and rimming. Do not share needles and razors.	Most people are able to deal with it naturally within their bodies. Immunisation is available.
Hepatitis C	Virus that affects the liver.	Route into blood stream, easily transmitted via intravenous needles.	Don't share works.	Antiviral treatment.
HIV	Virus which attacks the white blood cells and damages the immune system causing difficulty in fighting infection.	Requires a route into the blood stream. Via shared toys where blood or vaginitis is present.	Oral sex during menstruation. Use condoms on sex toys. Use latex gloves and dams if having sex involving blood and you have broken skin.	The disease can be controlled by antiretroviral medication. Treatments are available for the secondary infections and some cancers.
Syphilis	An infection of the skin or lining of the genital area. It is a bacterial infection.	Close skin contact.	Reduce risks by using condoms on toys.	Antibiotics.
Crabs and lice	Small lice that live in the pubic hair. These cause inflammation and irritation.	Through close body contact, usually during sex with an infected person. Lice can be spread through infected, shared bedding and clothing.	Difficult to prevent, but maintain high levels of cleanliness.	Non prescription lotion or specialised shampoo.

Other STI Risks

Infection	What is it?	Transmission Risk	Prevention	Treatment
Scabies	Small mites that burrow into the skin and cause inflammation and irritation.	Through close body contact, sometimes during sex. The mites can be spread through infected shared bedding and clothing.	Difficult to prevent, but maintain high levels of cleanliness.	Special lotion, cream or ointment applied to the infected area.
Infections which affect the genital area but may not be related to sexual contact.				
Thrush (Candida)	Vaginal infection causing itchiness and irritation.	Sharing toys between partners without use of condoms or cleaning the toys. Touching own genitals then partner's.	Clean fingers in hot, soapy water before touching self or partner. Keep fingernails short. Use latex gloves and lube. Use condoms on sex toys.	Cream or prescription over the counter.
Bacterial vaginosis	Vaginal infection causing smelly discharge and discoloration.	Sharing toys between partners without use of condoms or cleaning the toys. Touching own genitals then partner's.	Use condoms on sex toys. Clean fingers in hot, soapy water before touching self or partner. Keep fingernails short.	Use latex gloves and lube.
Cystitis	Bacteria in bladder and urethra causing burning when urinating, frequent urination, aching in lower abdomen and back.	Frequent sex. Wiping from back to front after using toilet. Common in all women regardless of sexuality.	Use lubricant for sex. Urinate ASAP after vaginal sex. Clean fingers and toys if moving between anus and vagina. Wipe front to back after toileting. Keep fingernails short Use latex gloves.	Antibiotics.

Safer Sex devices

Condoms

Condoms come in all sorts of widths, lengths, colours, flavours and textures, extra lubricated or not. It's important that the condom is large or small enough for your toys so it won't come off during sex.

The golden rule is use them only once.

You can buy condoms from supermarkets, pharmacies, online, or get a prescription for up to 144 for \$5.00 from Family Planning clinics or a GP.

Use condoms with water-based lube to reduce the friction and therefore reduce the risk of the condom tearing.

If you are allergic to latex it is possible to get non-latex condoms on prescription, or buy them, e.g. through the Family Planning webstore at www.familyplanning.org.nz, or at pharmacies.

Safer Sex devices

Safer Sex devices

Lubricants

Lubricants can enhance the pleasure of penetrative sex and reduce the risk of urinary tract infections.

Lube can be used for clitoral stimulation, as well as vaginal and anal penetration. Lube reduces the potential for soreness and reduces the risk of abrasions and therefore opportunities for infections to move into the blood stream and skin.

If you are using toys and condoms, lube reduces friction and the risk of condoms breaking. Use water based lube to avoid damaging the rubber.

Some lubes come in flavours, while others heat up on your skin. Taste test flavoured lube and always test a specialty lube by trying a bit on your inside forearm. It's best to find out if you are allergic to it or don't like the way it feels before putting in into your vagina or anus.

Lube is available to buy from supermarkets and pharmacies.



Safer Sex devices

Dams

Latex dams (“oral dams”) are sheets of latex. They act as a barrier between the vulva or anus, and the mouth. They are thin enough to transmit heat and sensation but provide an effective barrier against infections from vaginal or anal secretions. In place of a latex dam, you can use a condom or latex glove cut open lengthways.

Ensure the dam is free of holes by holding it up to the light. Use some water-based lubricant on the vagina or anus beforehand to increase the amount of stimulation your partner receives. Hold the dam in place to ensure that it doesn't slip. Use the dam only once. You can put non-oil based products on the dam – e.g. chocolate - if you want to add a little something to the action.

You can get oral dams from female-friendly sex shops, or order online from the Family Planning website,

www.familyplanning.org.nz



Gloves

Latex, or surgical gloves, can be used for fingering and fisting. They create a barrier to infections.

Used with lube they can be a fun and slinky addition to sex play.

Turn them inside out, knot them and put them in a bin after use.

Latex gloves can be purchased from the supermarket or pharmacies.

Cyber Safety

Because of the relative speed and ease of meeting people, internet dating can accelerate the feelings of trust and the sense of being in a relationship. This can then increase the feelings of disappointment, rejection, sadness and grief associated with a relationship going wrong.



Some ideas for safeguarding your heart. These apply to any relationships, not just internet generated ones:

- Be clear about what you really want and be honest about it with yourself and your partners. Do you want something casual or serious?
- Write a list of what you want, and what you definitely don't want and stick to it.
- Acknowledge the positive qualities you bring to relationships. Honour yourself and expect others to behave honourably towards you.
- Be cautious about giving out personal information until you know who you are dealing with.
- Share your expectations with a close friend who cares about you, let them know where you are meeting your date and check in with them after each date.
- Arrange to meet in public places until you are comfortable with the person.
- Always go at your own pace.

Sexual Health Checks

Have a sexual health check-up if:

- You want reassurance that you don't have an infection
- You are changing sexual partners
- You have been having sex with men without protection (e.g. vaginal or anal sex without condoms)
- You notice any symptoms such as redness, itchiness, or changes in discharge colour, consistency or smell, blistering, sores, or ongoing pain while peeing
- You are pregnant.

You can get an STI check from your GP, Family Planning or free from Sexual Health Clinics – see your phonebook.

At an STI check you will be asked a few basic questions about your sexual history to determine which tests are necessary. It's important to be able to talk honestly about your sexual history in order to receive the best care. Quality sexual health providers are non-judgemental and confidential, and have seen it all before.

Possible tests you may have include:

- Urine test (pee in a pot)
- Vaginal swab (you may have the option of doing this yourself)
- Physical exam
- Smear test (see below)
- Blood test (HIV/Hep B/Syphilis).

Cervical Smears & their relevance to you

Cervical smears are recommended every three years once you have become sexually active, and have reached 20 years of age. This includes for transmen. Even if you have never had sex with cis-men you need to have them regularly. Women who do not identify as straight do have cervical abnormalities, and the Human Papilloma Virus (HPV) can be transmitted between women. Those who smoke are at greater risk from cervical cancer.

If you have had a hysterectomy talk to your medical practitioner about whether or not you need smears – you may not need a smear if you have had your cervix removed and never had an abnormal smear result.

Women who have received the HPV vaccine still need regular cervical smears.

The smear is a simple procedure involving the insertion of a speculum and using a spatula to remove a few cells from the cervix. The purpose is to check the cervix for any signs of changes in the cells which could be pre-cancerous. Early detection is important for early treatment, although not all changes are an indicator of pre-cancer.

Virtually no women are totally comfortable having smears, or being examined, but there should be no reason for a smear to be painful. Let your health care provider know if you are feeling uncomfortable before, or during a smear.

A bimanual pelvic examination is sometimes conducted at the same time as your smear. The health care provider will insert a couple of fingers into the vagina, and feel for abnormalities such as fibroids (usually harmless growths in the wall of the uterus) and cysts. You may choose to have or to decline a pelvic examination.

Smears and pelvic exams are part of regular preventative health-care.

You may wish to choose Family Planning as your smear provider. Other options are your GP or a Sexual Health Clinic.

Breast Checks

Breast cancer develops in roughly one in ten women in NZ. It is more likely in older women, or those who are overweight, overuse alcohol or tobacco, have breast cancer in the family, or have not had children. You are entitled to a free mammogram from the age of 45.

Get to know your breasts, and those of your lovers! Breasts are less lumpy directly after a period, and after menopause. One week after your period ends is a good time for regular self-examination.

See a doctor as soon as practical if you detect a lump or change in your breast. 80 to 90% of lumps are not cancerous but early detection and treatment is best.

Insemination & Conception

Preconception planning is a good idea. If you are planning a pregnancy, it is recommended that you:

- Stop smoking and drinking
- Reduce caffeine intake
- Avoid environmental chemicals including garden chemicals
- Ensure you are exercising, and if you are overweight try to lose weight
- Start taking folic acid, at 0.8 mg per day one month prior to planned conception, and then for 12 weeks into the pregnancy.

Remember: the older a woman is, the smaller her chances of conceiving.

Fertility clinics can assist with securing donors who will have been screened for conditions like HIV. Google “Fertility,” or check under “Fertility” in your phonebook.

If you are using a friend as a donor ensure they have had an HIV test three months prior to insemination and a full STI check two weeks prior to insemination, and have practised safer sex in between times – i.e. condoms and lube every time, no exceptions. Be sure you are aware of any potential donor’s medical history and possible other risk factors, such as drug use.

You will also need to consider legal arrangements such as access and guardianship.

Parenting/step- & co-parenting

Many women parent children. There are a number of studies that demonstrate that lesbian and gay people are at least as good at parenting as heterosexuals. Children raised by lesbian or gay parents are at no increased risk of any identifiable emotional or behavioural pathology.

Where children come from previous relationships the extent to which a partner will be involved in parenting needs to be decided by the individual couple.

Experts recommend telling the children about your sexuality, being open and honest, and counteracting negative opinions they will otherwise hear, through positive parenting.

When in a parenting situation it is especially important to find healthcare providers with whom you can be open about your family structure.

PMS

Pre menstrual Syndrome (sometimes called PMT) symptoms can be physical, and emotional or behavioural. The most common symptoms are:

- Dysphoria – depression, anxiety, irritability, anger, inability to concentrate, nervousness
- Breast tenderness
- Fluid retention
- Headache
- Fatigue or exhaustion
- Food cravings – especially for chocolate, sugar or salt.

Some women use herbal remedies, such as evening primrose oil, magnesium and Vitamin E although there is little scientific evidence to support claims that they improve symptoms. However, calcium (1200mg daily), has been shown to have benefits in trials.

Other approaches women can take are:

- Regular aerobic exercise – 30 minutes, 3 - 4 times a week, especially when premenstrual
- Learning relaxation techniques
- Regular meals, high in complex carbohydrates, moderate in protein and low in refined sugars and salt
- Minimise alcohol, tobacco, and caffeine.

Menopause

Menopause

Menopause is a natural process that occurs in all cis-women, usually between 40-55 years of age. During menopause a woman's oestrogen levels fall and menstruation eventually stops.

Menopause is a highly individual experience. Symptoms vary between women from mild to severe although some women have no symptoms at all. In some women the symptoms last for less than one or two years, but other women have them longer.

The main symptoms of menopause are hot flushes and night sweats. This can disrupt sleep, causing irritability and tiredness both for the menopausal woman and her partner. Some women experience vaginal dryness after menopause which is uncomfortable and can make sex painful.

Bones get thinner during the ageing process, and the drop in oestrogen at menopause can cause loss of bone strength.

Depression, anxiety, forgetfulness and loss of interest in sex are often blamed on menopause, and some women report an increased sex drive, but there is no evidence that these are caused by menopause.

HT (hormone therapy) decreases or stops hot flushes and night sweats. HT should not be used long-term because the risks outweigh the benefits. Women should only consider HT when menopausal symptoms are making life difficult.

Menopause

The Ministry of Health advises women to use HT at the lowest dose for the shortest period of time appropriate for their symptoms.

If you are experiencing menopause the following suggestions may help you:

- Vaginal oestrogen cream, available on prescription, is safe in low doses. It increases vaginal moisture. Replens, a non-hormonal vaginal moisturiser, is also available in some pharmacies.
- Talk to your partner about how you feel physically and emotionally, especially if you have a much younger partner who may not be experiencing the same physical changes.
- Use lots of lube when having penetrative vaginal sex, or if that is painful focus on non-penetrative sex and other ways to pleasure and be intimate.
- Get separate duvets to minimise the disruption to sleep from night sweats.
- There is some clinical evidence to show that the herbal remedy Black Cohosh may reduce hot flushes and night sweats. It takes several months to become effective, is expensive and there is no data on its long term safety.
- Natural progesterone cream, available on prescription, may help with hot flushes, although there is little clinical evidence to support this. Maintain a good health regime - e.g. exercise regularly, reduce stress, eat well, stop smoking and drink alcohol in moderation.

You can find more information about menopause at

www.familyplanning.org.nz

Accessing health practitioners

It is important to feel comfortable with your health care provider. You may want to find a gay or lesbian doctor, or determine that a doctor is comfortable with your sexuality.

Read the ads in LGBT media. Ask your friends who their clinicians or therapists/counsellors are and if they are comfortable with them, and happy about the care they receive. Call your local gay and lesbian switchboard to see if they have lists of clinicians and therapists/counsellors.

To receive the best health care possible it's wise to come out to your clinician. The more they know about you the better s/he should be able to help you, and means you can avoid unnecessary questions.

Coming out can be nerve-racking. However, when completing the practice registration form it can be as quick as explaining that you don't use contraception because you are not sexually active with men, or are in a relationship with a woman, if you are of pre-menopausal age.

Remember: you deserve the best care you can get and most primary care doctors have seen just about everything.

You may decide to see a GP for your general health needs and access a specialised service like Family Planning for your sexual health care.

Emotional Health & Resiliency

We all deserve to be healthy. To become and stay healthy we can look after our physical health and our emotional and spiritual health.

Most LGBTQ women are emotionally healthy and well adjusted, however we all need to develop coping skills and mechanisms to get us through the hard times.

This includes figuring out what might be stressing us and learning strategies and ways to deal with this, and finding our personal strengths, key people and activities that make us feel good about ourselves.

Some strategies may be:

- Building in time to relax
- Taking up meditation or yoga
- Eating well
- Exercising
- Having massages
- Building in treats and things that you enjoy
- Changing your attitude or approach to things
- Changing your circumstances – the radical route e.g. changing job, ending an unhealthy relationship.

Resiliency helps us to spring back, and recover from shocks and knocks. It's important to face reality,

and build bridges from present challenges to the future. Develop connections and attachments to family, friends, and community groups. It's important to have something to do, some sort of purpose and something you can achieve with. Join a group, volunteer, get involved with your queer or civic community.

Feeling sad, worried, anxious or experiencing grief and distress are normal responses to life events. If they become overwhelming it's important to seek help.

Relationships Aotearoa offer various counselling services:
<http://www.relationships.org.nz>

If your partner is experiencing mental or emotional health issues, it is useful to develop mechanisms for separating yourself from your partner's issues in order not to "take them on."

- Try not to take things personally or blame your partner.
- If your partner has a specific condition it is helpful to learn what you can about the condition, how it's treated and how you can best support them.
- Encourage your partner to stick to any treatment regimens they may be on, and make it easy for them to avoid alcohol, and drugs.
- Try to build in fun ways to keep stress levels down.



Dealing with homophobia

Homophobia is negative feelings about, and illogical fear or hatred of, homosexuals.

Many same-sex-attracted people live with some level of internalised homophobia. This negative feeling about ourselves and others like us can impact on health, happiness and sexual fulfilment.

Many bisexual women experience bi-phobia from both the straight and lesbian communities. However, as concepts around sexual identity, culture and behaviour have lost some of their rigidity in the last 20 years this is hopefully reducing.

Human rights are protected under the law in NZ, and we can not be discriminated against in employment, education, housing and service provision on the basis of our sexuality. If you feel you have been discriminated against you can ask the Human Rights Commission for assistance (<http://www.hrc.co.nz>).

If you are being physically, sexually, or verbally harassed and feel that your safety is under immediate threat dial 111 for Police.

Removing internal homophobia and building resistance to homophobia takes time.

- Connect with other same sex attracted people, whether in the flesh or online.
- Build a network of supportive friends, including straight friends.
- Develop skills and interests that bring you joy and positive feedback.

Relationship abuse

Violence and abuse occur within same sex relationships, although they are not often talked about. Women can be perpetrators of abuse. It's not about how big or strong someone is – it's about misuse of power and control.

What is Relationship Abuse?

- It can include emotional abuse such as: name calling, threatening (including threatening to “out” someone), humiliating, blaming, insults, put-downs, isolating from friends/family, ridiculing, intimidating, cold shoulder, controlling and constantly checking up on where you are and who you are with, pressuring, extreme jealousy, destroying property, injuring pets.
- Physical abuse such as: putting a person in danger, pushing, slapping, hitting, punching, kicking, hair pulling, choking, burning, using a weapon or other objects to harm.
- Sexual abuse such as: pressuring someone into having sex (this could include touching, kissing, fondling, oral sex or penetrative sex), being forced to pose for sexual pictures or look at pornography.
- Economic abuse such as: controlling joint finances, withholding money, making all the financial decisions.

If any of these things are happening to you on a frequent basis, you may be in an abusive relationship.

Relationship abuse

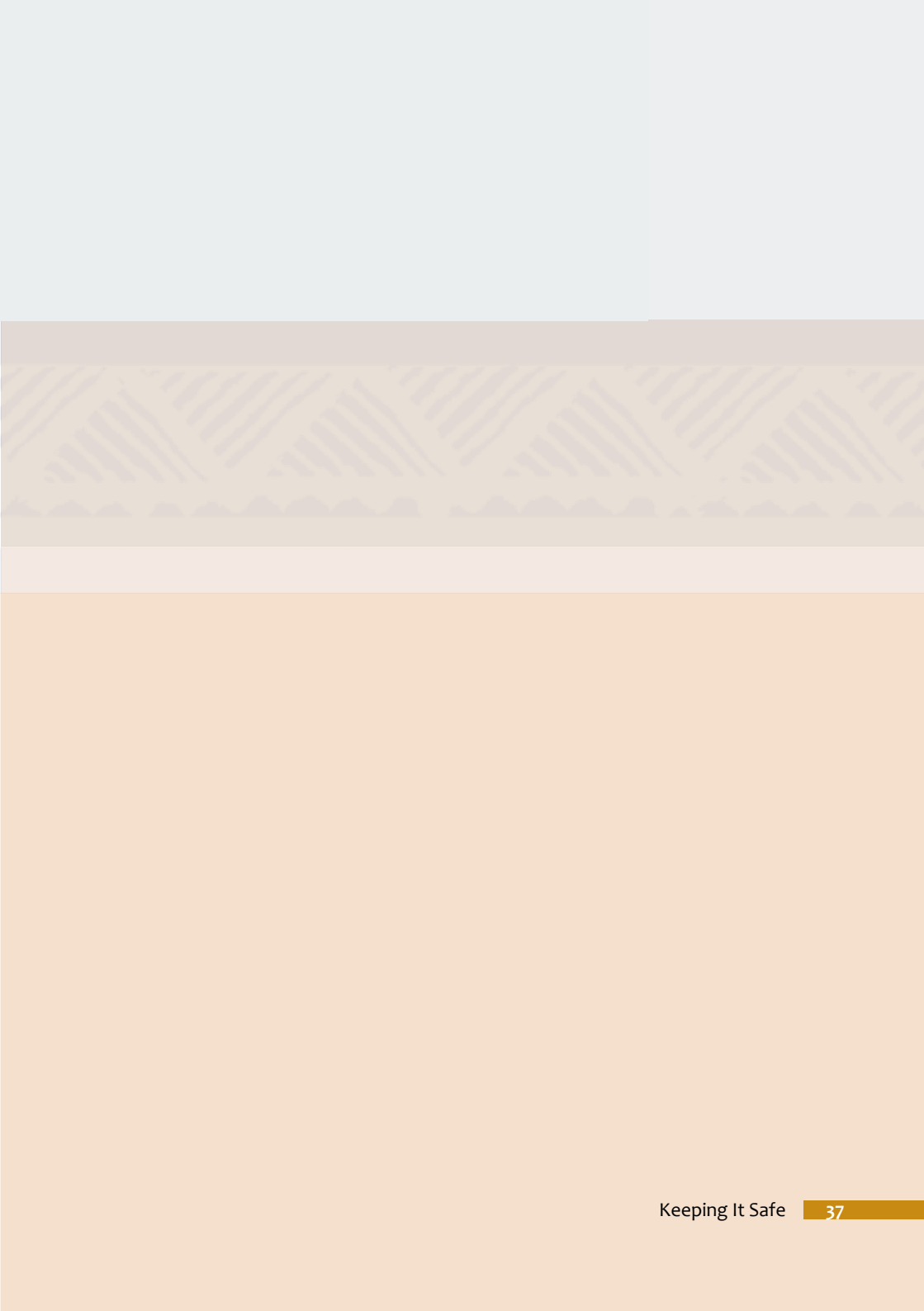
Relationship abuse is not a one-off event. It's a cycle and usually gets worse if nothing is done to stop it. It's never the abused person's fault – abusers are responsible for their behaviour. If you are in an abusive relationship, the best thing for you to do is end it. This may be tough and you may need help:

1. Find support from people who care about you and tell them what is happening.
2. Contact your nearest stopping violence service on 0800 4SVSSVS or women's refuge, under "w" in the phonebook.
3. Go out in groups (not alone) for a while.
4. Carry a mobile phone or phone card and phone numbers of support people.
5. Carry money.
6. Arrange your own transport.
7. If necessary get a trespass order from the Police (to keep the abuser away from home, work or school).

If you are doing any of the behaviours above on a frequent basis, you need help.

If you want to change your behaviour with help you can. To talk to someone from your nearest stopping violence service, phone 0800 4SVSSVS (0800 478778). Nothing is so bad you can't talk about it.

Relationship abuse



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