

» FREE

The Rational Enquirer

2014 • SEX • IDENTITY • LOVE • LIFE



The Rational Enquirer

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Most 2014 Rational Enquirer stories are reprints of the originals. We honor their authors' voice by leaving them as they were written.

THE RATIONAL ENQUIRER TURNS 19 ... AND LOOKS BACK

The 2014 Rational Enquirer celebrates the magazine's last year as a teen by bringing you some of the "best of" articles about **sex, identity, love** and **life** through the years.

The variety of stories — everything from information about your brain as a teen, to everyone's right to consent to sex — shows that what's important to you around sexual health is as relevant today as in 1995.

If you would like to submit an article for the next Rational Enquirer, please email lindsay.weaver@state.or.us.

TABLE OF CONTENTS

Is it an intimate relationship?.....	4
The pill or the condom.....	6
The brain at 15.....	8
The T in LGBTQ.....	10
Watching out for number one.....	12
Real life and comprehensive sex ed.....	14
Birth control history.....	16
Real men ask questions.....	17
Talking with a teen dad.....	18
Finding me on the inside.....	22
Sexual statistics.....	24
Safer sex: It's not just for young people!.....	25
Sexuality during the teen years.....	26
See me with new eyes.....	28
Porn and the big wide world of sex.....	30
Everyone has a right to consent.....	32
Quiz: Would you do the right thing?.....	34
Strength.....	37
Resources.....	38
Credits.....	39

▶ LOVE



RELATIONSHIP?

by Erin Wille

IS IT AN INTIMATE

WHAT MAKES YOUR RELATIONSHIP AN INTIMATE ONE?

We all have a different idea of what makes a relationship happy, healthy and intimate. In a good relationship you can be yourself, talk freely, disagree safely, feel comfortable and enjoy yourself. But does your idea of an intimate relationship include talking about birth control? Not always, but maybe it should. When you're thinking about having sex with someone, making a plan to prevent pregnancy may not seem very romantic and may feel a bit awkward at first. But knowing that you and your partner made a joint decision and effort to care for each other's health can be one of the most intimate parts of building your relationship. Don't you want your boyfriend or girlfriend to be concerned about your health and wellness? Well, that is what they are doing when they are using condoms, taking the pill, getting an IUD or implant, getting the Depo shot, or using the patch or ring.

WHEN IS A GOOD TIME TO BRING UP THE BIRTH CONTROL TALK?

Well, before you have sex for sure. You can get pregnant the first time or 100th time you have sex so it is important to set up your method even before you get started. **Three in 10** girls will become pregnant before their 20th birthday, so it is extremely important to think about your birth control before it is too late.¹ If your relationship is heading down the road towards more intimacy, it may be time to take a breather and have this conversation ...

First, tell your partner how you are feeling in the relationship and that you have been thinking about sex.

Next, clearly communicate that if things move to the "next level" you have to use birth control.

Finally, decide who needs to do what in order to make sure your method is set before you have sex. Keep in mind, you should always use condoms to prevent STIs.

If you can't talk about sex and birth control with your partner, you may not be ready to have sex. It may be awkward at first, but once a couple is on the same page they are much more likely to prevent pregnancy and maintain a happy relationship.

WHERE CAN I GET BIRTH CONTROL?

If you are ready to have sex, talk with your partner about it and start using a birth control method. There are many clinics throughout Oregon that offer confidential birth control services and supplies that are free or low cost to you. Visit www.ccare.oregon.gov to find a clinic near you and learn more about all of your birth control options. Also, stop by www.facebook.com/OregonCCare for some fun information and birth control resources.

Erin Wille, B.S.H.P., was raised in a military family. She is a graduate of the University of Georgia. Erin loves being outdoors, traveling and exploring. She was a reproductive health intern at the Oregon Public Health Division when she wrote this article in 2013.

GETTING PHYSICAL? DON'T FORGET YOUR BIRTH CONTROL.



¹ Kost, K., & Henshaw, S. (2012). *U.S. Teenage Pregnancies, Births and Abortions, 2008: National Trends by Age, Race and Ethnicity*. Retrieved February 2012, from <http://www.guttmacher.org/pubs/USTPtrends08.pdf>.

THE PILL OR THE CONDOM:
NOT AN EITHER/OR CHOICE



What percentage of single, sexually active young people protect themselves with both a condom and the pill when having intercourse? The answer: not enough. In 2006–2010, one in five sexually active female teens (20%) and one-third of sexually active male teens (34%) reported having used both the condom and a hormonal method the last time they had sex (The Alan Guttmacher Institute, January 2014).

Not surprisingly, young people under the age of 25 have the highest levels of unintended pregnancy and of sexually transmitted diseases (STD) in the country.

It's no surprise, either, that these young people have so much in common. Both conditions are consequences of unprotected sexual intercourse, and both stem from similar behavioral risk factors, including multiple sexual partners, lack of pre-sex discussion of prevention, and lack of effective contraception and condom use.

Among women attending family planning clinics, a majority reported behaviors that put them at increased risk for HIV and other STD infections, such as inconsistent condom use. Among those visiting STD clinics, almost one-half reported using no method of contraception or inconsistent use of contraception — even though most of them had histories of STD infections and unintended pregnancies.

Yes, it's true that a number of practical differences have kept the two types of services from being integrated in many settings. But the fact remains that we must take advantage of every opportunity to prevent high-risk sexual behaviors among young people in order to protect them against pregnancy and STDs.

Young people need to be reminded that no single method of preventing pregnancy or STDs gives the maximum level of protection for both conditions: the answer lies in dual protection. And so the message to young people should be: "If you are going to have sex, protect yourself by using a condom in combination with another type of effective contraception."

*This article originally appeared in the 1998 **Rational Enquirer**. Data has been updated for reprinting in 2014.*



WHY WE DO SOME OF THE THINGS WE DO, AND WHAT WE CAN LEARN FROM IT

by Sarah Ramowski and Robert Nystrom

Adolescence is often a time of encountering new freedoms and new situations. Many debates rage in the political and health care fields about just how much responsibility teens should be given and at exactly what ages. Over the past few years, strong research has emerged that documents the enormous changes to the brain between childhood and adulthood. The more difficult issue is how to apply this research when creating and implementing sound public health policy.

Previously, it was thought that most of the “work” of brain development was complete by adolescence and that teenagers’ brains were as fully matured as adult brains. Increasingly sophisticated research and imaging abilities show that this

is not the case. Just as teens’ bodies are maturing and their social skills/networks are expanding, their cognitive centers are also in flux. Understanding how this affects adolescent decision making is key to setting up optimal conditions in which teens can thrive.

During adolescence, the brain adopts a “use-it-or-lose-it” pruning system, resulting in a decreasing number of connections among brain cells even as the speed of these connections is increasing. Major changes are also underway in the prefrontal cortex (PFC), the “CEO” of the brain. The PFC is responsible for weighing risks and benefits, strategic thinking, and impulse control. Throughout adolescence, the PFC is refining its wiring to become more sophisticated.

The PFC is among the last parts of the brain to fully develop, in many cases not maturing until well into the third decade of life. Unused branches are sloughed off and pathways are increasingly



developed. As this “construction” phase progresses, synapses that would normally go through the PFC in an adult brain are instead re-directed to the amygdala ([uh-mig-duh-luh]), the emotional center of the brain. When this happens, the response is rooted in emotion — fight, flight, freeze, freak out — rather than rationality.

This is known as the “amygdala hijack.” The amygdala can also misinterpret others’ facial emotions, perceiving fear or nervousness as anger or hostility. All these processes can alter the ability of adolescents to harness their decision-making abilities, making them more vulnerable to risk taking and impulsive behaviors.

Functions of the prefrontal cortex:

- » Decision making
- » Evaluating risks and benefits
- » Empathy
- » Strategic and planning behavior
- » Impulse control
- » Adapting behavior as situation changes
- » Restraining inappropriate behavior
- » Receptive to feedback (reward and punishment)
- » Allowing working memory to engage simultaneously with other functions

Contrary to popular lore, it is not that adolescents are incapable of understanding the risks of their actions. It is more that other priorities take over: escaping boredom, feeling the need to energize the situation, latching onto the emotional benefit. The adolescent brain is especially sensitive to the effects of dopamine, a chemical neurotransmitter that is activated by substance use, exposure to high-intensity media, and gambling. When substances are introduced in adolescence, the brain’s natural supply of dopamine can be decreased, making teens more vulnerable to addiction.

Research has shown that feelings of boredom and alienation, and lack of connectedness can account for a majority of teen experiences. It is more understandable, then, that teens may try to escape by “jump starting” their brains with risky experiences.

Context is everything, however, and it is important that teens be provided an environment that is supportive and encourages independence within limits. It is still not known how much of brain development is influenced by environment vs. genetics, but there is evidence that creating constructive learning experiences can positively shape teen cognitive development.

As this research has emerged, some public health professionals have voiced concern that it will be used to squelch teen decision making, independence, or rights in areas such as reproductive health and health care decisions. One response is that brain development should be just one of several factors considered when designing good programs and policies. Also, experience has shown that teens have a very real and valued role to play in advocating for their own health and making good decisions. A recent example comes from prominent researcher John Santelli, who examined the reasons behind the national decline in teen pregnancy rates over the past 15 years. He found that the driving force is that teens are making safer and more effective choices around birth control options, being less likely to use withdrawal and more likely to use multiple methods simultaneously. As reproductive options and education have expanded, teens have exercised better decision making, resulting in fewer teenage pregnancies.

This article originally appeared in The Rational Enquirer in 2007. At the time, Sarah Ramowski was the adolescent health policy and assessment specialist and Robert Nystrom was the adolescent health manager at the Oregon Public Health Division.

This article is adapted from one that appeared in Northwest Public Health, Spring/Summer 2007; www.nwpublichealth.org.

THE TIME LGBTQ

by Mahayana



The LGBTQ community is a large and diverse one. While there are many stereotypes associated with them, their true diversity is much more encompassing. With the community's increased visibility and cultural acceptance over the past ten years especially, through more people coming out and showing their pride, living and raising families with their partners, and in their increasingly prevalent portrayal on TV shows and movies, most people understand what it means to be gay, lesbian, or bisexual. However, fewer are familiar with the transgender community.

In order to clear up some confusion, I am listing here many of the terms associated with the transgender and queer community. The definitions were gathered from various sources, sometimes combined, reworded, or otherwise edited by myself. Please use this list to educate yourself and others.

Sexual Orientation/Sexual Identity: Describes whom we are physically and romantically attracted to and love. A person's gender identity does not predetermine a person's sexual orientation.

Queer: An umbrella term used to refer to lesbian, gay, bisexual, and transgender people, and/or people who do not feel they easily fit typical male/female roles. The "Q" in LGBTQ stands for queer/questioning.

Gender Role: Public, social, and perceived expectations of gendered acts or expressions.

Transgender: A person whose gender identity does not correspond with their biological sex.

Gender Identity: A person's internal sense of being male, female, or something else in between or outside those terms.

Gender Expression: How a person chooses to communicate their gender identity to others through clothing, hair, styles, mannerisms, etc. This communication may be conscious or subconscious.

Transgender Man: A person who is assigned female at birth and identifies as male.

Transgender Woman: A person who is assigned male at birth and identifies as female.

Gender Dysphoria: The feeling that your body does not correspond to your true identity.

Cisgender: People whose gender identity corresponds with their biological sex.

Genderqueer: People who view their gender identity as one of many possible genders beyond strictly female or male. They feel they exist psychologically between genders or beyond the notion of only male and female.

Gender Non-Conforming: A term for individuals whose gender expression is different from societal expectations related to gender.

Passing: A term used by transgender people to mean that they are seen as the gender with which they self-identify.

Transsexual: A person who has undergone hormone treatment and surgery to attain the physical characteristics of the opposite sex to match their sense of gender identity.

Sex Reassignment Surgery: Surgical procedures that change one's body to make it conform to a person's gender identity. This may include "top surgery" (breast augmentation or removal) and/or "bottom surgery" (altering genitals).

Intersex: People who are born with external genitalia, chromosomes, or internal reproductive systems that are not traditionally associated with either a "standard" male or female. Intersex is the non-medical term for hermaphrodite.

Cross-Dresser/Transvestite: People who dress in clothing traditionally or stereotypically worn by the other sex, but who generally have no intent to live full-time as the other gender. By some, these are viewed as derogatory terms.

Drag Queen: Men who dress as women for the purpose of entertaining others at bars, clubs, or other events.

Drag King: Women who dress as men for the purpose of entertaining others at bars, clubs, or other events.

No one yet knows precisely why some people feel they were born the wrong sex or feel they cannot be defined as simply male or female. We don't know why some people are attracted to the same sex and some to the opposite. But just because we don't know biologically what causes some people to feel differently than the majority doesn't mean that what they feel is wrong or not as valid. It is not a biological abnormality; it's just a biological difference.

Respect is essential, as is diversity. The thought that anyone different from yourself must be somehow "wrong" is essentially a display of insecurity, attempting to portray the image that you are not somehow wrong — because if you're not wrong, you must be right. This insecurity though, immensely limits the ability to learn from your surroundings.

When encountering someone different from yourself, in whatever way, it's important to respect what they have to offer. It's also important to realize the things you have in common. Recognizing our commonalities can be as important as embracing our diversity. The more we know about someone, the more we are generally inclined to like them. And the more we like someone, the less likely we are to focus on our differences.

Today, we live in a world where more and more people, every day, are opening their hearts and minds to the transgender community, accepting transgender and transsexual people for who they are. We also know that we have a long and tiring way to go. The transgender community is probably the least understood and least culturally visible of the LGBTQ community. What will change that is more people coming out as trans, more people educating themselves and others on this important topic, and more people willing to accept that different is just as good. We have to fight hate with love, ignorance with intelligence, and backward thinking with forward movement.

This article originally appeared in The Rational Enquirer in 2012. The author, Mahayana, was a regular contributor to the Amplify website, a project of Advocates for Youth (amplifyyourvoice.org).

SEX

CHLAMYDIA

WATCHING OUT FOR
NUMBER ONE

by Doug Harger



It's been around for centuries and is now No. 1 in Oregon and the United States. But this is not a good thing, because the subject is chlamydia, our most prevalent bacterial sexually transmitted infection (STI). Up to 2.86 million infections occur in people each year, according to Centers for Disease Control and Prevention estimates. In 2011, nearly 14,000 cases were reported in Oregon, and many others were probably not identified. Here are the key things to know:

- » Chlamydia, like other STIs, is transmitted person-to-person through unprotected sex — including vaginal, oral, and anal sexual contact. It can be extremely serious because it often hides its initial symptoms, and complications may occur if the infection isn't identified and treated appropriately.
- » The most critical complication for men and women involves damage to the reproductive tract. In women, this may lead to infertility, increased risk of tubal pregnancy, and need for surgery. Babies born to a mother with chlamydial infection can acquire eye and lung infections, which may lead to serious consequences without appropriate treatment.
- » The best forms of prevention: avoid penetrative sexual contact; restrict sex to just one uninfected partner who only has sex with you; use condoms for vaginal, anal, or oral sex.
- » Because initial symptoms often don't show up, regular screening is a good idea. People who are sexually active with more than one partner and do not use condoms should be tested at least once per year. Logically, the more sex partners, the higher the risk of acquiring an STI.
- » Anyone who does become infected should notify all recent sex partners to be evaluated and treated. The greatest risk of getting another infection is having sex with an untreated partner.

*This article originally appeared in **The Rational Enquirer** in 2008. At the time, Doug Harger was a team leader in the STD Program with the Oregon Public Health Division. Data in this article has been updated for reprinting in 2014.*

PHOTO: JIM SPELLMAN

REAL LIFE AND COMPREHENSIVE SEXED

by Fernando Aguilar



I was nearly 13 when marvelous high schoolers paid my science classroom a visit. At the time everyone in my classroom (including myself) was flabbergasted at the fact, that high schoolers would take time out of their busy lives to come talk to us. This unexpected visit led to excitement amongst all, because as a young middle schooler in the seventh grade there is steaming curiosity and a thirst for knowledge about the high school experience. While everyone was still astonished, my teacher explained that they were in the STARS (Students Today Aren't Ready For Sex) Program. At that moment awkward stares and giggles occurred simultaneously around the classroom. However as the class progressed, we knew that this was not our average "Bill Nye lesson" type of day. For the next two weeks "abstinence" was drilled into my head, because STARS was by no means comprehensive. Instead it was very conservative. This was an issue, because abstinence-only-based education had been preached here in the states since the late 19th century.

Much has changed now that we live in the 21st century. For example, the media heavily market sex to sell their products, and teens are becoming sexually mature at a younger age. This means that comprehensive sexual education is needed in classrooms across the state of Oregon to ensure that young people have the information needed to make healthy choices. A comprehensive curriculum is defined by age-appropriate education that covers information pertaining to reproduction, STIs, protection, and the ideals of making healthy choices. In addition, countless studies have shown abstinence-only education's downfalls. The goal of abstinence-based education is to delay sexual initiation and reduce teen pregnancy. However, teenagers who sign the abstinence pledge are far more likely to have sex and not use any sort of protection than those who didn't sign the pledge, according to HealthDay news. It can be inferred that the lack of information about STIs leads young people who took the abstinence pledge to not use protection, as it seems insignificant.

On a broader scale, 95 percent of Americans have admitted to having premarital sex, because people nowadays are ready to have sex before considering marriage. According to state policies, 27 out of 50 states across the U.S. require abstinence-only education and only 12 states require medically accurate information that is unbiased. Because it delays the age at which teens have sex, lowers STIs/STDs and pregnancy rates, comprehensive sexual education is important not only in Oregon, but across the entire United States.

Now as a senior at Glencoe High School, I am gratified to be a member of the My Future My Choice Teen Advisory Board. This board is made up of 10 high school students from across the state of Oregon who represent different counties. As a member I am able to give a voice to the program, and advocate for sexual health education within my community. Between last year when I was a Teen Leader in classrooms and this year as a member of the Teen Advisory Board, I have learned that sexual education has moved forward throughout recent years. In 2009 a law passed in Oregon to move from abstinence-based education to requiring a comprehensive curriculum to better serve young people.

Now when I walk into classrooms filled with seventh graders I have a grin that stretches from cheek-to-cheek, because I am confident that these young people will receive worthwhile information that will help them in making healthy choices. Despite the astonished looks these seventh graders have when I first walk into their classroom. I know that by the time I leave, these young teens will be better equipped to make decisions in their everyday lives, regardless of whether they choose to have sex.

Fernando Aguilar wrote this article in 2013. Fernando is a senior at Glencoe High school and lives in Hillsboro. In his free time he plays guitar in a mariachi band, Una Voz (one voice), which is comprised of 20 high school students within his district. Fernando is interested in science and plans to major in biology in college so he can fulfill his dream of becoming a dentist.

BIRTH CONTROL HISTORY

- » One of the oldest references to birth control comes from the Bible. In the book of Genesis men are called upon to practice coitus interruptus, commonly known as the “withdrawal” method.
- » The oldest known contraceptive, used in Egypt around 1500 B.C., includes crocodile dung and honey.
- » Pliny (A.D. 23–A.D. 79), the Roman writer of *Natural History*, counsels his readers to refrain from sex to avoid pregnancy. He is the first known advocate of abstinence as a form of birth control.
- » In 1827 scientists discover the existence of the female egg — the ovum. Prior to this, it is only known that semen must enter the female body for conception to occur. This is the first step in understanding the science of human reproduction.
- » In 1839, Charles Goodyear invents the technology to vulcanize rubber and puts it to use manufacturing rubber condoms, intrauterine devices, and “womb veils” (diaphragms).
- » Birth control devices are widely available in the U.S. in the 1870s. In 1873, Congress defines birth control information as “obscene” and bans it from interstate commerce.
- » The first U.S. birth control clinic opens in 1916. It is closed by the police.
- » In 1972, the U.S. Supreme Court rules that a state cannot stand in the way of distribution of birth control to a single person. Before this ruling, some states had laws limiting who could get birth control.

If you are having sex and do not want to get pregnant, birth control is important. A sexually active person who does not use contraceptives has a 90 percent chance of becoming pregnant within one year.

*Portions of the above list were originally published in **The Rational Enquirer** in 2005.*



QUESTIONS

by Mat Lewis Grandin



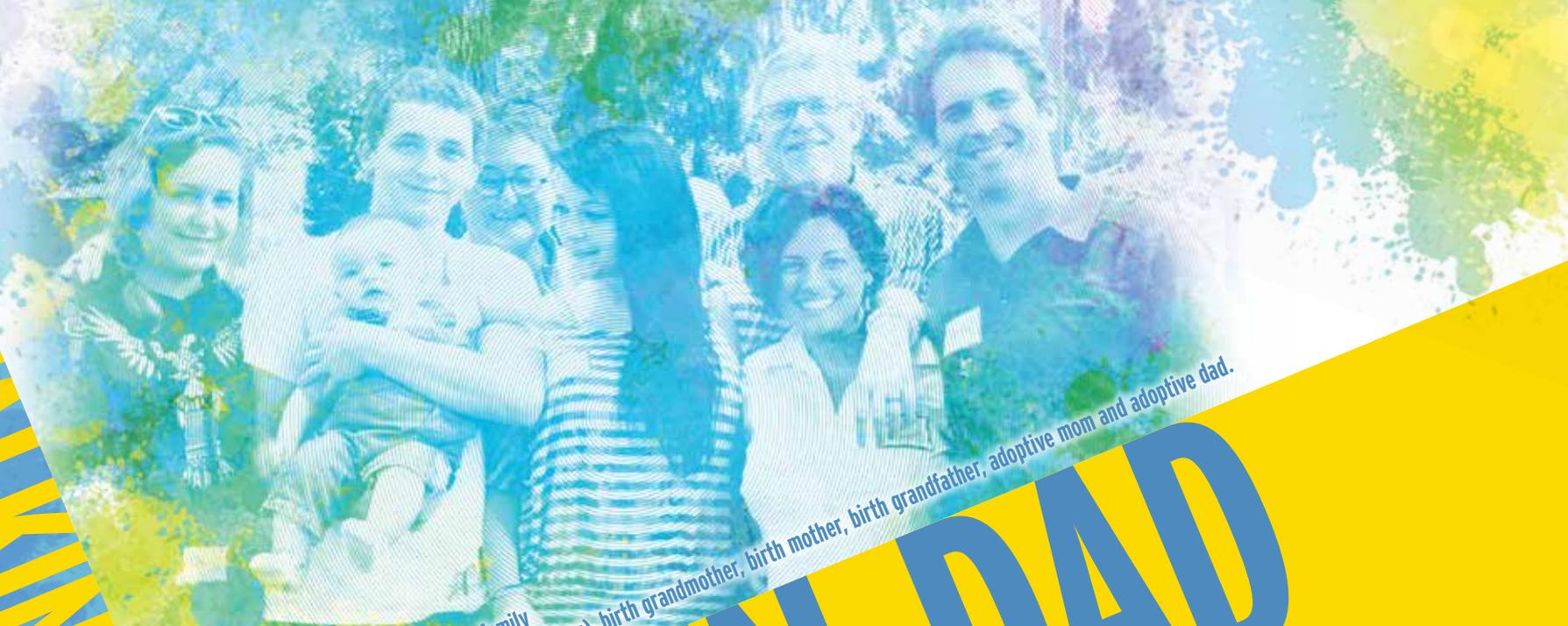
In my thirteenth year, a yellow Post-It appeared on my bathroom mirror. Rendered in my mom's distinctive scrawl, the message read; "When struggling with a difficult decision, ask yourself, 'What choice will make me a better man?'"

In my peer culture, masculinity is equated with sexual activity. The more, the manlier. Magazines and television reinforce this image continuously. Yet when I consider men that I admire, it is not their sexual prowess which draws me, but rather their respectfulness, their forthrightness, their continuing commitment to those who depend on them, even when it's hard. And their questioning.

Deciding to be sexually active involves questions, lots of questions: Are you ready? Is your partner ready? Really? How do you expect becoming sexually active will change you? Your relationship? How will you avoid pregnancy and STDs including HIV/AIDS? Are you prepared to trade a future full of possibilities for one intimate afternoon? Would you rather buy a car, pay for maternity and child support bills? Can you imagine your life being entangled with your partner's for the next eighteen years? What kind of father will you be in nine months from now? What are your plans for the rest of your life?

This article appeared in The Rational Enquirer in 1996. At the time, the author was 16 years old and living in Lake Grove, Oregon.

TALKING WITH



Devan with Dylan - surrounded by family
Photo - Dylan's birth aunt, birth father (Devan), birth grandmother, birth mother, birth grandfather, adoptive mom and adoptive dad.

A TEEN DAD

by Katie Woodward

DEVAN ROUZIE IS A 17-YEAR-OLD SENIOR IN HIGH SCHOOL. LAST YEAR, HIS GIRLFRIEND BECAME PREGNANT AND THEY PLANNED AN OPEN ADOPTION THROUGH OPEN ADOPTION & FAMILY SERVICES. ALTHOUGH HE AND HIS GIRLFRIEND ARE NO LONGER TOGETHER, THEY ARE PROUD TO BE A PART OF THEIR SON DYLAN'S LIFE AS HIS BIRTH PARENTS.

WHAT WAS IT LIKE WHEN YOU FIRST FOUND OUT YOUR GIRLFRIEND WAS PREGNANT?

Horrifying. Really, really scary, frightening and confusing. [My girlfriend] had been thinking she might be pregnant. She took the test with a friend and called me and the world crumbled down around me.

WHY DID YOU DECIDE TO SEEK OPTIONS COUNSELING?

Our conversations were mostly [my girlfriend] telling me we'd be happy together with a wonderful little kid. That we would both go through college and graduate. To me all of that sounded unrealistic. At a certain point, we began talking about going to options counseling.

HOW DID YOU CHOOSE OPEN ADOPTION & FAMILY SERVICES (OA&FS)?

John Chally is a lawyer who helped my [adoptive] parents when I was adopted. He is also one of the people who founded [OA&FS] ... so I called and talked to a counselor on the phone. She was able to support me and she helped me get an appointment set up.

WHAT WAS IT LIKE TO EXPLORE ALL OF YOUR PREGNANCY OPTIONS?

Well, I was in my room with [my girlfriend] and my sister and I brought up abortion and said we have other options. This was early on in the pregnancy. My girlfriend said, "No, I could never do that." My sister told me that I needed to "man-up" and take responsibility.

After some talk, [my girlfriend] said she was going to have an abortion ... if I treated her better. I spent the next month or more giving everything to her... every last drop of emotion. When it finally came down for her to get an abortion, she went [to the appointment] and came out and said she didn't want to do it. That was her choice, but it left me feeling empty, broken, and with nothing left inside. I had to pick up the pieces to prepare to be a dad. I knew [my girlfriend] was against any option besides parenting, but I wanted her to know the information. I told her, "You have three options and it's best to be educated on all of them."

WHY WERE YOU INTERESTED IN EXPLORING OPEN ADOPTION?

I knew it was important for me to stay involved. I have a birth father and what I've seen from him is that he is a drug addict who was in jail, in rehab, and not there for me as a father. I knew that wasn't who I wanted to be. I thought if I could help this kid by being there for him then that's what I was going to do. I was put into foster care before I turned 1. I bounced between my birth mom, [adoptive] parents, and great aunt and uncle until I was 7 years old. I always knew I had two moms and two dads, although I never really saw my birth dad because he was in jail.

HOW DID YOU WANT THIS ADOPTION TO BE THE SAME OR DIFFERENT FROM YOUR OWN ADOPTION?

I wanted to be more present than my birth dad was. It killed me to think that this innocent child would have a life that is subpar compared to what he could have [with an adoptive family]. Even with an abortion, he wouldn't have to go through living in poverty and having two teenage parents that weren't ready. No kid should have to go through something like that. I knew if I could prevent him from having a horrible life, that's what I needed to do.

AS THE PREGNANCY PROGRESSED, WERE YOU AND YOUR GIRLFRIEND STILL EXPLORING ALL OF YOUR OPTIONS?

In the last two months of the pregnancy I told [my girlfriend], "If you keep him, I will drop everything to make sure he has an amazing life. You're asking me to give up my whole life and future and I don't want to, but I will do it for him." She ended up sending me a text later that day that said, "Let's go back to options counseling." I was like, "Yeah!"

CONTINUED ON NEXT PAGE >>>

HOW DID COUNSELING AT OA&FS HELP YOU DURING THIS TIME?

In counseling [my girlfriend] started saying things like, “I want what’s best for [the baby],”... and I thought, “Wow! That feels really good.” We started looking at adoptive parents together. When I saw [one couple’s profile] I felt a rising in my chest and it felt good. It was harder for [my girlfriend] because I was in my own adoption and I know my birth mom loves me. I’m not worried that the baby would grow up thinking I don’t love him because I gave him up. I’m more comfortable with the idea [of open adoption]. She didn’t have as much education on the subject and was really afraid. We agreed we wanted to meet [the adoptive couple].

WHAT WAS IT LIKE TO MEET THE ADOPTIVE PARENTS?

It felt like a light at the end of the tunnel. They are really positive, spectacular people. I knew these two amazing people would give our child an amazing life that I can only dream of giving him because I’m not old enough yet.

WHAT WAS IT LIKE WHEN THE BABY WAS BORN?

So stressful. I woke up to a text saying that her water broke. The birth was insane, ridiculously crazy. Everyone had gone home, [my girlfriend] was 1–2 centimeters dilated and then boom, she was 4, 5, 6, 9 centimeters. I was texting her dad every three minutes. I was so happy she wasn’t screaming at me, she was screaming at the nurse. Everyone was surprised and told [my girlfriend] she [delivered the baby] better than anyone.

WHAT WAS IT LIKE TO MEET DYLAN?

Dylan was very small and very adorable. [My girlfriend’s] parents and sister showed up and my parents, and I was able to get my birth parents to the hospital to meet him, too. [The adoptive parents] didn’t come to the hospital because [my girlfriend] didn’t feel ready. When they did come, [my girlfriend] wanted to leave the room first. Seeing Dylan with [the adoptive parents] was so wonderful because they loved him and it was so clear and obvious in my mind that they would be amazing to him. I saw that, but [my girlfriend] didn’t get to see that. She wasn’t ready to sign over her rights and she wanted to take him home for a couple days. She came back to my house with the baby.

WHAT WAS IT LIKE TO RECONSIDER THE OPTION OF PARENTING?

Terrifying. My mom asked me to tell [my girlfriend] that she could leave the baby at our house if she didn’t have space for him and come visit anytime, but she could no longer live with us. [My parents] didn’t have the money to support four people and a baby. I had a real conversation with [my girlfriend] about all of this and she ended up texting [the adoptive mom] telling her that she [wanted to move forward with the adoption]. Our counselor from OA&FS came over and [my girlfriend] cried every time our counselor brought up parenting or adoption. Eventually she said, “Okay, let’s do [the adoption].” It felt like heaven on earth. I knew Dylan would be safe and taken care of and he would have everything he needed and much more.

HOW DID PLANNING AN ADOPTION IMPACT YOUR OWN PLANS FOR THE FUTURE?

For me, it's nice that I can keep going to school and get a job and focus on my academics. One thing that this whole experience taught me is that education is one of the most important things. No matter what happens, you will always have your education and nobody can take that away from you.

WHAT IS YOUR RELATIONSHIP LIKE WITH DYLAN'S ADOPTIVE PARENTS?

It's a nice, easygoing relationship. If I ever want I can send them a text and they make time for me. I just saw them a month ago and I brought my mom along. We went out to a nice place ... it was really fun.

WHAT ADVICE WOULD YOU HAVE FOR OTHER TEENAGERS WHO ARE CONSIDERING THEIR PREGNANCY OPTIONS?

I would tell them to never give up. There is always hope no matter what. You have options and you need to think about the best option for the child, not just for yourself or your partner.

WHAT DO YOU HOPE DYLAN'S LIFE LOOKS LIKE?

I hope his life continues to look like what it looks like right now: spectacularly wonderful. I want Dylan to know that in the end we did what was best for him. I want him to know he is unconditionally loved by both sets of parents [birth and adoptive], and to have pride in that.

Katie Woodward, L.C.S.W., has been meeting with clients at Open Adoption & Family Services since 2008. She is humbled and honored to sit with individuals and couples as they explore their pregnancy options, and she feels equally honored to sit with adoptive families as they embrace and welcome their child and their child's birth family into their lives.

► IDENTITY

FINDING ME ON THE INSIDE

by Emma Lileadahl-Allen



Long ago, in a fairy-tale land of brick, cement, and fog, I lived near a beautiful golden gate in a seemingly perfect society. A place where I was not African American, Native American, White, or different. A place where no one was ostracized, no one alone. Instead, each person was unique, and that was acceptable. My perception of San Francisco life was not just a result of my preadolescent innocence. By seventh grade, I was brimming with confidence and optimism.

In the middle of my eighth-grade year, my mother drove my brother and me away from the only home we had ever known. I felt my personality — actually my soul — blow out the window as the high desert air rushed across my face. During the first weeks in my new school, I found myself (or I should say, lost myself) with a desperate need to fit in. I clung to my new acquaintances, searching for the person I should be. I could act happy, and even be happy, but the discrepancy between who I was in California and who I was in Bend, Oregon, was crystal clear to me.

One day, as I sat on the high school site council, determined to “get involved,” as my counselor had suggested, in every activity possible, the school’s state “report card” was up for review. There were performance categories for Caucasian and Hispanic students, but none for African Americans or Native Americans. A weight fell upon my heart. I saw that my standardized test scores didn’t even count, were not even apparent on the test printout for the council. There weren’t enough biracial people to be statistically significant in my district. Again, I felt I didn’t exist. Clearly, I was known, being a member of five clubs and on executive boards in three, but still, the hurt I felt was deep and enduring.

The summer after 10th grade, I traveled to Australia. For the first time since leaving the Bay Area, I was reminded of a world beyond Bend, which I had begun to cope with and even like. In Australia, I met people who viewed the world more openly; I was accepted without expectations for certain behaviors. I didn’t glaringly stand out from the crowd. I felt the liberty to be who I wanted. I began to rediscover my identity. When I came home, I was stronger, not completely the me I could be, but not so invisible. I was transitioning.

Two summers later, in Paris, I experienced a tapestry of people, all unique and special in their own ways, living together. It didn’t matter who you were, how you dressed, or what car you drove. Parisians seemed to look beyond the superficial labels of race and class. I regained hope. I wanted to be the spiritual embodiment of Paris, and knew I had the power to do so.

It is every child’s fear to be different, and beyond that, we fear that we don’t have the power to be okay with being different. What frightens us even more is the knowledge that we have the power to be exactly who we wish to be and don’t exercise this power.

I spent years trying to prevent myself from being me. Odd, I know. It seemed I could never represent my minority or majority well. But, over the years, I started to realize that high school per se wasn’t the defining medium of who I am. I have put down my script, taken off my mask, and am no longer afraid of the person I am inside. I have the power to be who I want to be. I can live as Paris lives, celebrating my diversity and wholeness. As I drive toward my new college campus, the high desert wind brushing against my face, I know all of me will stay in the car.

This article is from the 2006 Rational Enquirer. Emma Lileadahl-Allen is a graduate of Summit High School in Bend, Oregon.

SEXUAL STATISTICS

TODAY I HEARD THAT 1 IN 4 GOT AN STD
I STARTED THINKING LIKE
IF I WAS WITH HER AND SHE WAS WITH HIM
AND HE WAS WITH THAT GIRL WHO USED TO DATE MY ROOMMATE
WHO WAS AT THE PARTY WITH THAT GUY
WHO USED TO TALK TO THAT GIRL
THEN MAYBE I GOT SOME RISKS TO BE AWARE OF
YOU SEE, CAUSE WHEN I DIVIDE THE NIGHTS AND AWKWARD MORNINGS
1 IN 4 SEEMS A LITTLE LESS LIKE A STATISTIC
AND A LITTLE MORE LIKE A WARNING.

This poetry by Brian Dekker originally appeared in The Rational Enquirer in 2009. At the time, Brian was a male outreach worker with the Benton County Male Advocates for Responsible Sexuality (MARS) Program.

SAFER SEX

IT'S NOT JUST FOR YOUNG PEOPLE!

by Jacki Gethner



Can you guess which group of people has 15 percent to 17 percent of all new HIV infections? According to the National Institutes of Health and the National Institute on Aging, people over 50. Women over 50 represent the fastest rate of growth in HIV cases in this age group.

SO ... that means moms, dads, grandmas, grandpas, aunts, uncles and older friends in general have sex. Well, I guess we knew that. But the problem is some of the older people in our lives do not have access to the sexual health information youth get in school. For some of our parents and grandparents, HIV did not exist when they were growing up. They might not know all that young people know about safer sex, STDs and how to take care of oneself in a relationship.

Sexual behavior is part of life for all of us, even older people. And just like young people's bodies are changing, older people's bodies change, too. Talking to the adults in your life who may be sexually active about the importance of condoms and being tested for HIV is a good idea. Just like there are great websites for youth about safer sex, there is information for adults as well.

You can advocate for healthy relationships for all ages. If you have an adult in your life who may be dating, here is some information you can share:

Healthy Aging: Protecting yourself
www.womenshealth.gov/aging/sexual-health/protecting-yourself.html

National Institute on Aging: Age Page – Sexuality in Later Life
www.nia.nih.gov/health/publication/sexuality-later-life

Jacki Gethner is an international health advocate, activist and educator. She specializes in HIV/AIDS. Jacki has been a licensed massage therapist since 1987 and a certified alcohol and drug counselor since 1998. Her website is www.jackigethner.com. Contact her with any questions or if you would like to learn how you can help share this information.



SEXUALITY DURING THE TEEN YEARS

by Sarah Lopez

The teen years are supposed to be fun and exciting, but [recently] people have been finding out differently. Being a teenager now means awareness, self-confidence, and having enough self-respect to take care of themselves. It would be nice to be able to say “don’t have sex during your teen years,” but with the mixed messages or just plain wrong messages kids receive these days, that just isn’t possible.

So where do the answers lie? I believe it should start in the home with the parents. Parents should feel the need to educate their children about sex. Children need to get real answers from those who they feel closest to. Although everybody doesn’t have the perfect home life or same situation, information from a variety of resources should be readily available to those individuals who feel they need the help.



Secondly, school is where the beginning of young relationships start, so it should also teach how to deal with the feelings and actions within the walls of its environment. The school district of which my school is a part does not feel it is their place to educate its students about the importance of practicing safe sex or abstinence. Many issues that concern the students aren’t being answered for whatever reason. Yet in my school alone, there are over 30 teen parents. This is a very live problem and it affects us all. Our lives are linked by an indestructible chain and when someone, anyone, tugs on it, everybody feels it.

To me, the only answer is to educate people to the fullest extent about their individual sexuality. Now is not the time for people to be ignorant of sexually transmitted diseases, pregnancy, and the many other hazards of having sex or not getting the right information from the right place. This country needs to get its priorities straight and get down into the depths of the mess and start cleaning up. There are many solutions out there waiting to be discovered. We need to send out individuals with open minds and open eyes to clear the way for the rest of us. A lot is being said, but actions need to be taken. The only way is to give the facts straight and answer any questions being asked honestly.

This article is from the 1995 Rational Enquirer. At the time, the author attended Merlo Station High School.



SEE ME WITH NEW EYES

by Kathleen DeNicola

I've been blind for 14 years due to cancer, but I'm really just like any other teenager. There are a number of things that my visually impaired friends and I have experienced and want you to think about.

For example, if there is a pretty sighted girl and a pretty visually impaired girl, boys will generally talk to the sighted girl first. There is still a stigma about blindness — it's really not catching, you know!

We visually impaired folks find flirting difficult because it often involves eye contact, smiling, and other facial expressions. If a boy approaches me offering to help in some way, it's difficult to figure out if he's doing this just to help me because I'm blind or because he really wants to get to know me. Sight can really make a difference.

Several of my visually impaired friends and I have gotten into some regular teenage behavior problems this year. (Even my Mom and Dad were surprised that I could make bad decision like anyone else.)

Without the aid of "sight" we sometimes use sex to make ourselves more accepted by guys, and to get their attention. I've learned that, afterwards, I feel real empty, realizing that they just like me for sex. I know visual girls experience this too, but I'm insecure about being accepted for being myself.

Eating out is part of dating. Sometimes certain foods are harder to deal with when you're trying to make a good impression. When I have a piece of spaghetti on my cheek, or if I've spilled coffee cause the top was not put on properly — it's OK to tell me. You do that for others, right? We all need that kind of help and support.

There's so much more I could share with you, but I guess the bottom line is that we're all really no different. Not being able to see isn't a tragedy, just a difference. I've adapted in so many ways, if I were to get my sight back, I really would not know what to do.

So take a risk. When you meet someone who's blind or visually impaired, don't feel sorry for him or her, don't feel uncomfortable. Get to know the person instead. You just might be making a good new friend.

This article is from the 1999 Rational Enquirer. At the time, Kathleen was a home-schooled student living in Multnomah County.

ONLINE PORN: THE BIG WIDE WORLD OF SEX

by Luisa Tinapay

The world of sex is complicated, confusing and somewhat mysterious for those of us lacking in firsthand experience. Although some sex ed classes teach the basics of sex and birth control, they never show a visual how-to guide about sex. If you're curious, you might be someone who decided to check out Internet porn to understand exactly what sex looks like. Or maybe you've accidentally stumbled upon a porn site by clicking on some random pop-up screen. No matter what the case may be, porn can be instantly accessed with a click of the mouse. Even though most porn sites provide a lengthy warning about their website only being appropriate for an adult audience, usually all it takes is a click of the "Yes, I'm 18 or older" button for anyone to view free pornographic content.

Pornographic images — from magazines and films to the Internet — are used for sexual pleasure and show people engaged in lots of different sexual behaviors. So, what's the big deal about porn?

Though porn can be a source of entertainment for many, does it actually tell us what we need to know about sex and sexuality?

While porn provides a literal, visual example of sex, it leaves out many important aspects of a true sexuality education.

Pornography is a world of fantasy, not reality, but people turn to it to learn about sex. It makes sense that people would be curious about sex, but where does the fantasy end and the reality begin?

FANTASY VERSUS REALITY

Fantasy: *You don't have to talk with your partner before you have sex.*

Reality: In a healthy relationship, communication is key. It's important to talk with your partner about his or her sexual history and safer sex. It's also good to discuss issues like each other's desires or exactly what each person finds pleasurable. Talking issues out makes a relationship stronger.

Fantasy: *You can have sex without a condom and you or your partner won't get pregnant or get a sexually transmitted disease (STD).*

Reality: Unprotected sex can lead to pregnancy and/or STDs. If you decide to have sex, you should always use a latex or polyurethane condom or dental dam and other form of birth control if you're at risk for pregnancy.

Fantasy: *Everyone wants to have sex all the time.*

Reality: Truth is, everyone isn't crazed for sex and yearning for it nonstop. The crazy scenarios and role-playing showcased in porn aren't realistic. They're just part of the fantasy created.

Fantasy: *Sex is all about pleasing the guy.*

Reality: Heterosexual porn often leaves the impression that sex should be all about what the guy wants and not what both partners want. Sex should be enjoyable for both partners. No one is required to do anything specific during sex, and no one should feel obliged to do anything that he or she doesn't want to do.

Fantasy: *Girls are only attractive if they are skinny and have big breasts. Guys are only attractive if they're ripped and have big penises.*

Reality: Every guy is different; every girl is different. Just because porn says that there's only one kind of girl or guy that's desirable doesn't mean the same holds true in real life. Everyone deserves to be treated with respect and appreciated for much more than their bodies.

WHAT PORN DOESN'T SAY

Ultimately, sex doesn't revolve around one person. It's an intimate experience to be shared by two people. Porn doesn't show love. It shows sex — and only sex.

While porn can show you how different people have sex, there's a lot that we need to learn about sexuality that we won't find in porn. Porn doesn't teach how to put on a condom, how to talk to your partner about his or her sexual history, how to get tested or even what pleases you both during sex. Porn is nothing but staged sex between actors intended to arouse viewers.

In the end, what exactly is the "big deal"? The big deal is that, although watching porn may seem like learning a good lesson, it doesn't prepare you for the big, wide world of sex.

Louisa Tinapay wrote this when she was a staff writer at Sex, Etc. in 2012-13. She was 15 at the time.

Reprinted with permission from Sexetc.org, a website written by teens, for teens, published by Answer. Visit Sexetc.org for more sexual health stories written by teens.

▶ LOVE

EVERYONE

**HAS A RIGHT TO
CONSENT**



- 
- » Consent is about *everyone* involved in a sexual or possibly sexual interaction. Not just women, not just young people, not just whoever didn't initiate sex to begin with, not just the person whose body part someone else's body part may be going into. *Everyone*. For sex to be fully consensual, everyone needs to seek consent, everyone needs to be affirming it, and everyone needs to accept and respect each other's answers, nixing sex or stepping back, pronto, if and when someone expresses a desire to stop.
 - » Consent can *always* be withdrawn. Consent to any kind of sex is not a binding contract nor does consent obligate anyone to follow through. It is also one-time-only: Because someone consented to sex Tuesday does not mean they were giving consent for sex on Thursday.
 - » Nothing makes consent automatic or unnecessary. Being someone's spouse, boyfriend or girlfriend doesn't give anyone consent by default. Someone loving you or saying they love you doesn't mean they have your sexual consent or you have theirs. No one kind of sex means consent to another, or that anyone is "owed" any sex. For instance, someone who engages in *oral sex* is not asking for or consenting to *intercourse*; someone who says yes to *kissing* is not saying yes to any other kind of touching. Because someone has had any kind of sex in the past does not mean they will have sex or consent to sex again with that same person or anyone else nor that they are obligated in any way to do so.
 - » In some situations, full, informed and free consent cannot truly be given or shared. These situations include being drunk or wasted; being asleep; being unable to really understand what one is saying yes to, including possible risks and outcomes; being under severe duress, such as when seriously upset, ill, grieving or scared; or being unable to understand another person's words or other means of *communication*. Consider things like these to be a red light to even asking about sex: Sex should usually be off the table entirely in these situations.
 - » Nonconsent means *stop*: If someone is not consenting to something or says no with words and/or actions, the other person must stop trying to do that thing and must not try to convince that person to do that thing in any way. If they do not stop, or exert emotional or other pressure and that person gives up and gives in, they are sexually assaulting that person. Sex is not sex if everyone is not consenting. If anyone is not consenting or not asking for consent, then what is happening is or may be rape, sexual abuse or assault.
 - » A lack of no does not mean yes.

*This article originally appeared in The Rational Enquirer in 2011 and is from www.Scarleteen.com.
www.scarleteen.com/article/abuse_assault/drivers_ed_for_the_sexual_superhighway_navigating_consent.*

WOULD YOU DO THE RIGHT THING?

Have you ever wanted to help a friend in an abusive relationship but didn't know how? Take this quiz to find out how ready and willing you are to help.

Circle the letter of the option (a, b or c) that best states how you would behave in each situation. Ignore the numbers at the end of each option until you finish the quiz. You will then add up your numbers and see where you score.

1. Your friend Elisha and John, a guy she met at work, have been going out for a while. One day, John showed up at Elisha's school and saw her give a male friend a hug. John grabbed her arm and pulled her to his car where he called her a slut and a cheater.

If I saw this happen...

- I would tell Elisha that I was concerned about her and help her find information about abusive relationships. (2)
- I would tell another friend and hope that they would do something to help Elisha. (1)
- I would leave it alone. If Elisha didn't say anything to me, it's not my place to get involved. (0)

2. Elizabeth is dating her classmate Marc. Things seem great, but in private Marc isn't very nice. He grabs her arms hard and leaves bruises. When he found out she was pregnant, he shoved her repeatedly and yelled at her for messing up his life.

If Elizabeth came to me for help...

- I would tell her that I was the wrong person to speak with and that she should talk to a counselor. (1)
- I wouldn't want to get involved because it's not my problem. (0)
- I would let her know that I was there for her and go with her to get help. (2)



888.988.TEEN

www.breakthecycle.org • www.loveisrespect.org • askanything@breakthecycle.org

3. Christina and your friend Eric have been dating for a year. Christina is really jealous and constantly accuses Eric of cheating on her even though he hasn't. When they fight, she calls him names and tells him no one else will ever love him.

If I heard Christina yelling at or putting Eric down...

- I wouldn't say anything. Eric should be able to defend himself. (0)
- I would tell Eric that he didn't deserve to be treated that way and that he should consider ending the relationship. (2)
- I wouldn't say anything to either of them, but I would let other friends know that I thought it was wrong. (1)

4. Rebecca and Janet met at a coffee shop near school. When they first began dating, Rebecca was very sweet. Over time, she started putting Janet down and once ended a fight by slapping her. Things got worse and Rebecca told Janet if she ever left her, she would kill herself.

If I knew about all of this and another friend asked me if I thought Janet was ok...

- I would tell them to stay out of it. If Janet didn't ask for help it's nobody's business. (0)
- I would pretend I didn't know and tell them to ask Janet directly. (1)
- I would tell them I was also concerned about Janet and that we should go together to offer our help. (2)

5. Ana and Jeremy have been dating for two years and have a baby together. Jeremy has been physically abusive toward Ana and even screams at their child. Ana loves Jeremy and does not want to break up their family.

If I told Ana I was concerned about her and the baby and offered to help, but she turned me away and said I was wrong about Jeremy...

- I wouldn't take it personally, and would later give her information that talked about abusive relationships and how to get help. (2)
- I would be really upset that she didn't listen to me and tell her she was on her own. (0)
- I would leave it alone and tell her to call me if she ever wanted to talk. (1)

CONTINUED ON NEXT PAGE »»

Quiz: *Would you do the right thing? — Continued* >>>

Break the Cycle

SCORING:

Look at the point values next to your circled answers and add the numbers up to get your total. Simply take your total score and see which of the boxes below applies to you!

Score: 8-10 points

When it comes to your friends, it sounds like you'd be willing to put yourself out there to give them support. That's great! Being in an abusive relationship is never easy, so letting your friends know that they can count on you for help is the best thing you can do. Learn what else you can do to help a friend who is experiencing abuse. Or call our helpline at 888.988.TEEN for tips.

Score: 5-7 points

You care about your friend and your heart is in the right place, but you're having some difficulty reaching out. Some people in abusive relationships may not realize that they're in danger, or they may be afraid to ask for help. Don't be afraid to reach out to them and let them know you're worried about their safety. Maybe they will come around and maybe they won't. At least you'll know you tried your best to offer them your support and they'll know you are someone they can trust. Learn what else you can do to help a friend who is experiencing abuse. Or call our helpline at 888.988.TEEN for tips.

Score: 0-4 points

Dealing with someone who is in an abusive relationship can be a difficult thing to do. But that doesn't mean that you shouldn't at least try. Remember that being in an abusive relationship is scary and lonely, and some people don't know how to ask for help. Be there for your friends. You may be the only person they can count on. Learn what else you can do to help a friend who is experiencing abuse. Or call our helpline at 888.988.TEEN for tips.

Check out www.loveisrespect.org for more information on healthy relationships. You can also learn how to get involved with the movement to combat dating violence and promote healthy relationships.



STRENGTH

by Kristen

Life takes us through many obstacles and overcoming what is put in front of us, really is a test; our own success seeks. Balancing out the abruptness of present hardships is enough to make a person seem bizarre and appear abnormal.

These outrageous bursts of meaningless anger show when under stress and the way we conduct our “Outer-image” is an essential attribute our soul projects when viewed by others.

While we might find we are doing nothing impractical those nearby, see our disasters unfold before we can even distinguish the damage that has been done.

Individuals who strive for change from these evolving misfortunes keep moving forward, putting one foot in front of the other.

This transformation is not defined by how many steps it takes toward attaining change, but depends on the way you place your foot down, every step you proceed away from devastation.

We surrender to our own truth when we decide to follow the promises that fade in the distance throughout time; the deepest part of ourselves is revealed when reality is finally delivered.

It seems as though we console the promises of tomorrow, so that today we may live in a more harmonious existence.

Kristen is a young mother. She wrote this in 2013.



RESOURCES

Connect with these resources for assistance, information and referral.

Oregon SafeNet/211info is the toll-free, health and social service helpline for Oregon. Referrals for most health care needs — including reproductive health services, vaccine information and STI testing — are available. Call **1-800-723-3638** or go to **www.211info.org**.

National Teen Dating Abuse Helpline provides resources for teens, parents, friends and family. All communication is confidential and anonymous. Call **1-866-331-9474** or go to **www.loveisrespect.org**.

National Sexual Assault Hotline provides victims of sexual assault with free, confidential services around the clock. Call **1-800-656-4673** or go to **www.rainn.org**.

Oregon AIDS/STI Hotline provides information and referral on sexually transmitted infections. Call **1-800-777-2437** or go to **www.oregonaidshotline.com**.

Insights Teen Parenting Program is one of the few nonprofit agencies in the United States devoted exclusively to the needs of young parents. Call **503-239-6996** or go to **www.insightstpp.org**.

Open Adoption & Family Services offers pregnancy option counseling and open adoption services. Call **1-800-772-1115** or go to **www.openadopt.org**.

SMYRC — Sexual and Gender Minority Youth Resource Center — creates safety and support for LGBTQQ youth in Oregon through youth empowerment, community building, education and direct services. Call **503-872-9664** or go to **www.smyrc.org**.



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