How to be SEXCESSFUL

A Guide to Consent and Sexcessful Communication for UCLA Students

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Student Health Education & Promotion
## Contents

### I. Introduction 4
- Sexual Rights and Responsibility 4
- Terminology 5
- Sex Myths and Realities 6

### II. Consent 7
- What Consent Is and Is Not 7
- Body Language and Consent 8
- Navigating Consent While Under the Influence 8
- Consensual Sex: A Food Analogy 10

### III. Healthy Relationships 11
- What are Healthy Relationships? 11
- Building Healthy Relationships 11
- Healthy Conflict Resolution 12
- Power and Control 12

### IV. Sexual Communication 13
- Sexual Vocabulary 13
- Challenges to Sexual Communication 14
- Sex Topics 14
- Step-by-Step Ssexcessful Communication 17
- Voicing Your Needs, Desires and Boundaries 19
- Gendered Roles and Expectations: Myth Vs. Realities 20

### V. Sexual Responsibility 21
- Safer Sex Tips 21
- STI Information 23
- Preventative Immunization Information 23

### VI. Texting, Sexting, and Dating Apps 24
- Texting 24
- Sexting 24
- Dating Apps 25

### VII. Conclusion and Resources 26
- Student Health and Counseling Services 26
- Other Campus Resources 26
- Online Resources 27
Introduction

Sexuality can be an affirming and exciting aspect of one’s life, but can also be difficult to navigate sometimes. Therefore, students and professionals developed this guide to provide information and practical tips on cultivating sexcess — making choices about sexual activity that are centered on consent, healthy relationships and sexual well-being. This guide is intended for everyone — regardless of whether or not they are sexually active — and we hope it supports you (and any current or future partners you may have) in enjoying pleasurable and fulfilling sexual experiences that are physically and emotionally safe.

The foundation of sex is open and honest communication. Together, they make it possible for you and your partner to experiment with what you each want and how you want it. It is important to remember that individual tastes and preferences can change over time and you can’t make assumptions about people’s sexual desires or experiences — especially not based on gender, sexual orientation, race/ethnicity, ability, body size, etc. Every person is unique!

Your friends, family, culture, faith and/or previous experiences can all influence your thoughts and feelings about sex and sexual communication. It is a good idea to reflect on your values and determine what is right for you as you read through this guide. Think about the following questions:

• How did you learn about sex?

• Do your friends talk about their sexual experiences? If so, how?

• What does sex mean to you?

• Have you ever been in a sexual situation where you were unsure about whether you or your partner were enjoying it? What did you do?

<table>
<thead>
<tr>
<th>Sexual Rights and Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. It is your right to choose how - and whether or not - to express your sexuality. You have control over your own body. It is your choice whether you want to be sexually active, when, with whom and in what manner. It is also your right to change your mind and stop at any time during any sexual activity for any reason.</td>
</tr>
</tbody>
</table>
**Terminology**

So that we can all be on the same page, let’s define some terms that are used throughout this guide.

**Partner or Potential Partners**
A person/people with whom one is interested in being sexual or intimate. Does not imply a specific type of relationship; can be monogamous or polyamorous.

*Disclaimer:* Throughout this guide we refer to a singular “partner;” however, we understand that some people may have multiple partners.

**Sex or Sexual Activity**
Encompasses physical, emotional, mental and spiritual aspects of consensual erotic interactions. Includes kissing, caressing, massage, solo or mutual masturbation, oral sex, vaginal sex, anal sex, etc. Any act that may transmit an STD/I.

**Consent**
Consent is an affirmative, voluntary, and conscious agreement by each person to participate in sexual activity. Consent must be ongoing, and can be revoked at any time. A person cannot give consent if they are incapacitated (for example, due to drugs or alcohol), forced, threatened, or below the legal age of consent (18 in California). Sexual activity without consent, or after consent has been revoked, is sexual assault.

Consenting to one sexual activity does not imply consenting to a different sexual activity. Regardless of relationship status, there must be mutual consent among all partners to engage in sexual activity. Once consent is withdrawn, the sexual activity must stop immediately.

**Sexual Well-Being**
“Physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.” -The World Health Organization

**Sexual Violence**
Physical sexual acts engaged without the consent of the other person or when the other person is unable to consent to the activity. Sexual violence includes sexual assault, rape, battery, sexual coercion, domestic violence and stalking.

**Sexual Assault**
An umbrella term used to describe any unwanted sex act. If any of the following are attempted or completed without consent, then a sexual assault has occurred: vaginal sex; anal sex; oral sex; touching of the breasts, buttocks or genitals (over clothes or skin-to-skin); penetration with a foreign object (i.e., fingers, sex toys, etc.).

**Intimate Partner Violence**
Sometimes called domestic violence or dating violence, intimate partner violence (IPV) is a pattern of abusive behaviors based on power and control within an intimate relationship. IPV can happen in any type of relationship, including people in short-term relationships, queer relationships, or polyamorous relationships. IPV doesn’t mean that the partners have to have sex, but rather that they would have considered themselves in a relationship that was intimate in some way – emotionally and/or physically. Abuse is not limited to being physical, as there are many forms of relationship abuse: emotional/verbal, economic, sexual, or technological.

Anyone of any gender identity can be an abuser and anyone of any gender identity can be a victim. Read our “Healthy Relationships” section to learn more about recognizing IPV.
Terminology, continued

**Stalking**
When a person repeatedly engages in unwelcomed conduct directed at a specific person that places that person in reasonable fear of their safety or the safety of others. Examples include sending an individual unwanted messages or gifts; following someone or watching them; showing up uninvited to someone's work, home or class; damaging personal property; threatening to harm someone or their family, friends or pets; monitoring someone's social media activity; using GPS to track someone's movements.

**Internal Condoms**
Small nitrile (soft plastic) pouches that go inside the vagina for pregnancy prevention or inside the vagina or anus for protection from STIs when used correctly. They are an alternative to regular external condoms. While internal condoms may sometimes be referred to as “female condoms”, this guide intentionally refers to this barrier method as “internal” condoms to be inclusive of all body types and gender identities.

**External Condoms**
Small, thin pouches made of latex (rubber), plastic (polyurethane, nitrile, or polyisoprene) or lambskin, that cover the penis during sex and collect semen (cum). When used correctly, condoms help reduce the probability of pregnancy and the spread of sexually transmitted infections. Lambskin condoms do not protect against STIs. While external condoms are commonly referred to as “male” condoms, this guide intentionally refers to this barrier method as “external” condoms or condoms to be inclusive of all body types and gender identities.

**Sex Myths and Realities**
Unfortunately, a number of prevalent myths and problematic attitudes about sex interfere with open communication, mutual pleasure and satisfaction. Check out these light grey Myth and Reality boxes throughout this guide to learn more.

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**MYTH:** Sex should be like what we see in the movies or pornography, where partners “just know” how to please each other.

**REALITY:** The vast majority of portrayals of sex in the mass media are unrealistic and potentially unhealthy. The only way to know what another person finds pleasurable is to ask them.

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**Got Communication Skills?**

Look for these boxes throughout the guide for some examples of sexessential communication!
Consent
What Consent Is and Is Not

Consent is...

• **Enthusiastic.** Expressing an authentic, active and excited, “Yes.” Silence or passivity do not imply consent.

• **Informed.** Consent is an affirmative, unambiguous, conscious agreement by each person to engage in sexual activity. Everyone engaging in the sexual activity has full knowledge and understanding of what the sexual activity entails.

• **Knowing.** Aware and understanding of the sexual act. Consumption of alcohol and/or other drugs impairs one’s ability to establish consent. If someone is unconscious (e.g., sleeping or passed out), they are not aware and cannot give consent.

• **Ongoing.** Consent to one activity does not imply consent to another. Consent must be established before a different activity begins.

• **Revocable.** Sexual activity may begin as consensual. But, once someone says “no”, says they are uncomfortable, pulls away, or any other verbal or physical indication that they want the sexual activity to stop, consent has been revoked. Anything following the withdrawal of consent becomes sexual assault, regardless of the relationship between the people involved.

• **Voluntary.** Consent involves positive cooperation and must be freely given. It cannot be given if there is force, threats, menace, duress, or where a person’s free will has been compromised. For example:
  
  • “If you don't have sex with me, I'll tell everyone you're a slut.”
  • “I'll break up with you if you don't _____.”
  • “Come on! I really want oral sex, and I know you want it too.”

Consent is NOT POSSIBLE when someone is...

• **Incapacitated.** This means that a person is unable to care for themselves, which could be due to drugs or alcohol. Just to be clear, having drunk sex is not a crime. However, when someone’s ability to take care of themselves has been severely impacted due to drugs or alcohol, they are unable to give consent. If someone is incapacitated due to drugs or alcohol, they may be in and out of consciousness, unable to stand or walk, vomiting, slurring their words, or unable to communicate properly.

• **Underage.** The legal age of consent in California is 18 years old. Even if someone under the age of 18 agrees to engage in sexual activity, they are legally unable to give consent— it is still sexual assault.

• **Unconscious.** If someone is passed out, asleep, or otherwise unconscious, consent cannot be given.

**Sexual activity without consent is sexual assault.**
Body Language and Consent

You may have heard one of the following myths about sex and body language:
- “You can just tell when someone wants to have sex with you.”
- “Sex should flow naturally.”
- “Talking through sex is a turn-off. It kills the mood.”

These beliefs are promoted through the media, which almost never show characters talking with potential sexual partners about their sexual desires and boundaries.

However, silent sex in real life is often unsexy and potentially harmful.

Furthermore, body language can be misleading. For example, a racing heart and heavy breathing may be signs someone is turned on, or signs someone is uncomfortable or scared.

Explicitly voicing what you want and hearing your partner’s desires and boundaries is the only way to establish consent and ensure you’re both on the same page. Mutually pleasurable, safe and satisfying sexual experiences are communicative, with partners respecting each other’s boundaries.

And remember: the lack of a “No” does NOT mean a “Yes”. It’s important to note that lacking the awareness of or ability to interpret someone’s body language is not a reason for belief of consent. In addition, silence and/or lack of protest does not mean consent is being given. The clearest way to establish consent is to ask for it – and get an affirmative response.

Navigating Consent While Under the Influence

Earlier, we discussed what incapacitation is and explained that someone cannot consent if they are incapacitated. Determining whether you have consent to have sex can be tricky when you or your potential partner has been drinking, so let’s walk through a possible scenario to show you what it might look like to establish consent under the influence:

You are drinking at a house party, but you’re not incapacitated. You hit it off with someone, and you both go to another room so that you can be alone. You are now sitting together on a bed, and you want to have sex with them. Before you make any moves, you need to figure out if they want to have sex with you, too.

Check: If your potential partner has been drinking, then you need to make sure they are not incapacitated. Check for any of the following behavioral, physical, and cognitive signs of incapacitation, keeping in mind that some people might be incapacitated without showing any of them:

- Drinking competitively
- Lethargic
- Slurred or incoherent speech
- Acting impulsively
- Flushed cheeks and neck
- Glassy and/or bloodshot eyes
- Loss of balance
- Unconsciousness
- Confusion
- Loss of judgment
- Loss of train of thought
- Slow mental processing
- Vomiting
**Ask:** If they are definitely **not** incapacitated, then ask them **once** if they are interested in sexual activity. Asking more than once can be coercive, and consent is not possible when someone has been coerced. Here are some ways you could ask them:

- Can I ______ your _______?
- Do you want to ________?
- I’d like to take things further. Can we ___?

**Keep Checking In:** If they are definitely **not** incapacitated, and they communicate that they want to engage in sexual activity with you, then you have successfully established consent! Have fun, but remember that this does not give you unlimited access to their body. Keep checking in with your partner to make sure they are okay with what is happening. Here are some ways to check in:

- Is this okay?
- Are you comfortable?
- Does this feel good?

If at any time you are unsure whether or not they are incapacitated, and you continue, then it might be sexual assault. **Don’t risk it!** For more information about sex and drinking, check out [https://ucla.box.com/substanceabusesexassault](https://ucla.box.com/substanceabusesexassault)

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**ALCOHOL POISONING**

The following are signs that someone definitely cannot give consent and are indications of alcohol poisoning:

- Cold, clammy, pale or bluish skin*
- Unconscious or unable to be roused*
- Puking repeatedly*
- Slow or irregular breathing*

*If any one of these signs is present, call 9-1-1 and stay with the person while waiting for help. Make sure they are lying on their side to prevent choking. Do not leave the person to “sleep it off.”*
Consensual Sex: A Food Analogy

Sexcess involves equal partners creating mutually pleasurable, satisfying sexual experiences. It emphasizes mutual communication, respect, creativity and enjoyment. Discussing consent is similar to communication about other decisions, such as where to go on vacation or what to eat for dinner. For this example, we will use a food analogy.

1. If you want to eat with someone, you would ask if they are hungry and want to eat with you. If they say no, you can eat by yourself or try to find someone else with whom to share a meal. If they say yes, that is just the beginning. You have to think about what you are in the mood for, ask your dining partner what they are in the mood for, and decide together what to eat.

   This discussion may go something like this:

   YOU: “I've been craving Mexican food, but pizza sounds good too.”

   YOUR PARTNER: “I had a burrito yesterday. How about sushi?”

   YOU: “I've heard it’s good but have actually never tried it. I might want to one day, but not today. What do you think about pizza?”

   YOUR PARTNER: “Hm, that sounds good. I like mushrooms and onions. What do you want?”

   YOU: “I love pepperoni.”

   YOUR PARTNER: “I’m vegetarian, remember?”

   YOU: “Oh yeah. Well I like mushrooms and onions, but how about some olives too?”

   YOUR PARTNER: “Yeah, I haven’t had those in a while.”

   YOU: “Yum!”

2. The next step is cooking the pizza together. Who wants to knead the dough, lay it out, rub on some sauce or add the toppings?

3. While eating, you may get full after one slice and decide you don’t want anymore, or you may want many more slices. You may be enjoying every bite, or maybe you want to add some hot pepper or cheese. This culinary experience is open-ended and the goal is to satisfy mutual desires.

Communication, creativity and concern for each other's satisfaction are key. This process of mutual decision-making and enthusiastic creation of a mutually satisfying experience is very similar for sex (in the above dialogue, try substituting sexual language and activities for the food.) With practice anyone can learn how to have mutually satisfying sexual experiences. The fundamental skill for sexcess involves both people using their mouths — to communicate and create consensuality.
Healthy Relationships

What are Healthy Relationships

Every relationship is different. But all healthy relationships include the following:

- Boundaries
- Comfort
- Communication
- Honesty
- Independence
- Respect
- Safety
- Support
- Trust

Building Healthy Relationships

- **Voice your boundaries**, concerns, and what makes you feel safe. Your partner can’t read your mind. In order for your needs to be met, you must communicate those needs. Additionally, provide your partner with an opportunity to voice their needs as well.

  “I need some private time to think about this before we talk. Can we talk about this tomorrow instead?”

- **Respect** each other’s wishes and feelings.

  “Thank you for sharing with me. What can I do to make sure I am giving you what you need?”

- **Disagreements are completely normal**—even in healthy relationships. When navigating conflicts, it’s very important to understand what your intentions are with whatever you are saying. Are you communicating your feelings or are you trying to hurt your partner and make them feel bad?

  “I felt embarrassed when you shared that story about me. I know you didn’t mean to embarrass me, but before sharing that story again, please ask me if it’s okay.”

- Meet half-way to make **compromises**, not sacrifices. Healthy relationships are not about what one person wants all the time, and no one should have to give up what makes them feel safe or comfortable to accommodate others.

  “Let’s take turns choosing what to watch on Netflix. I know you like psychological thrillers, but I really like comedies.”

- **Respect each other’s privacy**. Healthy relationships involve a level of autonomy and space.

  “Have fun hanging out with your friends tonight!”
Healthy Conflict Resolution

Conflicts in relationships are normal and are inevitable, so learning to deal with them in a healthy way is crucial. Conflict may arise from differences in values, motivations, perceptions, ideas or desires. Although a conflict may seem trivial, it can trigger strong feelings that can affect the relationship.

The first step to conflict resolution is to understand your own needs first. If you don’t know what you want, then you can never fully resolve any situation that might arise. After taking your own feelings and ideals into account, then you can take the next steps to understand your partners’ needs. A lack of understanding about differing needs, ideals, and values can result in distance, argument or break-up.

Successful conflict management relies on each partner’s ability to do the following:

• **Manage stress while remaining alert and calm.** By staying calm, you can accurately read and interpret verbal and nonverbal communication.

• **Control your emotions and behavior.** When you’re in control of your emotions, you can communicate your needs without threatening, frightening, or punishing others.

• **Pay attention to the feelings being expressed.** And, pay attention to the spoken words of others.

• **Be aware and respectful of differences.** By avoiding disrespectful words and actions, you can resolve the problem faster.

Power and Control

Power and control dynamics are present in all interactions. These dynamics are complex, but for the purpose of this guide we will define them as follows:

**Power:** the ability to enact one’s will, or to influence others to do what one wants.

**Control:** the ability to restrict another’s will, or to prevent others from doing what they want.

Positive and harmonious sexual interactions are possible when partners balance their power and control. Some ways to do this include the following:

• **Asking for consent every time.**

• **Listening actively (check your understanding and ask for clarification).**

• **Speaking assertively (that is, with mutual respect, neither passively or aggressively).**

• **Consider your partner’s thoughts and feelings as being as important as yours.**

• **Participate equally in decision-making processes.**

• **Be mindful of how your privileges (e.g., age, gender, class, race, stature, ability) influence your thoughts and actions and affect your partner.**

• **Openly discuss respect, power and control in your interactions.**

Sexual interactions can be harmful, destructive or abusive when there is an imbalance of power and control between partners. Obvious or subtle tactics used to control or overpower include but are not limited to the following:

• **Criticizing, insulting, degrading, name-calling or humiliating**
  
  Example: “You always act so stupid.”
• Intimidating or threatening
  
  Example: “If you do that again, I will tell everyone about your herpes.”

• Minimizing or ignoring your partner’s thoughts and feelings
  
  Example: “Quit whining! It's not even a big deal.”

• Not being conscious of how your privileges impact your partner

• Physical or sexual harassment
  
  Example: Unwanted touching or grabbing

• Demanding your partner's social media passwords

• Going through your partner’s text messages and/or browsing history

These are also signs of an abusive relationship. If you think you may be experiencing abuse, we encourage you to seek assistance from available resources, such as the Campus Assault Resources & Education (CARE) Program: care-program.ucla.edu. For more resources, see the list at the end of this booklet.

MYTH: In a long-term relationship, a person does not need to obtain consent since they have already had sex with their partner(s) many times before.

REALITY: Consent is always required for sex, regardless of a prior relationship or sexual activity.

Sexual Communication

Sex is often considered to be taboo, so discussing it can be uncomfortable at first – and that’s okay! Simply put: to get more comfortable talking about sex, you have to talk about sex! Open and honest communication is the foundation of healthy and pleasurable sexual activity.

Sexual Vocabulary

It is a great idea to create a sexual vocabulary that you are comfortable with to discuss sexual anatomy and activities. Take a look at the box below for different types of language used to talk about sexuality. You may prefer the scientific terms, slang or words of your own creation. Some people find certain words offensive or unpleasant, and other words extremely sexy. Ultimately, it is your body, and you have the right to call your body parts what you want.

<table>
<thead>
<tr>
<th>Scientific</th>
<th>Common/Everyday</th>
<th>Slang</th>
<th>Sexual Activity Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anus</td>
<td>Butt</td>
<td>Ass</td>
<td>Get It On</td>
</tr>
<tr>
<td>Oral Sex</td>
<td>Go Down On</td>
<td>Eat Out</td>
<td>Have Sex</td>
</tr>
<tr>
<td>Breasts</td>
<td>Boobs</td>
<td>Tits</td>
<td>Get Laid</td>
</tr>
<tr>
<td>Intercourse</td>
<td>Have Sex</td>
<td>Bone</td>
<td>Make Love</td>
</tr>
</tbody>
</table>

Which language types make you feel the most comfortable? Can this change depending on the situation?

For more information about sexual vocabulary terms, visit https://www.plannedparenthood.org/learn/glossary
Challenges to Sexual Communication

There are many reasons it can be uncomfortable to talk about sex, including the following:

- **Background**
  
  Your friends, family, culture, faith, religion and/or previous experiences can all influence your thoughts and feelings about sex and sexual communication. It is a good idea to reflect on your values and determine what is right for you. Think about the following questions:

  » *How did you learn about sex? Do your friends talk about their sexual experiences? If so, how? What does sex mean to you?*

  » *Have you ever been in a sexual situation where you were unsure about whether you or your partner were enjoying it? What did you do?*

  Sex is often considered taboo in our societies and communities; therefore, discussing it can be uncomfortable at first.

- **Gender Roles and Stereotypes**

  Traditional gender roles vary by culture, but some can make it difficult to communicate equally and openly. They may dictate that those born with a penis are entitled to sex and should aggressively initiate it, while those born with a vagina should be passive and pleasing. Although people of particular genders are socialized to communicate in certain ways, everyone can improve their communication skills with practice. It's important to think critically about gender roles and try to break free from any that feel personally limiting.

- **Emotions**

  The thought of discussing sexuality and sexual activities with a partner may make you feel uncomfortable and nervous. Many people feel this way, and acknowledging out loud that it is awkward can help break the ice. Sharing feelings, fears and concerns can also create intimacy and make it easier to relax and enjoy yourself.

- **Self-Knowledge**

  Everyone has different desires, curiosities and limits. These usually change over time, and can even vary from morning to night, or day to day. Self-exploration (or "sexploration") is a continual process of getting to know yourself sexually. For some, masturbation can be a great way to discover sexual likes and dislikes. Consider your feelings about different sexual activities, and note which activities you find arousing, acceptable or unappealing below.

<table>
<thead>
<tr>
<th>I enjoy</th>
<th>I might try</th>
<th>I would not</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

**Sex Topics**

Before we get into the details, here are some common topics to talk through before sexual activity. Take some time to read through and think about the topics that might be most important to you. Keep in mind that it is often best to have these conversations in moments that are not sexually charged — in locations where you feel safe and comfortable.
Aftercare (needs and desires after sexual activity)
Examples: Cuddle, no contact, talk, shower, eat, sleep

- “I really love cuddling after sex. What about you?”
- “After sex, I like to be alone. Could you please give me 10 minutes?”

Disabilities (visible and/or hidden)
Examples: Impairments, how to give or receive pleasure, aids, allergies

- “I’m allergic to latex, and forgot to bring condoms. If you don’t have latex-free condoms, we need to go and get them for free at the Bruin Love Station before we have sex.”

Experimentation and Safety (see page 25 for more info on “Online Resources”)
Examples: Sex toys, role play, kink, bondage/discipline, dominance/submission, sadomasochism (BDSM)

- “I really want to try out this new vibrator I bought. Do you want to try it out together?”
- “I like to be spanked sometimes. Is that something you would be comfortable doing to me?”
- “I know you are into foot massages, but I don’t like touching other people’s feet. Is there something else that we can try together?”

Relationship Expectations
Examples: Hook-up, friends with benefits, dating, monogamy, polyamory and other types

- “I like you and would like to see where this relationship goes, but I don’t want to be monogamous at this point.”
- “I’m only looking for fun.”
- “I’m not looking for a long-term relationship right now.”

Trauma History
Examples: Needs, triggers, reactions (e.g., flashbacks, anxiety, numbness) and how to talk to your partner and maintain self-care

- “I was sexually assaulted a year ago, and I am still trying to get comfortable with being sexually active again.”
Safer Sex (see page 26 for campus resource info or next section “Sexual Responsibility”)
Birth control use, practicing harm reduction through the use of products (external condoms, internal condoms, dental dams, capes, etc.) and other strategies, and preventing STIs/HIV

- “I have an IUD, but I still want to use condoms.”
- “Do you want to try this new ribbed condom I got?”
- “I can’t wait to go down on you, but I want to use a dental dam.”
- “Since we don’t have condoms right now, I only want to have oral sex.”
- “I’m on PrEP, and get tested every 3 months.”

Sexual Desires and Boundaries

- “I love when my partners ______ my ______, but I don’t like when they ______ my ______.”
- “I know you like oral sex, but it makes me uncomfortable.”

Sexual Ethics
Respect, personal values, cultural concerns, religious beliefs

- “My religious values are important to me. Until I am married, I am only comfortable kissing.”

Sexual History
STI/HIV testing history and status, previous sexual partners and experiences

- “I am living with HIV, am undetectable and consistently take my meds. That means there’s effectively low-to-no risk of me transmitting HIV to my sexual partners.”
- “I was tested a month ago, and my results were negative. What about you?”
- “I’ve tried ______ with a partner before, and I enjoyed it. Do you want to try it with me, too?”
- “I’ve not had vaginal sex with my previous partners, but I would like to try it with you. Is that okay?”

Substance Use
Navigating sexual activity while sober or under the influence of alcohol and/or other drugs

- “I prefer to be sober during sex so that I can be more present.”
Step-by-Step Communication

This diagram illustrates the basics of successful communication, and we encourage you to personalize it with your own style and flavor.

1. Think about your desires and boundaries

Here are some examples:

- I’d really like to give oral sex and maybe receive it, too.
- I’m not on birth control and don’t have condoms, so I only want to cuddle and kiss.
- I only want to make out and masturbate together.

2. With an open mind, ask if they are interested in being sexual with you

Here are some ways to ask:

- “Wanna have sex?”
- “I’d really like to ___, would you be into that?”
- “Do you want to ___ or ___?”
- “Would ___ feel good to you right now?”

If you would like to initiate sex, it is always your responsibility to ask. Just because someone said yes to something before does not mean they will want to do it again or at that moment.

Ask for consent every time, and respect your partner’s response.

Note: Pressuring, threatening, coercing or repeatedly asking someone is harassment. Asking more than once can be coercive, and indecision does not mean “convince me.” Only yes means yes!

3. Watch and listen carefully to the other person’s response

Verbal Clues

<table>
<thead>
<tr>
<th>This Means No</th>
<th>This Means Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Let’s just watch the movie”</td>
<td>“Absolutely”</td>
</tr>
<tr>
<td>“Maybe”</td>
<td>“I’d love to”</td>
</tr>
<tr>
<td>“I’d rather just sleep”</td>
<td>“Of course!”</td>
</tr>
<tr>
<td>“Um…”</td>
<td>“Definitely!”</td>
</tr>
</tbody>
</table>

Non-Verbal Clues

<table>
<thead>
<tr>
<th>This Means No</th>
<th>Distracted</th>
<th>Quiet</th>
<th>Enthusiastic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulls away</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unresponsive</td>
<td>Uncomfortable</td>
<td>Uninvolved</td>
<td>Active, interested</td>
</tr>
<tr>
<td>Tense</td>
<td>Spacing out</td>
<td>Indifferent</td>
<td>Verbally saying “yes”</td>
</tr>
</tbody>
</table>
Note: When in doubt, check in with your partner for clarification! Also, these standards only apply if your partner is sober. If you and/or your partner have consumed alcohol and/or other drugs, see page 8 for more information.

4. Respond accordingly and with respect

If the other person is silent, uncomfortable, or says “no,” then back off and drop it. Silence, passivity or the absence of “no” are not consent. Consider doing non-sexual activities together instead — like watching a movie or listening to music together.

If the other person says “maybe,” “um,” “okay” or is giving mixed signals, you should back off or gently ask clarifying questions and communicate. For example:

A: “Would you like to have sex?”
B: “My roommate is coming home soon.”

This is ambiguous, so try to clarify.

A: “So does that mean you don’t want to have sex? It’s fine if you don’t, I only want to if you’re into it.”

- If the other person is still hesitant and unsure, then drop it.
- If the other person is enthusiastic and clearly says “yes,” then you can both start talking about and exploring sex. Refer back to the sex topics that you think are important to discuss.

Remember, “sex” includes a broad range of many sexual activities, and each person’s sexual preferences are unique. Ask specifically what your partner wants to do, and share your own desires, too. Ask about what sexual activity, position, pace, tone, intensity, etc., they’d like. Asking specifically throughout the sexual activity will also help you become a better sexual partner, because you will know what your partner wants and how they want it.

<table>
<thead>
<tr>
<th>MYTH:</th>
<th>Once someone gets aroused to the “point of no return,” they are unable to stop themselves from having sex.</th>
</tr>
</thead>
<tbody>
<tr>
<td>REALITY:</td>
<td>Anyone is capable of stopping any sexual activity at any time— nobody has ever died from “blue balls,” for example! Unwanted sexual touching or activity is never okay.</td>
</tr>
</tbody>
</table>
Voicing Your Needs, Desires and Boundaries

Here are some tips for letting your partner know exactly what you do and/or do not want.

Make specific requests
It is great to know what you want, how you want it and what you do not want. Talk about your desires and dislikes as specifically as possible with your partner.

- “I would love to ____, but I don’t want to ____.”
- “____ would feel good to me, but not __.”
- “I would like it if you ____.”

Speak up if you are unsure
If you are not sure what you want, or if you are trying something new and do not know if you like it, it is a good idea to let your partner know. Take the space and time you need to decide what you want.

- “Give me a minute.”
- “Hold on, I need to go to the bathroom.”
- “I’m not sure if I feel like doing that, let’s do ____ instead and I’ll let you know if I want to do ____ later.”

Speak up if you change your mind
If you or your partner says “yes,” it does not mean you have to continue the activity if you no longer want to. If at any time you change your mind or are uncomfortable, then tell your partner. If they continue to be sexual with you after you declined or expressed your desire to stop the activity, that is sexual assault.

- “I thought I might like this, but I’m not comfortable with it.”
- “Right now I’m not feeling it. I don’t want to continue.”
- “That doesn’t feel good. I want to stop.”

Check in with your partner
Pay attention to nonverbal and verbal signs and ask your partner for clarification. Back off if your partner seems uncomfortable or if you are getting mixed signals.

- “Are you still enjoying this? What would you like to do?”
- “Do you like it when I ____? I can’t tell.”

Only continue if your partner communicates a clear desire. If your partner is hesitant, silent, or does not communicate a clear “yes,” stop sexual activity.

Ask if they want to do something else
Ask about each activity before engaging in the activity. Consent to kissing is not consent to touching; wanting to be touched is different from wanting intercourse, etc. The only way to know what your partner wants is to ask.

- “Would it feel good if I ____? Or would you like it better if I just kept ____?”
- “How would you like ____?”
Gendered Roles and Expectations: Myth vs. Realities

Mainstream pop culture portrayals of sex in movies, magazines and pornography are frequently based on variations of the “Game Model.” While this model is entrenched in heterosexual gender-based stereotypes of the “aggressive” man and the “passive” woman, the reality is that this dynamic can apply to any partners who have imbalanced power and control dynamics between them or have internalized these stereotypes as truths.

According to this model, sex is a “prize” one partner possesses and protects while the other partner vigorously pursues it. Here is a scenario that depicts the “rules of the game.” Although its pervasiveness may make it seem normal to some people, we encourage you to critically analyze the role each character embodies, their communication style, and to reflect upon your own relationship role dynamics.

Riley and Tai meet at a party. They're interested in each other and flirt the whole night. Riley gets Tai's number, and they start hanging out a lot.

According to “the game,” let's say, Riley is supposed to be extremely horny and uncontrollably driven to get sex (or “score”) at any opportunity.

Conversely, Tai is supposed to be on the defense. Tai should look and act sexy, but wait to have intercourse until Riley has “earned it.” If Tai has intercourse too soon, then they may be labeled as “easy.” However, if they say “no” for too long, Tai may be labeled as a “square.”

After some period of time, Tai is supposed to feel obligated to have sex with Riley. If Tai doesn't want to, Riley may become frustrated, talk about how long they've been together, or Riley may also try to “seduce” Tai by buying a drink, dinner and/or gifts with the expectation that Tai have sex with them. Riley doesn't see their behavior as coercive because they feel entitled to have sex with Tai.

Eventually, Tai consents to have sex. Riley is cast as the active player who “screws” and “gets some” from Tai, while Tai is portrayed as the passive gatekeeper who “gave it up.”

Because they've had sex, Riley is supposed to believe that they have “scored,” which implies that Riley has won and Tai has lost. Additionally, once Riley has had sex, the game dictates that they move on and attempt to “score” with more people.

Scenario Analysis:
1. According to the Game Model...
   • Who would have the right to request or expect sex?
   • Who would have the right to refuse it?
   • Is one of them responsible for using safer-sex barriers (and/or birth control)?

2. Does “the game” offer them the opportunity to...
   • Know about each other’s sexual desires and dislikes?
   • Be clear about their relationship type (i.e dating, friends with benefits, etc.)?

3. If Riley and Tai were in an on-going or committed relationship, would your perspective change?

4. In what ways do you think this model leads to mutually pleasurable outcomes? Or not?

5. What thoughts or feelings does “the game” raise for you? Do you see yourself in either character?
Sexual Responsibility

Safer Sex Tips

If you think you or someone you know might decide to be sexually active, please remember the following information to help ensure that sexual experiences are safe, healthy and pleasurable.

Many sexually transmitted infections (STIs) have no symptoms, which means they can be transmitted without either partner's knowledge. Therefore, it is important to do the following:

• **Get tested for STIs and seek treatment if necessary.**
  
  Chlamydia, for example, is a common bacterial STI, and 75% of women and 50% of men with Chlamydia do not have any symptoms. You can get tested for Chlamydia with an easy urine sample, and it can be treated with antibiotics. However, if left untreated, it can lead to more serious health problems, including infertility in women. See the chart on page 23 for more information about STI testing.

• **Use a condom (or other safer sex barrier like dental dams, internal condoms, etc.) correctly every time you have oral, vaginal or anal sex.**
  
  When used correctly, external and internal condoms are extremely effective at preventing STIs and pregnancy. If your sexual partner is allergic to latex, use non-latex condoms. Animal skin condoms do not prevent STIs.

*How to Use an External Condom*

1. Talk with your partner about both of your desires and boundaries. Only continue if you are both clear and enthusiastic.

2. Check the package for the expiration date.

3. Push the condom to the side, check for the package's air bubble, and open with your fingers.

4. When the penis is erect (before any contact), put the condom on by pinching the condom tip and rolling it down the shaft as far as it can go.

5. After ejaculation, carefully remove the condom while the penis is still semi-erect. Place the condom in the wastebasket (condoms can clog toilets if flushed).

*How to Use an Internal Condom*

1. Talk with your partner about both of your desires and boundaries. Only continue if you are both clear and enthusiastic.

2. Check the package for the expiration date, and then open it carefully. Don't cut it open with scissors or tear it open with your teeth as this can tear or rip the condom.

3. If you’re putting the condom in your anus, remove the inner ring. If you're putting the condom in your vagina, leave the ring in.

4. Relax and get into a comfortable position. Try standing with one foot on a chair, lying down, or squatting.

5. If it's going in your vagina, squeeze together the sides of the inner ring at the closed end of the condom and slide it in like a tampon.
Push the inner ring into your vagina as far as it can go, up to your cervix.

6. If it’s going in your anus, just push the condom in with your finger.

7. Make sure the condom isn’t twisted. Pull out your finger and let the outer ring hang about an inch outside the vagina or anus.

8. Hold the condom open as the penis or sex toy is going into the condom to make sure it doesn’t slip to the side between the condom and your vagina or anus.

9. To remove, twist the outer ring (the part that’s hanging out) to keep the semen inside the pouch if there is any. Gently pull it out of your vagina or anus, being careful not to spill the semen if there is any. Place the condom in the wastebasket (condoms can clog toilets if flushed).

**How to Use a Dental Dam**

A dental dam is a latex or polyurethane sheet that can be used during vaginal or anal sex to protect against the spread of STIs. An external condom is the best barrier method for penile oral sex.

1. Open the dental dam’s package carefully. Don’t cut it open with scissors or tear it open with your teeth as this can tear or rip the dam.

2. Unfold the dam, looking for holes or damage that could make it less effective.

3. Lay the dam across the vaginal or anal area. Lube on the dam or natural static will hold the dam in place. During oral sex, you should hold the dam in place to prevent it from slipping too much.

4. Fold up the dam and throw it away after oral sex. Always use a new dam, even if you’re temporarily setting it aside with plans to continue later.

- **Consider taking Emergency Contraception (also known as EC or Plan B) if you have had unprotected sex or if you suspect condom breakage.**

    EC helps prevent pregnancy and is most effective if taken within three days, and can be taken up to five days after unprotected sex. EC is available over-the-counter (no prescription needed) if you’re 17 years of age or older. UCLA students can request emergency contraceptives through their Patient Portal. For more information, visit: [studenthealth.ucla.edu](http://studenthealth.ucla.edu)

UCLA students can obtain FREE safer sex contraceptives at the Bruin Love Station or Arthur Ashe Student Health & Wellness Center. Or, purchase them from the Contraceptives Vending Machines located in Ackerman Union and Covel Hall (The Hill).
# STI Testing Information

<table>
<thead>
<tr>
<th></th>
<th>Chlamydia/ Gonorrhea (Screening)</th>
<th>HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Window Period</strong></td>
<td>1-3 weeks after exposure</td>
<td>3-6 months after exposure</td>
</tr>
<tr>
<td><strong>Test</strong></td>
<td>Urine sample AND swab collected during pelvic or genital exam</td>
<td>Blood Test</td>
</tr>
<tr>
<td><strong>Results in</strong></td>
<td>1 week</td>
<td>1-3 weeks</td>
</tr>
</tbody>
</table>

### Cost of Testing at UCLA Ashe Center

- UCSHIP: $0
- W/O UCSHIP: $48.33
- BruinCare: $48.33
- Fee for Service: $48.33

### Preventative Immunizations

*(Note: Cost is per shot, not per series)*

<table>
<thead>
<tr>
<th></th>
<th>UCSHIP</th>
<th>W/O UCSHIP</th>
<th>BruinCare</th>
<th>Fee for Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A (adult)</td>
<td>$0</td>
<td>$62</td>
<td>$62</td>
<td>$62</td>
</tr>
<tr>
<td>Hepatitis B Recombinant (19 yrs+)</td>
<td>$0</td>
<td>$71</td>
<td>$71</td>
<td>$71</td>
</tr>
<tr>
<td>HPV- Gardasil 9</td>
<td>$288*</td>
<td>$288</td>
<td>$288</td>
<td>$288</td>
</tr>
</tbody>
</table>

*UCSHIP covers if series starts before age 27.*

- Prices are subject to change without notice. Visit [www.studenthealth.ucla.edu](http://www.studenthealth.ucla.edu) and click Services > Fees and Eligibility for current prices.
- If you are concerned that you have been exposed to HEP A or B, schedule an appointment with your Ashe Center Primary Care Provider (PCP) via the Patient Portal.
Texting, Sexting and Dating Apps

Technology has made it a lot easier to communicate and find dates (and hook-ups!), but digital communication has its own unique challenges. Keep reading to learn about texting effectively, sexting wisely and using dating apps safely.

Texting

Intended for quick and simple messages, texting can be great for flirting, confirming dinner plans or sharing photos. At the same time, it often causes confusion when trying to have serious conversations. The main drawback to communicating in writing is that it does not include context clues like body language, facial expressions or tone of voice to help the receiver understand exactly what the sender intended to convey. For this reason, we think serious conversations about sexuality and relationships are best had face-to-face.

The most important tip to remember when texting is to always try to provide as much context as possible, because the person on the other end of your text cannot read your mind. If that means you need to send a GIF or emoji to help you express yourself more accurately, then do it. Texting can be frustrating and take an emotional toll when there are misunderstandings, so be direct and don’t make the other person guess what you are trying to say.

Sexting

Sexting can be considered a form of safer sex because there is no risk of pregnancy or STIs/HIV. However, there are still privacy and confidentiality risks that can have long-term effects. The first rule is to never send someone a sext unless they say they want one!

Ultimately, always think before you sext — you cannot “unshare!” Here are some tips for making sexting safer:

1. Know Your Values and Boundaries.
   
   We are always most content when we make decisions that align with our values. One helpful guideline to follow is “when in doubt, don’t.” In other words, if you think you might regret sending a sext, then you probably shouldn’t sext. Listen to your gut! If someone is pressuring you to sext with them, that is not okay. Boundaries are always respected in healthy relationships.

   
   If you decide to send a sext and are concerned about privacy, it’s probably best not to have any noticeable tattoos or birthmarks in the photo that might give away your identity. Similarly, you probably don’t want any of your family photos in the background, either.

3. Know Where the Sext is Going.
   
   This is self-explanatory. Be sure to triple-check the recipient of your message so that you don’t end up sending a sext to the wrong person.

4. Don’t Drink and Sext.
   
   Alcohol clouds judgment and lowers inhibitions, so it has the potential to enable you to do something you might regret. Wait until you’re sober and then decide whether or not you still want to send that sext message.
Dating Apps

Technology makes it easy to meet people nowadays, whether it’s to talk over coffee or to just have sex. People choose to use dating apps for many reasons, whether it’s to find love, casual sex, or to validate themselves when they get a match on their profile.

To keep everyone on the same page, it is important to communicate and be direct about what you are looking for while you are on the app. If you are just wanting to hook up, then tell them. If you want to go on a date to see if it may lead to a long-term relationship, then tell them. Being honest will help to prevent misunderstandings later.

No matter what you would like from dating apps, here are some harm-reduction tips to help you stay safe if and when you decide to meet someone new:

1. **Don't share your real phone number.**
   Restrict communication to the app, and consider using a pseudo-phone number (such as Google Voice) instead of your real one.

2. **Be mindful of your social media accounts.**
   Consider making your profiles private, and not linking your phone number to any of them. You may also choose to use different photos for dating profiles and social media accounts so that they can't be found through Google Images, for example.

3. **Tell someone you trust where you are going.**
   Consider also sending them a screenshot of your date's profile, and sharing your location with them from your phone. Feel free to also get a second opinion if you think something doesn't feel right. At the end of the day, trust your gut!

4. **Meet in a public area during the daytime.**

5. **Arrange your own transportation.**

6. **Don't be afraid to leave the date early and hit the block button!**

Ultimately, you have the right to do what you want to do to make yourself feel safe. You also have the right to use dating apps and not be subjected to harm. Many dating apps have community guidelines, so if someone isn't respecting you, it is okay to report their profile.
Conclusion and Resources

We hope you now have a better understanding of how to communicate sexcessfully. With awareness of your desires and boundaries, on-going honest communication and respect for your and your partners’ rights, we hope you can enjoy safe, pleasurable and fulfilling sexual experiences. We wish you the best in creating these experiences if and when you choose to do so.

Check out the following resources for more information on sexual health, including sexual violence prevention and response.

Student Health, Well-being and Counseling Services

Arthur Ashe Student Health & Wellness Center
studenthealth.ucla.edu

Student Health Education & Promotion (SHEP)
healtheducation.ucla.edu
- Bruin Love Station (safer sex products and info)
- Peer Education
- Online Sexual Health Resources

UCLA CARE (Campus Assault Resources & Education) Program
careprogram.ucla.edu
Confidential crisis intervention and victim advocacy for survivors of sexual harassment, sexual assault, intimate partner violence, and stalking.

UCLA Counseling and Psychological Services (CAPS)
counseling.ucla.edu
- Crisis Counseling 24/7
- Group Therapy Sessions
- Individual Counseling

UCLA GRIT Coaching Program
grit.ucla.edu
Coaching program offering individualized support from trained peer coaches, whose goals include enhancing overall well-being and improving academic and personal success.

Additional Campus Resources

Semel Healthy Campus Initiative Center at UCLA
healthy.ucla.edu

UCLA Case Management Services
studentincrisis.ucla.edu/Who-can-Help

UCLA Center For Accessible Education (formerly Office for Students with Disabilities)
cae.ucla.edu

UCLA Collegiate Recovery Program
collegiaterecovery.ucla.edu

UCLA Community Programs Office
cpo.ucla.edu/cpo/

UCLA LGBTQ Resource Center
lgbt.ucla.edu
Online Resources

American Sexual Health Association
ashasexualhealth.org

Arthur Ashe Student Health & Wellness Center Facebook Page
@UCLAsudenthealth

Association of Reproductive Health Professionals (ARHP)
arhp.org

Bedsider
bedsider.org/methods

Bruin Love Station (BLS) Instagram
@BruinLuvStation

Planned Parenthood
plannedparenthood.org

Student Health Education & Promotion (SHEP) Instagram
@UCLAhealthed

The Pleasure Chest
thepleasurechest.com/blog/

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