

UC SAVE

UC  UNIVERSITY OF
CHARLESTON

SEXUAL AWARENESS &
VIOLENCE EDUCATION



A guide for

navigating

consent, coercion,

& safer sex.



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navigating consent

When you're engaging in sexual activity, consent is about communication. And it should happen every time. Giving consent for one activity, one time, does not mean giving consent for increased or recurring sexual contact. For example, agreeing to kiss someone doesn't give that person permission to remove your clothes. Having sex with someone in the past doesn't give that person permission to have sex with you again in the future. Just because you give consent for oral sex, doesn't mean you have given consent for penetrative sex. Just because you give consent for vaginal sex, doesn't mean you have also given consent for anal sex, and so on.

Consent is an agreement between two people to engage in sexual activity. It should be ongoing. It's about checking in with your partner each step of the way. It doesn't always have to be verbal, but verbally agreeing to sexual activity can help you and your partner respect each other's boundaries and make sure that you're on the same page.



As a society, we shy away from talking about sex, which can make it hard to do when we really need to. Sex is everywhere. It's in movies, on tv, in songs, in advertising, but we don't tend to have open and honest conversations about sex, consent, and boundaries. If you don't feel comfortable talking about these subjects, you aren't going to feel comfortable speaking up in the moment if you don't like something or want someone to stop. This is important whether it's someone you're in a relationship with, or something more casual.

Decide what your boundaries are before you get into a situation that may turn sexual. Whether you're with a consistent partner, or someone new, knowing what your boundaries are ahead of time will help you when it comes to maintaining those boundaries, and verbalizing what they are. If you are hooking up with someone, and they suddenly get quiet, or their body language changes, check in. Ask if they are doing okay or if they want to keep going. Silence doesn't equal consent.

If you have been a victim of coercion or sexual assault, you can contact REACH anonymously 24-hours a day at 304-340-3676 or 1-800-656-HOPE.

Discussing boundaries, sexual health, STI status, and barrier methods with a partner should be standard practice. Openly communicating with your partners, and discussing boundaries, can prevent unwanted sexual contact.

there are so many ways we can ask for consent:

1. Do you want to cuddle?
2. How far do you want to go?
3. What sounds fun?
4. What do you want to do?
5. How does that feel?
6. Does that sound good?
7. What do you want right now?
8. What would turn you on?
9. Can I touch you here?
10. Are you sure you want this?
11. Can I help you out of that?
12. Do you want to have sex?
13. Do you want to keep going?
14. Do you want me to put on a condom?
15. Do you like that?
16. Can we try something new?
17. How do you feel about...?
18. What do you like?
19. Want more?
20. Want something else?
21. Is that good?
22. Want to talk?
23. Like this?
24. Should I stop?
25. Is this okay?
26. Are you okay?
27. Something different?
28. Are you having fun?
29. Should I slow down?
30. Are you enjoying this?



setting boundaries

Maybe it's a new relationship and you want to take your time. Maybe you're just too tired tonight. Maybe they're in the mood, but you're really into a new Netflix series. Or maybe one of you wants to use condoms and the other doesn't. Even if you and your partner have a healthy sexual relationship, you're not always going to be in the mood at the same time. Whatever the circumstance, you both have a right to turn down sex when you're not up for it.

You can be the most confident person in the world, and still find it hard to say no in certain situations. Why? Because saying no can be awkward. Or it can make you feel guilty or rude. Sometimes it can feel like saying no will cause you to miss out on something. Other times, you might avoid saying no because you don't like conflict. Or you might fear it'll lead to losing a friend or significant other. Basically, saying no makes many of us feel disagreeable—and who wants that label?

But here's some truth: Saying no can be a smart, liberating, healthy, self-respecting thing to do. So please don't feel guilty when you know that saying no is right for you.



A good partner might be disappointed, but they'll ultimately respect your no. If your partner tries to insult, guilt, or shame you into changing your mind, don't take the bait. Instead of arguing or defending yourself, calmly restate your position. You can say something like:

- I understand how you're feeling, but I'm not willing to have sex right now.
- Like I said before, no condom means no sex.

A firm no can be easier to swallow when you suggest an alternative. Eg. if your partner doesn't want to use condoms, suggest trying an internal condom instead. If you're not in the mood, raincheck for a night when you'll have a little more energy. Setting boundaries with people we care about can be hard, but it's worth it. *Besider.org*

non-consensual image sharing

Sharing intimate images or videos of someone without their consent is a form of sexual violence. Some call it non-consensual image sharing, some refer to it as image-based sexual assault, and some label it “revenge porn”. It’s also illegal. If someone sends you an intimate image of themselves, do not show that image to anyone else, and definitely don’t send it to the group chat. Just because a person shares something intimate with you does not mean they have consented to have that image shared with other people. Sharing intimate images without consent to get back at, embarrass, or assert power over someone is abusive.

If you have been a victim of non-consensual image sharing, you can contact REACH anonymously 24-hours a day at 304-340-3676 or 1-800-656-HOPE.

non-consensual condom removal



Removing a condom without consent or pretending to put one on is called non-consensual condom removal or “stealthing”. This is a violation of someone’s bodily autonomy. Some states are moving toward making this a criminal offense. Stealthing is a non-consensual act that can increase the risk of unwanted pregnancy and sexually transmitted infections.

Stealthing can be especially traumatizing because victims trust the perpetrator enough to have sex with them. Non-consensual sex is often rooted in a desire to exert power and control over another person. Convincing someone not to use a barrier method (condom or dental dam) is coercion. Coercion means the act was not consensual. If your partner wants to use a barrier method (condoms or dental dams), it is their right to do so.

*If you have been a victim of stealthing,
you can contact REACH anonymously 24-hours a day
at 304-340-3676 or 1-800-656-HOPE.*

sexually transmitted infections

If you have been sexually assaulted, you may have been exposed to sexually transmitted infections.

Although barrier methods can greatly reduce the risk of sexually transmitted infections, they cannot eliminate it. Sexually transmitted infections are extremely common. 20 million new cases are reported in the U.S. each year, with 50% of these cases affecting people between the ages of 15 and 24. 1 in 2 people who are sexually active will contract an STI by the time they are 25. The good news is that most STIs are curable and those without a cure can be effectively managed or minimized with treatment.

Common viral STIs are HIV (Human Immunodeficiency Virus), Herpes (HSV 1 & HSV 2), HPV (Human Papilloma Virus), and Hepatitis. It can sometimes take up to 12 weeks after exposure for viral STIs to show up in your bloodwork. This is why regular testing is so important. Common bacterial STIs are Chlamydia, Gonorrhea, and Syphilis. Parasitic STIs include Trichomoniasis (Trich), Pubic Lice (Crabs), and Giardia.



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You may want to seek medical help as soon as possible. There are medications that can prevent transmission of HIV if taken within 72 hours.

HIV (HUMAN IMMUNODIFICIENCY VIRUS)

Research, prevention, and treatment have come a long way since the first cases of HIV were diagnosed in the 1980s. Someone with HIV can manage the illness and live as long as someone who has not acquired HIV. There is medication you can take before and after HIV exposure to prevent contracting it, and medication to treat it if you do contract it.

Research shows that suppressing HIV to undetectable levels virtually eliminates transmission of the virus to sexual partners. Undetectable=Untransmittable.

However, this does not remove the legal responsibility one has to tell their partners they are HIV positive before engaging in sexual activity. West Virginia has a communicable disease statute that criminalizes exposure to STIs. Most people who are HIV positive have an undetectable viral load with consistent medication to treat the virus. Although medication can prevent transmission, treatment and medical care can be costly, and not everyone has the privilege of health insurance.

If you have been sexually assaulted, you may have been exposed to a sexually transmitted infection. You may want to seek medical help as soon as possible. There are medications that can prevent transmission of HIV if taken within 72 hours.



PREP: PRE-EXPOSURE PROPHYLAXIS

- PrEP is medicine that can be taken to prevent HIV before exposure.
- When taken as prescribed, PrEP is highly effective for preventing HIV.

PEP: POST-EXPOSURE PROPHYLAXIS

- PEP is medicine that can be taken to prevent HIV after a possible exposure; it should only be used in emergency situations and must be started within 72 hours of exposure to HIV.
- Talk to your health care provider, an emergency room doctor, or an urgent care provider about PEP if you think you've been exposed.
- The sooner you start PEP the better. Every hour counts. If you're prescribed PEP, you will need to take it daily for 28 days.
- If you are at ongoing risk for HIV, talk to your health care provider about PrEP.

HSV-1

Commonly known as Oral Herpes (the type that causes cold sores or fever blisters), but it can also be contracted genitally and makes up 50% of all new cases of genital herpes. If you have a history of cold sores, they can be passed to a partner genitally through oral sex.

HSV-2

Commonly known as Genital Herpes, but in rare cases can also live in the mouth.

HERPES (HSV): HERPES SIMPLEX VIRUS 1 & 2

Herpes is very common. Approximately 65% of the population carries HSV-1 and approximately 12% of the population carries HSV-2. It can be passed through skin-to-skin contact, including areas that a condom or dental dam doesn't cover. You're most likely to pass along the virus when you have symptoms, but you can also pass the virus during times of asymptomatic shedding.

Many people who have herpes aren't aware that they carry the virus. Either because they have no symptoms, or their symptoms are so mild, it is mistaken for a pimple or ingrown hair. Herpes is not typically on standard STI screenings. The CDC doesn't currently recommend testing for herpes unless you have symptoms. If you get cold sores, you carry the herpes virus, and can transmit to a partner during oral sex, as well as kissing, or sharing drinks. Flu-like symptoms (fever, body aches, or swollen lymph nodes) may occur during the first outbreak. Genital Herpes can be caused by HSV-1 or HSV-2.

If you think you may have been exposed to herpes, consider seeking an HSV blood test 12 weeks after exposure.



HPV (HUMAN PAPILLOMA VIRUS)

HPV is the most common STI. There are many different strains of HPV, some of which cause genital warts or cancer. There are vaccines available to prevent these health issues from occurring. HPV is most commonly spread during vaginal, anal, or oral sex, but can also be spread through close skin-to-skin contact.

Chlamydia is a common STI that affects both men and women. It is easily treatable with antibiotics, but left untreated, can cause permanent damage to a woman's reproductive system. This can make it difficult or impossible to get pregnant later. Chlamydia can also cause a potentially fatal ectopic pregnancy (pregnancy that occurs outside the womb).

Gonorrhea is an STI that can cause infection in the genitals, rectum, and throat. It is very common, especially among young people ages 15-24 years. Gonorrhea has progressively developed resistance to the antibiotic drugs prescribed to treat it.

Syphilis is an STI that can cause serious health problems without treatment. Infection develops in stages (primary, secondary, latent, and tertiary). Each stage can have different signs and symptoms. You can get syphilis by direct contact with a syphilis sore during vaginal, anal, or oral sex.

Trichomoniasis (or "trich") is a common, treatable STI. Most people who have trichomoniasis do not have any symptoms.

Sometimes viral STIs (HIV, Herpes, Hepatitis) won't show up in bloodwork for up to 12 weeks. You may want to wait 12 weeks for viral STI testing or get tested again after 12 weeks.

For more information, visit [CDC.gov/std](https://www.cdc.gov/std)





when & where to get tested

WINDOW PERIODS FOR TESTING

HIV	2 weeks – 3 months
Hepatitis	2 – 6 months
Herpes	1 – 4 months (blood test); <i>- a swab of a blister can be tested immediately</i>
Syphilis	1 – 3 months
Trichomoniasis	1 week – 1 month
Chlamydia	1 – 2 weeks
Gonorrhea	1 – 2 weeks

- Kanawha County Health Department:**
 You need to call and make an appointment for testing; Open Mon-Fri 8am-4pm; Testing is free; HIV results in 20 minutes; Other tests can take up to 2 weeks. <https://www.kchdvw.org/>
- Women’s Health Center of West Virginia:**
 You need to call and make an appointment for testing; If you do not have health insurance, you may qualify for free STD testing and treatment. <https://www.womenshealthwv.org>
- Primary Care Physician or MedExpress**

There are several companies who provide at home testing services. Everlywell, Let’s Get Checked, STD Check, HealthLabs, Nurx, and OraQuick to name a few. However, at home testing leaves more room for human error and it’s not free. It’s also important to note that not all at home tests are currently FDA approved.

reducing your risk

- Condoms
- Dental Dams
- Lubrication
- Know Your STI Status
- Get tested after each partner (12 weeks after exposure)
- Get tested every 12 weeks if you have multiple sexual partners
- Communicate with partners about sexual health



If you have been sexually assaulted, consider seeking medical care and get tested.

Using condoms and dental dams greatly reduce the risk of contracting an STI. A dental dam is a large piece of latex that can be placed over the vaginal or anal area during oral sex and acts as a barrier, preventing sexually transmitted infections. Almost any STI that can be passed through vaginal or anal sex can also be passed through oral sex. According to the CDC, the risk of becoming infected with HIV through oral sex is lower than it is for vaginal or anal sex, but it is still a risk. STIs that can be passed through oral sex include gonorrhea, syphilis, HPV, herpes, and chlamydia. Condoms and dental dams can increase your safety and prevent infection.

Using lubrication also reduces the risk of contracting an STI. Using lube during vaginal or anal sex can prevent tearing. When tears (and blood) are present, STIs are more likely to be contracted. But not all lubes are created equal. When using condoms, make sure you are using a water-based lubricant. Oil-based lubricants can break down latex and cause a condom to break. If you have a latex allergy, you have several options. You can use polyurethane or polyisoprene condoms. Both will protect against pregnancy and STIs. Lambskin condoms are also available, but they DO NOT protect against STIs.

Last, but definitely not least, knowing your STI status, getting tested regularly, and communicating with your partners about boundaries and sexual health, all help reduce sexually transmitted infections.

anonymous texting

TELLYOURPARTNER.ORG

- This service will anonymously text your past sexual partners and let them know that they may have been exposed to an STI
- The text will let them know which STI they should be tested for
- This is an excellent tool to use if you don't feel comfortable or safe contacting a past partner to let them know you have tested positive for an STI

stigmatizing language

Remember that 1 in 2 sexually active people will contract an STI by the time they are 25. Some sexual assault survivors may have even contracted a sexually transmitted infection due to an assault. Using stigmatizing language adds to the shame that an STI positive individual experiences. When we refuse to use shaming language around STIs and testing, we all benefit.

An open dialogue and honest communication around STIs help to reduce the risk. Stigma and shame prevent regular testing. Leave your stigma at the door.



"I GOT TESTED
RECENTLY AND I DON'T
HAVE ANY STIS"

- Factually correct.
- Treats STIs like any other kind of infection.
- Creates an open dialogue about sexual health.



"I'M CLEAN"

- Reinforces stigma.
- Suggests that people with STIs are dirty.
- Loaded with judgment.
- Perpetuates shame.



reproductive coercion

Reproductive coercion is related to behavior that interferes with contraception use and pregnancy. The most common forms of reproductive coercion include sabotage of contraceptive methods, pregnancy coercion, and pregnancy pressure.

Reproductive coercion is a form of power and control because one partner takes away reproductive health decisions and options from the other.

Examples of reproductive coercion include:

- Refusing to use a condom or other types of birth control
- Breaking or removing a condom during intercourse (also known as stealthing)
- Forcing a partner to get an abortion, or preventing them from getting one
- Withholding finances needed to purchase birth control or emergency contraception (a form of financial abuse)
- Threatening a partner or becoming violent if they don't follow your wishes to either end or continue a pregnancy.

Reproductive coercion can also be emotional, and could look like pressure, guilt, and shame from an abusive partner. They might constantly talk about having children, or make you feel guilty for not having or wanting children with them. Pregnancy is the second most dangerous time in an abusive relationship, so a partner coercing the other into getting pregnant can increase the danger in the relationship.

birth control

Often when we hear birth control, we think of “the pill”, but there are so many other options out there for pregnancy prevention. In addition to condoms and the pill, there are long-acting contraception options like an IUD (Intra-Uterine Device), which is a small, t-shaped device that is placed in your uterus, or a contraceptive implant, which is a small rod placed under the skin in your arm.

These options last between 3 and 12 years depending on which brand you choose. There is also the birth control ring, which is a small, bendable ring you insert into your vagina. It looks like one of those jelly bracelets from the 90’s. You leave it in place for 3 weeks at a time, and then take it out for the fourth week.

There is also a birth control shot, which is a shot you receive every 3 months, and a good option for those who can’t take estrogen. There are diaphragms, sponges, and a cervical cap if you’re looking for more non-hormonal options.

emergency contraception

Also known as the “morning-after” pill or Plan B®, emergency contraception (EC) is a safe and reliable way to prevent pregnancy after unprotected sex, birth control failure, or in the event of a sexual assault.





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For more information: www.ucwv.edu/save

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