

Association of University Centers on Disabilities(AUCD)
Sex Talk for Self-Advocates
Thursday, December 6, 2018
2:00 p.m. – 3:00 p.m.
Remote CART

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>> Good afternoon, everyone. Or good morning, wherever you are. Welcome to sex talk for self-advocates. I would like to thank you all for joining us today. Before we begin I would like to address a few logistical details. First we'll provide a brief introduction of our speakers. Following the presentation there will be time for questions. Because of the number of participants, your audio lines will be muted throughout the call. However you can submit questions at any point during the presentation via the chat box on your webinar console. You may send a chat to the whole audience or to the presenters only. Your questions at the end and address them. We may not be able to get to every question so we might combine some questions. The entire webinar is being recorded and will be available on AUCD's website following the webinar. There will be a short survey at the close of the webinar. We invite you to provide feedback on the webinar and also to provide suggestions for future topics. I will now pass the mic over to the co-chair who will introduce our speakers.

>> Thank you, Anna. I am Julie Atkinson. We are excited this is our third webinar in the series and we have a great group of panelists who I'm going to go ahead and introduce and we will get started and jump right into today's topic which is sexually transmitted infections.

So if we go to the next slide, our first panelist is Max Barrows. Max is an outreach director for Green Mountain self-advocates. A position he has held since 2007. He mentors youths and adults with developmental disabilities to speak up for themselves and become leaders. Green Mountain is part of the self-advocacy and resource center. Max connects people on all levels advocating for true inclusion of people with developmental disabilities. In his work, he advances the message that when you are an individual with a disability, presume competence. He received a White House champions of change award for this work in 2015. Max is an accomplished self-advocate from Vermont who serves as a board member of the self-advocates becoming empowered from 2008 to 2016. Our next speaker is Katherine McLaughlin. She is a national expert in individuals staff and parents on sexuality and developmental disabilities. She teaches sexuality education to people with intellectual and developmental disabilities as well as trains them to be peer sexuality educators themselves. Katherine is the author of an agency and a school curriculum entitled sexuality education for people with developmental disabilities. And one for parents. Talking to your kids, developmental disabilities and sexuality. To contact Katherine you can reach her at her

website which is at elevatustraining.com.

And our last panelist is Erica Thomas. Erica Thomas is a health educator for the developmental disabilities administration health initiative housed at Georgetown university center for child and human development. A university center for excellence for developmental disabilities in Washington, D.C. She serves as a liaison between family members, health care professionals and community providers that support people with disabilities. Erica develops and implements health care curriculum on a variety of topics including sexuality for people with disabilities and their support teams. She's the faculty team leader and mentor first-year medical school students at Georgetown Erica actively collaborates with state and local advocacy groups to liver message of the whole person. When she's not advocating for people with disabilities or promoting sexuality education in the community she enjoys traveling the world and taking long naps. Before we begin, just how we're going to set the sage so we're all on the same level, our panelists today in speaking, they're going to use person-first language. When the questions that they are going to speak to, we are using the words that came from individuals themselves. And certainly using medical terminology as we are discussing the topics related to sexually transmitted infections.

During today's conversation on our next slide, if at any point you feel uncomfortable or maybe are reminded of a bad memory or something that had happened to you and you feel unsafe, there is the crisis call center that you can call and they have trained counselors and professionals to help you. And the number is there on the screen. Lindsey has just put that into the chat box on the bottom. So if you -- that number is there if you do need to reach out to someone today.

The chat box is located at the bottom of your screen if you guys haven't found that yet. There's a little icon with a little bubble with three dots. You can click on that and that will open your chat box and there you can send a chat to everyone or you can send a chat privately to one of the presenters or to Lindsey. As we go throughout, as Anna said, you are welcome to add questions to the chat box if you would rather to send them to just one person, you can send those to Lindsey Mullis and you can click on her name and that will start a private chat. Instead of sending it to everyone. The default is for everyone. Before we go to our next slide, if you are in a location and you have more than one person attending, if you're with a group of people, if you guys wouldn't mind putting the number of people who are attending with you into the chat box. I always want to get a sense of how many people are participating with us today. So if you guys wouldn't mind doing that, we would love to hear from you.

>> Thanks a lot.

>> So how the webinar will work is that the questions that we're going to talk to our panelists, our panelists are going to talk today came from a survey that we have been collecting from self-advocates, questions they have about relationships and sexuality. There were quite a few that related to sexually transmitted infections, STIs. So we thought it would be good to spend today talking about those. Each of our educators are going to begin by addressing the questions and the other ones might add some follow-up information, and as Anna said at the very end we will set time aside to do question and answer that you have related to today's topic. With that I'm going to turn it over to Max to get us started. Talking about what is sexual self-advocacy and what does that mean. Max?

>> All right. Thank you very much, Julie. Thanks for having me on here. So, kicking things off as to the question, what is sexual self-advocacy. Well, the way I would put it is, it has all the pieces of self-advocacy and to break it all down, has the piece of speaking up. Being proud of who you are. Learning new things. It's all about making your case, making decisions. Learning from your mistakes. But the one thing you've got to keep in mind with

sexual self-advocacy is it can be more difficult than regular self-advocacy. Just to give you an example, just telling your boyfriend or girlfriend what movie you want to see is a whole lot easier than telling a person what you want to do when having sex and what you do not want to do in that regard. Next slide.

So other examples of sexual self-advocacy are, you know, feeling comfortable meeting people, flirting, and asking someone to dance. Sexual self-advocacy means being free about your sexuality, like if you are gay or straight or a lesbian. Knowing how to deal with someone pressuring you to do something you don't want to do. One thing to keep in mind is privacy is important. So speak up for it. Knowing about birth control and safe sex, getting good information on those two things. And dealing with your parents when they don't agree, because people will go through that. If there's anything I missed, Katherine, if you would like to add anything about safe sex or --

>> Katherine McLaughlin: Yeah. I think, Max, great job listing all these possible meanings of sexual self-advocacy. And the last one on the slide talks about knowing about birth control and safe sex. And today's webinar is going to be focused on safe sex, but that's a part of sexual self-advocacy, is knowing about sexually transmitted infections and how you can avoid them and how you can manage them. And also about talking about it. Speaking up with your partner about whether you have a sexually transmitted infection or finding out if they have one, and using protection and getting tested are all parts of sexual self-advocacy and keeping yourself sexually healthy. So that's just sort of an intro into what we're going to do today. Next slide? So I'm going to do a quick recap of the last webinar that we had. Number two. And if you didn't attend, I'll be showing you some links to the last two webinars, but this one we talked about what is sex. What does that word mean. And we talked about how there are many different types of sex and you can see listed on the slide there's solo sex, so sex with yourself, masturbation or self-stimulation, also rubbing sexual parts together or on other parts of the body is sex, using your hands on a sexual part is sex. Also oral. A partner puts their mouth on their partner's sexual part. Anal, where something is inserted into the anus for sexual pleasure, and penis in the vagina sex. And there's lots of other sexual acts. And one of the things we talked about was someone asked what's normal. And really, there's no normal. It's really about whatever feels okay to you and your partner. That's what normal is. There isn't one way to have sex or be sexual. And part of being a sexual person is exploring this and figuring out what you like and don't like. So no one can tell you what's okay for you. Only you can.

We also talked about how -- someone asked is sex like it is in the movies and what we talked about was, movies are make-believe and people are pretending. And one of the things that happens in movies that involves sex is nothing bad happens usually. Sometimes, but lots of times, no one has an unplanned pregnancy or no sexually transmitted infections. So it's not real in that way. And also people are performing. So it's not real. And sometimes when people watch that, they think bad about themselves. They think they don't look like the movie stars, they're not having sex like the movie stars and that sex really isn't like it is in the movies. So next slide. The other topics that we had were where should I have sex? What are the different types of sex toys and how do you take care of them. We also talked about orgasm and sexual pleasure and we just started to talk about safe sex. So that's where we're picking up from the last webinar. So what is safe sex and what does that mean. So the next slide you can also see, these are the two links to the last two webinars. So the first one we talked about different kinds of relationships, and you can click on that link and hear the recording of the webinar. And then the one I've been referring to in the last few slides, number two, is about sex and intimacy. And that one you can click on that link and hear the whole webinar if you happen to have missed it or if you want to hear it again. Those are there for you. So next slide, and then I think Max is going to take it away.

So one of the questions that we left off in the last webinar was how do I have safe sex? And we started to talk about getting consent. We talked about age of consent, whether someone is able to consent to sex. We talked about those topics. We talked about how sex has to be in a private place, and now we're moving into sexually transmitted infections and protection, which is today's topic. But as you can -- the thing is, as you can see on the slide, is ways to have safer sex. We use the word "safe sex" but the reason that I say safer sex is you can do all the things you're told to do to protect yourself, and you still could get a sexually transmitted infection. When you do all the things that help protect you, it makes it less likely that you will get one, but you could still possibly get one. And that's important for people to know. It's safer to use all these things, but you could still get one. So an example is you could use a condom to protect yourself and still get a sexually transmitted infection. One way that infections are spread is from skin-to-skin contact, so the skin touching each other so the condom may not cover all the skin and you can still get an STI or sexually transmitted infection. Condoms help and make the likelihood of you getting one much lower, but you could still possibly get one. And when I was first an educator I used to say just don't have sex or use a condom. And we didn't realize that you could still even if you used a condom. Max is going to talk to us now about what is a sexually transmitted infection. What do these words mean? Take it away, Max

>> Max Barrows: I will take it away. All righty. So. What is an STI? Of course it stands for sexually transmitted infection. And you want to know what sexually transmitted infections are. They are caused by many different germs. So you know, if we were scientists, we could spend all the afternoon describing all the different germs and viruses and bacteria involved, but we're really here to talk about sex. So let me just say these germs are invisible and small and they can make you sick. You know how you can catch a flu from someone? Well, this is similar, but much more serious. You can get a sexually transmitted infection by having sexual contact with someone who already has an STI. So if you're having sex, just make sure to see your doctor and get tested for sexually transmitted infection. What I found is there are lots of myths about sexually transmitted infections getting passed around. Some people say if you take a shower after sex you will be safe. Well, you know, that doesn't work. So today we will talk about the different kinds of sexually transmitted infections and what you can do to avoid getting sick. Next slide.

So if you are wondering what the difference between a sexually transmitted infection, STI and a sexually transmitted disease, STD, there's really no difference between the two. They mean the same thing. And either one can be used. All mean the same thing. Lots of people, they use the word "infection" because they have found that when you use the word, that particular word, people aren't as afraid or concerned if they get one. When you say the word "disease," it sounds scary. It's pretty terrifying to some people.

Next slide.

So you know, people wonder how can I get an STI, sexually transmitted infection. You know, you can get an STI when you are having sexual contact with another person. By sexual contact, I mean putting your mouth, hands or genitals on the genitals, the sores of someone who is infected. Also you don't have to go all the way, quote unquote. These are a few -- there are a few OSTIs that are spread by skin-to-skin contact. Next slide?

>> I think that's me, Max. Do you have anything else you wanted to add?

>> Max: I do not.

>> Erica: First let's say hi to everyone. It's good to see you all. And the question that I'll cover is how does a sexual disease make you feel. So just like Max said when we say STI and STD, so when we say sexual disease it means the same thing.

So how does it make you feel? Sometimes you might not feel anything. And then if you feel or see something that's not normal, it may mean you have symptoms. So you might ask

what's the symptoms? So if you've had sex with someone and different parts of your body don't feel right or if something doesn't look right, it's important you let someone know. You want to tell someone you trust and you want to have the conversation with your doctor as well. Down here at the bottom we have an example of a symptom. Having a rash on the palm of your hands or the soles of your feet or on your torso or around your upper body, that is a symptom of syphilis, for example. If you see that and that doesn't look normal and you know you had sex with someone, it's good for you to have a conversation with your doctor about that, because that's not normal. Can I have the next slide, please?

And then again, so more symptoms or how a sexual disease may make you feel. There may be discharge from the penis, the vagina or the anus. The discharge can have a color to it. It could be yellow, green, white, it could look a certain way. A woman may have something that looks like cottage cheese coming from her vagina. That's not normal so you need to have a conversation with your doctor. Itching or burning in the anus or genitals, pain with sex, pain or burning when urinating, bumps or sores can be painful or itchy, anal pain when having a bowel movement. Vagina odor may be a fishy odor. Body aches, bleeding between periods, pain in the testicles, fever, headaches, swollen lymph nodes fatigue and abdominal pain. When you go to see your doctor you could start to have these conversations with your doctor, things about your body so you can get to know your body and know what's normal for you. Next slide, please?

So these are just some common STDs or STIs. And so how Max was talking about different bacterias and viruses. So here for chlamydia, gonorrhea and syphilis, those are bacterial infections and they can be cured. So you can take an antibiotic for those particular STDs and you can get rid of them. You can take those antibiotics and you can get rid of them and you won't have them anymore. And when we talked about skin-to-skin contact, herpes and PHV are spread by skin-to-skin contact, those cannot be cured. You can take medication to lessen your symptoms. If there is itching or burning, you can take medication that will make you feel better, but you can always pass those two diseases to your partner if you're having sex while those symptoms are present. Then we have some symptoms at the bottom. Like chlamydia and gonorrhea, how it says in the box, like you may not have any symptoms. But if you do, it may be again you can see on the side the different symptoms that can occur. If you don't get yourself checked out, it could turn into infertility, you may not be able to get pregnant if you have an STD that you didn't go to talk to your doctor about. So make sure if you don't feel right or if something doesn't look right to you, that you go to your doctor and have that conversation. Next slide, please? So here's another slide about how long before common STD symptoms appear. Again remember how we said some symptoms may not appear. So this is just a rule of thumb. So for example we talked about gonorrhea, so that can show up between two and 30 days. So a month from now you might feel burning or irritation when you go to the bathroom and things like that and that could be from gonorrhea. So if those symptoms come about, you want to make sure you go and talk to your doctor. You can go through these and take a look at these. Next slide please?

All right. So what happens if you happen to get an STD? So often when people get an STD, there's this stigma around the person and you know, the person may think that I'm dirty or that I'm a bad person because I contracted an STD and let me tell you that you're not. A lot of people have STDs. A lot of people have unprotected sex. A lot of people go through this exact same thing. So you're not a bad person, you're not a dirty person, you're none of the above. You just are a person with an STD and you should go and get yourself checked out. If you think you may have an STD, you want to talk to someone you trust about what's going on with your body. You want to go to a doctor or a clinic to get tested. So when you go to the doctor you will get an STD test. That might mean a blood test, a urine test or a fluid sample. A blood test, they'll give you a shot and take blood from you. Urine test you'll

urinate in a cup or a fluid sample, for example when you have a Pap smear ladies and the doctor goes in and swipes inside of your vagina, that would be an example of a fluid sample. If you have an STD you have to tell your partner. Max had said before it's not the same as having a conversation about okay, so what movie do we want to watch. This is a very serious conversation that you need to have. So if you have an STD, you have to tell your partner and that means that your partner will have to go and get tested as well to make sure he or she does not have the STD. Or if he or she does have the STD, to get proper medication and that you too can continue your wonderful sex life. You want to make sure you take all of your medications. Maybe by day three it doesn't burn when you urinate anymore, but if your doctor tells uh-uh need to take this medication for a certain amount of time, and for a certain number of times per day, you want to make sure you take that medication as prescribed by your doctor to make sure that the bacteria is all out of your body. While you're taking your antibiotic or your medication, you want to make sure that you're not having sex. Because what happens is the virus or the bacteria is still in your body. So if you're taking antibiotic, yes, the antibiotic is fighting what's in your body, but you're still passing that disease back and forth between you and your partner. So you can take a break from sex for a week or so. And you two can do other things, but just no sex. But again talk to your doctor about what you can and cannot do while you're taking your medication. Once you finish your medication if you still have symptoms your doctor may need to prescribe somebody else or do a check just to make sure. Next slide, please?

So again, what happens, what do you do if you get an STD? So you might want to, before your appointment with your doctor, you might want to write down any of the symptoms that you're experiencing, that way when you have it on paper, when you go in you can read from your list because you might get nervous or you may forget some of the things you want to tell your doctor. You can write down any symptoms or the way that you feel. You want to make a list of the medications that you're currently taking and you may want to write down some questions to ask your doctor as well. So just an example, what is the name of the infection or infections I have, how is it transmitted, can I catch it again, et cetera. And also, you may want, just in case you get nervous, you may want to practice with a friend or a family member or someone that you trust and you can ask these questions back and forth or if you're a little shy bit, you can practice in the mirror with yourself. Just so you're comfortable with asking the questions and being comfortable with having the conversation with your doctor. Next slide, please?

So again, of course when you ask your questions, your doctor will have answers for you and your doctor may have questions for you as well. So be prepared for these questions because your doctor may ask you how long you've had the symptoms, if you're sexually active with men, women or both, how many partners you have, how long you've been with your current partner, if you've used drugs with someone or if you use drugs, if you've had sex with someone who has injected drugs, what type of protection you used, the number of sex partners you have, how many people you've had sex with in the past couple of months and when was your most recent sexual encounter. So again if you're nervous or you want to practice, then practice with someone you trust or again, practice in the mirror with yourself. Next slide, please? Okay. So we had talked about different medications. So the question is what are the medications for sexual diseases. So again, like we said, bacterial infections like gonorrhea and chlamydia, you can take an antibiotic and be cured of those, that particular STI. Again, if it's used properly. So if the doctor tells you to take it for X amount of days for X amount of time, then you have to make sure you take it as prescribed. So antibiotics can cure many sexually transmitted bacterial infections. Take all the as prescribed and no sex until you're done with the treatment. And in the case of a viral infection such as herpes, you want to make sure those source are healed.

Again so then the other type of medication is called antiviral drugs. Those can relieve the symptoms of the virus, for example in HIV and herpes, but remember you always will have that infection in your body. So even though you don't have symptoms, even though you don't see blisters or you don't see anything on your body, that virus is still in your body. So when you take these medications, it will make you feel better but you can still pass the virus to someone else. So, for example, the drugs can keep HIV infection in check for many years. Fewer herpes reoccurrences. They lessen the risk of infection but it's still possible to give your partner HIV or herpes. And like I said you will always have the virus and it can be transmitted to your partner. And keep in mind once you start -- once you get tested and your doctor tells you that you have a viral infection, the sooner you start treatment, the more effective it is. So if you're told you have HIV, you want to start taking your medication as soon as possible. And then again that's going to make you feel better and it will lessen the virus in your body. But again, you can still transmit the virus. Next slide, please?

All right. So then there are even -- vaccines. The CDC has a on its website and it discusses what vaccines are available for STD's. There's hepatitis B, hepatitis A and HPV that are available. It's the same concept as a flu shot. You'll get the flu shot and when you get it the virus is introduced to your body and your body builds up antibodies against this particular disease that's injected into your body and your body is learning how to fight this disease so if you come in contact with it, your body will automatically know what to do and it's programmed to fight this disease. So if you choose to get these vaccines for hepatitis B, hepatitis A or HPV, it will protect you from the STDs above and you'll get it by a shot in your arm and when you get a shot, same thing as a flu shot and other shots, your arm might be sore. But just in case you are concerned, you can have a conversation with your doctor to first of all see if it's right for you, and if you do get it to ask about side effects or what can potentially happen to you. Next slide, please? And then I wanted to leave you with this. A lot of folks haven't heard about a medication called PrEP. This medication is for people who are HIV negative but are in relationships with people who are HIV positive. What PrEP is is an antiviral drug that you can take every day and it will reduce the risk of you getting HIV. So again, you have to be HIV negative, which means you do not have HIV, and your partner has HIV or your potential partners may have HIV, so it's another added layer of protection. So again if you're taking this medication daily, which you have to take it daily in order for it to work. If you use condoms it can lower your risk even more. Just taking the medication alone will put you at about 90% of not getting HIV and using condoms can boost that number even more. And if a dose is missed, the level of HIV protection may decrease. This is something that's relatively new on the scene. I live here in Washington, D.C. and we have on the side of our buses and all around the city we have signs going up about this so people are start to go ask questions. So if this is something you're interested in, by all means you might want to do research on it or start looking into it for your life. I think that's it for me. Yeah.

>> Max: Great job, Erica.

All righty. So now you want to know how do you ask your partner if they have an STD, a sexually transmitted disease. And just to keep in mind, this is a question that you want to ask your partner before you have sex. So you may be wondering how to go about this. And I will tell you. What I would do is I would start the conversation out by expressing that this is a topic that's going to be difficult to discuss but the reason why you're doing it is because you care about the health and well-being of the both of you. And you also want to check with your partner, first and maybe start out by asking them do you know what an STD is or have you heard of one before? Or heard that term. And you know, I ask because this is what I would like to talk about with you. So, just keep that in mind, and you also want to just keep in mind too that the questions are going to be kind of sensitive at first, but just say like I have to

ask, then ask the question like do you have an STD or have you been tested for an STD recently. And then do this in your own words. Just make sure that you set a comfortable environment for this to be talked about. And if you really want to make it less nerve-wracking for your partner, you can also in the conversation say hey, you know, feel free to ask me. So it could ease the tension even more. Next slide, please? So we just talked about asking your partner if they have an STD, and whether or not they've gotten tested. So telling your partner that you have an STD can be just as, if not more uncomfortable or as I would put it, nerve-wracking. So to ease the tension, here are some tips that we have. First things first. Make an appointment and get tested to your local clinic or doctor. It's important to get the facts. In other words, get the right information that is the most reliable. Tell your partner whether or not you have an STD or an STI beforehand. Same thing. Next slide. If there is a next slide. Oh, yes. And I was kind of going through this, but I'll continue. Figure out how you want to like go about telling your partner that you have an STD. And big out if you want to do -- figure out if you want to do it in person or in another way. And what I would do is I would kind of figure out how to go about that by planning what you want to say and how you're going to say it. That would help me out a lot if I were in the situation. And you could do this by practicing like in the mirror or with a friend or however you want to practice that is comfortable to you. And when you begin the conversation, tell them that it is important to me because I care about our relationship's health and well-being or just I care about being safe and healthy in our relationship. Prepare yourself for how your partner may respond by thinking about what they could say, and then all of this, going through all of this when completed, you know, take a deep breath. If you want to look in the mirror, be proud of yourself. Pat yourself on the back and tell yourself you did it, nice job. You will feel so much relief when the weight of this is all off your shoulders. And now if Katherine, if you have anything that you would like to tell us about protection and safe sex.

[Ringing]

>> Katherine McLaughlin: My phone just started ringing. Sorry, everybody. It never rings. So yeah, thanks, Max. I am going to -- one of the questions that we got was how to protect myself when I'm a female and my partner is a female. So there's this myth that if two females are together you can't get a sexually transmitted infection. That's a lot of rings, isn't it? All right. Let me just give it a second here. Yes. Okay. There we go. Sorry, everybody. So it is a myth that two people that have female sexual parts, they have a vulva and a clitoris, are sexual together. The truth is you can. It may not be as risky as some other sexual behavior, being with two females. But you can, you still can get one. And like we said already, it can be skin-to-skin, so you could be rubbing your sexual parts together, vaginal fluids, menstrual blood and sharing sex toys. So there's ways to avoid getting a sexually transmitted infection when it's two females together. And these are things that people do all the time as far as protecting themselves. So it's not just for females, but I'm going to tell you about that a little more specifically. Next slide, please?

So how someone would protect themselves if they have female sexual parts, they're with a partner with the same parts, you can use a dental dam and a lot of protecting one's self against sexually transmitted infection is creating a barrier. Putting something between the bodies, right? So a dental dam, you can see on the bottom corner are some pictures of dental dams. They are something that's used when you go to dentist, but they're also used to protect you from skin-to-skin contact with someone or the fluids. So that's put over the vulva for oral sex. So someone has a barrier between their mouth and the vulva. You could even use a dental dam if you were rubbing your vulvas together. Also manual sex, you want to wash your hands before and after. You could also use latex gloves and you can see pictures down below on this slide as well. So also female condoms and I don't have a picture on this slide, but I do on the next one. You can use a female condom to create a

barrier as well. The female condom is different as it goes inside the vagina. Where the male condom goes on the penis. You can also use, you can see this other picture, these little finger cots as a way to create a barrier between the sexual parts and the person's hand. Using sex toys you want to wash them before and after and if you're sharing them, sometimes people will put a condom on it just to be sure if there's any of the germs on the sex toy, that it doesn't touch the skin or the body. Next slide, please?

So really how to avoid -- well, first I also wanted to say when we talked about how you can get a sexually transmitted infection, sometimes people think that their sex life is over then. That's it. People have sexually transmitted infections, live with them for a long time, and have healthy sex lives. So you don't have to feel like it's the end of it. If you get one, some go away and the ones that you can't get rid of, people live very healthy, happy lives with them. So Max already mentioned that they're passed through oral, anal, vaginal, sometimes rubbing sexual parts together. We talked about passing fluids or skin-to-skin contact are the ways that they're passed from one person to the other. It's also important to know that you can't just by having sex with someone doesn't create a sexually transmitted infection. One person has to have one in order for you to get it. So just like if someone has a cold and they sneeze on you, you can get it. But if no one has a cold, you're not going to get a cold from that person. So that's how they're passed. And sometimes people don't actually know they have one. Because I think Erica mentioned sometimes there's no symptoms at all. So you may not even know it and be passing it. So getting tested regularly is part of staying healthy, and then you'll know. So you can have those conversations that Max mentioned about I have one, this is what we can do to reduce spreading it to you. But if you don't know you have it, then sometimes people pass them accidentally. So it's important to go get tested. There's nothing to be ashamed of to go and get tested. It's recommended to go once a year or if you have a new partner, you want to get tested. The other thing that I wanted to mention too, and then we'll move on to questions I think pretty soon, is I think we've kind of talked about this a little bit that sometimes people with disabilities, maybe doctors or people in the world don't think that people with disabilities are sexual. And we know that's not true. That's a myth. The truth is that everyone is a sexual being. So sometimes if you feel like geeze maybe I do have something and my doctor is acting like well, you could never have a sexually transmitted disease, you're someone with a disability, you don't have to have sex, you might have to educate them a little bit so they can get rid of the stereotypes that people with disabilities are not sexual people. So that's another part of sexual self-advocacy is speaking up with your medical provider when you feel they're not thinking of you as a sexual person. Next slide?

So we kind of talked about this when we talked about two females. But there's male condoms and you can see there's a picture on the right, there's different colors and flavors and there's a picture of how the condom goes on the penis. And the picture up above is the female condom. And you can see there is a kind of a ring in the middle of it and that goes inside the vagina. And so it covers the walls of the vagina. Using a barrier like I mentioned before, a condom, dental dams for oral sex on a penis, flavored condoms, rubbing sexual parts together, washing hands, sex toys. We talked about all of that. That's the way to avoid is creating a barrier. Also similar to what Erica talked about, there are some medicines that you can take that will make it harder for you to pass it to your partner if you have a virus. So that's another way is to find out about those medicines so that you don't pass it on to someone else. Next slide?

Yeah. So I think we're down to the question part. I don't know if Erica or if Max have anything to add quickly before we start questions.

>> Max: I don't.

>> Erica: Bring on the questions.

>> Katherine: Bring them on, yes.

>> Julie: If people have questions, please go ahead and type them into the chat box. Or Lindsey did we have any that came in that our speakers could answer for us?

>> Lindsey: We have not had any questions in the chat box yet, so if there's any that you want to ask anonymously, you can click on my name and I will happily ask them for you or this is the opportunity for you to unmute your mic and ask our panelists on any topic about what we were here today and previously.

>> Katherine: Can I just add something that I was thinking about? And Erica brought it up. That sometimes people feel ashamed or they feel like they're dirty or bad because they have a sexually transmitted infection and I've known people that didn't even share with their best friend that they had gotten a sexually transmitted infection because they felt so ashamed. And you know, the thing with that is then we don't know that these things happen if we keep them really private. Now it doesn't mean you tell everybody in the world about it, but people that you're really close to, it's okay to talk about it and they'll be there to support you. And help you feel better. And maybe go to the doctor with you or something. But there's a lot of shame around getting a sexually transmitted infection and really it's just like a skin infection, it's just an infection. And I think it's important for us not to feel bad. Because when we feel bad we don't tell anyone then we don't get the treatment we need and then we might pass it on to someone else.

>> Julie: One of our questions -- Lindsey: One of our questions is what should you do if your partner refuses to talk about protection.

>> Katherine: A good one.

>> Lindsey: It is a good one. If anybody wants to start that one.

>> Katherine: I think some people might not want to talk about it because like if you brought up can we use protection, they feel offended that you thought they might have one and so sometimes that's why they don't want to talk about it. And they feel like you're insulting them or something by bringing it up, but you're really not. Like Max said. You're caring about their health and your health. But sometimes people feel, you know, hurt that you brought it up. So that can be the reason and you could always say this is for both of us, to protect both of us. I'm not saying you have one or you don't, but sometimes people have them and don't know it so it's just for both of us. So that's what I would say to find out why they're refusing. Maybe they're allergic to condoms.

>> Maybe they don't know.

>> Yeah. Maybe they don't know and maybe they're embarrassed to even try to give it a guess. I would probably, if that's the case, maybe recommend or maybe if they're ready to like do you want to go like maybe to your doctor or local clinician to get more information we could go together I could go with you. You really never know why somebody at first refuses to talk about protection.

>> Erica: I'll just add with this question, if someone is refusing to use protection, it's your body and you have to protect your body and protect yourself. Again you're not automatically saying that someone has a disease, but above all you should be looking out for yourself and you want to protect yourself.

>> Katherine: Yeah. Also people may not know they have one so you might as well use protection just in case you do. Sort of like wearing a helmet when you ride your bike. You don't always fall and hit your head, but you've got it just in case.

>> Erica: And like Max said when you go and get tested together or you go with the person and the person brings you their paperwork or whatever, that's another conversation that you two can decide whether or not you want to use protection. But both of you have to be STD, disease-free in order for that to happen. That's a conversation that you all will have to have after both people have been tested.

>> I have a question.

>> I heard someone speak up and say they had a question.

>> Yeah, this is Brian. I wasn't sure if I'm supposed to click something or raise my hand or how that works.

>> You're good. We can hear you. Ask away.

>> Excellent. I'm wondering what kind of situations have people been in where you actually felt comfortable to have the kind of conversation that we're having now. Now you can be -- you can block off your video, somebody doesn't have to know your name, it's kind of an anonymous way. But how do you -- what are some of the experiences people have had with having some of these real conversations? I'm curious about the culture, even if it's just two people or if it's larger, where they can have real sex talks. Feel safe to do that.

>> What makes people feel safe to have those conversations. Like you're saying in this situation sometimes it's safer because you can type in the question and no one knows it's your question. But I find that when you have a class of people and you close the door and you set ground rules or group agreements about not being judgmental and listening, supporting one another and not making fun of each other, people really want to talk about this. And they will. I mean, there's a lot of people that want to talk about this, so if we can create different safe places for people to talk about it, people willing.

>> Erica: I'll add to from my experience with working with folks, it's a very personal topic and as you know a lot of times people don't want to have the conversation, so when I go and talk to someone, it may take five times for me to see that person in order for them to open up and have the conversation with me. So I think creating a safe space to have those open and honest conversations, I think giving people accurate information, not sugar-coating things, using correct terminology, not using nicknames and things like that, but just being direct with people and like I said being open and honest about answering questions for folks. And the biggest thing I think is just being patient. And usually people come around and they'll start to ask -- their interest will be piqued and you can take it from there.

>> I agree sometimes you see maybe five times and it opens up.

>> I do a lot of work in the community so I go to people's homes so I may set up a visit on a Tuesday and go and talk to someone for five minutes and shut off, I don't want to talk about it and I'm done. And then well-being I come see you next week and sure next week I might get ten minutes. It's just a process of building up the person's confidence to have the conversation with you. And like Katherine says, you're not judging anyone, you're not making fun of anyone. I just want people to live their best sex lives. I tell people that all the time. I want you to be healthy, I want you to be happy, I want you to live your life the way you want to so I always lead with that message. So usually I can get people to open up to me. If it takes time, if it takes me 10,000 times, it will take me 10,000 times to do it.

>> Thank you, Erica. This is Julie. I just want to go to our next two slides. Our next slide we have a few resources that our panelists had put together. One is from the Mayo Clinic and there it's just a discussion about different sexually transmitted diseases and there's also the CDC website on PrEP so a little bit more information that Erica had introduced to probably many of us today around PrEP. I do want to thank Erica, Katherine and Max. They are absolutely fantastic. I love having them doing this series with us because they keep it real. But they also create a great environment for us to be able to have these conversations. So that means that our next slide coming up, we already have been talking about things that we're going to be talking about -- I put the wrong year on this slide. 2019! So in February, just before Valentine's day, we are going to do our next number 4 in the series and we're going to do relationship experiences and we're going to be working with self-advocates about their relationships. And then speaking to this is what my relationship looks like, this is my experience in answering some questions again that have been collecting through our

surveys. And so I think it will be a great one where we could talk about positive aspects of relationships, whether they be from someone who is single, someone who is married, someone in a dating relationship. So hearing lots of different perspectives about relationships. So that's what's coming up. And as soon as we have a registration link, we will get that sent out to all of those who have been attending the sex talk series. So with that, Anna, anything else to close out? I see that you put the link out there?

>> I just want to thank again our presenters for presenting today for this awesome topic and the webinar will be archived at the AUCD webinars library, AUCD.org probably by tomorrow afternoon if you take a look. We'll also send a link out to all registrants. I put a link in the chat box. You can take a few minutes to fill out five short questions, give us feedback on the webinar and also to provide a suggestion for future topics. And thank you again and I guess have a great rest of your week.

>> Thank you.

>> Thank you all. Take care.

>> Have a good day! Bye.