



Additional Resources

This section contains additional resources for provider education. Notably, there is a template available to assist the provider with taking a sexual history from a patient if the provider is unfamiliar with this practice. Taking a sexual history is critical to appropriately screening patients. The “Sexicon” is a document that contains slang language for anatomy and sex acts, to assist providers in meeting patients at their level of education and aide in provider understanding of sexual terms or habits reported during the sexual history. For providers who are unfamiliar with syphilis, the New York Syphilis Guide is available to offer a breadth of information regarding the management of syphilis and how to recognize the signs and symptoms of syphilis infection.

CDC - Chlamydia Fact Sheet

CDC - Gonorrhea Fact Sheet

CDC - Syphilis Fact Sheet

Antibiotic-Resistant Gonorrhea Infographic

The Five P’s of Taking Sexual History

A tool that can be used when gathering patient information

Sexicon: Lexicon of Sexual Terms and Slang

An extensive list of sexual slang used from all ages

Legal Sexual Consent in Indiana

Indiana code on legal age of consent, including a table to be able to easily find what is, and is not legal with partner age’s

Links

National STD Curriculum

New York Syphilis Guide

Chlamydia - CDC Fact Sheet



Chlamydia is a common sexually transmitted disease (STD) that can be easily cured. If left untreated, chlamydia can make it difficult for a woman to get pregnant.

What is chlamydia?

Chlamydia is a common STD that can infect both men and women. It can cause serious, permanent damage to a woman's reproductive system. This can make it difficult or impossible for her to get pregnant later on. Chlamydia can also cause a potentially fatal ectopic pregnancy (pregnancy that occurs outside the womb).

How is chlamydia spread?

You can get chlamydia by having vaginal, anal, or oral sex with someone who has chlamydia.

If your sex partner is male you can still get chlamydia even if he does not ejaculate (cum).

If you've had chlamydia and were treated in the past, you can still get infected again. This can happen if you have unprotected sex with someone who has chlamydia.

If you are pregnant, you can give chlamydia to your baby during childbirth.

How can I reduce my risk of getting chlamydia?

The only way to avoid STDs is to not have vaginal, anal, or oral sex.

If you are sexually active, you can do the following things to lower your chances of getting chlamydia:

- Be in a long-term mutually monogamous relationship with a partner who has been tested and has negative STD test results;
- Use latex condoms the right way every time you have sex. (<https://www.cdc.gov/condomeffectiveness/>)

Am I at risk for chlamydia?

Anyone who has sex can get chlamydia through unprotected vaginal, anal, or oral sex. However, sexually active young people are at a higher risk of getting chlamydia. This is due to behaviors and biological factors common among young people. Gay, bisexual, and other men who have sex with men are also at risk since chlamydia can spread through oral and anal sex.

Have an honest and open talk with your health care provider. Ask whether you should be tested for chlamydia or other STDs. If you are a sexually active woman younger than 25 years, you should get a test for chlamydia every year. If you are an older woman with risk factors such as new or multiple sex partners, or a sex partner who has an STD, you should get a test for chlamydia every year. Gay, bisexual, and other men who have sex with men; as well as pregnant women should also get tested for chlamydia.

I'm pregnant. How does chlamydia affect my baby?

If you are pregnant and have chlamydia, you can pass the infection to your baby during delivery. This could cause an eye infection or pneumonia in your newborn. Having chlamydia may also make it more likely to deliver your baby too early.

If you are pregnant, you should get tested for chlamydia at your first prenatal visit. Testing and treatment are the best ways to prevent health problems.

How do I know if I have chlamydia?

Most people who have chlamydia have no symptoms. If you do have symptoms, they may not appear until several weeks after you have sex with an infected partner. Even when chlamydia causes no symptoms, it can damage your reproductive system.

Women with symptoms may notice

- An abnormal vaginal discharge;
- A burning sensation when urinating.

Symptoms in men can include

- A discharge from their penis;
- A burning sensation when urinating;
- Pain and swelling in one or both testicles (although this is less common).

Men and women can also get infected with chlamydia in their rectum. This happens either by having receptive anal sex, or by spread from another infected site (such as the vagina). While these infections often cause no symptoms, they can cause

- Rectal pain;
- Discharge;
- Bleeding.

You should be examined by your doctor if you notice any of these symptoms or if your partner has an STD or symptoms of an STD. STD symptoms can include an unusual sore, a smelly discharge, burning when urinating, or bleeding between periods.

How will my doctor know if I have chlamydia?

Laboratory tests can diagnose chlamydia. Your health care provider may ask you to provide a urine sample or may use (or ask you to use) a cotton swab to get a sample from your vagina to test for chlamydia.

Can chlamydia be cured?

Yes, chlamydia can be cured with the right treatment. It is important that you take all of the medication your doctor prescribes to cure your infection. When taken properly it will stop the infection and could decrease your chances of having complications later on. You should not share medication for chlamydia with anyone.

Repeat infection with chlamydia is common. You should be tested again about three months after you are treated, even if your sex partner(s) was treated.

I was treated for chlamydia. When can I have sex again?

You should not have sex again until you and your sex partner(s) have completed treatment. If your doctor prescribes a single dose of medication, you should wait seven days after taking the medicine before having sex. If your doctor prescribes a medicine for you to take for seven days, you should wait until you have taken all of the doses before having sex.

What happens if I don't get treated?

The initial damage that chlamydia causes often goes unnoticed. However, chlamydia can lead to serious health problems.

If you are a woman, untreated chlamydia can spread to your uterus and fallopian tubes (tubes that carry fertilized eggs from the ovaries to the uterus). This can cause pelvic inflammatory disease (PID). PID often has no symptoms, however some women may have abdominal and pelvic pain. Even if it doesn't cause symptoms initially, PID can cause permanent damage to your reproductive system. PID can lead to long-term pelvic pain, inability to get pregnant, and potentially deadly ectopic pregnancy (pregnancy outside the uterus).

Men rarely have health problems linked to chlamydia. Infection sometimes spreads to the tube that carries sperm from the testicles, causing pain and fever. Rarely, chlamydia can prevent a man from being able to have children.

Untreated chlamydia may also increase your chances of getting or giving HIV – the virus that causes AIDS.

Where can I get more information?

Division of STD Prevention
(DSTDP)
Centers for Disease Control and
Prevention

www.cdc.gov/std

CDC-INFO Contact Center
1-800-CDC-INFO
(1-800-232-4636)

[https://wwwn.cdc.gov/dcs/
ContactUs/Form](https://wwwn.cdc.gov/dcs/ContactUs/Form)

CDC National Prevention
Information Network (NPIN)
<https://npin.cdc.gov/disease/stds>
P.O. Box 6003
Rockville, MD 20849-6003 E-
mail: npin-info@cdc.gov

American Sexual Health
Association (ASHA)
[http://
www.ashasexualhealth.org/
stdsstis/](http://www.ashasexualhealth.org/stdsstis/)
P. O. Box 13827
Research Triangle Park, NC
27709-3827
919-361-8488

Gonorrhea - CDC Fact Sheet



Anyone who is sexually active can get gonorrhea. Gonorrhea can cause very serious complications when not treated, but can be cured with the right medication.

What is gonorrhea?

Gonorrhea is a sexually transmitted disease (STD) that can infect both men and women. It can cause infections in the genitals, rectum, and throat. It is a very common infection, especially among young people ages 15-24 years.

How is gonorrhea spread?

You can get gonorrhea by having vaginal, anal, or oral sex with someone who has gonorrhea. A pregnant woman with gonorrhea can give the infection to her baby during childbirth.

How can I reduce my risk of getting gonorrhea?

The only way to avoid STDs is to not have vaginal, anal, or oral sex.

If you are sexually active, you can do the following things to lower your chances of getting gonorrhea:

- Being in a long-term mutually monogamous relationship with a partner who has been tested and has negative STD test results;
- Using latex condoms the right way every time you have sex. (<https://www.cdc.gov/condomeffectiveness/>)

Am I at risk for gonorrhea?

Any sexually active person can get gonorrhea through unprotected vaginal, anal, or oral sex.

If you are sexually active, have an honest and open talk with your health care provider and ask whether you should be tested for gonorrhea or other STDs. If you are a sexually active man who is gay, bisexual, or who has sex with men, you should be tested for gonorrhea every year. If you are a sexually active woman younger than 25 years or an older woman with risk factors such as new or multiple sex partners, or a sex partner who has a sexually transmitted infection, you should be tested for gonorrhea every year.

I'm pregnant. How does gonorrhea affect my baby?

If you are pregnant and have gonorrhea, you can give the infection to your baby during delivery. This can cause serious health problems for your baby. If you are pregnant, it is important that you talk to your health care provider so that you get the correct examination, testing, and treatment, as necessary. Treating gonorrhea as soon as possible will make health complications for your baby less likely.

How do I know if I have gonorrhea?

Some men with gonorrhea may have no symptoms at all. However, men who do have symptoms, may have:

- A burning sensation when urinating;
- A white, yellow, or green discharge from the penis;
- Painful or swollen testicles (although this is less common).

Most women with gonorrhea do not have any symptoms. Even when a woman has symptoms, they are often mild and can be mistaken for a bladder or vaginal infection. Women with gonorrhea are at risk of developing serious complications from the infection, even if they don't have any symptoms.

Symptoms in women can include:

- Painful or burning sensation when urinating;
- Increased vaginal discharge;
- Vaginal bleeding between periods.

Rectal infections may either cause no symptoms or cause symptoms in both men and women that may include:

- Discharge;
- Anal itching;
- Soreness;
- Bleeding;
- Painful bowel movements.

You should be examined by your doctor if you notice any of these symptoms or if your partner has an STD or symptoms of an STD, such as an unusual sore, a smelly discharge, burning when urinating, or bleeding between periods.

How will my doctor know if I have gonorrhea?

Most of the time, urine can be used to test for gonorrhea. However, if you have had oral and/or anal sex, swabs may be used to collect samples from your throat and/or rectum. In some cases, a swab may be used to collect a sample from a man's urethra (urine canal) or a woman's cervix (opening to the womb).

Can gonorrhea be cured?

Yes, gonorrhea can be cured with the right treatment. It is important that you take all of the medication your doctor prescribes to cure your infection. Medication for gonorrhea should not be shared with anyone. Although medication will stop the infection, it will not undo any permanent damage caused by the disease.

It is becoming harder to treat some gonorrhea, as drug-resistant strains of gonorrhea are increasing. If your symptoms continue for more than a few days after receiving treatment, you should return to a health care provider to be checked again.

I was treated for gonorrhea. When can I have sex again?

You should wait seven days after finishing all medications before having sex. To avoid getting infected with gonorrhea again or spreading gonorrhea to your partner(s), you and your sex partner(s) should avoid having sex until you have each completed treatment. If you've had gonorrhea and took medicine in the past, you can still get infected again if you have unprotected sex with a person who has gonorrhea.

What happens if I don't get treated?

Untreated gonorrhea can cause serious and permanent health problems in both women and men.

In women, untreated gonorrhea can cause pelvic inflammatory disease (PID). Some of the complications of PID are

- Formation of scar tissue that blocks fallopian tubes;
- Ectopic pregnancy (pregnancy outside the womb);
- Infertility (inability to get pregnant);
- Long-term pelvic/abdominal pain.

In men, gonorrhea can cause a painful condition in the tubes attached to the testicles. In rare cases, this may cause a man to be sterile, or prevent him from being able to father a child.

Rarely, untreated gonorrhea can also spread to your blood or joints. This condition can be life-threatening.

Untreated gonorrhea may also increase your chances of getting or giving HIV – the virus that causes AIDS.

Where can I get more information?

Division of STD Prevention
(DSTDP)
Centers for Disease Control and
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www.cdc.gov/std

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P.O. Box 6003

Rockville, MD 20849-6003 E-

mail: npin-info@cdc.gov

American Sexual Health
Association (ASHA)

<http://>

[www.ashasexualhealth.org/
stdsstis/](http://www.ashasexualhealth.org/stdsstis/)

P. O. Box 13827

Research Triangle Park, NC

27709-3827

919-361-8488

Syphilis – CDC Fact Sheet



Syphilis is a sexually transmitted disease (STD) that can have very serious complications when left untreated, but it is simple to cure with the right treatment.

What is syphilis?

Syphilis is a sexually transmitted infection that can cause serious health problems if it is not treated. Syphilis is divided into stages (primary, secondary, latent, and tertiary). There are different signs and symptoms associated with each stage.

How is syphilis spread?

You can get syphilis by direct contact with a syphilis sore during vaginal, anal, or oral sex. You can find sores on or around the penis, vagina, or anus. You can also find them in the rectum, on the lips, or in the mouth. Syphilis can spread from an infected mother to her unborn baby.

What does syphilis look like?

Syphilis is divided into stages (primary, secondary, latent, and tertiary), with different signs and symptoms associated with each stage. A person with **primary syphilis** generally has a sore or sores at the original site of infection. These sores usually occur on or around the genitals, around the anus or in the rectum, or in or around the mouth. These sores are usually (but not always) firm, round, and painless. Symptoms of **secondary syphilis** include skin rash, swollen lymph nodes, and fever. The signs and symptoms of primary and secondary syphilis can be mild, and they might not be noticed. During the **latent stage**, there are no signs or symptoms. **Tertiary syphilis** is associated with severe medical problems. A doctor can usually diagnose tertiary syphilis with the help of multiple tests. It can affect the heart, brain, and other organs of the body.

How can I reduce my risk of getting syphilis?

The only way to avoid STDs is to not have vaginal, anal, or oral sex.

If you are sexually active, you can do the following things to lower your chances of getting syphilis:

- Being in a long-term mutually monogamous relationship with a partner who has been tested for syphilis and does not have syphilis;

- Using latex condoms, the right way, (<https://www.cdc.gov/condomeffectiveness/male-condom-use.html>) every time you have sex. Condoms prevent transmission of syphilis by preventing contact with a sore. Sometimes sores occur in areas not covered by a condom. Contact with these sores can still transmit syphilis.

Am I at risk for syphilis?

Any sexually active person can get syphilis through unprotected vaginal, anal, or oral sex. Have an honest and open talk with your health care provider and ask whether you should be tested for syphilis or other STDs.

- All pregnant women should be tested for syphilis at their first prenatal visit.
- You should get tested regularly for syphilis if you are sexually active and
 - o are a man who has sex with men;
 - o are living with HIV; or
 - o have partner(s) who have tested positive for syphilis.

I'm pregnant. How does syphilis affect my baby?

If you are pregnant and have syphilis, you can give the infection to your unborn baby. Having syphilis can lead to a low birth weight baby. It can also make it more likely you will deliver your baby too early or stillborn (a baby born dead). To protect your baby, **you should be tested for syphilis at least once during your pregnancy. Receive immediate treatment if you test positive.**

An infected baby may be born without signs or symptoms of disease. However, if not treated immediately, the baby may develop serious problems within a few weeks. Untreated babies can have health problems such as cataracts, deafness, or seizures, and can die.

What are the signs and symptoms of syphilis?



Secondary rash from syphilis on palms of hands.

Symptoms of syphilis in adults vary by stage:

Primary Stage

During the first (primary) stage of syphilis, you may notice a single sore or multiple sores. The sore is the location where syphilis entered your body. Sores are usually (but not always) firm, round, and painless. Because the sore is painless, it can easily go unnoticed. The sore usually lasts 3 to 6 weeks and heals regardless of whether or not you receive treatment. Even after the

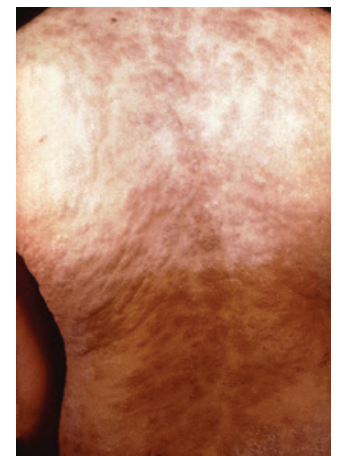
sore goes away, you must still receive treatment. This will stop your infection from moving to the secondary stage.

Secondary Stage

During the secondary stage, you may have skin rashes and/or mucous membrane lesions. Mucous membrane lesions are sores in your mouth, vagina, or anus. This stage usually starts with a rash on one or more areas of your body. The rash can show up when your primary sore is healing or several weeks after the sore has healed. The rash can look like rough, red, or reddish brown spots on the palms of your hands and/or the bottoms of your feet. The rash usually won't itch and it is sometimes so faint that you won't notice it. Other symptoms you may have can include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and fatigue (feeling very tired). The



Example of a primary syphilis sore.



Secondary rash from syphilis on torso.

symptoms from this stage will go away whether or not you receive treatment. Without the right treatment, your infection will move to the latent and possibly tertiary stages of syphilis.

Latent Stage

The latent stage of syphilis is a period of time when there are no visible signs or symptoms of syphilis. If you do not receive treatment, you can continue to have syphilis in your body for years without any signs or symptoms.

Tertiary Stage

Most people with untreated syphilis do not develop tertiary syphilis. However, when it does happen it can affect many different organ systems. These include the heart and blood vessels, and the brain and nervous system. Tertiary syphilis is very serious and would occur 10–30 years after your infection began. In tertiary syphilis, the disease damages your internal organs and can result in death.

Neurosyphilis and Ocular Syphilis

Without treatment, syphilis can spread to the brain and nervous system (neurosyphilis) or to the eye (ocular syphilis). This can happen during any of the stages described above.

Symptoms of neurosyphilis include:

- severe headache;
- difficulty coordinating muscle movements;
- paralysis (not able to move certain parts of your body);
- numbness; and
- dementia (mental disorder).

Symptoms of ocular syphilis include changes in your vision and even blindness.

How will I or my doctor know if I have syphilis?

Most of the time, a blood test is used to test for syphilis. Some health care providers will diagnose syphilis by testing fluid from a syphilis sore.

Can syphilis be cured?

Yes, syphilis can be cured with the right antibiotics from your health care provider. However, treatment might not undo any damage that the infection has already done.

I've been treated. Can I get syphilis again?

Having syphilis once does not protect you from getting it again. Even after you've been successfully treated, you can still be re-infected. Only laboratory tests can confirm whether you have syphilis. Follow-up testing by your health care provider is recommended to make sure that your treatment was successful.

It may not be obvious that a sex partner has syphilis because syphilis sores can be hidden in the vagina, anus, under the foreskin of the penis, or in the mouth. Unless you know that your sex partner(s) has been tested and treated, you may be at risk of getting syphilis again from an infected sex partner.

Where can I get more information?

Syphilis and MSM - Fact Sheet

<https://www.cdc.gov/std/syphilis/stdfact-msm-syphilis.htm>

Congenital Syphilis - Fact Sheet

<https://www.cdc.gov/std/syphilis/stdfact-congenital-syphilis.htm>

STDs during Pregnancy - Fact Sheet

<https://www.cdc.gov/std/pregnancy/stdfact-pregnancy.htm>

STD information and referrals to STD Clinics

CDC-INFO Contact Center

1-800-CDC-INFO (1-800-232-4636)

TTY: (888) 232-6348

Contact CDC-INFO

<https://www.cdc.gov/dcs/ContactUs/Form>



Darkfield micrograph of *Treponema pallidum*.

Antibiotic-Resistant Gonorrhea: Working together, we can stop it



Gonorrhea is developing resistance to the antibiotics used to treat it. The public health and medical communities must work together to stop antibiotic-resistant gonorrhea.



Centers for Disease Control and Prevention

- Monitors for emerging resistance
- Develops safe and effective treatment guidelines
- Supports the development of new drugs and tests



Health departments

- Educate health care providers about screening and treatment guidelines
- Report treatment failures to CDC



Laboratories

- Monitor and identify emerging resistance
- Rebuild our ability to perform culture testing



Researchers and pharmaceutical companies

- Identify new treatment options from new or existing drugs
- Test treatment options as they become available



Health care providers

- Follow and stay up-to-date on CDC treatment guidelines
- Report treatment failures to the health department's STD program

Join us in the fight to **stop antibiotic-resistant gonorrhea.**

Learn more at www.cdc.gov/std/gonorrhea/arg



Centers for Disease Control and Prevention
National Center for HIV/AIDS,
Viral Hepatitis, STD, and
TB Prevention



The Five P's of Taking a Sexual History

- Partners
- Planning of Pregnancy
- Protection from STIs
- Practices
- Past History of STIs

Partners	<ul style="list-style-type: none">• Who do you have sex with men, women, both, or Transgender• In the past 3 months, how many partners have you had sex with?• In the past 12 months, how many partners have you had sex with?
Planning of Pregnancy	<ul style="list-style-type: none">• Are you or your partner trying to get pregnant Yes No• Is your partner currently pregnant? Yes No• Due date:
Protection from STIs	<ul style="list-style-type: none">• How do you protect yourself from contracting a STD/HIV?
Practices	<p>“What type of sex do you currently engage in?”</p> <ul style="list-style-type: none">• Vaginal Yes No• Anal Yes No• Oral Yes No
Past History of STIs	<ul style="list-style-type: none">• Have you ever had a sexually transmitted disease Yes No <p>Name of infection(s)</p>



Updated Sexicon*

*The language contained in this document is unprofessional and is only meant to be used as a resource.

Activity Slang

Anal Intercourse:

- Bum fuck
- Butt fuck
- Cornhole
- Dog fashion
- Doggie style
- Greek
- In the back door
- Punk out
- Roto-rooter
- Spoon job
- Stern job
- Up the ass

Annilingus

- Eat ass
- Eat out
- Ream job
- Rim job
- Rimming

Cunnilingus

- Chew on the box
- Cunt lap
- Eat at the Y
- Eat out
- Fish sandwich
- Go swimming
- Graze in the grass
- Have hair pie
- Kiss the kitty cat
- Lick the carpet
- Muff diving
- Visit the tuna cannery

Foreplay

- Dry hump
- Finger fuck
- Foolin' around
- Frottage
- Make out
- Messin' around
- Neck
- Operate
- Pet
- Play around
- Sticky finger

Group Sex

- Circle jerk
- Daisy chain
- Gang bang
- Menage-a-trois
- Orgy
- Sandwhich
- Swing
- Three-way

Erection

- Boner
- Chubb
- Coat hanger
- Dipstick
- Get it up
- Hard on
- Mast
- Mr. Happy
- Pup tent
- Stiffy
- Towel rack
- Woody



Fellatio

- Blow
- Blow job
- Cock suck
- Dick washing
- Give head
- Hoover
- Hummer
- Kiss the snake
- Make spit babies
- Service
- Suck
- Slob on the knob

Intercourse/Coitus-Copulation

- All the way
- Ball
- Banging
- Bump
- Cojer
- Cular
- Doing the doggy
- Do it
- Do the wild thing
- Fool around
- Freaking
- Frig
- Fuck
- Get a piece
- Get nasty
- Get some
- Give it up
- Gig
- Grind
- Have
- Have relations
- Have sex
- Having lunch
- Hide the sausage
- Horizontal mambo
- Hump
- Knock boots
- Make a booty call
- Make love
- Make it
- Making babies
- Makin' bacon
- Making whoopee
- Nookie
- Plough
- Pluck
- Poke
- Pop
- Ride the pony
- Root
- Score
- Screw
- Shag
- Sleep with
- Swimming the river



Masturbation

- Beat off
- Beat your meat
- Choke the chicken
- Clit boxing
- Diddle
- Finger fuck
- Fingering yourself
- Goin' blind
- Grab my shaft
- Hand job
- Hand fuck
- Jack off
- Jerk off
- Loping the mule
- Mattress fucking
- Monkeying
- Phone sex
- Play with yourself
- Pocket pool
- Pound the pud
- Safe sex
- Self-abuse
- Sex with yourself
- Sharpening the bayonet
- Shooting the stars
- Stinky finger
- Strokin'
- Spanking the monkey
- Squat thrusts
- Trip to fantasy island
- Wanking
- Waxing the dolphin
- Whacking off

Oral Sex

- French
- Go down
- Go south
- Return the favor
- Sixty-nine

Semen/Ejaculate

- Blow yer wad
- Cock snot
- Cream
- Cum
- Get/go off
- Get yer rocks off
- Goo
- Jism
- Jiz
- Juice
- Load
- Luckwad
- Seed
- Shoot
- Sperm
- Spew
- Spill
- Splooge
- Squirt
- Wad

Sexually Stimulated

- Aroused
- Charged
- Hard
- Hot
- Horny
- Juiced
- Locked and loaded
- Ready
- Randy
- Turned on
- Wet



Updated Sexicon

Anatomy Slang

Anus/Rectum

- A-hole
- Anal eye
- Asshole
- Back beaver
- Back door
- Boo-hole
- Boo-boo
- Brown-eye
- Bung hole
- Dirt hole
- Dirt road
- Dumper
- Hershey highway
- Man pussy
- Pink wink
- Poop chute
- Pucker
- Rear entrance
- Rosebud
- Shithole

Breasts

- Boobies
- Boobs
- Bosoms
- Bra fillings
- Bust
- Buds
- Headlights
- Hooters
- Jugs
- Casabas
- Knockers
- Melons
- Muffins
- Tits
- Shooters

Buttocks

- Ass
- Backside
- Behind
- Booty
- Bo3om
- Bum
- Buns
- Bu3
- Cheecks
- Culo
- Derriere
- Fanny
- Hiney
- Keister
- Nalgas
- Rump
- Rear end
- Seat
- Tail



Clitoris

- Button
- Clit
- Doorbell
- Female cock
- Love button

Hymen

- Cherry
- Maidenhead

Menstruation

- Auntie
- Curse
- Friendly visitor
- Grandmother
- Having the rag
- Mother-in-law
- Monthly visitor
- On the rag
- OTR
- Period
- That time of the month

Penis

- Banana
- Bone
- Bozac
- Business
- Choad
- Choriza
- Cock
- Dagger
- Derrick
- Dick
- Dong
- Fuck pole
- Gwe gwe
- Goldenrod
- It
- Jimmy
- Johnson
- Joystick
- Know
- Little general
- Little man
- Lizard
- Love gun
- Love hammer
- Love rod
- Love stick
- Magic stick
- Manhood
- Meat
- Missile
- Monkey
- Monster
- One-eyed monster
- Organ
- Pecker
- Pee pee
- Peter
- Pole
- Power tool
- Prick
- Rod
- Sausage
- Schlong
- Shaft
- Skin flute
- Snake
- Stalk
- Stuff
- Tallywacker
- Thing
- Thingamajig
- Third leg
- Tool
- Trouser trout
- Tube steak
- Verga
- Wacker
- Wang
- Weenie
- Wee wee
- Wiggle worm
- Winkin' willie
- Zucchini



Scrotum/Testes

- Bag
- Balls
- Basket
- Family jewels
- Gonads
- Tones
- Love nuts
- Nads
- Nuts
- Peloths
- Sack
- Trinkets

Vulva/Vagina

- Beaver
- Black hole
- Box
- Bearded clam
- Bush
- Cat
- Cooze
- Crotch
- Cunny
- Fur pie
- Gash
- Ginch
- Hair pie
- Hole
- Hooch(y)
- Kitty cat
- Love tunnel
- Mound
- Pussy
- Quina
- Skilly
- Slimy hole
- Slit
- Snatch
- Taco
- The gate
- Totona cunt
- Cush
- Cuzzy
- Down there
- Fish
- Fur burger
- Mounds of venus
- Muff
- Panocha
- Panocha chaser
- Pee pee
- Pootang
- Tuna
- Tunnel
- Twat
- Verga
- Wig spot



LEGAL SEXUAL CONSENT IN INDIANA

Indiana Administrative Code 35-42-4-9

Sec. 9 .

(a) A person at least eighteen (18) years of age who, with a child at least fourteen (14) years of age but less than sixteen (16) years of age, performs or submits to sexual intercourse or other sexual conduct (as defined in IC 35-31.5-2-221.5) commits sexual misconduct with a minor, a Level 5 felony. However, the offense is:

1) a Level 4 felony if it is committed by a person at least twenty-one (21) years of age; and

(2) a Level 1 felony if it is committed by using or threatening the use of deadly force, if it is committed while armed with a deadly weapon, if it results in serious bodily injury, or if the commission of the offense is facilitated by furnishing the victim, without the victim's knowledge, with a drug (as defined in IC 16-42-19-2(1)) or a controlled substance (as defined in IC 35-48-1-9) or knowing that the victim was furnished with the drug or controlled substance without the victim's knowledge.

(b) A person at least eighteen (18) years of age who, with a child at least fourteen (14) years of age but less than sixteen (16) years of age, performs or submits to any fondling or touching, of either the child or the older person, with intent to arouse or to satisfy the sexual desires of either the child or the older person, commits sexual misconduct with a minor, a Level 6 felony. However, the offense is:

(1) a Level 5 felony if it is committed by a person at least twenty-one (21) years of age; and

(2) a Level 2 felony if it is committed by using or threatening the use of deadly force, while armed with a deadly weapon, or if the commission of the offense is facilitated by furnishing the victim, without the victim's knowledge, with a drug (as defined in IC 16-42-19-2(1)) or a controlled substance (as defined in IC 35-48-1-9) or knowing that the victim was furnished with the drug or controlled substance without the victim's knowledge.

(c) It is a defense that the accused person reasonably believed that the child was at least sixteen (16) years of age at the time of the conduct. However, this subsection does not apply to an offense described in subsection (a)(2) or (b)(2).

(d) It is a defense that the child is or has ever been married. However, this subsection does not apply to an offense described in subsection (a)(2) or (b)(2).

(e) It is a defense to a prosecution under this section if all the following apply:

(1) The person is not more than four (4) years older than the victim.

(2) The relationship between the person and the victim was a dating relationship or an ongoing personal relationship. The term "ongoing personal relationship" does not include a family relationship.

(3) The crime:

(A) was not committed by a person who is at least twenty-one (21) years of age;

(B) was not committed by using or threatening the use of deadly force;



(1) The person is not more than four (4) years older than the victim.

(2) The relationship between the person and the victim was a dating relationship or an ongoing personal relationship. The term “ongoing personal relationship” does not include a family relationship.

(3) The crime:

((C) was not committed while armed with a deadly weapon;

(D) did not result in serious bodily injury;

(E) was not facilitated by furnishing the victim, without the victim's knowledge, with a drug (as defined in IC 16-42-19-2(1)) or a controlled substance (as defined in IC 35-48-1-9) or knowing that the victim was furnished with the drug or controlled substance without the victim's knowledge; and

(F) was not committed by a person having a position of authority or substantial influence over the victim.

(4) The person has not committed another sex offense (as defined in IC 11-8-8-5.2) (including a delinquent act that would be a sex offense if committed by an adult) against any other person.

Legal Age of Consent Chart

Age of Partner	12	13	14	15	16	17	18	19	20	21	22
Age of Person											
11	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
12	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
13	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
14	Y	Y	N	N	N	N	Y	Y	Y	Y	Y
15	Y	Y	N	N	N	N	Y	Y	Y	Y	Y
16	Y	Y	N	N	N	N	N	N	N	N	N
17	Y	Y	N	N	N	N	N	N	N	N	N
18	Y	Y	Y	Y	N	N	N	N	N	N	N
19	Y	Y	Y	Y	N	N	N	N	N	N	N
20	Y	Y	Y	Y	N	N	N	N	N	N	N

National Center for Youth Law June 2005. Chart may be reprinted provided reprinting includes acknowledgement.

Following these standards will help make sure that DIS are following state law and reporting incidences effectively.

For additional support: **Indiana Child Abuse and Neglect Hotline: 1-800-800-5566**

Indiana Adult Protective Services State Hotline: 1-800-992-6978



STD PREVENTION PROGRAM

Links

National STD Curriculum
A free educational web site from the UW STD Prevention Training Center and the University of Washington.

Funded by a grant from the Centers for Disease Control and Prevention (CDC)

STD & STI Modules

	Chlamydia Chlamydia Self-Study CNE/CME Track progress and receive CE credit	Quick Reference > Rapidly access info about Chlamydia	Question Bank CNE/CME Interactive board-review style questions with CE credit
	Gonorrhea Gonorrhea Self-Study CNE/CME Track progress and receive CE credit	Quick Reference > Rapidly access info about Gonorrhea	Question Bank CNE/CME Interactive board-review style questions with CE credit
	HSV Herpes Simplex Virus (HSV)	HSV Self-Study CNE/CME Track progress and receive CE credit	Quick Reference > Rapidly access info about HSV
	HPV Human Papillomavirus (HPV)	HPV Self-Study CNE/CME Track progress and receive CE credit	Quick Reference > Rapidly access info about HPV
	PID Pelvic Inflammatory Disease (PID)	PID Self-Study CNE/CME Track progress and receive CE credit	Quick Reference > Rapidly access info about PID
	Syphilis Syphilis Self-Study CNE/CME Track progress and receive CE credit	Quick Reference > Rapidly access info about Syphilis	Question Bank CNE/CME Interactive board-review style questions with CE credit
	Vaginitis Vaginitis Self-Study CNE/CME Track progress and receive CE credit	Quick Reference > Rapidly access info about Vaginitis	

About the National STD Curriculum
The National STD Curriculum is a free educational Web site from the University of Washington STD Prevention Training Center and the University of Washington. This project is funded by a grant from the Centers for Disease Control and Prevention (CDC).
The National STD Curriculum addresses the epidemiology, pathogenesis, clinical manifestations, diagnosis, management, and prevention of STDs.
Free CME contact hours and CNE credits are offered throughout the site. Pharmacology CE for advanced practice nurses is also available for many activities.

Contributors
Site Overview

News
What are Learning Groups?
Kent Lenich explores the Learning Groups functionality in this 7 minute video.
2017 STD Surveillance Report: Dr. Gail Bolan Interview Available
Director of the CDC Division of STD Prevention discusses key 2017 STD trends.
Free CE Available **CNE/CME**
Currently available via the Self-Study Modules. Click for details.
New Site Functionality
On June 6th 2018, we joined the Infectious Diseases Education and Assessment (IDEA) platform. Click for more info.



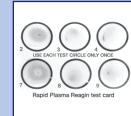
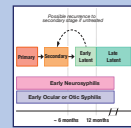
About the National Network of STD Clinical Prevention Training Centers
The National STD Curriculum is part of the National Network of STD Clinical Prevention Training Centers (NNPTC), a CDC-funded group of regional and national STD training centers created in partnership with health departments and universities.
The NNPTC is dedicated to increasing the knowledge and skills of health professionals by providing a spectrum of state-of-the-art trainings for STD prevention and treatment with a particular focus on experiential learning.
To learn more about the NNPTC and STD trainings in your region, please visit the NNPTC web site at <http://nnptc.org/>

The Diagnosis, Management and Prevention of Syphilis

An Update and Review

Produced by

the New York City Department of Health and Mental Hygiene Bureau of Sexually Transmitted Infections and the New York City STD Prevention Training Center

March 2019

National STD Curriculum:

<https://www.std.uw.edu>

New York Syphilis Guide:

[https://www.nycptc.org/x/Syphilis Monograph 2019 NYC PTC NYC DOHMH.pdf](https://www.nycptc.org/x/Syphilis%20Monograph%202019%20NYC%20PTC%20NYC%20DOHMH.pdf)

CDC:

<https://www.cdc.gov/std/default.htm>

SDH STD Webpage:

<https://www.in.gov/isdh/17440.htm>