

INFLUENCES ON YOUR SEXUAL SELF-ESTEEM

What's sexual self-esteem?

"Having a positive regard for and confidence in the capacity to experience one's sexuality in a satisfying and enjoyable way."

- Harvey Institute, 2020

PERSONAL REFLECTION

Take some time to think about, meditate on, or journal about the influences that have impacted your sexual self-esteem. Check the box next to impacts you'd like to explore. Determine what beliefs and opinions you'd like to shed.

Dispell myths, release shame, claim your truth!

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| <input type="checkbox"/> Media | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Alcohol Use |
| <input type="checkbox"/> Religion | <input type="checkbox"/> STIs/STDs | <input type="checkbox"/> Drug Use |
| <input type="checkbox"/> Education | <input type="checkbox"/> Trauma | <input type="checkbox"/> Physical Health |
| <input type="checkbox"/> Public Policy | <input type="checkbox"/> Pornography | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Economics | <input type="checkbox"/> Parents | <input type="checkbox"/> Level of Desire |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Friends | <input type="checkbox"/> Level of Arousal |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Past Partners | <input type="checkbox"/> Age |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Body Image | <input type="checkbox"/> Race |
| <input type="checkbox"/> Reproduction | <input type="checkbox"/> Self-Worth | <input type="checkbox"/> Gender Identity |
| <input type="checkbox"/> Fertility | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Contraception | <input type="checkbox"/> Stress/Anxiety | <input type="checkbox"/> Communication Issues |
| <input type="checkbox"/> Menstruation | <input type="checkbox"/> Fear | <input type="checkbox"/> Infidelity |
| <input type="checkbox"/> Abortion | <input type="checkbox"/> Relationship Distress | <input type="checkbox"/> Chronic Pain |
| <input type="checkbox"/> Miscarriage | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Erectile Concerns |
| <input type="checkbox"/> Death of a Child | <input type="checkbox"/> Caring for Children | <input type="checkbox"/> Performance Concerns |
| <input type="checkbox"/> Pregnancy Trauma | <input type="checkbox"/> Orgasmic Difficulty | <input type="checkbox"/> Sleep Problems |
| <input type="checkbox"/> Menopause | <input type="checkbox"/> Genital Pain | <input type="checkbox"/> Impact of Surgery |
| <input type="checkbox"/> Time | <input type="checkbox"/> Work Stress | <input type="checkbox"/> Embarrassment |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
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