



# Women's Health Tasmania

MAGAZINE  
SUMMER 24/25

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## Getting in touch

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# Sex

What do we talk about when we talk about sex? We talk a lot about avoiding disease and avoiding pregnancy.

That's useful, but a bit of a downer. Let's talk about pleasure! To have pleasure we need to be healthy and thriving, we need to know what we're doing and to be comfortable with it, we need to have control over our bodies and our decisions. To have pleasure we need to be comfortable with the thought that all of us in all our glorious

diversity of our body parts, sexualities and genders, are all...normal.

There's so much you can talk about when you talk about sex. It can be fun, it can be alarming. It can get you hot under your collar. We've picked a few hot topics for your interest....



# You can see the Women's Health Tas HQ from space

**Everyone in nipaluna/Hobart knows the Women's Health Tas HQ because of the distinctive mural we have on the front wall of our building. (And also because we're just around the corner from North Hobart Nandos.)**

Well now we have taken mural art and exploded it!

If you have visited Women's Health Tasmania North Hobart office in recent weeks, you'll have noticed that our old cottage has had a very exciting make over. The old girl has been given a joyful girdle of flowing purple and green, with storytelling images bursting all around her.

For weeks we watched palawa artist Grace Williams painting this beautiful design on our Cottage. It celebrates the palawa people of lutruwita and the land on which we are standing and it also welcomes everyone into our service.

We are thrilled with it and want to share it with everyone.

Our huge thanks to Grace for her skill and generous story telling, to the young women, Aboriginal and non-Aboriginal who worked with Grace on the design, and to the Hobart City Council for the funding for the project.

Please drop by and check out the mural. We're open for visitors Monday – Thursday 9.15 – 12.30pm.



## Migrant Mums and Bubs Playgroup

**Wednesdays 10.30 – 12noon during school terms**

**At our North Hobart Centre**

**Call 6231 3212 to register**



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**Online forums for people with lived experience of mental illness, their friends and families.**

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Women's Health Tas delivers this in partnership with SANE Australia.

Go to online forums (under services) on our website: [womenshealthtas.org.au](http://womenshealthtas.org.au)



Allerziet2011 | New Contributor | 21 Nov 2024 08:43 AM

Divorce and separation

Hi, I'm seeking people who are going through or have been through divorce and separation and living under the same roof while it's happening. I have depression and anxiety that was

# Sex education in Tasmania

A lot of work has been done in recent years to develop the sexual health curriculum in Tasmanian schools. There are Australian curriculum requirements and there is a much greater focus on teaching consent and respectful relationships than in the past.

But there are gaps in what is provided. Teachers and schools can interpret curriculum in different ways depending on their skills, values and religious beliefs, and all schools have the discretion to decide whether or not they use their budgets to employ specialist organisations like Family Planning Tasmania.

Who should provide sex education? Should it be school teachers, who know the young people and hopefully have trusted relationships with them, or specialists from sexual health service providers who are experts on the topic? What does quality sex education look like? And is anyone asking young people?

Whatever the different views are, and wherever the gaps are, we hear lots of complaints from young women that their sex education has not helped them navigate the world they find themselves in.

Listen for yourself. We went out on the streets and asked young folk what they remember from sex ed in Tasmanian schools.

*"I went to an all-girls school, faith-based. We learned abstinence is the only safe thing and that birth control goes against religion because you're denying the birth of a child.*

*They also talked to us about porn...they talked about how it's quite graphic, and boys watch it and have expectations. They were like, 'you don't have to do this, these aren't norms'!"*

*– 20 years old, she/her*

Women's Health Tasmania is part of a dynamic coalition called the Sexual and Reproductive Health Collaborative Group (SRCHG). We want to see Tasmanians have access to comprehensive respectful relationships and sexuality education across their lifespan. This would mean comprehensive education in schools, colleges and tertiary institutions and opportunities for folk to keep learning in their post-education years.

At the moment the SRCHG is surveying how sex education is delivered in Tasmanian schools.

## Our little review raised this question —

### What is it with bananas and condoms?

*"Our sex education was male-centric, focussed on preventing pregnancy. Nothing about respectful relationships. Nothing about STIs. The boys were taken off to talk about masturbation while the girls were told about periods. Girls don't masturbate apparently!"*

*We put a condom on a banana and then the teacher, a male PE teacher, made the girls do it again blindfolded 'because one day you'll be drop dead drunk and you'll have to do it in the dark."*

*Health Worker (weakly): "OMG. Was there any conversation about alcohol and consent?"*

*Person: "No. No conversation about consent."*

*– 28 years old, she/her*



*"The PE teacher took our sex ed classes, a bloke. He was so awkward and embarrassed. He giggled every time he said 'vagina' and that set all the boys off. It was terrible.*

*We didn't learn anything about consent, or pleasure. We did have to put a condom on a banana though."*

*– 23 years old, she/her*

*"Our sex ed teacher, who was a man, just chucked on this video from the late 90s and was like, 'watch this', and for the next two periods we just watched and then ... that was it. No questions, no discussion, nothing! It was all heterosexual, all like, 'you will get an STD and don't have sex, and if you are going to have sex, use a condom'. Then we were just awkwardly passed a banana and a condom."*

*– 18 years old, she/her*

*"I wanted to complain about the lack of queer sex education, which is really disappointing because my high school was really big on queer rights and activism, and they had a queer group, but there was no queer sex education."*

*– 21 years old, she/her*

*"All of the consent talks were not queer focused at all, they were all about men and women. But other than that... we did have specialised organisations [like SASS] come in and talk to us, so that was really helpful and important."*

*– 21 years old, she/her*

*"I will slap anyone who tried to have the cup of tea consent conversation with me! We had that and all the male teachers were like oh, that was really informative!"*

*– 21 years old, she/her*

# Speaking of Health: a podcast for health professionals

**Our first season is all about trans and gender diverse health care. Why? Because trans patients are still facing hurdles when it comes to getting the health care that they need.**

For busy health professionals, learning about gender affirming care can feel like one more thing, on an already overfull plate of things they need to know about.

But what if working with trans patients was a sustaining, joyful part of being a GP? What if supporting non-binary people in perinatal care could be "life changing" – in a good way – for both the patient and the professional?

And what if, the medicine side of gender affirming treatment, was actually pretty easy?

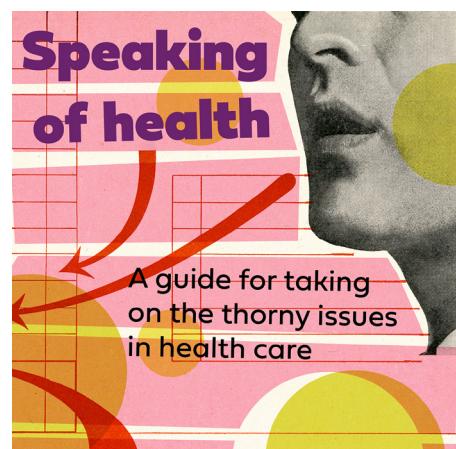
On Season 1 that's exactly what we hear. We talk to health experts, and patients, about what works and how we can all grow our ability to provide person centered care.

Dr Portia Predny is the Vice President of Auspath, Australian Professional Association for Trans Healthcare. She explains that health systems need to move away from seeing gender diversity through the lens of illness. "Being trans is part of the normal, healthy and wonderful spectrum of human diversity that has existed throughout all of history, throughout all different cultures, all around the globe."

It's big stuff – but don't worry, the episodes are around 20 mins. So you can listen to them on your way to work, over a cuppa or a lunch-time walk.

You can find the podcast on our website ([womenshealthtas.org.au/podcasts](http://womenshealthtas.org.au/podcasts)) or use the QR code.

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# Chlamydia and safe sex

## I've got chlamydia.

### Can I have sex?

No. Sorry! But the good news is that it is treatable, so hop in there and get it treated and when you've got the all clear you can get back on that bike.

## I DON'T WANT TO GET CHLAMYDIA! WHAT DO I DO?

You have a right to a pleasurable and healthy sex life. And studies prove experiencing pleasure is important for our health and well-being.

Don't deny yourself sexual pleasure to avoid STIs; rather, find fun, playful ways to have sex safely. Use condoms, dental dams and gloves. Wash sex toys and place fresh condoms on them before they're used to pleasure a different person.

Make safe sex what you do in every sexual encounter. It lowers the risk but doesn't eliminate it. So, be tested regularly, to be sure any infections are picked up early and treated.

**Chlamydia is easily treated and cured with antibiotics.**

## Is Chlamydia a girls' name?

No. What? NO! Chlamydia is a sexually transmitted infection. It's Australia's most frequently reported infectious disease. Those most at-risk are sexually active people under age 30.

## How is it spread?

Chlamydia is spread by direct contact with infected bodily fluids (eg semen and vaginal fluid). You can contract it having unprotected oral, vaginal or anal sex. Sharing sex toys without washing them and covering with a new condom can also result in infection transmission. Chlamydia can infect your cervix, urethra, mouth and throat, anus, and eyes. During childbirth, a baby can contract chlamydia from the birthing parent. Fortunately, chlamydia can be treated with antibiotics safely during pregnancy.

## What are the symptoms?

Most people have no symptoms, so you can be infected with chlamydia without realising. You and/or your partner might have been infected for months, even years, without knowing.

Symptoms usually occur 2–21 days after having unprotected sex but it could be months later. Symptoms can also disappear after a few days, but this doesn't mean you're no longer infected. Whether or not there are symptoms, untreated chlamydia can lead to serious health problems.

## Symptoms include:

- Frequent urination and/or pain (burning, stinging)
- A change in your vaginal discharge
- Bleeding or spotting between periods
- Bleeding after sex
- Rectal pain, discharge, or bleeding
- Pain or cramps in your lower stomach
- A clear or 'milky' discharge from the penis
- Redness at the opening of the penis
- Swelling or pain in one or both testicles

## How do you test for chlamydia?

Ask your doctor. They will send a urine sample and/or a swab from your cervix, anus or throat off to a laboratory. The process is so easy, you could even self-collect with some instructions from your doctor.

You will also be tested for gonorrhoea – it's been found many affected people have both. It's a great idea, while you're there, to get tested for other STIs.

Getting a check-up at the doctors, or having a cervical screening test, are both good opportunities to test for chlamydia.

## Treatment

Chlamydia is easily treated and cured with antibiotics, but it's vital the full course is taken. It's also important not to have sex while being treated. If treatment's a single dose of antibiotics, wait at least 7 days after taking the dose before having sex.

Don't have sex with any partner from the past 6 months, until they've been tested and treated.

It's important to be re-tested, three months after treatment, to ensure you've not been reinfected.

## What if I don't get treatment?

Untreated, chlamydia can cause serious complications, such as infertility and chronic pain.

If it spreads to the uterus and fallopian tubes, chlamydia can result in pelvic inflammatory disease (PID). This may also not produce symptoms but can negatively affect fertility, even lead to infertility.

Ectopic pregnancy, miscarriage and premature birth are also complications which can result from an untreated chlamydia infection.

## Finding out you have Chlamydia

A positive STI test can be distressing. You might feel embarrassed and worried what other people will think. Try to remember you're not alone – chlamydia is a very common STI, can be easily treated and you can fully recover.

You will need to inform all sexual partners of your positive test results, so they can be tested and treated (and help stop chlamydia spreading). If you're anxious about contacting recent sexual partners, websites such as Let Them Know enable you to send anonymous text messages or emails.

## References:

Let Them Know  
<https://letthemknow.org.au/>



# 'Talking about having a baby'

**Not all people living in Tasmania have equal access to pregnancy, birth and postnatal care.**

That is one of the clearest conclusions of our research into people's recent experiences of having a baby in Tasmania, the latest in our 'talking to' qualitative research series, where we investigate lived experience perspectives on key health topics for women.

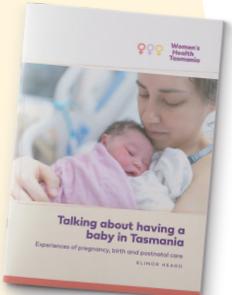
The research, launched at our November AGM, also highlights the gap between the strategic intentions for pregnancy and birth care named in Australian Practice guidelines and the lived experience of women and birthing

people in Tasmania, particularly in relation to inclusion and trauma informed practice.

Research participants were interviewed by WHT psychologist Kelly Madden about their pregnancy, birth and postnatal care experiences. Despite the diversity of the participant group and the extremes of experiences reported – from health care described as 'just amazing' and 'the best I could have hoped for' to 'traumatic' – there was surprising consistency across the aspects of care that 'worked well' and that 'could have been better' for women and birthing people in Tasmania.

The research is a timely contribution to the ongoing conversation about the safety, quality and consistency of maternal health care in Tasmania and nationally, from the perspective of the women and birthing people who have lived it.

You can read a copy of the report here [www.womenshealthtas.org.au/resources](http://www.womenshealthtas.org.au/resources)



**UNDIES ON AIR**

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**She's Out There SEASON TWO**

Women's Health Tasmania



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# Strangulation and sex

A recent study of 4,702 young people aged from 18 to 35 has revealed new information about how common strangulation has become as a sexual practice.

The study was conducted by the Melbourne University Law School and The University of Queensland and has been published in the Archives of Sexual Behavior.

The research found that young people call sexual strangulation "choking" and that:

- **57%** had been strangled during sex at least once and 51% had strangled a partner at least once.
- The first time someone was strangled by a partner was usually between the ages of **19-21** (31%).
- **More women** (61%) than men (43%) reported ever being strangled.
- A very high proportion of people who identified as **trans or gender-diverse** (78%) reported ever being strangled.

- **More men** (59%) than women (40%) said that they had ever strangled their partners.
- Nearly **three-quarters** (74%) of trans and gender-diverse participants reported that they had strangled their partners.
- The most common way they found out about strangulation was **pornography** (61%), **movies** (40%), **friends** (32%), **social media** (31%) and discussions with current or potential partners (29%).

*"We are concerned that the findings suggest that many young Australians may consent to strangulation during sex without understanding that it could seriously injure them," said study co-author and Melbourne University Law School Professor Heather Douglas. "It doesn't matter if there are no apparent injuries, or whether the person consented."*

The report found that people can be injured quickly, with around:

- **10 seconds** to being rendered unconscious
- **17 seconds** to having a fit from lack of oxygen
- **30 seconds** to loss of bowel control
- **150 seconds** to death

*"Brain injury can also be incremental – getting a bit worse with each choking – and the person may not know they have suffered a brain injury. The effects of repeated strangling are insidious and build over time, like the effects of repeated concussions on footballers," she said.*

Source: University of Melbourne <https://www.unimelb.edu.au/newsroom/news/2024/july/study-finds-strangling-during-sex-common-but-understanding-is-low>



We were surprised by the research on strangulation, so we took to the cold, hard streets of Tasmania and asked young women what they thought.

## Q: Were you surprised about the findings of this research (both how common it is and the potential risks to health)?

*"I always knew there was the potential to seriously injury someone if you were to participate in choking, but I am shocked to find out the severity of the injuries. However, I am not surprised at how common it is, especially with the younger age group."* – Age 26

*"I'm not surprised that it is common for people to use strangulation during sex. However, I am surprised by the potential risks to health. I think during the intimate moment it's easy for people to block out what would normally be considered scary and unsafe. Also depending on the persons preference, the force that is used during the strangulation."* – Age 24

*"No, I wasn't surprised how common it was but didn't have a full understanding of how serious the health concerns are."* – Age 26

*"I wasn't surprised to find out so many people are choking in sex. I always knew it had potential to be dangerous but kind of believed that there were safe ways to do it that not everyone knew about. I am really surprised how quickly people can be injured."* – Age 28

*"No and yes, I wasn't surprised about how common it is in young adults but was surprised at the seriousness of injury caused by choking."* – Age 23

*"Even when I have told someone to stop choking me, their hand still creeps back to hold my neck."* – Age 28

We needed to know more! So we asked...

## Do you think this is something women are doing because they enjoy it or do they feel it is an expected part of sex?

*"All women are different and have different ideas of what they enjoy. I believe some women may enjoy choking and if they have communicated this with their partner and both parties are both taking extreme caution it is okay. However, sadly, I do think some women are also caught off guard if they are sexually active with someone that decides to do this to them, but don't feel as though they can speak up or that it must be normal so they go along with it."* – Age 21

*"I don't see how anyone would enjoy it. Allowing someone to put your health at risk for their own pleasure indicates there is a lack of respect from both parties. In relationships we should not be made to feel the need to succumb to societal pressures."* – Age 29

*"I think a lot of women feel they can't say much about things like this as they are scared of the response, and don't want to disappoint or let the other person down. Might feel this is a normal expectation."* – Age 22

*"A bit of both. I think that the younger people trying it are seeing it on porn, social media or talking about it in their friendship groups, so it is seen to be 'cool' or the next new thing to try or feels like social peer pressure to try it or like it. Whereas with older people or people with more experience I think they are doing because they actually enjoy it."* – Age 26

*"I feel as if it's mostly because they are expected to do it or are too scared to say anything in the moment as women are typically seen as submissive."* – Age 23

## What's your best advice for people reading this article?

*"Yeah, I know from experience I have gone along with it because I thought it was just a regular part of sex now. It wasn't until it happened a few times that I checked in and thought, 'wait... I don't like this'. I have noticed the shift toward choking in casual sex in the last few years sleeping with young men. There isn't even any question of it, it is done without any regard to if it needs a discussion or consent. I have slept with some men who also like to be choked."* – Age 28

*"I think we just need to keep realistic sex in the forefront of our minds, always! We should all know that sex is nice, sometimes awkward, doesn't look like porn and nor should it. I think if there were more open conversations about the sex people are really having, people (especially young people and men, in particular) would know that they aren't expected to have porn sex."* – Age 28

*"I think it comes down to the individual. Always speak up for what you do and don't like and respect your partners choice. I agree education surrounding the subject is also important, for those that do enjoy strangulation it is important to note the dangers involved to ensure safe sex is practiced." – Age 24*

*"Never feel as though you are being pressured to do anything you are not comfortable with. Always have consent and always be safe." – Age 26*

*"Vocalising that it's normal to say no, and that these kinds of practices aren't okay, and to know that there is a very fine line that when crossed can be very damaging to an individual's health. Highlight the facts in the article could emphasise the importance of being aware of this." – Age 22*

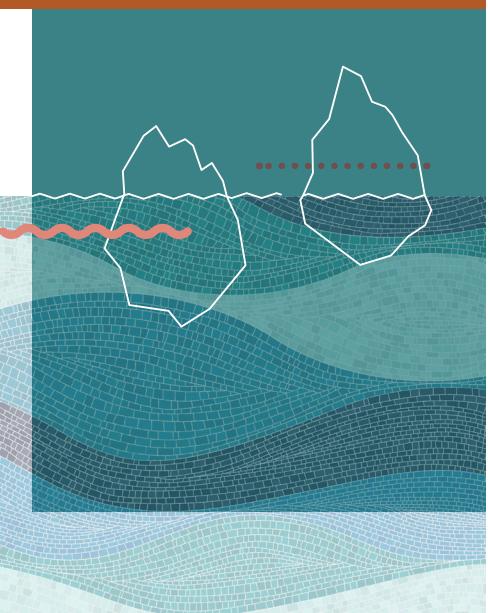
*"I would say to just to be open and honest with the person you are sexually active with, always make sure you have consent, open communication, and make sure you are being safe at all times." – Age 21*

*Be open with your sexual preferences with your sexual partners and have the discussions prior to sex so you know each other's boundaries. – Age 26*

*Ideally, having a conversation about your preferences prior to any sexual activity is the way to go, as long as it's both safe for you and the other person. At the end of the day, it's your own health and safety that matters and if you're already have doubts then chances are, you don't actually want to go through with it. – Age 23*

# Where's your line?

**How bystanders can prevent the abuse of women and girls**



## Where's your line?

Have you been to a *Where's Your Line?* workshop yet? If you are looking for an enjoyable day out, consider attending one.

Yes, these are workshops about preventing violence against women and girls – and that is a serious topic – but the workshops are interesting and enjoyable, and the people who go are wonderful. They are the kind of people who would like to change the world. Plus, we provide a nice lunch. Plus, the workshops are free. What's not to like?

### What is *Where's Your Line?*?

The workshops are based on the ideas that we all value safety, respect, fairness and community and that we all also want to be part of a society in which all people take action to support the safety of others.

It's a workshop where you have lots of discussions, each one building on the one before. People learn information about the types of behaviours directed at women and girls that are considered family and sexual violence. And they get to think about how they might intervene in a way that is safe for themselves and safe for the woman/girl.

We talk about how different situations can be, and how different our judgements can be. Where is the line where you might think, 'No, that behaviour isn't ok. I don't know if that woman/girl is ok' and you might think about doing something? Everyone's response is different.

But what is consistent is that everyone who comes to this workshop leaves with a sense of increased power that they can change our culture, and with ideas about how to build our community's capacity to prevent the abuse of women and girls. (We're not making this up – we make people fill in evaluation forms!)

(You can probably tell) we're VERY excited about this workshop program. We designed it with our colleagues at Engender Equality, Hobart Women's Shelter and Women's Legal Service Tasmania specifically for Tasmanian communities based on our years of experience of running workshops in those same communities.

We don't want there to be any more victim/survivors of family and sexual violence. We want to end violence in our communities, and we think these workshops are a really good start.

# Sex for over 50s



**Does sex change when you're over 50? Are we having it? Is it good? Does it matter less than it used to? How do we feel about it?**

These are conversations many of us are not comfortable to have, but we need to talk.

An estimated 30-50% of post-menopausal women experience sexual difficulties. Sexual pain or not feeling as much sexual desire as we'd like are the top reasons people go to a doctor when it comes to sexual issues. The average time people wait before talking with a doctor about their problem is six years.

## So what is getting in the way of this conversation?

Along with lack of time, and thinking there is nothing that will help, often people feel shame. Society makes the (wrong!) assumption that only young people are interested in sex.

So let's get this conversation (and the sex life YOU want) revved up!

## What do sexual difficulties for over 50s often look like?

It can look like having trouble getting in or staying in the mood, difficulty experiencing orgasm, painful intercourse, less vaginal lubrication, or wanting less or more sex than our partner does. For some of us, having less or no sex is ok. For others, sex is something we want in our lives and these difficulties are distressing.

## Why is this happening?

It's not just menopause, but that can play a part. Falling hormone levels brings a range of changes that can impact sexual desire and function. Mood swings, sleep problems, pelvic floor issues, joint pain, thinner and more delicate vaginal tissue, reduction of natural lubrication, fatigue, and incontinence, to name a few (phew!).

Negative pressure from culture and society about how women are 'supposed' to look and behave can be challenging to our sexual identity and self-confidence as we get older. Ideas about what sex is, who it's for, and how it works can make us think there is something wrong with us. There's not!

Physical or mental health problems, side effects of medications, previous negative sexual experiences, relationship problems, and other stress that mid and older life can bring all contribute to sexual difficulties for people over 50.

*"Does mum need more support at home? My daughter is so unhappy in her relationship. My diabetes is playing up. My partner is taking me for granted.... I wonder why I don't feel like getting it on lately?!"*

**Is there anything we can do to improve our experience of sexual pleasure?  
Yes! Yes! Yes!**

## 1. Learning about how sexual desire and function works. For you. Now.

Sex is not a 'one-size fits all' situation. What works for one person is different to what works for another. And across our lifetime, we experience changes in what works for us.

Notice and reflect on 'what puts the brakes on desire for me now? What accelerates desire for me now? Is my desire spontaneous, or the more responsive kind that needs time and certain conditions to warm up?'

There are many different reasons to have sex. We might be seeking relaxation, pleasure, connection, play, safety, or a way to express our gender identity. The list goes on. Knowing what we want from sex helps us figure out how to get that.

## 2. Focusing on pleasure and arousal instead of performance.

Get back to the basics of touching and enjoying our bodies. Give ourselves permission to experience intimate connection with ourselves and/or a partner without penetration.

We live in a phallo-centric society which says 'sex' means intercourse. Let's enjoy outercourse!

And remember that solo-sex (masturbation) is actual sex. We don't need a partner to have a healthy sex life. Regular sexual activity helps to keep our vaginas healthy. Sexual pleasure is good for us in lots of ways!



### 3. Exploring medications and tools

Menopause hormone therapy (what used to be called HRT) can help many people with the changes that impact enjoyment of sex. Estrogen pessaries and creams increase natural lubrication and wellbeing of vaginal tissue (ask your doctor).

Silicon or water-based lubrication is highly recommended for over 50s and can be purchased online or in pharmacies, wherever condoms are sold. There are orgasm gels, sex toys and vibrators available online, as well.

Looking after your body and mind will contribute to sexual satisfaction.

Improving sleep, getting regular exercise, reducing alcohol, reducing causes of stress where we can. Mindfulness, progressive muscle relaxation, yoga, meditation, dancing, gardening, swimming, and orgasms are just some of the ways we can process the impacts of stress on our mind and body.

Other people who can help include GPs, pelvic floor physiotherapists, counsellors for individuals or couples, or sexologists. Safe and connecting relationships in our lives help us feel good about who we are.

The changes to our bodies, identities and lives that getting older brings can be an opportunity. A chance to really notice what we like and need, to be open to learning about how to support our unique experience of pleasure and satisfaction. Sexual wellbeing is a part of being healthy, but that doesn't mean it has to be a chore. It can be a goooood time!



### References

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*The Sex Ed You Never Had* by Chantelle Otten, psychosexologist <https://www.allenandunwin.com/browse/book/award-winning-psychosexologist-Chantelle-Otten-The-Sex-Ed-You-Never-Had-9781760878863>

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## ABORTION ACCESS ADVOCATES WORKSHOP



Are you shocked to learn that abortion was only decriminalised in West Australia last year? No wonder people still think abortion is illegal in Tassie!

Community misinformation about this important health services feeds stigma, silence...and makes us vulnerable to having access to the service become an election issue.

Come to our Abortion Access Advocates workshop and learn some facts and figures.

Nice people, good food. All genders welcome.

Watch our socials and enews for a workshop near you in 2025.

# ADHD in the spotlight

## Tasmanian specific problems make it harder for people with ADHD to access supports here than in other parts of Australia, we have learned.

For example, Tasmanian legislation and related regulations makes it impossible for people to access longer scripts for ADHD medication requiring frequent repeat appointments with specialists who have long wait times.

ADHD is a neurodevelopmental condition characterised by a persistent pattern of inattention or hyperactivity-impulsivity that interferes with functioning or development. ADHD symptoms are life-long and often overlap with other forms of neurodivergence such as Autism.

Historically ADHD has been under-identified and under-treated in women although recent research indicates that ADHD is equally prevalent among males and females, and seems particularly associated with gender diversity.

Women's Health Tasmania recently wrote a submission to

the *Parliamentary Inquiry into the assessment and treatment of ADHD and support services*. To gather information we put out a survey to women and trans and gender diverse (TGD) folk living with ADHD and asked information about their experiences.

We had an astonishing response to the survey – 108 women and TGD folk shared their stories of seeking and getting (or not getting) treatment.

Other stories people shared with us ranged included the significant barriers that exist for people in getting diagnoses, treatment, medication and community supports.

People told us about having to wait extremely long times, sometimes years, to access diagnoses for themselves and their children. Getting a diagnosis is expensive, with inadequate Medicare rebates, and convoluted with complex diagnostic pathways.

They told us it is very difficult to find clinicians with expertise in ADHD, particularly in how ADHD presents in women, and that this had often led to misdiagnoses of mental health

conditions when the real issue was neurodivergence.

While medication was one of the few supports available to people diagnosed with ADHD there are significant barriers to accessing it. Restrictive regulations, glitches in the Pharmaceutical Benefits Scheme, and the need for frequent (and expensive) specialist appointments presented problems for many people as did the cost of the medication.

People also told us about the need for community based supports (outside medicalised options) and the personal and social cost of not being able to access appropriate supports.

Untreated ADHD is associated with a range of health issues, including chronic conditions that require ongoing medical care. It makes sense, for us and for our health system, to provide an appropriate service support system for folks with this condition.

Thanks to everyone who responded to our survey.

Go [www.womenshealthtas/resources](http://www.womenshealthtas/resources) to read the submission in full.



# What happens when pornography is a default sex education program for young people?



WHT and the Sexual Assault Support Service recently co-facilitated a professional development webinar with Maree Crabbe, Director of Australian violence prevention initiative *It's time we talked* for health and community services staff. The focus of the webinar... pornography. But not in the way you would expect.

The webinar explored the *harmful impact* pornography is having on our young people and their understanding of consent and respectful relationships. Pornography is a huge industry readily available to very young people.

We approached Maree Crabbe because we were concerned about the research on strangulation and the discussions about whether its prevalence was related to the increased accessibility of pornography.

## So, what are young people seeing in pornography nowadays?

Violence. And a lot of it.

Acts of aggression are common in the most popular pornography, and they are almost always (97%) directed towards women.

The most common acts of physical violence include gagging, slapping and strangulation\*, and the women receiving the violence act like they enjoy it.

This sends the message that women like it when men physically hurt them.

This is alarming because watching pornography frequently can shape personal sexual preferences. When young people see violence acted out in pornography, they may think that's what sex should be like for them. They may not realise that pornography performers

are doing their job (– performing) or that most of the performers aren't having sex in their real lives that's as rough as they are having on screen.

## How is this shaping young people's understandings of consent?

There is pornography that is more ethically made, but often pornography lacks important aspects of sex – The 3 Cs – Consent, Communication and Contraception (or protection from STIs).

In violent pornography especially the 3 Cs are usually missing. Sex performers go from hardcore position to hardcore position with no contraception and no conversation before, during or after sex. This gives the impression that your sexual partner is always ready and keen for anything and everything (which is not reality).

When young people see pornography performers 'enjoying' violent sex, they may start to believe that this is what their own partners want. This creates a problem with consent because if someone assumes that their partner wants or expects certain acts, they might think they don't need to ask for consent anymore.

*"When young boys start having sex, they imagine porn and everything that goes on in porn... They don't want to ask because it's like, how do you ask? They just do it and hope she takes it, and I'm sure some girls would take it and just do it because it's awkward sometimes saying 'no'!"*

– Young woman on *It's time we talked*

*"I've got mates that do it, they tell me 'She didn't want to at first, but I kept hounding and hounding her, and finally she let me".*

– Young man on *It's time we talked*

## What can you do to keep your young person safe?

If you are a parent, carer, teacher, aunty, or you just know a young person – chances are you want to keep them safe and ensure they feel empowered to engage respectfully in their intimate relationships.

Here are some helpful tips from *It's time we talked* on how to do just that!

### • Limit exposure

Blocking popular pornography websites or enabling an adblocker on your family computer, may help reduce your young person's access to pornography. You can also restrict the use of devices in bedrooms and other private spaces.

### • Encourage critical thinking

Teach them to question the things they see online. You can also engage them in conversations about power in relationships that are shown on TV, in movies, and through advertising.

### • Empower them to say no

Remind them that it's never okay for someone to pressure them to do anything sexual they don't want to do. You can go through some scenarios and come up with a plan together about ways they can respond if this occurs. This may include setting up a way for them to contact you if they need an excuse to leave a situation.

### • Inspire them!

Show them what respectful relationships looks like by modeling them in your own life!

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It's important to note that while we are speaking about heterosexual pornography here, gay and lesbian pornography is also not free from aggression and degrading acts.

The information here is taken from the *It's time we talked* website, which is chock full of resources for young people, parents, community organisations and schools. Go here to check it out [www.itstimewetalked.com](https://itstimewetalked.com)

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## References:

<https://itstimewetalked.com/>

*The Modern Guide to Sex* – Georgia Grace

\*Find out about the dangers of strangulation ('choking') on page 7.

## BOOK REVIEW

# Come As You Are: the surprising new science that will transform your sex life

by Dr Emily Nagoski, Sex Educator

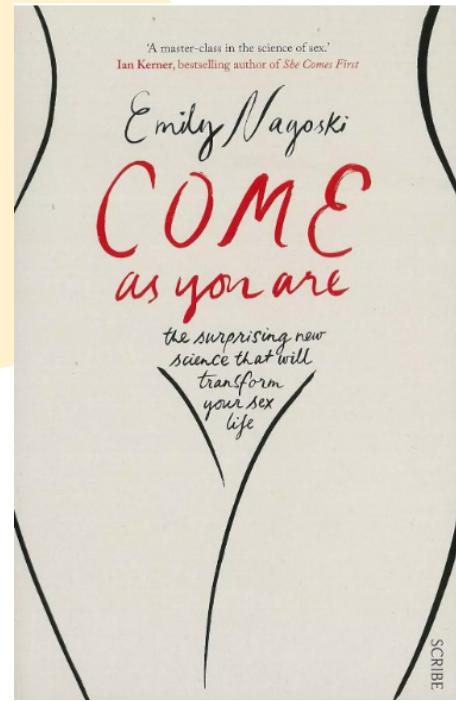
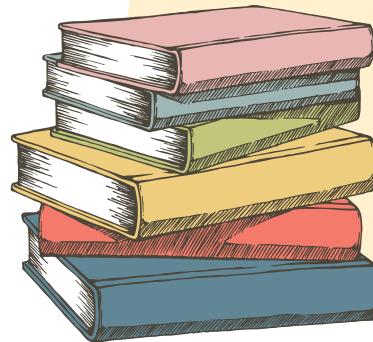
Review by Heidi Norton

**This book starts as it means to go on – with a loud affirmation that you are normal. It also stresses that that we all have the same parts, organised differently.**

Nagoski's book is a revelation, fun to read, and will get you talking (if you're not too busy putting the ideas to use).

Nagoski drops simple but startling statements:

- It's normal not to want sex you don't like.
- There are only two sexual experiences that are 'abnormal': lack of consent and unwanted pain.
- Lubrication is not causation – a wet vagina doesn't mean you're into it, and not having a wet vagina doesn't mean you are not aroused.
- You can have 'amazing' sexual chemistry with someone who is not good for you. It's not about hormones. It doesn't mean you are destined to only have good sex in turbulent relationships, or that you can only have safe and loving partners if you resign yourself to boring sex.
- The sex we crave often isn't sex that feels good. It's sex that feels like relief because it eases fear and is an attempt to feel close to someone and feel we are loved. Don't mistake relief for pleasure.
- Allowing yourself to be where you are opens the door to where you want to go. When you notice disagreement between your experience and your expectations of what you 'should' be experiencing, always assume your experience is right.



Nagoski uses analogies to explain how human sexuality works in all its diversity. For example, we are a multitude of gardens that need different conditions to flourish. And, there are car analogies; we have custom-made dual controls of sexual brakes and accelerators that operate in unique ways.

Difficulty with desire or reaching orgasm may be more about too much brake (what turns you off) rather than lack of accelerator (what turns you on). Nagoski shares that the strongest predictor of sexual problems is sensitive brakes. Her advice is pay attention to what is hitting the brakes because once those are off the accelerator will take over.

And while we're on cars, it also turns out sex is not a drive that can be low, average or high. It's not a drive at all, it's an 'incentive motivation system'. Hunger is a drive that we need for survival, but the incentive to have sex is about motivating us to thrive.

Our culture celebrates spontaneous desire (which happens in anticipation of sexual pleasure) as 'normal', while responsive desire (which turns up only after sexy things are happening) is seen as 'low sex drive'. Not true! Both are healthy, normal and just more proof that ...

...we all have the same parts, organised differently.

The book prompts you to identify how your individual sexuality works. How does your garden grow, what does it need? More of this, less of that, something else in a particular way? Identifying what these things are specifically for you helps to figure out actions you can take to increase your satisfaction with sex. And that is not a one-size-fits-all approach because...

...we all have the same parts, organised differently.

*Come As You Are* explains just how much context matters when it comes to sex. The state of our relationships. What we learned growing up and in relationships about safety and what it looks like. The setting in which we're having sex. Life stress we are experiencing. The state of our mental and physical health. Social messages about what is beautiful, who is allowed or supposed to want and have sex and in what ways.

Nagoski ends

*'let this book be a mirror: when you look up, see yourself. And you are beautiful... Trust your body. Listen to the small quiet voice inside you that says "yes more" or "no stop". Listen especially when that voice is saying both at once. When that happens, be compassionate with yourself. Go slow.'*



# What's on at Women's Health Tasmania?

## ONLINE CLASS

Mondays, Tuesdays,  
Wednesdays and Thursdays  
6:30am–7:00am

## Gentle Sunrise Flow

Yoga with Jen



## ONLINE CLASS

Mondays  
11:00am–12:00pm

## Tai Chi

with Wendy

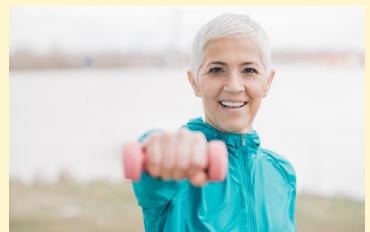


## ONLINE CLASS

Tuesdays  
10:00am–11:00am

## Weights

with Jen



## AT WHT CENTRE

Tuesdays 10:30am–11:30am  
Thursdays 10:00am–11:00am

## Meditation

with Jean (Tuesdays)  
and Valerie (Thursdays)



## AT WHT CENTRE

Wednesdays 9:30am–11:00am

## Yoga

with Jen

To book a place call: 6231 3212



## AT WHT CENTRE

Wednesdays 10:30am–12:30pm

## Walking Group

with BJ

To book a lift to the start  
of the walk call: 6231 3212  
Calendar of walks available at  
[womenshealthtas.org.au](http://womenshealthtas.org.au)



## ONLINE CLASS

Thursdays 10:00am

## Meditation

with Valerie



## AT WHT CENTRE

Wednesdays 10:30am–12:00pm

## Migrant Mums and Bubs Playgroup

during schoolterm



## AT WHT CENTRE

Mondays 11:00am–12:00pm

## Tai Chi





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**Free online Yoga, Tai Chi,  
Weights and Meditation**



**Projects and workshops  
in your area**



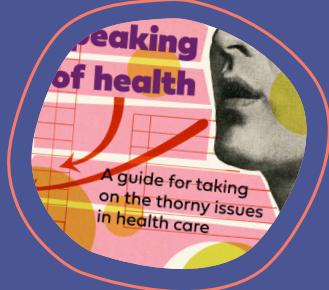
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by phone or telehealth**  
(Health and wellbeing, Pregnancy  
Choice, Birth and Parenting)



**Free online forums for people  
with lived experience of  
mental illness, and carers**



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our enews and find out what is happening near you.**