



QUEER SEXXX!

**REDEFINING SEX
EDUCATION FOR
YOU(TH), BY YOUTH**

History and Context

Sexual education, or sex ed, in the US is a fraught and incomplete topic at best. At worst, it is blatant misinformation, transphobic, homophobic, and threatening. As people are both sensitive humans and vulnerable passionate mammals, sex ed is a critical subject in regards to mental, spiritual, emotional, physical, and of course sexual well-being. Queer people are especially disenfranchised by this disinformation.

I will detail more directly quoted information from a book titled *Not My Kid* by Sinikka Elliot; a book about American youth's expectations and lessons on sex + health. My thoughts are in regular type, more directly quoted information from the books are in italics.

Most people are probably aware of negative consequences of unsafe sex: disease, unplanned pregnancy, social complications, and stress. Information on safer sex is uncommon. Information on safer non heterosexual sex is rare in many places and sometimes actively being prevented. In 2023 many states are actively passing "don't say gay" bills, making it illegal to discuss any non-straight or cis way of being in public schools, or to be non-straight or cis in public. I say safer as no sex is completely without risk.

This incomplete information, derived from evangelical Christian morality, assumes heterosexual sex as the default. There are many complex reasons for this. The results from it are extremely consequential; of life and death.

Sex education in general typically avoids sexual activity with homosexual intercourse; rather dismisses otherwise being sexual or links homosexuality with perversity, deviance, or unhappiness.

By the early 1990s amid mounting concerns (and deaths of queer + POC) related to HIV/AIDS, a growing number of schools implemented this type of sex education (abstinence).

Some HIV/AIDS history: throughout the 1980's and 90's, HIV/AIDS was a leading cause of death for men over 40. By 1999 AIDS was the 4th largest cause of death in the world and the leading cause of death in Africa. Though it is transmitted

through (potentially sexual) body fluids and IV drug use, it is/was also transmitted through blood transfusions, birth, and breast milk (to women and children). Despite this, HIV/AIDS was nicknamed “the gay disease/plague, gay related immune deficiency, and gay cancer” in the US. This was largely due to the fact that racial minorities (particularly blacks), gay men, drug users, and poor people were disproportionately affected. These circumstances caused US health, political, and media organizations to be mostly silent (or harmful) on the subject until it was a deadly, devastating crisis for about 30 years. Africa (particularly sub Saharan) is still struggling and dying from HIV/AIDS.

Some more stats on HIV/AIDS: Despite comprising over 2/3 of the US population, whites, the dominant and historically privileged racial group in the United States accounted for only 35% of Americans living with HIV in 2006. In contrast African-Americans historically oppressed and disenfranchised racial group comprising about 13% of the US population constituted nearly half of all HIV positive Americans in 2006. Injustice and inequality are etched on the bodies of the dispossessed.

I think this quote speaks well for itself but I'll list that typical sex ed in schools lacks, queer sex ed lacks, and sex ed for minorities in the US lacks due to funding inequities and other reasons. Queer people of color are disproportionately vulnerable to the effects of sex disinformation.

The dominance of heterosexuality is maintained in part by preventing homosexuality from being a form of sexuality. It can be taken for granted or go unmarked or doesn't “seem right” in the way heterosexuality can. As a result the dominance of heterosexuality often operates unconsciously or in ways that make it particularly difficult to identify.

Public school is where most American youth get their “official sex ed” (combined today with the internet). However, some youth are in private or homeschooling that may provide less complete information. Regardless of a youth's formal educational experience, some parents take responsibility for sharing sex ed. That could range from 100% clinically accurate inclusive information to straight up lies to threats, to simply “use a condom”. In general, as Elliot proves, many parents see their young as asexual beings (however they believe that other teens/people are extremely sexually motivated). Not only this, but they are assumed

heterosexual and cisgender. This is a major failing and leads to the negative outcomes of unsafe sex practices, which contributes to problems that are already highly stigmatized.

The Guttmacher Institute provided the following facts about sex education in May 2018: *24 states and the District of Columbia mandate sex education for youth; 37 states require that when sex education is taught in schools, abstinence must be included and 26 states require that it be emphasized; 13 states require that the information taught in sex education courses must be medically accurate; and 18 states and the District of Columbia require that when sex education is taught, that information on contraception be provided. Additionally, fewer than half of the nation's high schools and only a fifth of middle schools are teaching students the sexual health topics considered essential by the Centers for Disease Control and Prevention (CDC).*

The available information, taught in public schools, stresses negative outcomes of heterosexual sex, and promotes abstinence, while not acknowledging “taboo” sexualities or health concerns inherent to its audience. If it does acknowledge them, it does only negatively. This includes simultaneously annihilating sexualities, genders, races from discourse and implying them as promiscuous and overly procreative. Much of it also ignores how consent and sexual assault can take many different forms aside from “stranger forces himself upon a woman.”

You may have heard the phrase “no one is coming to save you” from frenzied climate activists recently. This also applies here. No one is gonna drag you to an STI clinic to get tested. As shown, you may have to relearn entire segments of sex-ed due to bad information passed down to you as a child or adult. You are responsible for both your own and others’ health.

In 1996, U.S. Bill Clinton signed into law a new program of abstinence only education. The law defined abstinence education as a sex education program that teaches, among other things, that “a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity. That sexual activity outside the context of marriage is likely to have harmful psychological and physical effects.” This law enshrined the importance of

attaining (financial) self-sufficiency before engaging in (heterosexual) sexual activity.

Not only is everyone “sufficient” to have sex, but I believe they are entitled to their sexual pleasure (within the limits of consent). Many of the world’s people (and other species such as dolphins) have sex for pleasure.

Educating youth that contraceptive use increases sexual pleasure by reducing anxiety – a dominant tactic in Germany - may be a more effective way to encourage teens to use contraception than simply stressing risk and irresponsibility.

Sexuality is generally depicted as a perilous enterprise even though it’s a pervasive aspect of the American cultural landscape and is considered key to individual identity and personal fulfillment. At this historical and cultural moment however children are increasingly portrayed as young innocent and in need of protection but some especially black and Latino youth are also constructed as both sexually unsalvageable and their behavior construed as intentionally deviant. Adults are understood as children’s protectors yet they’re also potential sex predators. Teens, homosexual/queers, transgender, Black, Hispanic, Asian, are seen as very sexually desirable and promiscuous, yet also inherently deviant, unhealthy and immoral.

A note on binaries: *binaries do not simply define difference but imply relationships of superiority and inferiority. One side of the binary is culturally privileged compared to the other.* I believe this is the case of sex ed for boys/girls, adolescent/adult, cisgender/transgender, white/POC, and straight/queer. The privilege and lack thereof also contributes to highly stigmatized possible negative outcomes of unsafe sex.

While negative outcomes of sex are worthy of warning, only focusing on them is not fair.

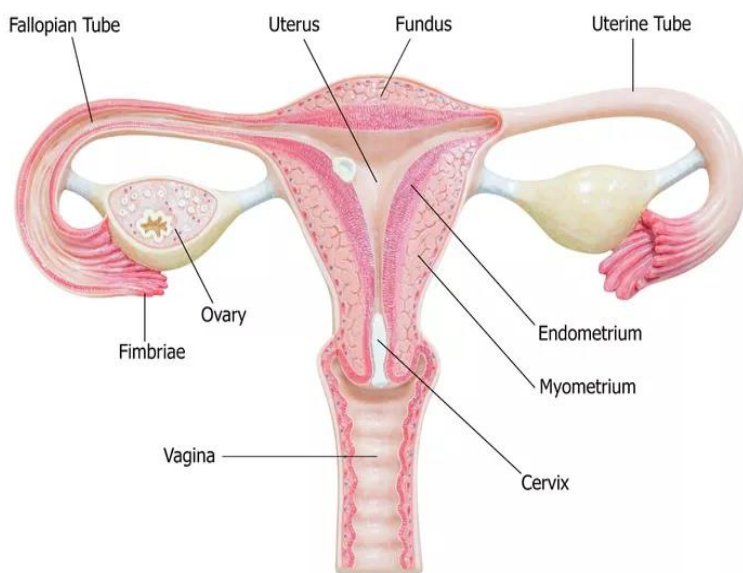
Some abstinence only sex educators in high school promote fear as a tactic of their education: a quote from one of them: *“sex education should just scare them to death”.*

Elliot argues that *controlling images of teenagers (or anybody) as irresponsibly controlled by their hormones and sexually vulnerable promotes the belief that young (people) need protection from themselves, other teenagers and adults and cannot be trusted with sexual knowledge and citizenship.*

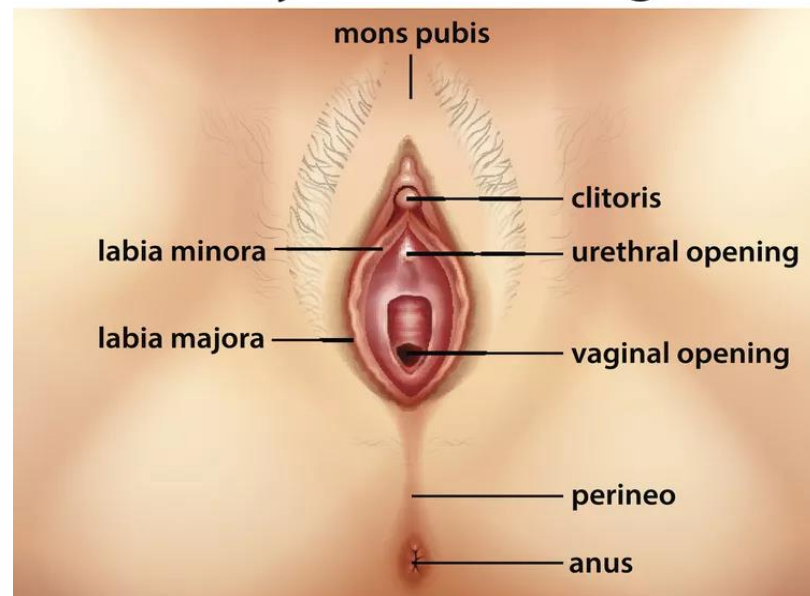
I trust you with sexual knowledge and citizenship. Here is more complete information on how to have safer sex, no matter what age or gender y'all are, or how many partners you have.

GENITALIA ANATOMY

Vagina anatomy



Anatomy of Human Vagina



Vagina vs. Vulva: A lot of people say vagina when what they mean is the vulva. The vulva is the entire outer part. The vulva includes the labia, clitoris, urethra and vaginal openings, anus, and mons pubis. Let's define some of these:

Labia: The folds of skin starting at the clitoris and going down to the opening of vagina. There are two parts to the labia: the labia majora (outside labia) and labia minora (inner labia). Everyone's looks different.

Clitoris: The clitoris is located at the top of the vulva and is covered by the clitoral hood. Like the labia, everyone's clitoris is a different size. The clitoris is used for sexual enjoyment; it becomes enlarged when the person is turned on, and has thousands of nerve endings, making it the most sensitive part on the body.

Urethra: This is the tiny hole that a person pees out of, located right below the clitoris and above the opening of the vagina.

Vagina: This is located right below the opening to the urethra. The vagina is used to expel menstrual blood and birth babies, but can also experience sexual pleasure.

Anus: Also known as the butthole, this is the opening to the rectum. Because of how many nerve endings there are, some people also experience sexual pleasure here.

Inner sexual anatomy

Vagina: From the outside, you can only see the vaginal opening, not the whole vagina, which connects the cervix and uterus. The vagina is stretchy and expands when a person is turned on. Contrary to popular belief, a vagina does not become "loose" when a person has had a lot of sex, though inserting fingers, penises, sex toys, tampons, or menstrual cups into the vagina may stretch it out temporarily.

Cervix: The cervix divides the vagina and uterus.

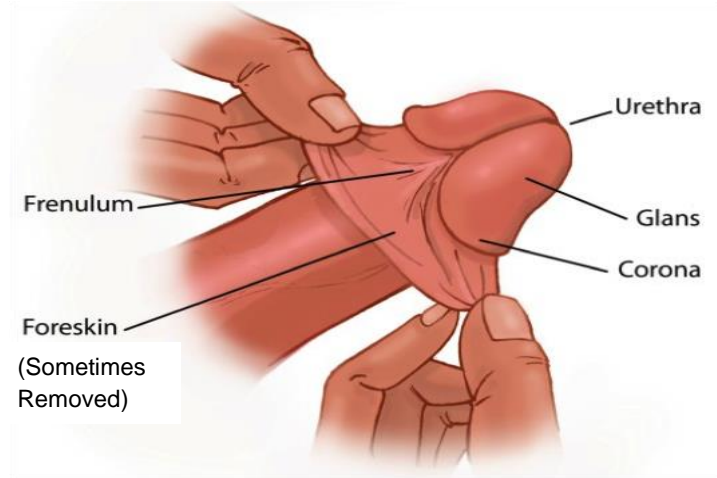
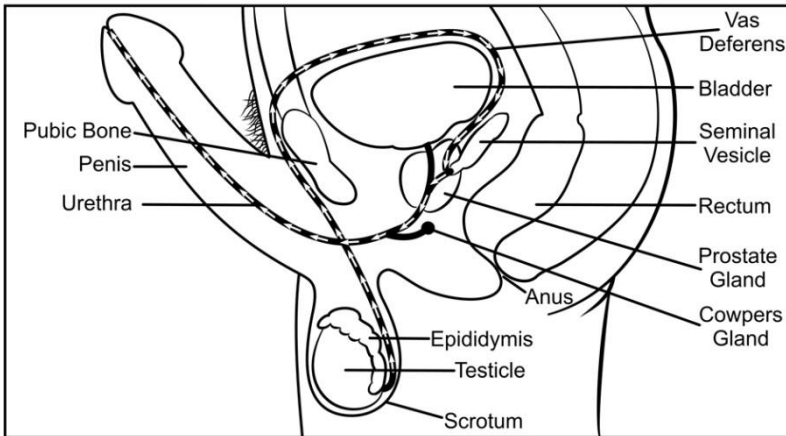
Uterus: The uterus is where a fetus is carried during pregnancy, sometimes called the womb.

Fallopian tubes: A pair of tubes that transport the egg from the ovaries to the uterus at the conception of pregnancy.

Ovaries: Ovaries store your eggs. They also produce the hormones estrogen, progesterone, testosterone that control aspects of pregnancy and periods.

Hymen: The hymen is a small film at the opening of the vagina. There are a few common myths surrounding the hymen. One is that the hymen breaks when a person with a vulva has sex for the first time. Though this can happen, the hymen can also be broken much earlier like when inserting a tampon or other objects into the vagina. Not everyone with a vagina has a hymen, and all hymens are different.

Penis Anatomy



Glans: The head/tip of the penis, and also the opening to the urethra. This is where semen and pre-ejaculate (cum and pre-cum, respectively) are released.

Shaft: Extends from the tip of the penis to the lower abdomen, houses the urethra.

Foreskin: Skin that covers the tip of the penis. This is sometimes removed during circumcision so not everyone has it.

Frenulum: Where foreskin meets the shaft of the penis. For many people it's very sensitive, and a part of it usually remains after circumcision.

Scrotum: Commonly referred to as the balls. Sac of skin hanging below the penis. It holds the testicles, which is where semen is produced. The scrotum are pretty sensitive so it hurts when they're twisted or get hit, but sometime it can be pleasurable when they're touched during sexual activity. Just like the shaft, scrotum look different from person to person.

Anus: The anus is the butthole and rectal opening. Some people derive sexual pleasure from here, too.

Inner Sexual Anatomy

Testicles: Two glans inside the scrotum. They produce sperm and testosterone.

Epididymis: The tube where sperm matures. It hold semen prior to ejaculation and connects the testicles to the vas deferens.

Vas Deferens: These two tubes carry sperm and connect the epididymis to the seminal vesicles.

Seminal Vesicles: These are 2 organs that produce semen, which is the liquid that sperm float around in.

Prostate Gland: Produces fluid that help sperm move. A lot of people find it pleasurable when the prostate gland is touched during anal penetration.

Cowper's Glands: Produce pre-ejaculate/precum. This reduces friction and prepares the urethra for ejaculation.

Urethra: The tube that carries urine and semen out of the body.

SAFER SEX

There are several different ways to set up safer sex, according to *Tristan Taormino's book, Opening Up: A Guide to Creating and Sustaining Open Relationships*:

You practice safer sex with every partner

You are fluid bonded with one partner and practice safer sex with all other partners

You are fluid bonded with multiple partners in a group unit (like a triad or quad) and practice safer sex with all other partners

You are part of a fluid bonded chain and practice safe for sex with all partners outside the chain

The definition of being fluid bonded means you have unprotected sex with each other and regularly come into contact with each other's bodily fluids including semen vaginal secretions and female ejaculate.

Using barriers is the main method of STI (sexually transmitted infection) protection. Barriers include gloves, condoms, dental dams, and plastic sheets.

Gloves: wearing a glove for external stimulation, penetration with fingers, and hand jobs protects both you and your partner, especially if you have any cuts, scratches, or even turn cuticles, which can provide direct access to your bloodstream for an STI.

Gloves come in many varieties and sizes. They are latex, non-latex nitrile, vinyl, neoprene, powdered and unpowdered. Find the best size and type for you and your partners.

Condoms: because of the concentration of STI's in semen and pre-cum and the delicacy of the cervix, vaginal, and rectal tissue, unprotected sex is among the riskiest of activities for the transmission of STI's. When used correctly and consistently, condoms are highly effective in preventing STI transmission. Three

factors into a condom's defectiveness: proper fit, proper installation and proper removal. Many condoms come with guides on how to use them correctly inside the box. Check the expiration date before use, it will be on the condom wrapper and/or box.

Dams (oral sex barriers): Dental dams can be latex or non-latex. You can use unlubricated condoms by cutting them up one side. You can also use a latex glove by cutting the rest of the fingers off, leaving the thumb intact and cut up the side where the pinky was. Open it up, stick your tongue in the thumb slot, and it's like a condom for your tongue. You can also plastic wrap over your lover.

Using barriers is a must if you're aware of a positive status of an STI. **YOU MUST DISCLOSE YOUR POSITIVE STATUS TO ANY AND ALL SEXUAL PARTNERS.** Failure to do so can even lead to legal consequences.

USE LOTS OF LUBE TO DECREASE FRICTION/INCREASE PLEASURE. Tearing can occur, especially during anal intercourse, without adequate lubrication and possibly lead to infections. Water-based lube is best. Silicon-based can increase the chance of barriers, such as condoms, breaking. Water itself however, will cause more friction due to surface tension (sorry to those with shower sexy-time fantasies).

Sex toys: put a condom on it if it's going into anyone or anything. Wash after each use, and change the condom. Not doing so can spread STIs. It needs to have a flare or loop at the end so it doesn't get stuck. Avoid using household objects or food. You won't fool any doctor with any excuse you come up with when you wind up in the ER with a carrot in your rectum or vagina.

Many sex toys contain phthalates, chemical rubber softeners which have been known to be carcinogenic and disrupt endocrine system function. Do research in advance about what you're purchasing or purchase hard plastic, silicone, glass, metal, or wood toys. These are more likely to not contain phthalates. Brands like JimmyJane.com sells phthalate free sex toys.

Using barriers and discussing sexual health with new partners may not seem super sexy, but neither are the symptoms of preventable STIs. If they cannot

discuss this maturely and respectfully, are they really someone(s) you want to have sex with if they disregard safety and your comfort?

Some symptoms of common STIs such as chlamydia, gonorrhea, herpes, syphilis, hepatitis a/b/c, HIV, AIDS: discharge, abdominal or stomach pain, painful penetration or urination, lesions, bowel movement discomfort, fever, swelling, soreness of the lymph nodes, vaginal or rectal bleeding.

If you suspect you have an STI contact your primary doctor, an urgent care clinic, OBGYN, an ER, or sexual health clinic near you (such as a Planned Parenthood).

It is a best practice to be tested for STIs between new partners, especially if you've had unprotected sex with someone who doesn't know their status. Even if they claim to know they might not have been honest. The locations listed above can likely test you for STIs.

PreP (pre-exposure prophylaxis): when taken daily it reduces the risk of HIV from sex 90%+, and from IV drug use 70% of the time. PreP does not treat HIV, it reduces transmission. PreP is usually covered by most insurances. Drugs that treat HIV are known as antiretroviral therapies or ART.

Taking either medication does not mean barrier methods such as condoms aren't necessary; HIV+ patients will need to use them for life, as HIV/AIDS can't be cured, the viral load can be minimized and symptoms managed. HIV negative people should use barrier methods with sexual partners of unknown status to protect themselves. Intravenous and intramuscular drug users should always use clean needles.

Barriers don't just protect against STIs, but also pregnancy. Possible signs of pregnancy: nausea/vomiting (can occur anytime of day), headaches, consecutively missed periods, fatigue, tender swollen nipples or breasts, frequent urination, food cravings, mood swings. Missing a period does not always mean a pregnancy, and you may experience vaginal bleeding similar to a period while being pregnant.

Precum can get you pregnant even if you pullout or don't come inside. Any sort of sex, protected or unprotected carries the risk of pregnancy. Sex with a barrier carries less of a risk.

With the reversal of Roe v. Wade, it's looking like access to abortion and healthcare related will be at an end soon in the U.S. People will continue to give and get abortions, regardless of legality or frail, contradictory moralizing. You can buy an abortion pill from <https://www.plancpills.org/>

BDSM (bondage-dominance-submission-masochism), fetishes, roleplay etc...: Experiment to find out what works best for you or your partner(s). I've heard of the dominant/submissive dynamic helping some to work through sexual trauma (alongside therapy and support from others of course). Please remember the following: everything must be voluntary and consensual, even if the play is designed to have one person or persons be in control. Have a safe word and talk about boundaries and limits before, during, and after. Remember aftercare is just as important as sex and can involve verbal communication (what you like, didn't, ideas, compliments etc...), physical touch, and any relaxing activities with your partner(s) or alone (ex. baths, walks).

No judgement rendered upon anyone's interests, however is the kink or turn-on becoming an obsession? How does it affect your spiritual and physical health? Is it negatively affecting your relationship(s)?

TRIGGER WARNING – CONSENT AND THE LACK OF

A word on consent: obviously consensual sex is the only acceptable way to have sex. What contributes to making things messier is drug and alcohol use before or during sex. Talking about consent and sexual health needs to be exercised prior to intoxication. Failing do so WILL lead to people being hurt and trust that may not ever come back. Intoxicated people do risky behaviors, such as having totally unprotected sex. You may wake up pregnant (or a parent) not even remembering you had sex. You may have believed your partner was into what was happening, to find out the following morning you're no longer friends and need to skip town....

Consent is not only the absence of a “no.” It is a continuous “yes” that all parties have agreed upon. You are allowed to stop any sexual activities at any time. Consent is sometimes interpreted through nonverbal means (ex. fondling, kissing). However, this can lead to miscommunications and assault. Any escalation of sexual interaction should be agreed upon explicitly. Explicit verbal consent is less likely to be misinterpreted. In the case of nonverbal consent, you should be comfortable enough in the situation to immediately express that you do not like something. If you worry your partner(s) are not into something, you should verbally ask immediately. Different definitions and understandings about aspects of consent and sex are more likely than you think.

Rape: this is a topic that would very easily take up this entire zine. We don't believe there is any space where preventing rape entirely is possible. We do know nonconsensual sex and rape happens. It may not have been a stranger, or an intimate partner – it may have been a friend or family member. When rape happens, try to tell one person you trust what happened and what you're feeling about it in the moment. You should not shower or change clothes after it happens. You should go to an emergency department where they'll perform an external and internal assessment to gather evidence, and treat you for any potential health problems. You only have to release that to police if you want to. No matter what you do, you may not be supported how you feel you need. Do your best to take care of yourself, ask for help when you need, I'm sorry.

Accountability for rape does not have to be non-violent and accountability processes should not mimic the American judicial system. It should not be turned into a public spectacle, especially on the internet. The victim should not be punished by relegating where they can go and who they can talk to. There does not have to be a consensus within a group or scene on what to do, or whether or not to believe the victim. Some practical ideas for prevention and dealing with the aftermath (some of which are taken from *Strategies for Survivors* by the Philly Survivor Support Collective):

- Find friends and like-minded people to have a buddy system in place for public outings, walking home, and other scenarios where the chance for assault is more likely. You can also train in self-defense with these people.
- Create a network of people that can house victims of abuse trying to escape.

- Find or form support groups for victims of sexual assault. These can be found online, in newspapers, and through local mental health services.
- Give yourself space to hurt. Reach out to others with what support you may need and what you're feeling.

A FINAL NOTE

We do not intend for this to be exhaustive, especially about the more medical aspects of your body. We have resources below for further reading. We hope this is helpful to those who have not been provided adequate resources or space to learn about their body and/or sexuality. We hope this encourages you to talk more openly about such topics with whoever you decide to be sexual with. If you have children or teenagers, we hope this is a better intro for them than whatever cis-het worship nonsense they're getting in school (of course, we wish for the public education system in America to be well-rounded, but as the authors of this zine know firsthand, it is a giant clusterfuck).

Not all sex is gonna be cis hetero baby making with two people having squirting orgasms. Not all sex is gonna be queer wattpad pornographic fantasy. Each person having sex hopefully has some self-esteem, and a vested interest in safely giving and receiving pleasure. We hope that most sex that people are having simply makes them sexually happy.

Enjoy your safer, queer, consensual sex y'all 😊

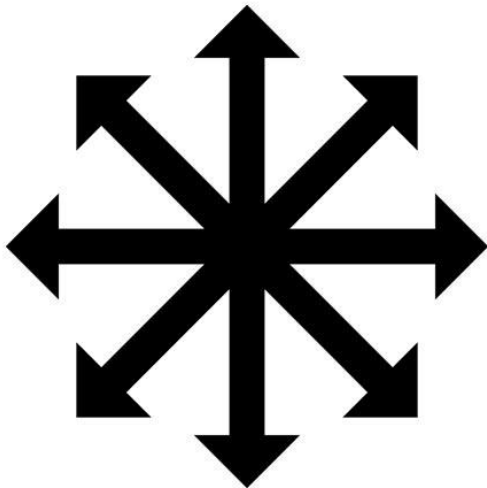
Reading Recommendations

- *Not My Kid* by Sinikka Elliot
- *Opening Up: A Guide to Creating and Sustaining Open Relationships* by Tristan Taormino
- *Queer Fire: The George Jackson Brigade, Men Against Sexism, and Gay Struggle Against Prison*
- *Let's Talk About Consent, Baby!* by the Down There Health Collective
- *Gender Nihilism: An Anti-Manifesto* by Alyson Escalante
- *Women's Sexuality after Childhood Incest* by Elaine Westerlund
- *Baeden: A Journal of Queer Nihilism and Baeden: A Queer Journal of Heresy*
- *Dangerous Spaces: Violent Resistance, Self Defense, and Insurrectional Struggle Against Gender* by Untorelli Press

USE AT OWN RISK TO HEALTH

<https://diyhrt.wiki/> guides to do hormone therapy yourself for both masculinizing and feminizing hormones. (mirror site: <https://github.com/diyhrt2>)

<https://crimethinc.com/2022/12/15/producing-transdermal-estrogen-a-do-it-yourself-guide> guide on how to produce and distribute transdermal estrogen. Link to zine and resources is in article, if unable to access try here: <https://annas-archive.org/md5/09c4449e8b84f6586a6727e6599ea126>



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