

KNOWLEDGE FOR SEXUAL AND REPRODUCTIVE FREEDOM

ARE YOU COVERED

APRIL 2024 | Issue 3

RED FLAGS: WHAT THEY ARE, WHAT THEY MEAN AND HOW TO SPOT THEM

IT'S NEVER TOO LATE TO DATE

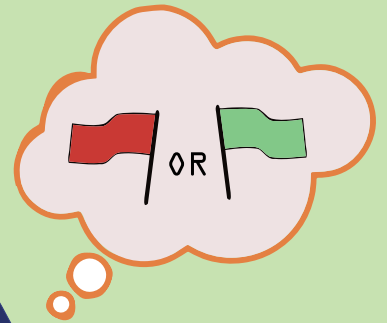
BEFORE I KNEW IT: COERCIVE CONTROL

TOP TIPS FOR STAYING SAFE WHILE

SWIPING RIGHT CAN WE TALK ABOUT

PORN? SEXUAL AND REPRODUCTIVE

HEALTH GLOSSARY



ARE YOU COVERED
EST. 2015

To Do

- Tell June about my date.
- Pick an outfit
- Pack a condom



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ISSN 003

www.gwhealth.asn.au

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Your feedback is valuable <https://forms.office.com/r/DX4MwxSDkD>

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Submissions

Are You Covered accepts sexual and reproductive health related advertisements, photo and story submissions, however acceptance is subjective to approval by the Content Director.

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Acknowledgement

Gippsland Women's Health acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of country and pay our respects to Elders past and present for they hold the stories, traditions and culture.

Gippsland Women's Health acknowledge that sovereignty has never been ceded and commit to respectful truth telling and working in partnership to improve the health and well-being and security and safety of all Aboriginal and Torres Strait Islander people.

Gippsland Women's Health acknowledge and pay respects to the women and children who have died as a result of gendered and family violence and those who continue to live with violence.

Gippsland Women's Health acknowledges the support of the Victorian Government.



Welcome Back!

WE'RE BACK!!

Welcome back to Issue 3 of the Are You Covered (AYC) Magazine! Due to the success of our last two issues, it means we are now producing not one but two magazines this year, yay!! We hope you are as excited as we are to bring back this dedicated sex positive and informative resource back to Gippsland. If you are new here, hello! You can get up to date with our last two issues by following the link here <https://gwhealth.asn.au/resources/>

Here's what our readers had to say about Issue 2.

"Great information, useful and thought-provoking. Excellent presentation, accessible and invitational."

"People's lived experience was captivating and appreciated. Clear and easy to read layout."

"Enjoyed the Menopause section. As a young person, I found the content really informative about the next phase of life. It has made me feel less anxious about entering perimenopause and menopause."

Follow this link to access a survey or scan the QR codes placed throughout the magazine <https://forms.office.com/r/DX4MwxSDkD> It is quick and easy to use, and it will mean the world to us if we could hear your thoughts, feedback or if you connected with a certain element.



So, What Are We Covering in Issue 3?

Issue 3 takes a deep dive into dating and relationships. We talk about the good, the bad and the ugly when it comes to online dating, understanding red flags and being safe online. We will also cover coercive control, pornography, healthy sex across the lifespan, as well as an updated glossary. We are privileged to provide space for local Gippsland women to provide their stories. We take a neutral approach to these topics and hope the articles serve as a starting point for you to access resources and deepen your understanding.

To the people who have contributed to this magazine - either by submitting a story, completing a survey or sharing their expertise - we cannot thank you enough. Story telling is a powerful tool. We hope you enjoy this collaborative effort.

Content warning: This magazine discusses sensitive topics openly and will cover content such as coercive control, sexual assault and rape. A list of support services can be found via our website: <https://gwhealth.asn.au/services-and-partners/womens-health-services/>

ARE YOU COVERED?

Are You Covered? is Gippsland Women's Health's very own Sexual and Reproductive Health (SRH) initiative.

The aim is to ensure people of all ages are covered when it comes to safe sex, contraception, consent, conversations about sexual health, prevention and screening, gender and sexual orientation, and women's SRH literacy.

Sexual and reproductive freedom and confidence starts with understanding all there is to know about your own sexual and reproductive health. Whether you want to find out more about reproductive rights, understand your contraception options, how to ask for and give consent, how to talk to your GP and health professional, or how to have healthy sexual relationships with your partner(s), we have got you covered.

Want to stay covered? Follow us via the [@AreYouCovered](#) Instagram!

Your feedback is valuable. It allows us to know whether these resources are helpful and what we should include in the next issue. Please fill out this short survey - <https://forms.office.com/r/DX4MwxSDkD>

SCAN ME



We would love your feedback! Scan the QR code to complete our short survey.

Follow @GippslandWomensHealth on our socials or visit our website to learn more about our work: www.gwhealth.asn.au

AYC Recommendations



Consent Laid Bare
By Chanel Contos

When it comes to sex, we are still working with an outdated social contract that privileges men's pleasure at the expense of women's humanity. **Consent Laid Bare challenges the lingering inequality** that reinforces this behaviour. It gives girls and women the encouragement to seek sex that is truly enjoyable and equips them with the information they need to properly consent. It asks boys and men to become advocates for sex centred around intimacy rather than aggression.

Available at [major bookstores](#), online or via [Audiobooks](#).



Doing 'IT' Podcast
Episode 67: So, What Do You Say About Gender?

During this episode, sexual and reproductive health (SRH) experts give us a glimpse into what is discussed with young people in the classroom when it comes to gender, sex and sexuality, as well as some language parents can use at home to have SRH related conversations.

[Available wherever you get your podcasts.](#)

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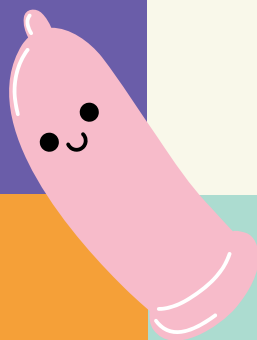
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SEX

IS

yes



GOOD.

BUT..



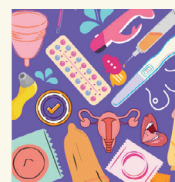
SAFE

SEX



IS

BETTER.





RED FLAG

Red Flags - What They Are, What They Mean and How to Spot Them.

When it comes to dating, the landscape has changed significantly thanks to the advancement of dating apps. Whilst online dating has existed for decades, and often with negative connotations, dating apps have made searching for a new partner (or partners) quick, easy and accessible. When used properly and safely, they can be fun to use and may lead to meeting some great new people. Whether you are looking for a long-term relationship, a short fling, a distraction from your most recent break up, someone to go on a date with while visiting a new city or someone to introduce into your existing relationship, dating apps can cater to it all.

A factor that has, However, a factor that has risen in recent years and continues to remain a hot topic, is that of red flags. **A red flag** - according to Urban Dictionary - is a term used to describe when somebody has a feeling that they are potentially dealing with a manipulative and/or possibly psychotic or sociopathic individual. It is usually used to explain a feeling after the fact - for example, after the person has said or done something to make the other feel uncomfortable. **In summary, it is a warning sign or a bad sign of what's to come.** The problem with red flags is that they can be both blazingly obvious or incredibly subtle, and if they are ignored or not recognised, they can (and often do) escalate into worse situations.

The worse situations? Cat-fishing, ghosting, coercive control, manipulation, mental, physical and sexual abuse.

Dating Apps and Red Flags

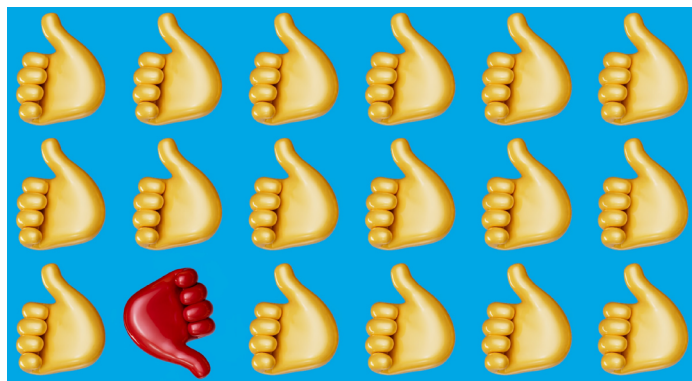
When swiping through your dating app of choice, often we are looking out for someone that catches our eye, someone who might be 'our type' visually (and let's face it, dating apps primarily are based on first impressions and physical attraction), someone with humorous profile prompts or who generally seems like a decent person to chat to. The other thing we need to look out for is of course, red flags.

There are some red flags that can be a warning sign for some, whereas for others, they can be acceptable. Personal preference can play a big role here - whether it is lifestyle choices, interests or what each individual is seeking from the dating app. The following examples have been spotted by women while using dating apps, and for the most-part, tend to be red flags for the majority.

These common examples of red flags have been spotted by heterosexual women while they were using dating apps. Whilst they may only be scratching the surface when it comes to red flags, there are clearly some themes amongst them. For those of you currently on the dating scene or with previous experience on dating apps ... how many can you relate to?

Signs He May Be... a Misogynist, Narcissist, Controlling or Generally Doesn't Respect Women

- **I matched with a guy last week and we have been having great conversation through text, voice notes and phone calls.** Generally we have a similar sense of humour and he has great banter, however on several occasions he has made comments about women that make me uncomfortable. Often these comments relate to body type and size, both skinny- and fat-shaming, and is already telling me what he wants for his birthday (months away) and I have to support the same sports team as him. We haven't even been on a first date.
- **I am talking to a guy and we recently followed each other on Instagram.** I noticed he is following more than double his follower count and it appears over 80% of them are women.
- **They have photos of their ex on their profile** but he has scribbled out her face in each one.
- **Their profile list things he expects of women** or alternatively, things they shouldn't do around him.
- **He starts the conversation with something sexual ...** even if it is as simple as 'hi sexy' or comments purely on looks.
- **Pictures with animals or children that aren't theirs with the caption "not my kid!"**
- **Bragging - whether about their own life experiences,** job, money or material items.
- **Saying on their profile that they are 'open-minded'** - often it has been the complete opposite, they are controlling or they have been cheating on their partner.
- **"Looking for someone who doesn't take themselves seriously."**
- **"Not looking for drama" or "figuring out dating goals"** - the second one could be ok if you are just after a fling, but often it is just someone who ends up wasting your time.
- **Toxic masculinity photos with "the lads" or any prompts that are passive aggressive / misogynistic.** For example ... two guys at a waterfall pretending to do doggy while laughing their heads off as if this is peak humour?



Signs He May Be ... a Catfish, Fake Profile or Cheating

- **He has a lot of pictures hiding his face,** not looking directly at the camera or the photo is taken from a far distance and his face isn't clearly visible.
- **He has a single letter as their name (e.g. 'J')** or simply doesn't fill out the profile prompts, no bio etc.
- **He doesn't have any form of social media** (which is very rare in this day and age).
- **When they lie about details, such as putting a fake age or job on their profile,** or when you get chatting to them and their story doesn't seem to add up. This also includes not listing their job or simply saying 'entrepreneur'.
- **No pictures of them smiling or selfies with mostly filters over the top.**

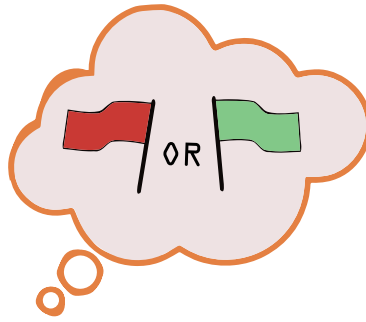
Signs He Has the Wrong Intentions or Won't Put in Effort

- **We don't even know what each other are into yet and he is constantly sending me overly sexual messages.** These started soon after we matched.
- **We've been talking for over a week with decent chat** but doesn't want to make any plans to go on a first date.
- **Their profile says 'don't use this much, add me on Instagram'** (or any other social media platform).
- **When their profile is only photos of objects.**
- **When they say they 'don't do apps or texting'** and they are 'better in person'.
- **When his first message is asking for my number straight away.**
- **Topless selfies or selfies taken from angles below the waistline ... makes me think I'd get an unsolicited dick pic!**
- **When he asks "how are you finding the app?" Often it is to see how much effort you're going to be,** and if you tell him it has been hard or draining, this is his way to see if they can mess with you. I often reply with "I've had some really fun dates and met amazing men" - the time-wasters either disappear or ghost me after this.
- **Either absolutely no pictures with friends or all pictures with friends** and you can't tell which one he is.

“

If you are questioning if something is a red flag, or if your gut tells you something isn't right, chances are they probably aren't.

”



Signs He Has Questionable Morals or World Views

- He makes jokes that are racist or homophobic.
- Photos of him holding or next to a drugged wild and/or endangered animal, or riding an elephant.
- Photos of him with a dead exotic animal that he has hunted and killed.
- He asks my opinion on political issues and either shuts down my response or tries to argue it.

The best way to prevent uncomfortable or unsafe interactions on a first date is to be vigilant in spotting red flags before it gets to the point of a first date. **Clear and respectful communication between the two of you will also help.** If you are questioning if something is a red flag, or if your gut tells you something isn't right, chances are they probably aren't.

Early Stages of Dating & Red Flags

You've been scrolling through your app of choice and have found someone who you connect with. You've had several dates in-person, which overall have been going smoothly and excitement is still building, but there seems to be a shadow of doubt lingering over it all. In times like this it is often hard to distinguish whether you are overreacting (which is generally our first assumption as women), if you should bring it up with them or if you should simply move on and end things before the relationship deepens.

The following red flags are recounts from women after meeting their dating app match in person. **Common themes?** Love bombing, gas lighting, ghosting, coercive control, cheating and abuse.

- *When talking about past relationships, he describes his exes as 'crazy' or 'psycho.'*
- *He says he wants a long-term relationship but only*

messages me very late at night, when he is out partying or drinking.

- ***We went out for dinner on our first date** and he was continually rude to the wait staff.*
- ***We went on a couple of dates but it never progressed** after that as I wasn't feeling it. He still attempts to message me even months after it ended, often finding me on various social media platforms, and he won't get the hint I am not interested. I've had to block him on everything.*
- ***We have been dating for the last couple of months and things seem to be going well.** I however had a look at his profile on [dating app] and saw he has updated his photos. It seems like he is still looking out for other people to match with, and now I am doubting our exclusivity.*
- ***We had about five dates, a few of which he cooked me dinner,** and he was a bit over the top about wanting a relationship / how compatible we were. We had sex for the first time and after that he slowly ghosted me.*
- ***He was a love bomber - complimenting me so much (mostly on looks),** messaging me first thing in the morning and late into the night, really eager to keep going on dates (more than what I am used to or comfortable with) and was always trying to make future holiday plans. Then suddenly he would go quiet for days at a time. Turns out he was already in another long-term relationship.*
- ***We are planning the first date** and he only wants to 'go for a drive' or 'chill at mine or his'.*
- ***He asks intrusive questions** or things that aren't his business - for example, how many people I have slept with.*
- ***We went on a handful of dates and he was polite and respectful, often talking about his job or his family.** He would then send me texts after about 'what he wanted*



to do to me', even though things never became sexual between us, and the messages were always very explicit or low-key abusive. I would often just ignore them and not plan to see him again, after which he'd text again and say he was drunk. He was a policeman in his 30s.

- **We would have some great dates and he would eagerly follow up about the next one.** When it came to the day or time of the date, I'd just never hear from him again. This happened several times until it ended up fizzling out for good and we haven't had any contact since.
- **He seemed a bit pushy about wanting to go back to my place,** and as I thought things were going fine enough I invited him back. He then sexually abused me, he left straight after without a word, blocked me on all social media / dating app and I found out he was using a fake name. It's been a struggle to be able to report him to the police.
- **He asked me if I was on dating apps still and I told him no because we were only seeing each other.** He would always put his phone on 'do not disturb' around me or be very protective of his phone. Turns out for months he had been on dating apps and talking to other women.
- **When having a difficult conversation with him, he says things like** "it's not my fault you feel that way" or "do you actually think that or did your friends/family tell you to think that?"
- **He says things like "listen to yourself, you sound crazy"** or "I've been with girls like you before I know how this goes" or "you just believe what you want to believe"
- **He cheated on me and tried to put the blame on me** - "you're the reason I cheated". He also said I had trust issues because my past boyfriend also cheated on me.
- **When we talk about the future** he always says he doesn't know what he wants.

In many of these circumstances, the dating experience ended with ghosting which left the other person confused, one of the parties calling it quits, or with both individuals slowing down communication until it fizzled out naturally. **Some give up dating apps altogether because they've been through this too many times and are simply fatigued by the process. Some found themselves to be the victim of abuse, with the apps and police not always being helpful in preventing or tracking down the abusers.**

However in the plight to put an end to being single, to find that relationship that we long for and to not have to put up with the trivialities of dating, morals can be pushed aside and these red flags are ignored or simply not recognised while in the buzz of dating someone new. **Some time later they now find themselves in an exclusive relationship.**

Red Flags & How They Escalate in Long-Term Relationships

As mentioned earlier, red flags are simply warning signs for more serious problems relating to that person's character, morals and intentions.

These examples are not ones that all formed from dating apps, however they did eventuate from red flags being ignored from early on in the relationship, from committing to the relationship in the hope that things will get better, or from simply not recognising certain behaviours as problematic.

- **I am pregnant and he is constantly out partying or having late nights.** I know he is probably cheating, but I am doing what I can to keep this family together.
- **We have a newborn baby and he barely helps.** He makes any excuse to get out of the house and I am left to do all of the caretaking, cooking and cleaning. I am exhausted.

“

Not all toxic relationships can be prevented and the responsibility to prevent a relationship turning toxic or abusive cannot be placed on a person and their ability to spot a red flag early on.

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- *He barely knows my family or close friends, and makes no effort to change this, even though I am always visiting his family or spending time with his friends. I am expected to drop my plans to match his, but I don't get that same effort back.*
- *After having children I wanted to return to work and to my career. He isn't supporting me to do this and I am concerned because I have no financial independence, my superannuation is low and I have little access to our savings. I often have to ask him for extra spending money, even just for groceries or for the kids' expenses.*
- *He is constantly checking our joint account bank statements and pulling me up on my spending. For the most part, it is groceries or a casual cup of coffee - I am not a big spender. I don't get to see what he spends, even though I know he makes large purchases, and I am constantly made to feel guilty. I've ended up starting a secret bank account.*
- *My friends are telling me I barely see them, don't make an effort anymore and don't seem like myself - and they think it is because of my relationship. This has been hard to hear and it upsets me, but they need to realise I need to settle down with my partner. I have however found that I have lost a bit of independence and aren't as social as what I usually am. Sometimes he says things like "your friends don't like me because they are jealous of our relationship".*
- *The jokes he used to make about my appearance aren't jokes anymore. He is constantly body shaming me, gets angry at the smallest of things and I often feel unsafe at home. I am walking on eggshells.*

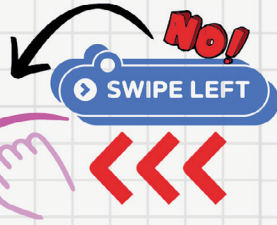
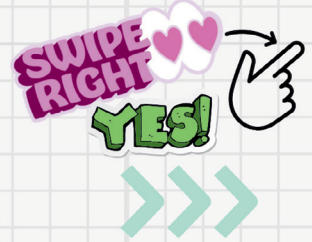
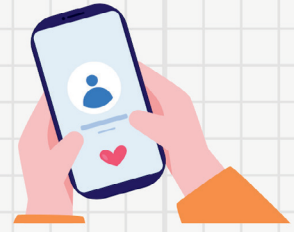
- *I left him after we had two kids together - we had simply fallen out of love, he was always unhappy and I felt the relationship was no longer healthy. We have joint custody of the kids however they have been telling me they often feel scared of his temper. He ignores me in person when I collect the kids then afterwards often harasses me with texts and calls. He has tried turning my own family against me. This has all escalated after I recently got into a new relationship and I have had to get our families to intervene as I am questioning mine and my kids' safety.*

No one can predict the future or tell how a person is going to act and behave in a relationship in the long-term. **Not all toxic relationships can be prevented and the responsibility to prevent a relationship turning toxic or abusive cannot be placed on a person and their ability to spot a red flag early on.** There are plenty of relationships that have been healthy and happy for years, that suddenly took a turn for the worse which could not have been foreseen from earlier behaviours.

By noting and recognising examples of red flags however, we hope that this can remove some of the uncertainty you may feel in these situations, that you should trust your gut instincts, and be confident in cutting contact with someone early on if it simply doesn't feel right. The long-term hardship just simply isn't worth it, and there are too many good people out there - whether on the apps or in person - that are waiting to be met.



RED FLAGS: IDENTITY. CHOOSE YOUR JOURNEY



SCENARIO 1

You are swiping on a dating app. You come across a profile where their face is mostly hidden. There is one identifiable photo but it looks like it was taken a few years ago. You swipe:

SWIPE LEFT

You don't trust the profile so you swipe left. Your journey ends here and you keep looking through other profiles.

THEY DON'T RESPOND

Or the match disappears. This could be a fake profile. You move on with your day knowing you have dodged a bullet.

IT'S A MATCH!

You can now contact each other through the dating app. You message "Hello, how is your day going? :)"

"I'M AN ENTREPRENEUR!"

However they don't elaborate or ask you what you do, because it is already on your profile. You decide to:

"NO, THANKS!"

"But I would like to get to know each other before deciding on a date. What do you do for work?" They respond:

YOU GET A REPLY

"Hey it's good. Do you want to meet up this week?" This seems a bit forward, you say:

UNMATCH

It seems suss, you aren't satisfied with their responses and you don't want to waste your time. They don't need an explanation. Your journey ends here.

ASK MORE QUESTIONS

You're trying to get to know them more. After a couple of days you...

DECIDE TO GO ON A DATE

You're discussing where your first date should be. You suggest:

GOING ON FACETIME FIRST

Because you still aren't so sure about them. On the FaceTime call they:

GOING FOR COFFEE

You decide on a cafe for this coming Sunday morning. On the day of the date:

CATFISH

Your initial gut instincts were right, but you wanted to give them a chance. You block and report their profile.

HIDE THEIR FACE

DOESN'T RESEMBLE THEIR PHOTOS

THEY DON'T SHOW UP

Without any explanation. You wait 20 mins then decide to go home and ...

YOU HAVE A LOVELY TIME!

Afterwards, you arrange a 2nd date. They seem a bit shy at first but overall they appear to be a nice.



It's Never Too Late to Date.

Bucking societies obsession with youth centred dating so we can all enjoy sex safely and respectfully.

You can probably think of a time when you have cringed at the thought of your parents or any significant adult having sex. You are not alone in this, plenty of us have. We have this idea that at a certain age we automatically switch off from sex and pleasure. Of course, this is emphasised in females, especially when they are at the end of their reproductive years. We see representations of older men as the 'silver fox' who remains to be a sex symbol compared to older women being referred to as a 'cougar' portrayed as a predator if they have any interest in sex and a younger sexual partner.

Our society is obsessed with youth and companies profit off it too—from skincare and cosmetic treatments to stop the signs of aging to supplements and wellness trends that promise to give you that radiant youthful glow.

We want to emphasise that growing older is a privilege not a curse and this is especially true for sex and relationships. In fact, we would argue it gets better! It's a time in your life when you are more acutely aware of what you want because you have past experiences you can reflect on whether good, bad, or awkward. You are sure of yourself and no longer have empathy for time wasters and if you are post-menopausal then you no longer need to worry about pregnancy. As we know, there are positives to safe and consensual sex, including a better glow than any supplement can give but more importantly, social connectedness, and mental and physical health benefits. Yes, the ways we engage in sex may need to change compared to your 20s but it is certainly not over.

I am Post-Menopausal and Recently New to the Dating Scene, What Do I Need to Worry About?

Unlike society, Sexually Transmitted Infections (STIs) do not discriminate based on age. While younger people continue to have much higher rates, a recent study published by researchers at Melbourne University found that between the years 2000 and 2018, rates of chlamydia, gonorrhoea, and syphilis diagnoses all increased among Australian women aged 55 to 74, and at faster rates than among younger women. Even if post-menopausal and thus no longer requiring contraception to prevent pregnancy, it is still important to use barrier methods such as condoms to prevent the spread of STIs and to have honest conversations about sexual health and STI screening with your sexual partner(s). STI screening, regardless of having any signs or symptoms is important. Due to limited research on older adults (of course) the impacts that STIs can have on general health and wellbeing is not fully understood.

Most STIs are curable, and all are manageable, and there are some great judgement-free and highly skilled Sexual Health Services here in Gippsland.

Clinic 281 Sexual and Reproductive Health Service at Gippsland Lakes Complete Health Bairnsdale.
Mon-Fri, 8:30am-5:00pm **Ph** 5168 9639.

Sexual Health in Practice (SHIP) Services at Yarram and District Health Services in Yarram. Mon-Fri, 9:00am-5:30pm **Ph** 5182 0222 **select option 2 and ask for a SHIP appointment.**

Sexual Health in Practice Services at Grandview Family Clinic in Cowes. Mon-Fri, 8:30am-5:00pm **Ph** 5951 1860

Can't find a service near you? Use **1800 My Options** for information about sexual health in Victoria. Mon-Fri 9:00am-5:00pm **Ph** 1800 696 78, via online chat or use the interactive map to find a service anytime.

Visit

- [In my prime – Celebrating older women](https://inmyprime.org.au/)

Watch

- [Let's Talk the Joy of Later Life Sex](https://youtu.be/lbJRXxRZLlo)

Research

Bourchier Louise, Malta Sue, Temple-Smith Meredith, Hocking Jane (2020) Do we need to worry about sexually transmissible infections (STIs) in older women in Australia? An investigation of STI trends between 2000 and 2018. *Sexual Health* 17, 517-524.

My Year of Sexual Liberation

So I'm writing this in my early fifties and reflecting on my, umm shall we say, deep dive into the online dating world about nine years ago when I was in my early forties. It was New Years Eve 2013 and a work colleague and I were discussing our extensive sex droughts. We both decided that 2014 was going to be our year of online dating and sexual liberation, well that was my objective anyway. It was to be a year of unashamed sex or at least we hoped it might be, but our first objective was to take back the power of 'slut' shaming so we decided the year was to be called the year of the 'slutty slut slut'!

To understand what a significant life embracing and changing perspective this was to be for me, you have to know that my sex drought was extensive, I mean 18 years extensive. So on that New Year's Eve in 2013 I was certainly talking the big talk about getting online but of course I was full of nerves about what might come, literally!

It took a few of months of getting on a couple of dating apps, working out how it all worked and doing the whole swiping left and right, and doing a lot of cringing. Cringing at all the love shots with pets... what is with all the pets! Oh and FYI don't put your kids' pictures on dating apps, not cool... oh oh and OMG I just remembered everyone loved walks on the beach... that definitely got tedious pretty quick.

Anywho I digress. Eventually I had a few chats with a potential fling and having taken the whipper snipper to my wild hairy bits I went on my first date. Well, by a date I mean dinner at his place. As a safety precaution I lined up a good friend to be on call and execute a bit of a safety plan which she and I had discussed at length and had pre-arranged. This included her getting confirmation from me about the address I was at, and then at a designated time she would text me with an agreed code phrase which really meant 'is all ok?' and if it wasn't going well, I could use her text as an excuse for a quick exit.

Yep this was a solid responsible plan! I got to the house and confirmed the address – tick. Then, it would've continued to have been a great plan if my fling and I hadn't got straight into drought relief efforts so quickly after dinner. So yep I missed my friend's text and as I continued to be busy for quite a few hours I forgot all about any safety plan. As a result, I'd left my friend freaking out about what to do. Apparently our well thought out plan wasn't so well thought out after all.

So... lesson one of online dating safety plans is to stop drought relief efforts momentarily and remember the safety plan actions. Lesson two was to share the safety plan responsibility with more than one friend.

Having had a satisfying first fling it wasn't long before I thought I'd test the waters again. This time the responsibility was to be shared. I had a group of girlfriends, who knew of my goals for the year and they fondly started calling me Rhonda after a series of insurance ads on TV at the time around Rhonda and Ketut. From there our online chat group 'Rhonda's Box' was launched.

'Rhonda's Box' became a platform for some wildly amusing stories for the next 18 months (yes, my year of sexual liberation went so well I extended it by six months).

*I always shared with them the address I was going to and details of the person I was hooking up with. Sometimes they were a bit slow at responding or I was a bit quick and one time I messaged them to let them know I was all done and heading through the Macca's drive through to rehydrate before they knew I had even gone anywhere. I also worked in an all womens team at the time and we often shared all aspects of our lives and my 18 months of exploring certainly made for hilarious morning tea conversation. **All this humour was not about over sharing the intimate details of my flings or in any way degrading the men I was sharing some pleasure with.** It was just the ability to laugh at my experiences and the conversation that never in my wildest dreams did I think certain things would come out of my mouth - like **"I'm enjoying doing this with you and I'd like to do it again but I'm also planning to do it with others"**.*

*As I had previously alluded to, I spent 18 years of having no intimacy with others. **I had been single in my 20s with two little kiddies, no real opportunities to meet new people, and online dating was in its infancy and considered a place for the "desperate"**.*

Still feeling the emotional hangover effects from a previous relationship and being in my 20s, I was aware that I may be meeting new people at an age where they may be wanting kids and I was clear in



*myself that I didn't want more kids. I also didn't want the complexities of parenting someone else's kids, I didn't want people in and out of my kids' lives and I saw a stat at the time that 50% of marriages end in divorce, and I was banking on 50% of those in the remaining marriages to be unhappy. So armed with my positive view of ever having a lifelong happy monogamous relationship and figuring I should wait for the next round of divorcees, I got busy studying, working, raising kids, volunteering and doing house renos - yep life just got busy for 18 years! **I also knew I didn't need a relationship to define me, provide me with some sort of validation or to be happy.** Although I absolutely felt the assumption within society at the time and maybe less so now, that you could only truly be happy and fulfilled within a relationship... mmm most people clearly didn't have the stats I did on "happy marriages" that kept me single and warm at night.*

*By the time I was ready to embark on my year of the 'slutty slut slut', life was different. **It wasn't just that I'd decided to silence my negative body self-talk, or that the kids were older and I was able to venture out a bit more, or that I was confronted with my father being terminally ill and having a new perspective on the fragility of life, or that I was in my horny forties prime. It was more than that or maybe it was a culmination of all those factors as part of life's journey as an evolutionary being, that I literally just didn't give a shit any longer about the things that don't matter in life** (who am I kidding I was probably just horny). This in itself was freeing.*



'Be who you are and say what you feel, because those who mind don't matter and those that matter don't mind' ... yep I'm as surprised as you are right now that I just quoted Dr Seuss when describing my launch into sexual liberation.

Sooo tacking my new 'I don't give a shit' attitude and freedom, I spent the next 18 months exploring sex and pleasure via the online world. First and most importantly I had to be truly honest with myself about what I wanted out of the experience. I was absolutely clear with myself I was just in it for a good time not a long time and didn't want any additional emotional complexities in my life. I just wanted a bit of emotionally detached fun.

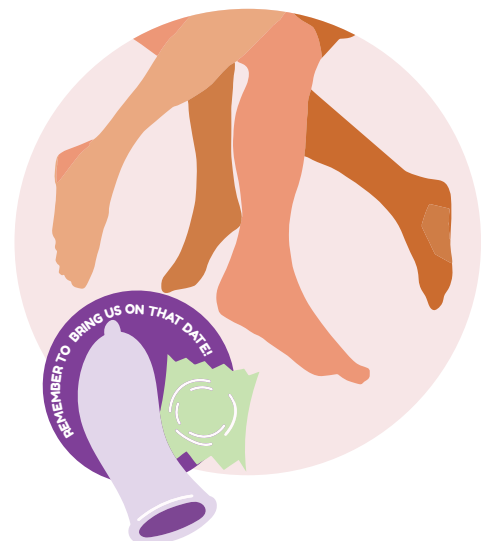
Secondly, I was clear, upfront and honest with the men that I explored pleasure with about what I was doing and that I was not seeking any long-term emotional connection or relationship. For some men this didn't work for them and wasn't what they wanted, which was perfectly ok and *I respected them for what they were wanting out of the online world.* Having said that, I wasn't advertising my objectives in my online profile either, that would've got ugly. However, if I started chatting with a potential horizontal tango dance partner, I did let them know very early on in our chats about what and why I

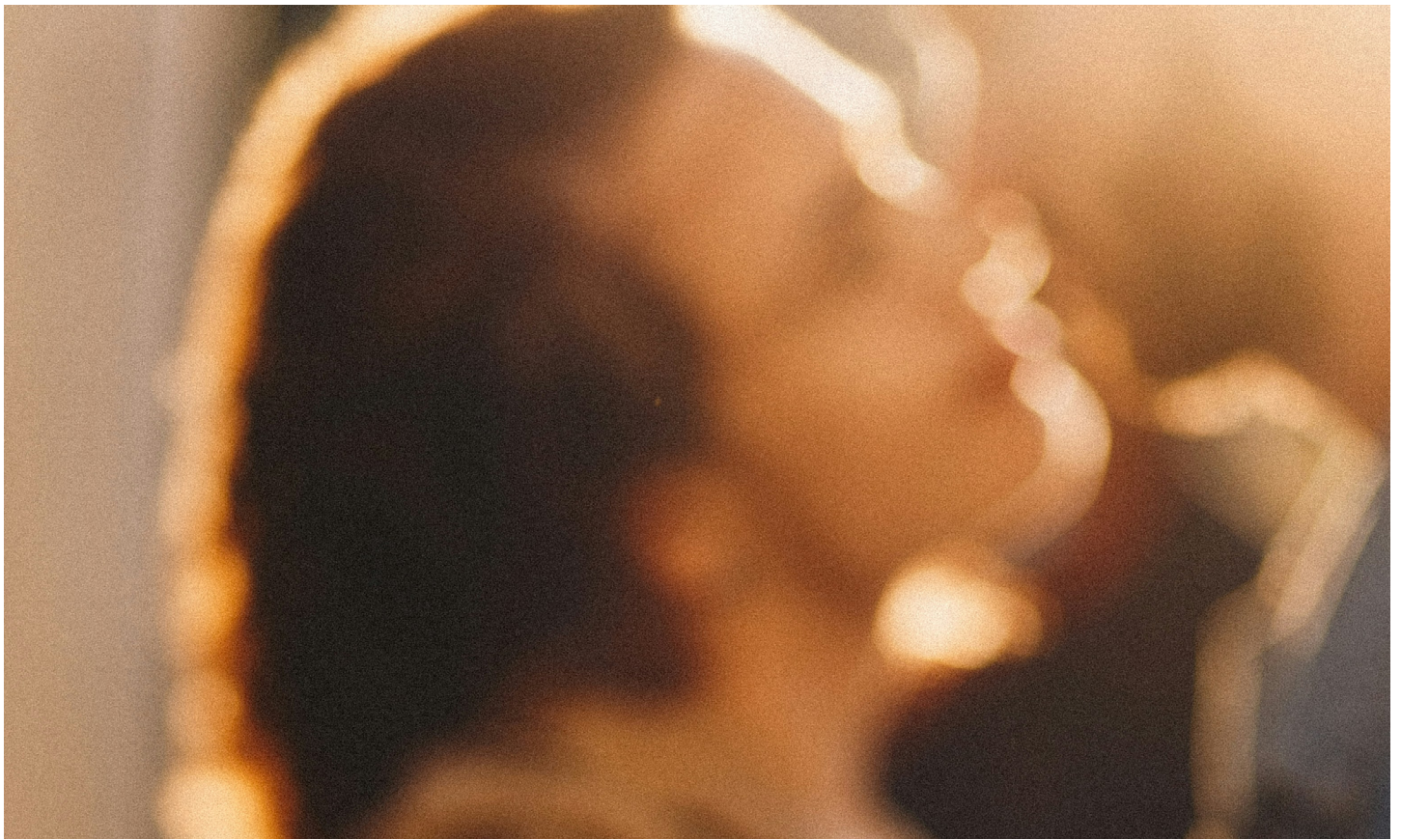
was doing it. *I couldn't control if others were always being completely honest about their circumstances but what I could control was how honest I was.*

Sooo... what did I discover you might ask? Well, firstly, I found out pretty quickly that an itch really does get itchier when you scratch it.

I learnt that:

- As part of being sexually responsible that **you pack your own condoms** ...in several sizes... remember...no glove no love!
- It's important regardless of how many partners you have that you **embrace regular STI checks.** These checks are not only for your own health but for those that you play with... even if it's one person. **With STI's on the rise let's all join hands and embrace STI checks as part of everyone's healthy sex lives.**
- That for both parties having conversations about what you like, want or might like to try can be awkward and takes practice but that **you do reap the rewards, sometimes multiple times!** That it's all about giving and asking for consent, being respectful and committed to mutual pleasure. I was also surprised but maybe not, that some men had also never been asked about what they liked or preferred and some were also full of insecurities.
- I learnt that sex can be fun and good and at times mind blowing when done well. **It can also be mediocre, awkward and not always great when you don't connect, and yes, I'm sure that I wasn't a love goddess every time either.** Although, without sounding like I was shouting military commands, I was pretty clear that we were both there to have sex and that I wasn't just there for others to have sex with... **they had a job to do too!**





My online adventures also took me out of my local area, which was a bit expensive at times, but I really didn't want to bump into them again in the shopping centre or at some other awkward moment and this worked most of the time.

Given I am well known for being completely useless at remembering names, I quickly developed nicknames for these fornication fellows-it was usually around the type of work they did or what suburb or country they came from, e.g. solar, Irish, Pakenham, New Zealand. I learnt lots about different work and trades such as solar power, the NBN roll out, the mastery of cooking and all about fascinating aspects of many different countries and parts of the world...mmmm I didn't really, I mean I could have, but I wasn't really paying attention...after all, that wasn't really what I was were there for!

*I once also met up with a man at a little café in in a little coastal town for a coffee. He was exploring his sexuality and sexual curiosity and we agreed that neither of us wanted to take it any further, **but it was one of the most amazingly open and honest conversation that I had ever had about sex and something that I look back at fondly as part of my journey of exploration.***

This is my experience, however, I am aware that this may not be the experience of others and I am in no way dismissing or making light of the negative and abusive experiences others may have endured. Any sexual experience that is forced or without consent is sexual assault and should always be seen as such.

*Sexual assault and rape can and does happen by people who you know, who you have casual hook ups with, by someone that you date or too frequently by someone that you're in a long-term intimate relationship. **Rape and sexual assault is never the fault of the victim and always sits solely with the perpetrator that chooses to be sexually violent. 'Victim blaming' stops right here!***

Having emotionally detached sex with multiple partners is not for everyone and that's ok, but at that moment in time it was right for me.

I didn't and don't feel any shame from the experience, nor should I and nor should any other woman wishing to explore pleasure. I do hope though that this little exposé in some way helps to erode the concept of 'slut' shaming women and attempts to show that women are indeed sexual beings, are allowed to enjoy the pleasure of sex and that it's ok to know what you like and to be able to ask for it.

“

If you are sitting in a place of judgement, it might be worth taking a bit of time to explore why you hold the views that you do. Do you hold the same views on sex and pleasure for both men and women? If not, why not? What are we saying to the young women in our lives? What do we want for them in regards to having sexually fulfilled lives?

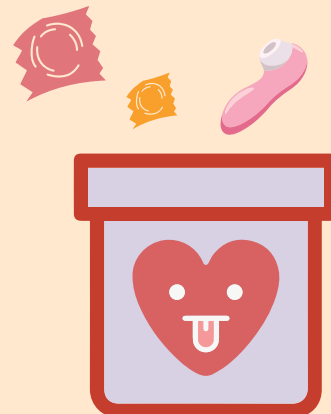
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For anyone recoiling from my little story please consider a bit of personal reflection on why that might be. **It is absolutely ok if this would be something you would never do... indeed I never thought I would embrace it either... but if you're sitting in a place of judgement, it might be worth taking a bit of time to explore why you hold the views that you do and where they come from.** Do you hold the same views on sex and pleasure for both men and women? If not, why not? If sex is between consenting adults why does it truly matter? Most importantly as we unpack and confront our own sexual insecurities and limitations, what are we saying to the young women in our lives? What do we want for them in regards to having sexually fulfilled lives?

As I reflect on this period of my life, I can say that I don't regret any of it and look back with amusement and consider it a positive experience. For some of us, online is not just part of our sexual evolution but a newly imagined version of the sexual revolution where we continue to challenge and breakdown societal views of sex, sexuality, consent, pleasure and relationships in an attempt to reduce the 'Orgasm Gap'-yep it's a thing, look it up!

I'm also aware that as soon as I entertained even the slightest possibility of wanting or a relationship I did find the online world not as fun. **However, at the end of the 18 months and when I was about to hang up my frolicking ways, I did meet someone and enjoyed a loving and respectful relationship for four years.** Then life fundamentally changed for me and I needed to be close to my family and friends and to be on my own again to focus on healing.

So as at March 2024 I'm single and not really interested in exploring online dating again anytime soon, **but who knows 'Rhonda's Box' could get unpacked and the cobwebs dusted off for another exciting chapter, you just never know.**



Before I Knew It: Coercive Control

Coercive control and the behaviours that coincide can take many forms. Some are more obvious than others and can be difficult to recognise, especially as an isolated occurrence. This article is written by Rachel Grieve and Danielle Wagstaff who are senior members of the research team at Federation University psychology department and will explain coercive control, potential red flags as well as provide insights into a recent study in collaboration with the Latrobe Health Assembly. In this study we gain local insight into controlling online behaviours and abuse experienced by youth in the Latrobe Valley. You can find out more about their work by following the links provided on page 23.

Coercive and controlling behaviour has been a subject of great interest in the media recently. Sadly, there is no shortage of stories about controlling partners, particularly when reading about the murder of a spouse. The deaths of Hannah Clarke and her children in February 2020, for instance, sparked outrage and just recently Queensland State Government passed law - colloquially referred to as Hannah's Law - outlawing coercive control. In Hannah's case, a coronial inquest revealed her death was preceded by her husband displaying controlling and abusive behaviours, including controlling her clothing, body, and contact with friends, pushing coercive control as a concept into the public sphere. While slow changes to the law show strides in the right direction, there's still much more work to do.

Who Knows About Coercive Control?

Public understanding of coercive and controlling behaviours is limited, and, worryingly, not all actions are condemned as 'wrong'. While we all recognise the extreme cases represented in the media as being immoral, research shows that people's attitudes to specific controlling behaviours varies. In a study conducted by the Australian National University, published in 2023, **researchers found that 98% of respondents believed threatening to harm someone's family members was wrong. However, 5% of respondents were okay with limiting or restricting a partner's use of the phone and internet, or restricting who they associate with.** When split by gender, 6.5% of men believed restricting someone's use of their phone and internet was okay, and 7% of men believed restricting who a partner can associate with is okay. The ANU Researchers also found that younger people were less knowledgeable about coercive control. While anyone can become a victim, this research indicates that young women are particularly at risk.

“Coercive control involves behaviour used to dominate, manipulate, intimidate, and control another person. This behaviour is most often used in intimate relationships or between family members, although may also happen in other contexts.”

What Are the Red Flags?

The well publicised cases may sound extreme, but, like other forms of domestic abuse or violence, the extreme behaviours can, and often do, happen gradually. It is worthwhile noting that people who are experiencing coercive control within a relationship may not realise that it is occurring. The controlling behaviours become normalised and the person experiencing these may be led to believe that they are responsible for the problem or deserving of the coercive actions. Other behaviours might be more socially acceptable and so pass under the radar. Hearing a friend say something like "he doesn't like me talking to other men" isn't that unusual. A person with controlling behaviour may act jealous or possessive, but this can be endearing, after all, who doesn't want someone who cares about them? Eventually, this can escalate into something more sinister. Sometimes it isn't until the relationship is over that people who have been coercively controlled are able to see that controlling behaviours are not part of a normal, healthy relationship.

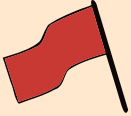
Love-bombing is a technique that abusers often use to hook victims in. Quickly accelerating romance, constant affection and gifts, and lots of compliments without any real listening, are techniques that an abuser may use to make their victim feel comfortable. Often, these overly affectionate actions will be public, winning friends and family over to the abuser's side as they perceive someone who is doting and caring.

However, after the love-bombing phase comes devaluing. The abuser will withdraw the love, start isolating the victim from their friends or family, and may manipulate them into actions they are not comfortable with. Often, they'll use gaslighting to convince the victim either none of these things are happening, or that the behaviours are the victim's fault. Eventually, this may escalate.

According to Relationships Australia, there are 12 signs of coercive control

1

Isolating you from your support system.



2

Monitoring your activity throughout the day.

3

Denying you freedom and autonomy.

4

Gaslighting

6

Limiting access to money and controlling finances.

5

Name-calling and severe criticism.



7

Coercing you to take care of all the domestic duties.

8

Turning your children against you.

9

Controlling aspects of your health and your body.



12

Threatening your children or pets as an extreme form of intimidation.



10

Making jealous accusations about the time you spend with family or friends.

11

Regulating your sexual relationship.





Coercive Control Online and The Latrobe Valley

Digital technology allows us to connect and share in what has become a normal part of our lives. **However, with these technologies comes additional risks.** Tech-facilitated coercive control may include regulating **who your partner can 'friend' on social media, accessing online accounts without the owner knowing, cyberstalking and harassment.** A partner may monitor communications, or control what you can and cannot post on social media, or they might use location tracking to track your movements. These sinister acts may occur with or without the in-person abusive behaviours, and because they can be easily hidden, may be harder to spot.

Young people may be at more risk of tech-facilitated coercive control, given how normal technology use has become in this age group. Research has also shown that young people may also be less able to spot tech-facilitated abuse. In response and with an aim to understand this through a local lens, researchers from Federation University Psychology are currently studying what young people in Latrobe Valley know about controlling online behaviours.

In collaboration with the Latrobe Health Assembly, our research team leading the **Healthy Relationships Online (HeRO) project, have been interviewing young people, aged 15-25, across Latrobe Valley.** Early analysis of this research shows that **young people are**

aware of some tech-facilitated controlling behaviours, for instance "forcing people to block or ignore other people on social media", and "telling someone what they can and can't post".

Worryingly, some behaviours that might facilitate control seemed to be normalised. For instance, "it's very common for young people to have snap maps [geolocation] turned on, and that's a live record, a digital footprint" and "A lot of people will go onto their partners' phones and read their messages". A lot of respondents also indicated that either they, themselves, or people they knew, had been in an intimate relationship where a partner had been coercive or controlling in some way:

"My abusive ex wanted everything, I gave him the password to my phone, and he used it to drain my savings account."

"Some of my friend's partners won't let them go and do things with their friends without them."

"After a fight my ex changed a caption beneath a photo of me to be a link to a [sexual] webpage, implying I was a prostitute... it was degrading and rude."

While these experiences were common, we found some differences in experiences between the adolescent (15-17 years old) and young adult (18-25) age groups. **Adolescents reported more frequently than young adults that their partner used social media to make belittling or harassing comments.** They also reported more frequently that their partners **posted images online without their permission.** On the other hand, young adults reported more frequently than adolescents that their partner **controlled their status updates, and controlled where and whom they were with.**

With this research, we will continue to work with Latrobe Health Assembly and other organisations, **to provide further education and support to young people who may be experiencing tech-facilitated coercive control.**

What the Law in Victoria Says

Currently, there is no separate law for coercive control, instead, this behaviour is legislated under the Victorian Family Violence Protection (FVPA) Act 2008. According to the Victorian Government **"Coercive control is recognised within the FVPA, where family violence is framed as 'patterns of abuse over a period of time', inclusive of behaviours that coerce, control and dominate family members."**

The FVPA defines family violence as behaviour by a person towards a family member or person that is:

- Physically or sexually abusive
- Emotionally or psychologically abusive
- Economically abusive
- Threatening
- Coercive
- In any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person.

Where to Get More Information, Support or Advice

- In an emergency **dial 000**
- **1800 Respect** - 1800 737 732
- Your local police station
- <https://www.police.vic.gov.au/family-violence>
- <https://protectivegroup.com.au/resources/coercive-control/>
- **e-safety commissioner:** <https://www.esafety.gov.au/key-topics/domestic-family-violence/online-safety-checklist>



If you are interested in participating in any future studies conducted by the psychology team at Federation University, please feel free to sign up to our mailing list by scanning the QR code below or following this link: <https://tinyurl.com/5n898ua5>

SCAN ME



Top Tips for Staying Safe While Swiping Right



When you've made a match with someone, have had some great conversations through the app and have decided to meet up in real life, your safety should be your number one priority.

Here are our tips for staying safe when heading out on a first date (as adapted from women-empowering dating app - Bumble*!).



#1 Meet in a public place

Coffee shops, museums, galleries, a local market or bar would be our top picks!

#2 Sort out logistics and keep your phone charged.

Know how you'll get to and from the date, bring your phone and make sure it has enough battery to last until you get home.

#3 Let someone know you're going on a first date and where it will be.

Tell a close friend, housemate or sibling, what time and where the date will be, and that you will contact them after a certain amount of time. You can even share your location with them - the beauty of technology!

#4 Be diligent in knowing who they are.

Ask for their last name, look them up on social media, ask to FaceTime first or check they are verified on the app (usually marked by a blue tick on their profile). This will let you know they are a real person. If you are suss that they are a fake profile or catfish and they aren't willing to prove it otherwise, save yourself the worry and say no to a first date.

#5 Don't give out private information about yourself.



For example - the location of your workplace, where you live, names of your close family and friends. If you don't want them to know where you live, say no if they offer to take you home.

#6 Organise a FaceTime or phone call beforehand.



Pre-screening can help you decide if meeting in person is the right thing to do.

#7 Arrange a date that is on 'neutral' grounds.

This means picking a location that isn't too far for either of you to travel (a half-way point) and an activity that you will both enjoy. For example, don't pick a bar if one of you doesn't drink alcohol. Maybe don't choose skydiving if one of you doesn't like heights. You get the drift!

#8 Know that you can leave the date at anytime.

No matter the social situation, you should always feel comfortable to politely leave if you are no longer feeling it. There isn't always a need for a dramatic escape plan, simply saying "it was nice to meet you, I think I am going to call it a day/night" should suffice.

#9 Talk to the staff and find help.

If you are starting to feel unsafe and are at a venue (or close to one), find a way to talk to the bartenders, waitstaff or security and tell them you need their assistance. They could help you with calling police, getting a ride home or intervening if necessary.

#10 Don't feel obliged to organise a second date or do anything you don't want to do.

Second dates are not a given. However if you are keen to meet up again, definitely let them know! Also if you don't want to kiss or have sex on a first date, don't! They aren't entitled to anything.

#11 Alternatively, do whatever you feel is right on a first date.

Kiss, have sex, do what you want. Just keep it safe and consensual. If bringing someone home or going to their place, let a close friend know where you will be and remember to keep your phone handy.

Submission.

This article contains details of sexual assault and rape; please take care whilst reading. There is a list of support services listed below.

When I was 17, I reconnected with a guy I had previously dated. He asked me if I wanted to go out with him again and because I already knew him and thought he was a nice guy, I had no reservations in saying yes. We did have a sexual relationship when we previously dated.

*His car was not working at the time, so we arranged for me to pick him up from his place to go on our date. Pretty soon after arriving, he invited me inside to show me his home. After showing me around he forcefully grabbed me and initiated having sex with me. Despite me saying "no" numerous times he persisted until he was finished. He was a lot stronger than I and I had no hope of fighting him off. After that I left, running out of the house in tears. **I was raped.***

He tried to reach out to me later, but I told him I wasn't happy with the situation, and I didn't speak or contact him ever again. I was too ashamed to report the incident to the Police and didn't really think it would help given our previous relationship.

*Until now I have kept this story pretty much to myself, **only telling my best friend at the time and my daughter when she was of a similar age in the hope to prevent a similar thing ever happening to her.***

Even though it has been many years since that night, I often reflect on that time and wonder whether he ever considered what he did was wrong and if he is sorry. I know his life has gone in a similar direction as mine, he is married and has children. Sometimes I wonder if I should just reach out and ask him about his version of the incident.

Although it changes nothing, I have found this experience of writing my story very cathartic.

In an emergency always call 000.

If you have experienced a recent sexual assault or need after-hours help, please call the Sexual Assault Crisis Line on 1800 806 292. Calls to this number during office hours will divert to your local sexual assault service.

Gippsland Centre Against Sexual Assault (GCASA) - (03) 5134 3922

Consent cannot be assumed based on previous sexual behaviours. If someone has said yes to something previously, **it does not mean they will say yes every time. No matter how long or short the relationship, no means no.**

Affirmative consent means if someone wants to engage in a sexual act with another person, **they must actively gain consent.** This means if a sexual assault is alleged, the burden of proof of consent is the responsibility of the alleged perpetrator, not the alleged victim survivor.

Sexual consent is not given if there is:

- Force, fear, coercion, or harm of any kind.
- Abuse of a relationship, authority, or trust.
- If a condom is not used when it is agreed.
- If a condom is removed or tampered with (Stealthing).
- Or if you change your mind

“

If someone has said yes to something previously, it does not mean they will say yes, every time, no matter how long or short the relationship, no means no.

”

For more Information about Sexual Assault, or for Further Support

- [Sexual Assault Services Victoria](#)
- [1800 Respect: Consent](#)
- [Gippsland Centre Against Sexual Assault \(GCASA\)](#)
- [Gippsland Community Legal Service](#)

Know Your Legal Rights

- [Justice Legislation Amendment \(Sexual Offences and Other Matters\) Act 2022](#)
- [Victorian Legal Aid: Sex and the Law](#)
- [Youth Law Australia: What is Consent?](#)



Can We Talk About Porn?

What's the big deal with porn? Is it all bad or is there a way we can enjoy it responsibly?

Pornography or porn refers to any video, photos, or words that are meant to be sexually exciting or entertaining. Porn is created in various types of media, including movies or film, magazines, and books and can be dated back as far as the 1500s in Rome. Whilst pornography is by no means new, the way pornography is produced, viewed, and disseminated has dramatically changed. In the modern era, most porn was behind some sort of paywall, sold as magazines, rented or purchased as videos. Now, with the advancements across the internet and smart phones, almost every barrier there once was to viewing porn has been removed. This means that

graphic videos that demonstrate violence, dangerous sexual acts and a lack of consent or contraception can be easily accessed by a simple Google search, someone showing you their device and even accidentally by following a link or via algorithms. Viewing pornography is no longer confined to your bedroom or private space, it can be viewed anywhere at any time.

The most concerning issue with this is that children and young people are encountering explicit and graphic pornography in greater numbers and at younger ages, often much before they themselves have had any form of intimate feelings, relationships or partaken in any sexual activity. According to a 2020 study by Our Watch, **48% of males surveyed had seen pornography by the time they were 13 and 76% by age 15. Whilst in females 26% had seen pornography by age 13 and 48% by age 15.** One of the major issues with children and young people increasingly accessing pornography at such young ages is that majority have not had sufficient sex and relationships education from school, their parents or guardians, or societally to be able to prepare them to critique the behaviours in mainstream pornography as a false and unrealistic depiction of what safe and consensual sex is.

Whilst it may seem confronting to have to talk to a teen or even tween about pornography, young people will

always be curious about sex, and if not given adequate information and education they can easily find the material themselves, without filters or restrictions. Given this, it is no surprise that pornography has become the default sex educator for many young people. A significant consequence of this is that it can reinforce the four drivers of violence against women.

1. **Rigid gender roles and stereotyped constructions of masculinity and femininity** – Men are often depicted as aggressive, controlling, and dominant in porn whilst females are often submissive and eager to comply with the demands of male characters.
2. **Men's control of decision-making and limits to women's independence in public and private life** – Male characters are often depicted as having control over the sexual act and what direction it takes often without the consent of the female.
3. **Condoning of violence against women** - Porn frequently portrays forms of violence towards women including physical and verbal aggression which can normalise this behaviour in sexual relationships.
4. **Male peer relations that emphasise aggression and disrespect towards women** – Mainstream pornography consumption can intensify constructs of gender and masculinity that already exist in some peer cultures, including pressure to gain status via sexual achievement, a sexual double standard of females not being able to freely enjoy sex and normalisation of sexual violence. There can also be scenes where groups of men are performing aggressive and degrading sexual acts against a woman which could normalise this behaviour as male bonding.

What About Deepfake or AI Based Pornography?

Deepfakes use a form of artificial intelligence called deep learning to make images, video, and audio of fake events. Whilst some can be made in jest such as the Pope wearing a white puffer jacket recently, majority are pornographic images of women. Very recently deepfake pornographic images of Taylor Swift flooded the Internet with one image reaching 47 million views before X (formerly Twitter) acted and removed the images. It may be seen as an overreaction to condemn if the images are fake, this is a form of image-based abuse and targets currently the most successful, powerful, and influential person on the planet by using sexual violence designed to violate and control. The most widely shared images of Swift were football related, showing her bloodied and often with violence being inflicted on her. **Deepfake pornography is not only a threat on truth but the mass propagation of violence against women.**

Is There a Way to Enjoy Porn Responsibly?

Whilst we must highlight the beast that is the mainstream porn industry and its harmful impacts

“

The onus is on all of us to educate ourselves and have honest, shame free conversations around pornography with young people.

”

on shaping societal norms when it comes to sex and relationships, it must be noted that not all porn is the same. **For those that enjoy porn, there are options that support safe and healthy sexual practices and is ethically produced meaning it is made legally, respects the rights of workers, and has good working conditions.** Referred to as ethical porn, it probably won't be found across the major mainstream porn sites or in the top results in your online search engine and it won't be free. However, it can show both fantasy and real-world sex and celebrates sexual diversity including race, gender, sexuality, and pleasure for all involved. This form of pornography is particularly beneficial for those who don't fit the heterosexual norms since sex and relationships education often remain cisgendered and binary.

Pornography will continue to exist and while there needs to be targeted and standardised regulations around mainstream pornography sites and emerging deepfake technology, **the onus is on all of us to educate ourselves and have honest, shame free conversations around pornography with young people.**

Where to Get More Information about Pornography and How to Discuss it with Young People

- [Our Watch: Pornography, young people and preventing violence against women background paper, 2020](#)
- [It's Time We Talked](#): Resources for young people, parents, schools, and community organisations.
- Sexual Health Victoria, Doing It Podcast.
 - [#37 Explaining Pornography | Doing 'IT' \(podbean.com\)](#)
 - [eSafety & Online Sexual Content | SHV Podcast Episode 58 - Sexual Health Victoria \(shvic.org.au\)](#)

Swipe Right, Keep Safe

Online Dating Security Updates & Tips

Whether you're looking for a relationship or a casual hook-up, online platforms provide an easy way to meet new people and all from the comfort of your phone. While this all sounds great, it is important to be aware of potential risks, the importance of educating yourself with the app, and understanding the safety policies and procedures before setting up your profile.

Updates on Australian Government Legislation

In September last year (2023) the Australian Government asked the online dating industry to develop a code of practice to better protect users. While many online dating platforms have taken steps to keep their users safe, there seems to be a lack of consistency across the platforms. The Government is pushing for a more collaborative, streamlined approach to achieve a safer experience for all users across the industry and has given a mid-2024 deadline for platforms to collaborate and roll out these new measures.

Where Government experts want to see improvement:

- **Clearer communication** around what happens when users report an unwanted contact or questionable/threatening contact. Letting users know what happens to the report once it has been filed with the platform safety team.
- **More personalised responses** from the app upon reporting and a timeframe of when a user may hear back about the reporting outcome.
- **Using new technology** to better protect users. New technology can present opportunities to intervene before the problem starts.

You may be thinking, "how could I be in danger from just chatting with someone online?" This push for better online safety has come after the **Australian Institute of Criminology found three-quarters of online daters had been subject to some kind of online sexual violence in the past five years.**

Some other potential risks could include:

- Discrimination
- Image-based abuse, including 'revenge porn' and 'sextortion' - this is when someone shares or threatens to share an image/video that you intended to be just for them.
- Romance scams and catfishing – giving you false

information about themselves or manipulating you into giving them money or gifts.

- Cyberstalking – continuously wants to know where you are or is monitoring your whereabouts.
- Violating your consent – pressuring you to do things you don't really want to, like sharing a private or intimate picture with them.

Tips for Staying Safe

We are not saying 'don't meet people online', we just want you to be safe about it. eSafety provide some great tips and information on online dating safely (<https://www.esafety.gov.au/key-topics/staying-safe/online-dating>). Some of our favourite tips include:

- **Sharing nudes: although not advised but if you want to**, avoid sending pictures that show your face or any identifying features such as tattoos, piercings or birth marks. By avoiding these identifiers you are making it harder for the other user to use the image to blackmail you.
- **Location settings:** check this setting so you can choose when/if you want to share your location or not.
- **Screenshot the profile of the other user if meeting up with them:** Pick a trusted friend and tell them about your online dating interest. Share their profile photo and identifier details with them (full name, age as much info as you know) and the details of your meet-up.

Reaching Out for Help

If you find yourself feeling uncomfortable or are finding the conversations you are having with people are becoming disrespectful or threatening, you can:

- **Call 000 if you are finding yourself in immediate danger or if a crime has been committed.**
- Call [1800RESPECT](https://www.1800respect.org.au) or any other specialist counselling and support service. Everyone deserves to be heard and feel supported when dealing with harmful behaviours or situations.
- Report harmful content/user. You can first block users within apps/sites and report them to the online dating platform. If someone shares or threatens to share a nude image or video of you without your consent contact [eSafety](https://www.esafety.gov.au).

If you can think of any other helpful tips or insights, please [contact us](https://forms.office.com/r/DX4MwxSDkD) or fill out our survey <https://forms.office.com/r/DX4MwxSDkD>. We are strong believers that lived experiences play a powerful role in educating community for better outcomes.

Gippsland Family Violence Alliance have some great educational resources on forms of Family Violence and services. Be sure to check them out via their website:

gippslandfamilyviolencealliance.com.au



Has anyone ever

Told you to self-harm in an online platform?

Used social media to make threats, bully or harass you?

Taken your picture or a video without your permission?

Shared a private picture that you shared without your permission?

Sent you images or videos that might contain illegal content?

Tried to coerce or blackmail you into sharing pictures or images you are not comfortable with?

What you're experiencing is a form of technology abuse.

Technology abuse is a form of violence and can include:

- Cyberbullying
- Imaged based abuse
- Psychological abuse
- Sharing illegal or restricted content
- Financial abuse

This can occur on:

- All social media platforms
- Email services
- Chat apps
- Interactive gaming sites
- Online forums
- Dating websites and apps
- Websites

These are some forms of technology abuse. Need Help? Help is available to anyone.

E-Safety

E-Safety are there to help remove online content that is seriously humiliating, harmful, seriously intimidating or threatening.

A complaint can be reported to eSafety by the child or young person who was targeted by the abuse. Or they can ask a trusted adult to report it for them.

esafety.gov.au

It's okay to reach out for help.



Inner Gippsland
Latrobe, Baw Baw, South Gippsland & Bass Coast
1800 319 354
MON-FRI 9AM-5PM

Outer Gippsland
Wellington & East Gippsland
1800 512 358
MON-FRI 9AM-5PM



Yarning Safe 'N' Strong
Aboriginal & Torres Strait Islander Peoples
1800 959 563 24/7

Child Protection – South Division Intake
1300 655 795 MON-FRI 8:45AM-5PM

If you're in immediate danger always call 000.

Scan me!



Scan the QR code to see a list of additional support services via the Gippsland Family Violence Alliance website.

GLOSSARY

KEY TERMS

A

Abortion - Abortion is a safe and common method to end a pregnancy.

Active Bystander - Someone who sees, hears or is aware of behaviours that are inappropriate or threatening, and chooses to do something about it. Active bystanders are individuals who stand up and call out attitudes and behaviours that contribute towards violence against women such as sexism and sexual harassment.

Adenomyosis - A condition of the uterus (womb) where the cells similar to the lining on the inside of the uterus are also present in the muscle wall of the uterus.

Anal Sex - A penis goes into an anus for sexual pleasure.

Anus - The anus is the opening where the gastrointestinal tract ends and exits the body.

Anxiety - Excessive and uncontrollable anticipation of future perceived threats. Feeling anxious in certain situations can help us avoid danger, triggering our 'fight or flight' response. This is how we have evolved to keep ourselves safe. However, when your worries don't go away, happen for no particular reason, are out of proportion to the situation or get in the way of your daily life, this may indicate that you have an anxiety disorder. Remember – it is ok to not be ok, and help is always available.

Asexual - Not experiencing any sexual attraction towards other people.

B

Birth Trauma - Happens when a wound, serious injury or damage occurs during childbirth. It can be physical, psychological (deeply upsetting or distressing) or a combination of both. Both mother and father/non-birthing parent can be affected by birth trauma.

Bisexual - Being attracted to the gender the same as your own, AND to other genders. Some people use it to mean "attracted to two or more genders".

Breast Cancer - When abnormal cells in the breast grow in an uncontrolled way. Breast cancer can occur in both males and females, but is far more common in females.

Breast Screen - Breast screening (also known as mammogram) is the best way to detect breast cancer early. Screening mammograms use low dose x-rays of the breasts to detect cancers that are too small to be felt by you or your doctor.

C

Caesarean Section (C-Section)

- The surgical procedure where one or more babies are delivered or birthed through an incision in the mother's abdomen, often performed because vaginal delivery would put the baby and/or mother at risk.

Catfishing - The process of luring or deceiving someone into a relationship - either romantic or friendship - by means of a fictional online persona or a stolen/fake identity.

Cervical Cancer - The growth of abnormal cells in the lining of the cervix. The most common cervical cancer is squamous cell carcinoma, accounting for 70% of cases. Adenocarcinoma is less common (about 25% of cases) and more difficult to diagnose because it starts higher in the cervix.

Cervical Screen - A test to see if your cervix is healthy or has Human Papillomavirus infection.

Cervix - It is the lower part of the uterus and has a small hole to the vagina. It opens very wide for a baby to be born.

Cisgender - A cisgender person is someone whose sense of personal identity and gender matches or corresponds with their sex assigned at birth. For example, if a doctor determines someone at birth as a female and this person identifies as a woman, they are cisgender.

Clitoris - The pleasure centre of your reproductive anatomy. Many people think of the clitoris as the tiny nub of flesh located at the top of the genitals (vulva), but this is just the part of the clitoris you can see. Your clitoris consists of a complex network of erectile tissue and nerves, with parts located inside and outside your body.

Coercion - The practice of persuading someone to do something by using force or threats. Reproductive coercion refers to any behaviour that has the intention of controlling or constraining another person's reproductive health decision-making and can take a variety of forms. For example: Sabotage of another person's contraception: i.e. deliberately

removing or damaging a condom, or hiding or disposing of oral contraceptives.

Conception - Occurs when an egg is fertilised with sperm – in other words, when pregnancy is achieved. See also: Pregnancy.

Condom- A very fine sheath made of rubber or plastic that's designed to stop body fluids from mixing during sexual activity. Condoms can be used for vaginal, anal or oral sex. They act as contraceptives, and also reduce your risk of getting or spreading sexually transmitted infections (STIs).

Consent - Permission from a person(s) for something to happen or agreement to do something. People have the right to say 'yes' or 'no' to things in their lives. Everyone is in charge of their own body. When it comes to having sex with another person, all people involved must give consent.

Contraception - A method, medication or device used to prevent pregnancy. It is also called birth control or family planning. If you have sex and do not want to get pregnant, you can use contraception.

Cyst - A sac-like pocket of membranous tissue that contains fluid, air, or other substances. Cysts can grow almost anywhere in your body or under your skin. See also: Ovarian Cyst.

D

Dental Dam - Used as a protective barrier during oral sex against STIs.

Depression - A mental health condition, where a person may feel sad, low or lacking in energy, in a way that grows with intensity or lasts for long periods. People with depression can find it difficult to carry on with regular daily tasks during periods of depression.

Diaphragm - A barrier method of contraception for women. It's a shallow dome of silicone with a firm and flexible rim. A diaphragm is placed in your vagina like a tampon so that it covers the cervix (entrance to the uterus) and tucks in behind the pubic bone to stop sperm from entering. It's held in position by the pelvic muscles.

E

Emergency contraceptive pill (ECP) or Plan B - A pill taken after unprotected sex to stop or delay the release of an egg by the ovary (ovulation). There are two types of ECP. It should be taken as soon as possible after unprotected sex for maximum effectiveness. Depending on the type of ECP, it can be effective up to five (5) days after unprotected sex. It is available over the counter at pharmacies, and some hospital emergency departments.

Endometriosis - A common and often painful condition that affects around 10% of women. It can happen any time from when periods start right up to the time of menopause (when periods stop). Endometriosis happens when the tissue lining the uterus (the endometrium) is found outside the uterus, where it implants and starts to grow and function.

Ethical Porn or Ethical

Pornography - Is pornography that is made legally, consensually, respects the rights of performers and has good working conditions. Most ethical porn will require the consumer to pay for the content. Porn that is available for free on the internet may not be legal, respectful and mostly does not accurately represent what sex / sexual intercourse and bodies look like in reality.

F

Fallopian Tube - The narrow ducts or tubes in a woman's abdomen that carry the egg from the ovaries to the uterus. This is where fertilisation most often occurs.

Female - The gender assigned at birth based on female external genitalia (vulva).

Female/Internal Condom (Femidom) - A soft pouch made of nitrile (synthetic rubber), that has two flexible rings at each end. It is inserted into the vagina or anus before having sex. Female (internal) condoms work as a barrier against pregnancy and STIs. They stop ejaculate (cum) from entering the vagina or anus.



Feminism - The belief in social, economic, and political equality of the sexes. Although largely originating in the West, feminism is manifested worldwide and is represented by various institutions committed to activity on behalf of women's rights and interests. This can be held by anyone, regardless of gender.

G

Gay - Most commonly used to describe someone who is attracted to someone of the same identified gender.

Gaslighting - The practice of manipulating someone using psychological methods that make them question their own sanity, reality, mental stability, or powers of reasoning. E.g. A partner doing something abusive towards the other then denying it happened, or changing the version of events by making the other doubt their memory or experience.

Gender - Is our sense of self when it comes to masculine or feminine. Basically, it's how we feel in our mind. For a lot of people, gender identity will match their sex. This is called being cisgender.

Gender Equality - When people of all genders have equal rights, responsibilities and opportunities. Everyone is affected by gender inequality – women, men, trans and gender diverse people, children and families. It impacts people of all ages and backgrounds. Gender equality prevents violence against women and girls, is essential for economic prosperity and is a human right. Everyone benefits from gender equality, as societies that value women and men as equal are safer and healthier.

Gender Equity - The fair treatment of women and men according to their respective needs. This may include equal treatment, or it may include treatment that is different but considered equivalent in terms

of rights, benefits, obligations, and opportunities. Gender equity ensures opportunities are not limited on the basis of gender. It corrects for gender biases so that economic outcomes improve for everyone.

Gender Roles - Stereotypes regarding attitudes, attributes, and actions imposed on men and women based on gender. Gender stereotypes are a set of preconceptions regarding the role of a certain gender in society. These characteristics are then attributed to every person of that gender, often causing individuals harm and distress. Gender roles perpetuate inequality and greatly affect minorities that may not be in a position to reject these stereotypes.

Gendered Drivers of Violence Against Women - Gender inequality creates the social conditions for violence against women to occur. There are four key expressions of gender inequality that have been found to predict or drive this violence:

- Condoning of violence against women
- Men's control of decision-making and limits to women's independence in public and private life
- Rigid gender stereotyping and dominant forms of masculinity
- Male peer relations and cultures of masculinity that emphasise aggression, dominance and control.

General Practitioner (GP) - A doctor who is also qualified in general medical practice. GPs are often the first point of contact for someone, of any age, who feels sick or has a health concern. They treat a wide range of medical conditions and health issues.

Ghosting - The practice of abruptly ending a personal relationship with someone by ending all communication without explanation.

Gonorrhea - An STI caused by bacteria. It can infect the cervix (entrance of the uterus), urethra

(where urine comes out), rectum (anal passage), throat and occasionally the eyes.

Gynaecologist - An obstetrician-gynaecologist is a specialist doctor who cares for women and specialises in pregnancy, childbirth and reproductive health. They help women before, during and after childbirth, detect sexually transmitted diseases, perform reproductive health screening and surgical procedures (such as caesareans, hysterectomies and tubal ligations).

H

Hepatitis - Inflammation of the liver. Hepatitis may be caused by alcohol, drugs, toxins or infection with a virus (called viral hepatitis). There are five (5) viruses known to cause hepatitis. The most common are hepatitis A, B and C. Hepatitis B is a sexually transmissible infection (STI) and blood-borne virus (BBV), which means it can be passed on through sexual contact or by blood to blood contact. Hepatitis A and C are not considered STIs however, they can be transmitted (passed on) during some types of sexual contact. Hepatitis C is a BBV.

Herpes - Genital herpes is one of the most common sexually transmittable infections. It is transmitted from an infected person to a sexual partner through vaginal, anal or oral sex or by genital skin-to-skin contact.

Heterosexual - Someone who is attracted only to people of another gender. Most often refers to men who are exclusively attracted to women and women who are exclusively attracted to men.

HIV and Aids - HIV stands for **Human Immunodeficiency Virus**. It is a virus that weakens the immune system. It attacks and takes over the immune cells, using them to reproduce itself and go on to infect other cells. It is primarily transmitted in blood, semen and vaginal fluids via condomless sex

or sharing injecting equipment. HIV is the virus that can cause AIDS.

Acquired Immune Deficiency Syndrome (AIDS) is not a single disease. It is a diagnosis that results from a spectrum of conditions that can occur when a person's immune system is seriously damaged after years of attack by HIV. The terms HIV and AIDS are **not** interchangeable.

Holistic - A holistic approach means to provide support that looks at the whole person, not just one part or issue. A holistic approach considers the physical, mental emotional, social and spiritual needs. See also: Naturopath.

Homophobia - Is fear or hatred of people who are gay, lesbian or bisexual. Homophobia is an irrational fear or prejudice – and is something we work to eliminate in our community so that all people – regardless of their sexuality – can feel safe and respected.

Homosexual - Is being attracted to people of the same gender. For example: a man who is attracted to another man, or a woman who is attracted to another woman. See also: gay / lesbian

Hormones - Hormones are chemicals that cause changes in our bodies and brains. They naturally exist and can also be made in a lab. Hormones travel through the body via tissue fibres such as blood, and can influence behaviour, mood and sexual arousal.

Human Papillomavirus (HPV) - Is a group of viruses that infect the skin or moist areas of the body. This results in warts on various parts of the body. HPV is the most common STI. Most people who are sexually active will be infected with at least one type of HPV at some time.

Hysterectomy - Hysterectomy is the surgical removal of the womb (uterus), with or without the cervix. The operation may also be with or without the removal of the ovaries and the fallopian tubes.

Infertility - The inability to conceive within a 12-month period while actively trying.

Injectible Contraception Depo - A progestogen injection given regularly every 12 weeks. You will need to get a script from your doctor, collect from your pharmacy and take back to the clinic to have the Depo injected. Periods usually stop while using this method. No medications stop it from working and can be used while breastfeeding. It may cause side effects, including irregular bleeding, weight gain, moodiness, and pimples, this could last until the injection wears off. It may temporarily delay a return to normal periods after stopping the injections

Intersectionality - The mixed nature of social factors such as race, class, and gender as they apply to a given individual or group, often creating an overlap and susceptibility of discrimination or disadvantage.

Intersex - People are born with different kinds of bodies. People who are intersex are born with natural variations in their body that differ from what we might expect to be 'typically' male/female. This can include (but is not limited to) variations in hormones, chromosomes, and sexual organs. A lot of us are taught that when you have high testosterone that you're male, but if you're a male that is born with low testosterone you may describe yourself as intersex. There are heaps of ways that you can be intersex!

Intimate Partner Violence - Behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours.

Intrauterine Device (IUD) - A small device made of plastic and/or

metal that is inserted into the uterus (womb) to prevent pregnancy.

Intrauterine Insemination (IUI) or Artificial Insemination - Involves inserting the male partner's (or donor's) prepared semen through the neck of the womb (cervix) and into the uterus, close to the time of ovulation. It is a simpler, less invasive form of fertility treatment.

In Vitro Fertilisation (IVF) - A procedure, used to overcome a range of fertility issues, by which an egg and sperm are joined together outside the body, in a specialised laboratory. The fertilised egg (embryo) is allowed to grow in a protected environment for some days before being transferred into the woman's uterus increasing the chance that a pregnancy will occur.

Labia - The labia are the 'lips' on the outside of the genitals (vulva). They protect the clitoris, vagina and urethra and become engorged during sexual activity. There are two pairs of labia — labia majora and labia minora. The size, shape and colour of the labia are different in every woman. One lip can be a different shape or size from the other.

Labia Majora - The outer lips of the vagina. This is generally where pubic hair grows.

Labia Minora - The hairless folds of skin on the inside that lead to the vagina / surround the vagina hole.

Labiaplasty - Female genital re-shaping, or labiaplasty, is performed to change the size and shape of the inner labia, the inner lips of the vulva. This is a highly risky procedure where sexual pleasure and sensation, as well as vaginal health, can be significantly impacted. It is important to do your research and understand why you want to proceed with labiaplasty.

Laparoscopy - A medical procedure used to examine the interior of the

abdominal or pelvic cavities for the diagnosis or treatment (or both) of a number of different diseases and conditions. For example: endometriosis, adenomyosis, ovarian cysts.

Lesbian - A woman whose enduring physical, romantic, and/or emotional attraction is to other women. Some lesbians may prefer to identify as gay or as gay women.

LGBTQIA+ - LGBTQIA+ is an abbreviation for lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more. These terms are used to describe a person's sexual orientation or gender identity.

Love Bombing - The action or practice of lavishing someone with attention or affection, especially in order to influence or manipulate them. It is a type of emotional abuse where someone uses grand gestures - such as gifts, compliments, affection - to manipulate and control another person, rather than out of kindness.

Lubricant - A liquid or gel that women and their partners can apply during sex to make the vulva, vagina, or anal area wetter. Lubricant can also be applied to a penis or a sex toy to make them more slippery.

M

Male - The gender assigned at birth based on male external genitalia (penis, scrotum).

Mastectomy - The surgical removal of a breast. Trans and nonbinary people may have double mastectomies to better fit their gender identity. Some people may have a mastectomy to treat or prevent breast cancer.

Menopause - The end of menstruation (having periods) in a woman's life. It is a natural occurrence at the end of the reproductive years, just as the first period during puberty was the start.

Menstrual Cup and Menstrual Disc

- Reusable, bell-shaped devices made of silicon or rubber which are worn internally. They sit low in the vaginal canal and collect, rather than absorb, the menstrual flow. Menstrual discs are slightly flatter and wider than cups, and are best for people who have a low cervix height. Some menstrual discs can also be worn during penetrative sexual intercourse - remember: menstrual discs or cups are **not** a form of contraception.

Menstrual Pad - Is an absorbent reusable or disposable lining made of cotton or similar materials that you wear in your underwear against your vulva and vagina to absorb menstrual flow. These are often worn by people who do not want to use a menstrual cup, disc or tampon, or in combination with these items for extra protection. Pads come in different shapes and sizes depending on use (e.g. sleeping /night time, sports) or heaviness of flow (e.g. liners for spotting or start / end of period, or thicker / longer for the heavier days). Pads are also available for other concerns such as incontinence, bladder leakage or post-birth.

Menstruation (aka Period) - Menstrual bleeding is the elimination of the egg and thickened lining of the uterus (endometrium) from the body through the vagina. Menstrual fluid contains blood, cells from the lining of the uterus (endometrial cells) and mucus, also referred to as period.

Mental Health - A state of well-being in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

Mindfulness - A type of meditation in which you focus on being intensely aware of what you're sensing and feeling in the moment,

without interpretation. Practicing mindfulness involves breathing methods, guided imagery, and other practices to relax the body and mind and help reduce stress.

Mirena - Hormonal intrauterine device (IUD) that can provide long-term birth control (contraception). The device is a T-shaped plastic frame that's inserted into the uterus, where it releases a type of the hormone progestin.

Miscarriage - Occurs when an embryo or fetus dies before the 20th week of pregnancy. The loss of a baby after 20 weeks is called a stillbirth. Up to 1 in 5 confirmed pregnancies end in miscarriage before 20 weeks, but many other women miscarry without having realised they are pregnant.

Misogynist - A person who dislikes, despises or is strongly prejudiced against women.

N

Narcissist - A person who has an excessive interest in or admiration of themselves. A narcissist will tend to display selfishness, a sense of entitlement, a lack of empathy and a need for admiration.

Naturopath - A professional naturopath is someone who has completed, at a minimum, an Advanced Diploma in either Naturopathy or Health Science, is registered with a professional body. Naturopathy takes a holistic approach to wellness. Naturopathy supports a person to live a healthy lifestyle. A range of therapies are used to support the person. Therapies may include nutritional medicine, diet advice, herbal medicine, homeopathy, lifestyle advice, and tactile therapies, such as massage, acupuncture.

O

Online Dating - The practice of searching for a romantic or sexual

partner on the internet, typically via a dedicated website or application.

Orgasm - The peak of sexual arousal, when all the muscles that were tightened during sexual arousal relax, usually causing a very pleasurable feeling.

Ovarian Cyst - A growth on an ovary. Usually benign (not cancerous). May cause varying degrees of abdominal or belly pain, irregular periods, and sometimes requires treatment or surgical removal.

Ovaries - The ovaries are located in the pelvis, one on each side of the uterus (i.e. right and left ovary). Each ovary is about the size and shape of an almond. The ovaries produce eggs (ova) and female hormones. During each monthly menstrual cycle, an egg is released from one ovary. The egg travels from the ovary through a fallopian tube to the uterus.

P

Pansexual - Describes the sexual, romantic or emotional attraction towards people regardless of their sex or gender identity.

Pelvic Floor - The pelvic floor muscles support the bladder, uterus, and bowel. Pelvic floor muscles support the bladder, bowel and the uterus. They prevent incontinence of bladder and bowel, prolapse and are also important in sexual function.

Pelvic Pain - Symptoms arising from the reproductive, urinary or digestive symptoms or from muscles and ligaments in pelvis. Depending on its source, pelvic pain can be dull or sharp, the pain might be constant or sometimes and can hurt more during activities such as going to the bathroom or having sex.

Peri-Menopause - The stage of life leading up to your last menstrual period, which is known

as menopause. During this stage you may experience some of the symptoms of menopause.

Peri-Natal Depression - Depression during pregnancy and the year following birth.

Period Poverty - A global problem, with millions of women and girls being held back and even endangered by not being able to afford basic menstrual care.

Physical Health - Any bodily movement produced by skeletal muscles that requires energy expenditure. Physical activity refers to all movement including during leisure time, for transport to get to and from places, or as part of a person's work. Both moderate- and vigorous-intensity physical activity improve health.

Polyamorous - Is the act of having intimate relationships with more than one person at the same time. A polyamorous person might have or might be open to having multiple romantic partners.

Polygamy - Marriage to more than one spouse at a time.

Porn - Video, photos, or words that are meant to be sexually exciting or entertaining.

Polycystic Ovary Syndrome (PCOS)

- A complex hormonal condition. It is relatively common, affecting 8-13% of people with ovaries. However, the majority of people go undiagnosed. People living with PCOS can experience irregular periods, excessive facial and body hair, acne, obesity, reduced fertility and can have an increased risk of diabetes. PCOS can be diagnosed by taking a medical history, examination, blood tests and an ultrasound. Treatment for PCOS includes a healthy diet and exercise and targeted therapy such as hormones and medication.

Post-Exposure Prophylaxis - Medicine that helps prevent HIV (or other infections) if started within a few days after being exposed.

Post-Natal or Post-partum

Depression - A mood disorder or depression that occurs in mothers after the birth of a baby. Usually this will be a short-term disorder and impacts almost 500,000 mothers per year. Common signs of postnatal depression can include:

- feeling low or not feeling anything (feeling numb)
- feeling hopeless or worthless
- losing interest in others, including your new baby

It is important to seek support from trusted networks – close friends, family, mother's groups – as post-natal depression is more common than you may think, and nothing to be ashamed by. For assistance, speak with your GP or health professional.

Pregnancy - The period from conception to birth. Conception occurs when an egg is fertilized by a sperm, which implants in the lining of the uterus. This then develops into the placenta and embryo, and later into a foetus. Pregnancy usually lasts 40 weeks, beginning from the first day of the woman's last menstrual period, and is divided into three trimesters, each lasting three months.

Prevention of Violence Against Women (PVAW)

- The primary prevention of men's violence against women and girls. Primary prevention requires changing the social conditions, such as gender inequality, that excuse, justify or even promote violence against women and their children. Individual behaviour change may be the intended result of prevention activity, but such change cannot be achieved prior to, or in isolation from, a broader change in the underlying drivers of such violence across communities, organisations and society as a whole. A primary prevention approach works across the whole population to address the attitudes, practices and power differentials that drive violence against women and their children.

Pronouns - Words that we use to refer to a person when talking about them, without using their name. Common pronouns include She/her and He/him. Neo pronouns include They/them, Xe/Xir and Ze/Zir. Some people use only one set of pronouns, while others may use two sets of pronouns interchangeably (she/they). People may change their pronouns at different stages during their life.

Q

Queer - A common umbrella term used to mean anyone who is same gender attracted or gender diverse.

Quickie - A brief act or instance of having sex.

R

Rape - In Victoria, sex is considered rape if:

- someone sexually penetrates you without your consent, either:
 - while being aware that you are not, or might not be, consenting
 - while not giving any thought to whether you are not, or might not be, consenting
- after you start having sex, the other person does not stop after becoming aware that you are not, or might not be, consenting
- a person makes you sexually penetrate (or not stop penetrating) them or another person or animal. It does not matter if the person being penetrated consents to the act. You must also consent.

Red Flag - A sign of warning of impending danger, disaster or doom; a bad sign of what's to come.

Reproductive Health - Sexual and Reproductive Health (SRH) is a field of research, healthcare, and social activism that explores the health of an individual's reproductive system and sexual wellbeing during all stages of their life. Good sexual and reproductive health is important

for women's general health and wellbeing. It is central to their ability to make choices and decisions about their lives, including when, or whether, to consider having children.

Reproductive Rights - Refer to the right to make your own decisions about your body. It includes being able to access accurate information about these issues, access sexual and reproductive health services including contraception and abortion. It includes being able to decide on your sexual partner and if you want to have children and how many.

S

Sex - Sex, or gender, is the label assigned at birth of female or male, sometimes intersex.

Sex, or sexual intercourse, is the act of vaginal, anal or manual intercourse or stimulation of genitals with a sexual partner(s).

Sex Positions - The physical position of two or more lovers for sexual intercourse.

Sex Positivity - The idea that people should have space to embody, explore, and learn about their sexuality and gender without judgment or shame.

Sex Therapy - Treatment to resolve a sexual problem or dysfunction, such as premature ejaculation, inability to have orgasm, or a low level of sexual desire.

Sexual Assault - Any kind of sexual activity that you were forced, coerced or tricked into doing when you didn't want to. It refers to a wide range of unwanted sexual behaviours, including:

- forced, unwanted sex, sexual acts or touching
- child sexual abuse: using power over a child or adolescent to involve them in sexual activity
- indecent assault: touching, or threatening to touch, someone else's body sexually without their consent.

Sexual Freedom - Having the ability to define, explore and experience your own sexuality as you want, without fear of repression or violence. Sexual freedom is freedom of choice – whether it be for reproductive purposes such as abortion, your choice of sexual partner (with their consent), or being open to new sexual experiences. See also: Reproductive Rights.

Sexual Health - Sexual and Reproductive health (SRH) is a field of research, healthcare, and social activism that explores the health of an individual's reproductive system and sexual wellbeing during all stages of their life. Sexual health is fundamental to the overall health and well-being of individuals, couples and families, and to the social and economic development of communities and countries. Sexual health, when viewed affirmatively, requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

Sexually Transmitted Infection (STI) - Infections which can be passed from one person to another during unprotected sexual contact or intercourse. Symptoms include abnormal vaginal discharge, rashes, pain and itching in vagina and blisters on penis, pain during urination and ejaculation, abnormal discharge from penis. It is also very common to have an STI and not experience any symptoms. Common types of STIs include:

- Chlamydia
- Genital herpes
- Genital warts
- Gonorrhoea
- Hepatitis B
- HIV
- AIDS
- Syphilis

See also: STI Test.

Sexual Violence - Any unwanted sexual act, attempt to obtain a sexual act, or other act directed

against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object, attempted rape, unwanted sexual touching and other non-contact forms including verbal and online abuse.

Sex Worker - A person who is paid for providing sex or sexually arousing activities, including phone or camera sex, erotic massage, lap dancing, or striptease.

Stealthing - The act of a man removing a condom from his penis during sex without the other person's consent or knowledge. Stealthing is considered sexual assault and is officially illegal in ACT, Tasmania and Victoria, in line with many other countries worldwide. Other states in Australia judge on a case-by-case basis.

Stillbirth - In Australia, stillbirth is the birth of a baby who has died any time from 20 weeks into the pregnancy. The baby may have died during the pregnancy or, less commonly, during birth. If the length of pregnancy is not known, the birth will be considered a stillbirth if the baby weighs 400 grams or more.

STI Test - Provided by GPs as a way to diagnose whether you have a sexually transmitted infection (STI). It is quick and painless. It's really important to have STI tests regularly if you are sexually active, even if you don't have any symptoms.

Suicide - The leading cause of death for people aged between 15 and 49, and occurs when a person intentionally ends their own life. Suicide occurs due to a number of complex factors, often including psychological, social, environmental and/or situational. Some risk factors can include:

- stressful life events – e.g. financial problems, relationship breakdown
- grief and loss
- physical illness

- poor mental health – e.g. depression – or a history of poor mental health
- misusing drugs or alcohol
- poor living conditions, homelessness or poverty
- trauma
- family violence, sexual assault or abuse

Remember – **help is always available.**

Syphilis - Syphilis is a bacterial infection usually spread by sexual contact. The disease starts as a painless sore – typically on the genitals, rectum or mouth. Syphilis spreads from person to person via skin or mucous membrane contact with these sores.

T

Tampon - These are little cotton plugs that you put in your vagina to soak up blood. They have a little string on the end to make removing them easier. Sometimes they come with plastic applicators that help to insert them, which work like a syringe. You can get tampons with various absorbency ratings.

The Pill - There are two types of oral contraceptives:

1. The Combined Pill (contains both estrogen and progestogen)
2. The Mini Pill (contains progestogen only)

You use oral contraceptives by swallowing one pill at the same time or around the same time every day.

Toxic Shock Syndrome (TSS) - A very rare but potentially serious illness that can affect males or females at any age. It is caused by particular strains of bacteria called *Staphylococcus aureus* (and less commonly *Streptococcus pyogenes*) which are able to produce a toxin. Whilst there isn't evident that tampons cause TSS, the use of tampons during someone's period (menstruating) increases the risk of TSS. Suggestions for reducing the risk

of TSS include changing tampons regularly (at least every 4 hours) and using pads instead of tampons overnight.

Transgender - People whose gender identity is different from the gender they were thought to be at birth. "Trans" is often used as shorthand for transgender.

Transphobia - A term used to describe a whole range of negative feelings, prejudice and/or behaviours towards anyone who is gender diverse or transgender people. The consequence of transphobia is that gender diverse and trans people struggle to live openly and comfortably in society. This irrational fear can lead to discriminatory actions or abuse

Tubal Ligation - A surgical procedure for female sterilization in which the fallopian tubes are permanently blocked, clipped or removed. This prevents the fertilisation of eggs by sperm.

U

Urethra - A tube that empties the bladder and carries urine to the urethral opening (the hole you pee out of). The urethra also carries ejaculate and pre-ejaculate in people with penises.

Uterus - Reproductive organ from which people menstruate and where a pregnancy develops. Also called "womb."

UTI (Urinary Tract Infection) - Bacterial infection of the bladder, the ureters, or the urethra. It is not sexually transmitted. The most common symptom is a frequent urge to pee and pain while peeing. UTIs are curable with antibiotics, which will require a visit to your GP.

V

Vagina - The muscular canal that extends from the cervix to the outside of the body. The opening of the vagina is between the legs in the vulva. Most females have a vagina.

Vaginal Discharge - Fluid or mucous made by glands inside the vagina and cervix. You might notice it in your underwear or on toilet paper after you wipe. Vaginal discharge cleans and moistens the vagina and helps prevent and fight infections.

Vaginal Ring - A soft plastic ring which is self-inserted into the vagina and slowly releases low doses of oestrogen and progesterone similar to the pill. It is left in place for three (3) weeks and taken out for a week. Your doctor will provide you with a script which you can take to the pharmacy to purchase. You then insert the ring yourself. It may make periods lighter, more regular and less painful. It may cause side effects such as headaches, nausea, breast tenderness and weight gain. May not be suitable if taking other medications or have certain health conditions. Always check with your doctor, nurse or pharmacist. A small number of people find the vaginal ring uncomfortable. Partners are usually not bothered by the ring during sex.

Vaginal Sex - Sex that involves a penis going into/penetrating a vagina for sexual pleasure and/or with the aim to conceive a pregnancy.

Vaginismus - Painful muscle spasms in the vagina as a response to pressure/contact. Sometimes has no known cause, and sometimes happens after psychological or physical trauma.

Vaginitis - The irritation or inflammation of your vagina or vulva due to an infection, allergy, or change in the chemical balance in your vagina.

Vasectomy - A procedure that cuts the tube called the vas deferens so that sperm produced in the testes cannot get into the semen (cum). It can be performed by some doctors or a surgeon. The procedure is performed under either local or general anaesthetic. It is not

immediately effective, it requires about 20 ejaculations to become effective. It is considered permanent.

Vibrator - An electrically powered sex toy that applies vibrations to parts of the body for sexual pleasure. Like all sex toys, they can be used solo or as part of sexual intercourse with your partner(s).

Violence Against Women - Any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. See also: Intimate Partner Violence, Sexual Violence.

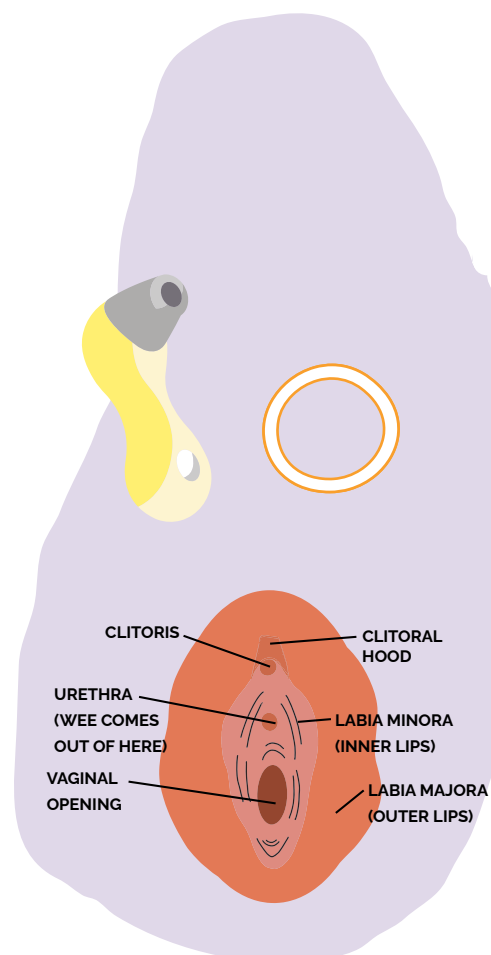
Vulva - The vulva consists of the external female sex organs – i.e. the outside of a female or woman's genitals that can be seen between the legs. The vulva includes the mons pubis, labia majora, labia minora, clitoris, vestibular bulbs, vulval vestibule, urinary meatus, the vaginal opening, hymen, and Bartholin's and Skene's vestibular glands.

W

Women's Rights - The fundamental human rights that were enshrined by the United Nations for every human being on the planet nearly 70 years ago. These rights include the right to live free from violence, slavery, and discrimination; to be educated; to own property; to vote; and to earn a fair and equal wage.

Glossary Sources

- [Better Health Channel](#)
- [Beyond Blue](#)
- [Cure Cancer](#)
- [Feminism | Definition, History, Types, Waves, Examples, & Facts | Britannica](#)
- [IVF Australia](#)
- [Jean Hailes](#)
- [The Mayo Clinic](#)
- [Minus18](#)
- [Our Watch](#)
- [Planned Parenthood \(USA\)](#)
- [Pelvic Pain Foundation](#)
- [Safe and Equal](#)
- [Sexual Health Victoria](#)
- [She Decides](#)
- [World Health Organization \(WHO\)](#)



POV: The condoms on your bedside table

I LIVE FOR
THIS!



WE ARE
ON HERE

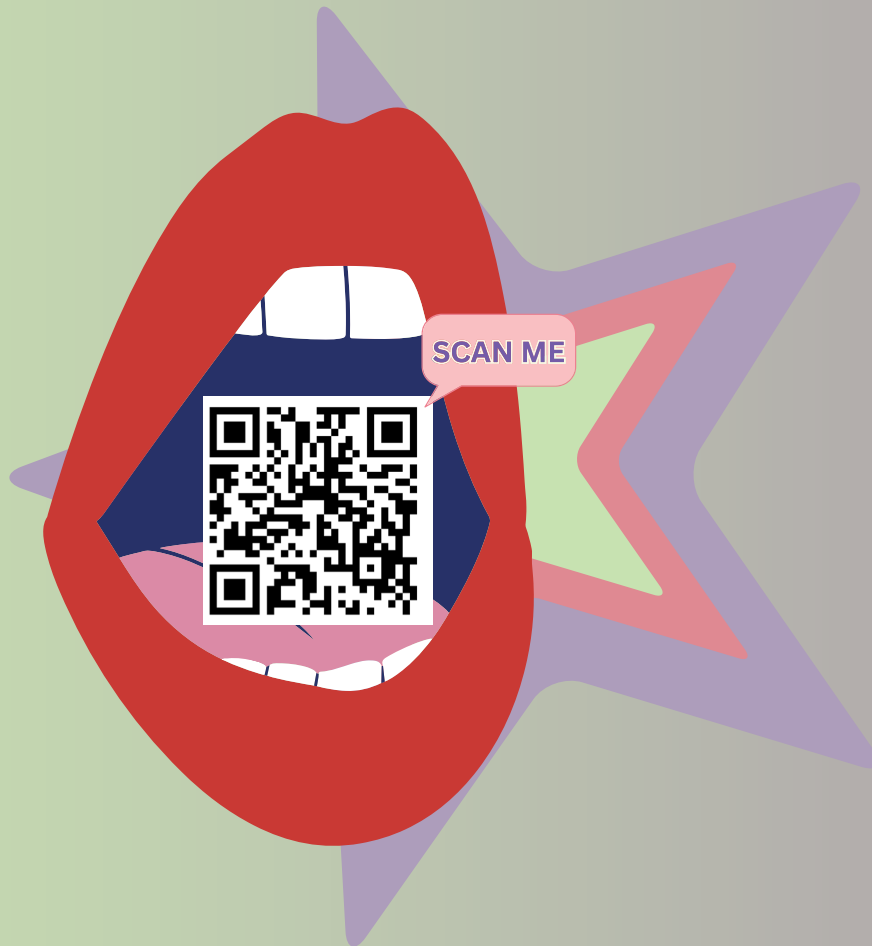


I'M ON
NEXT



WOWEE GOOD
LUCK BOYS
I AM DONE






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