

## 10.4 SAFER SEX: COMMUNICATION AND NEGOTIATION

LEVEL 2 3

### Big Ideas in Module 10.4

- Communicating about and negotiating safer sex practises includes how to reduce risk and increase pleasure at the same time.
- All sexual activity requires communication between partners. Communication is key for practising consent, increasing pleasure for all involved, and establishing how to have safer sex.
- Distinguishing between supportive and coercive communication within sexual relationships can be challenging and takes practise. Knowing how to set boundaries and communicate assertively is a good place to start.
- Condoms protect against STBBIs and pregnancy. They have uses in a variety of sexual activities, including oral sex, anal intercourse, and vaginal intercourse. Despite the benefits, condom negotiation can be challenging.

### Learning Objectives

Students will:

- Identify solutions to better communicate about safer sex.
- Distinguish between communication that is coercive/manipulative and mutually supportive/affirming.
- Challenge negative assumptions around condom use with the benefits of condom use.

### Cross-Curricular Connections

- Biology
- Equity Studies
- Family Studies
- Gender Studies
- Psychology
- Social Studies
- Sociology

### Terminology

- Consent
- Dual protection
- Gender norms
- Negotiation
- Safer sex
- Stigma

### Materials

- Chalkboard or whiteboard
- Educator Resource—Safer Sex Negotiation Scenarios
- Educator Resource—Condom Negotiation
- Educator Resource—STBBI Role Play Scenarios

### Background Information for Educators

Communicating about and negotiating **safer sex** practises includes how to reduce risk and increase pleasure at the same time. While communication and **negotiation** can be challenging because of the **stigma** that surrounds sex and sexuality, learning the necessary skills is essential for safer, more pleasurable sexual lives. Distinguishing communication and negotiation that is supportive and mutually affirming from communication and negotiation that is manipulative and coercive is challenging and takes practise. Knowing how to set boundaries and communicate assertively is a place to start. (For more information on communication and boundary setting, see modules 7.3, 7.4, and 7.5).

All sexual activity requires communication between partners. Communication is one of the central ingredients to sexual pleasure. While communication about sex can feel awkward or uncomfortable, it can make sex more physically, emotionally, mentally, and socially comfortable before, during, and after sexual activity. Communication is key for practising **consent** and is essential for establishing how to have safer sex. (For more information on consent, see modules 8.1, 8.3, and 8.4).

Consent is not just the absence of “no;” it is an enthusiastic “yes.” If partners communicate with each other about condom use and it is established that a condom will be used during sexual activity, removing the condom without consent means that the sexual activity is no longer consensual and no longer safe. This form of sexual violence is called “stealth-ing” and is a violation of bodily autonomy (Brodsky, 2017). Like all forms of sexual violence, **systemic oppression** and **gender norms** support and reinforce these behaviours. Ongoing communication is essential.

Communicating about safer sex includes practising consent, condom negotiation, communicating about STBBIs, testing, and contraceptive methods being used, boundaries and comfort levels, desire, pleasure, **gender norms** and sexual scripts, and whether one or both partners are monogamous.

Condoms are the only safer sex supply/contraception that provides **dual protection** from STBBIs and pregnancy. Condoms also have uses in a variety of sexual activities—avoid framing condoms solely in terms of penis-vagina intercourse. There are many ways to use a condom for safer sex, including during oral sex on a penis, vulva, or anus (as a dental dam), and during anal intercourse.

### YOU SHOULD KNOW



While condoms are the best way to prevent most STBBIs and pregnancy at once, there are two other highly effective strategies to help prevent HIV. Both of these strategies involve the use of antiretroviral drugs (HIV drugs). When HIV-positive people are on HIV treatment and maintain an undetectable viral load (the viral load is too low for tests to detect it) the chance of passing HIV to their sexual partners is dramatically reduced. When taken as prescribed by HIV-negative people, medicines called pre-exposure prophylaxis (or PrEP) greatly lower the chances of becoming HIV positive through sex.

While condoms can significantly decrease STBBI risk, it can be challenging to negotiate their use. This is partly due to the myth that safer sex supplies like condoms and dental dams reduce pleasure and that once you are in a long-term relationship, you do not have to worry about STBBIs and can discontinue their use. If expectations are communicated, partners are honest with one another, trust exists, and there is mutual agreement/consent to discontinue condom use, it is still important that all people involved are aware of potential STBBI transmission risks and are considering harm reduction strategies, including regular STBBI testing and using PrEP as prescribed (if relevant). Gender norms, stereotypes, and sexual scripts about who should be responsible for acquiring condoms and what it means to carry them can also make it challenging to negotiate their use (e.g., gender norms create different social meanings for cisgender boys/men carrying condoms and girls/women carrying condoms). Learning the communication skills to negotiate condoms and other safer sex practises is integral to comfort and pleasure.

### Student Readiness

Before students engage with this lesson, ensure that safer space guidelines and group norms have been established (and revisited) within your classroom (for more information on how to establish safer space guidelines, see module 1.3). To effectively prepare for this activity, ensure students understand that:

- Sex does not have a universal meaning even though many assume it only refers to intercourse with a penis and a vagina.
- People engage in a variety of sexual activities regardless of their gender identity and sexual orientation.
- It is everyone's responsibility to practise safer sex and STBBI prevention.
- Sexual activity among young people is normal, expected, and healthy.
- There is no right age at which individuals should start having sex. It depends on their comfort level, circumstances, and emotional and social preparedness and circumstances. Some young people may be very interested in sexual activity and others' may not be.
- Assertive communication and boundary setting skills are developed with practise.

### Summary of Activities

Students will:

- Work in small groups to identify potential solutions to communication problems.
- Collectively brainstorm the positives and negatives of condom use.

### Activity 1 2 3

#### Instructions

1. Introduce the activity by explaining: Distinguishing communication and negotiation that is supportive and mutually affirming from communication and negotiation that is manipulative and coercive can be challenging and takes practise. It can be challenging because sexual and relationship scripts, which are informed by gender norms, normalize and romanticize manipulative and coercive behaviours as signs of love and devotion.
2. Explain: Coercion can be challenging to identify (especially when it is subtle, passive aggressive, and/or softly spoken) and can include manipulative, pestering, and/or threatening behaviours. Coercion can also look like using social power and norms to your advantage and/or to get what you want. Many common sexual, romantic, and relationship scripts are actually coercive. If coercion is present, there is no consent. If you are unsure about whether or not the request for consent is coercive and/or if consent is unclear, you do not have consent. Consent must be freely and fully given, it must be enthusiastic. *(For more information, see modules 8.2, 8.3, and 8.4).*

3. Ask students to brainstorm different lines people might use to pressure someone into having sex and/or sex without a condom. If appropriate, students who feel comfortable can raise their hands and offer their suggestions to the class.

#### EDUCATOR ANSWER KEY

Some answers might include:

- If you loved me you would.
- I don't have a condom on me.
- I just can't keep an erection if I wear a condom.
- It doesn't feel as good if I wear a condom.
- I don't have an STBBI.
- You're on the pill, so condoms are unnecessary unless you think I'm dirty.
- Don't you trust me?



4. Ask students for a definition of negotiation.

#### EDUCATOR ANSWER KEY

A mutual discussion and arrangement of the terms of a transaction or agreement.



5. Ask: What determines the outcome of a negotiation?

#### EDUCATOR ANSWER KEY

Determining factors could include individual and social power dynamics, communication styles, knowledge of the subject matter under negotiation, how well you know the other person/people you are negotiating with, etc.



6. Place students into small groups of 3 to 5. Provide each group with one problem from the **Educator Resource—Safer Sex Negotiation Scenarios**.
7. Instruct groups to indicate whether there were any coercive and manipulative behaviours at play and to provide potential solutions to the problems.

8. Have each group present their problem and potential solution scenarios. Add in any information using the **Educator Resource—Safer Sex Negotiation Scenarios**.
9. Wrap up the activity by asking: What can get in the way of negotiating safer sex?

### EDUCATOR ANSWER KEY



Power dynamics, lack of communication, miscommunication, being in the heat of the moment, not challenging assumptions, using euphemisms to talk about sex, different definitions about what “safer sex” means, dislike of condoms, coercion, manipulation, stealing, passive-aggressive communication styles, etc.

### Activity 2 2 3

#### Instructions

1. As a class, ask students to brainstorm all the positives they have heard about condom use. Write these on the board in a list.
2. Ask students to brainstorm all the negatives they have heard about condom use. Write these on the board next to the list of positives.
3. Ask students to use the positive statements to counter the negative statements by matching them up.
4. Use the **Educator Resource—Condom Negotiation** to add to the answers already on the board.
5. Wrap up the activity by explaining: Condoms are a versatile and effective safer sex supply. Sometimes negotiation of their use can be challenging because there are many negative assumptions about their use. For every common negative assumption, there is a positive. Having this information can help to make decisions about and negotiate condom use and safer sex.

### Activity 3 3

Role playing sensitive subject matter with students offers rich learning by “placing yourself in someone else’s shoes” and at the same time, requires a keen understanding of the social dynamics and personalities of your students. (For more information and tips about how to facilitate role play effectively and safely, see module 1.6).

**QUICK TIP**

If you are nervous about facilitating the role play scenarios, you can divide the chalkboard into thirds and write “COERSIVE” on one side, “SUPPORTIVE” on the other, and in the middle write “UNSURE.” Divide the class into two groups and give each group 16 pieces of construction paper. Read out the first scenario (both A and B’s parts) and ask each group to come up with ways to communicate that are assertive, supportive, and mutually affirming, instead of passive aggressive, manipulative, and/or coercive. Each group will write down 4 suggestions (1 suggestion per paper). Once both groups are done writing, they will switch papers and decide as a group which heading the paper should be placed under on the board. Continue with other scenarios.

**Instructions**

1. Cut out each role play scenario from **Educator Resource—STBBI Role Play Scenarios** ahead of facilitating the activity.
2. Explain that discussing safer sex and STBBIs can be challenging and sometimes uncomfortable or awkward. Ask students what needs to be part of such a conversation between partners or potential partners.

**EDUCATOR ANSWER KEY**

Suggested answers include: honesty, openness, kindness, and non-judgment. Point out that in many cases, people may be unaware of having an STBBI.

3. Ask: What might make it challenging for people to have honest, open, kind, non-judgmental conversations about safer sex, STBBIs, and condom use?

**EDUCATOR ANSWER KEY**

Suggested answers include: stigma, taboo, fear of rejection, uncertainty, feeling uninformed, gender norms and stereotypes, peer norms, unrealistic sexual scripts, and assumptions.

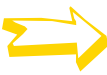
4. Make space at the front of the classroom.
5. Explain that this activity is a version of a role play exercise where the whole class participates.
6. Ask for two volunteer “actors” who will each have to read their “role” in front of the class.

7. Place actor A on one side of the classroom and actor B on the opposite side. Have them turn away from each other and give each actor their role (both A and B).
8. Ask actor A to read their role, then ask actor B to read their role.
9. Explain: Coercion can be challenging to identify (especially when it is subtle, passive aggressive, and/or softly spoken) and can include manipulative, pestering, and/or threatening behaviours. Coercion can also look like using social power and norms to your advantage and/or to get what you want. Many common sexual, romantic, and relationship scripts are actually coercive. If coercion is present, there is no consent. If you are unsure about whether or not the request for consent is coercive and/or if consent is unclear, you do not have consent. Consent must be freely and fully given, it must be enthusiastic. (*For more information, see modules 8.2, 8.3, and 8.4*).
10. Ask the class to provide suggestions on how to communicate through the scenario in ways that are assertive, supportive, and mutually affirming and are not passive aggressive, manipulative, and/or coercive. Ask the class to provide specific suggestions for actor A and specific suggestions for actor B.
11. Every time a student gives a suggestion about communication that is assertive, supportive, and/or mutually affirming, whichever actor (A or B) it is aimed towards will start by turning around to face the other actor and take steps towards them. *The more assertive, supportive, and/or mutually affirming the suggestion, the more steps the actor can take forward.*
12. ✚ Optional: Every time a student gives a suggestion about communication that is passive-aggressive, manipulative, and/or coercive, whichever actor (A or B) it is aimed towards will take a step backward. *The more passive aggressive, manipulative, and/or coercive the suggestion, the more steps the actor can take backward.*
13. Once both actors have taken an even number of steps towards one another and are almost face-to-face, stop the role play, debrief, and/or move onto the next role play scenario with two new actors.
14. Debrief the activity using the following questions:
  - What was it like to watch the actors physically move closer to and/or further away from one another?
  - For the actors, what was it like to evaluate the suggestions from the rest of the class and decide whether to stay still, move forward, or move backward?
  - Did communication suggestions get easier or harder to think of as they got closer to each other? What do you think that this means in a real life context?



- How were you able to distinguish communication that was coercive and manipulative from communication that was supportive?
- What did you learn about safer sex communication?

### EDUCATOR ANSWER KEY

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- a) and b) There are no right or wrong answers to these questions as they are based on the students' experiences of witnessing and participating in the activity. Possible answers might include: it was uncomfortable; became clear that communication about safer sex takes practice; unclear when communication was supportive versus coercive even when partners want the same thing, it can be difficult to communicate; when partners want different things, there is a fine line between compromising to make one partner happy/not disappointed and coming to a mutually agreed upon and mutually affirming place that satisfies both partners.
- c) Communication, like other skills, gets easier with practice. Practising communication that is assertive, supportive, and mutually affirming will help you gain confidence in yourself, increase pleasure, and become closer to your sexual partner(s).
- d) A statement is coercive and manipulative when you craft your message in order to make sure you get your way or to make someone feel guilty or like they have done something wrong. A statement is supportive when you are genuinely trying to understand what would make someone most comfortable, without compromising your own comfort and safety.
- e) Being manipulative, coercive, and/or unclear about intentions can create doubt, distrust, and resentment in relationships, which can make communication and connection between partners more challenging. When communication and connection is challenged, sexual activity can become less emotionally, socially, and physically safe, which increases risk and decreases pleasure for all involved.

### Wrap-up

Summarize the module with the following points:

- All sexual activity requires communication between partners.
- Communicating before, during, and after sex is key to ensuring that sex is consensual, safe, and pleasurable for all partners.
- Many different factors impact safer sex communication and negotiation but with practice, everyone can become more comfortable with negotiating and asserting their wants, desires, and needs.
- Communication, like other skills, gets easier with practice. Practising communication that is assertive, supportive, and mutually affirming will help you to gain confidence in yourself, increase pleasure, and become closer to your sexual partner(s).

## 10.4

# SAFER SEX: COMMUNICATION AND NEGOTIATION

## EDUCATOR RESOURCE—SAFER SEX NEGOTIATION SCENARIOS

Problem:	Potential Solutions:
<p>Maya only wants to have sex if a condom is used.</p> <p>Tai is allergic to latex and says he cannot use condoms.</p>	<p>Tai may not know that there are such thing as non-latex condoms. If Tai is allergic to latex, he could do research on alternative options.</p> <p>Maya can also point out that there are non-latex, polyurethane condoms that protect from pregnancy and STBBIs and that she would like to try these with Tai.</p>
<p>Nadia says she is not ready to have sex yet but she is comfortable with making-out.</p> <p>Ally suggests having oral sex as a compromise since she feels it does not count as “real sex” and Nadia could still claim she is a virgin.</p>	<p>Nadia has stated what she is comfortable with sexually and this does not include oral sex. Ally is pressuring Nadia by using heterosexist virginity myths about what is and is not sex. It is unclear whether Ally is purposefully being manipulative or if she really believes the heterosexist myths. Either way, it is coercive.</p> <p>Nadia could re-state what she is comfortable with and be clear with Ally that to her, oral sex is still sex.</p>

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**Problem:**

**Potential Solutions:**

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Molly is non-monogamous. She has one regular sexual partner named Noel and another, newer sexual partner named Lanie. Molly and Noel have been dating for a long time and they never use condoms when having sex because Molly is on the pill.

Lanie wants Molly to get tested before they start having sex.

Just because Molly and Noel have been dating for a long time and Molly is taking oral contraceptives to prevent pregnancy, does not mean that they should not use condoms. Condoms prevent against STBBIs and pregnancy.

Molly and Noel can both get tested for STBBIs. If Molly does not want to get tested, Lanie can either set sexual and physical boundaries that she feels comfortable with and/or ask to use dental dams and finger condoms, or break-up with Molly.

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Sterling says he hates the feel of condoms.

Nia is not comfortable having penetrative sex without a condom.

The bottom line here is that Nia is not comfortable having penetrative sex without a condom. Sterling does not have any grounds for negotiation and needs to respect what Nia wants (to use a condom if having penetrative sex). Otherwise, there is no consent.

Nia may propose that they could have non-penetrative sex without a condom but this is also not necessary. If Sterling wants to have penetrative sex with Nia he will have to use condoms (for the entire time or else there is no consent) and figure out ways to make wearing a condom a more pleasurable experience for him. For instance, a couple drops of water-based lubricant added to the inside of the condom and extra lubricant on the outside could make it a more pleasurable experience for him and for Nia.

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**Problem:**

Eve has never had sexual intercourse before but Bren has. Eve does not feel like she needs to use condoms as long as Bren pulls out in time.

Bren says he does not need to pull out because Eve just had her period.

**Potential Solutions:**

Eve has stated what her comfort level is in using the withdrawal method and Bren needs to respect this. By telling her why he does not need to pull-out, Bren is being coercive and manipulative.

Just because Eve has never had sexual intercourse before, does not mean that she cannot get an STBBI. This is especially the case if Bren has had sexual intercourse before. If Eve and Bren both want to and are committed to using the withdrawal method, they need to communicate about and get STBBI testing.

They also need to know that there is still a 22% chance of getting pregnant (typical use of withdrawal).

Eve can re-state her boundary and if Bren does not respect this boundary, then he does not have her consent to proceed.

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**Problem:**

**Potential Solutions:**

Max has never had sex and is really nervous about STBBIs. Max told their new partner Flo that they would feel more comfortable having sex if Flo got tested first.

STBBIs are very common and many are asymptomatic. Flo could have an STBBI and not know it. Getting tested is in Flo's best interest as well as Max's.

Flo has had two previous sexual partners and assured Max that they know they do not have an STBBI, even though they have never gotten tested. They are insulted that Max wants them to get tested because they feel like Max thinks that they are dirty and cannot be trusted.

Max could assure Flo that it is not because they think Flo is dirty or that they cannot be trusted, it is because STBBIs are common and even though many are asymptomatic, they can still be transmitted if undetected and untreated.

Carli wants to get tested with Lana before they start having sex.

Carli can respond to Lana by saying that queer cisgender women can get STBBIs. Lana is making a big assumption: that queer cisgender women do not have vaginal or anal intercourse with a penis. Even if true in this scenario, other kinds of sexual activity still put queer cisgender women at risk of STBBIs.

Lana says that because they are both queer cisgender women she does not feel like they need to be tested before they start having sex.

Noah and Davi are ready to take their relationship to the "next level."

Noah and Davi need to have a conversation about what the euphemism "taking it to the next level" means for each of them.

For Noah, this means having anal sex. For Davi, this means oral sex.

Once this is established, they will need to come to a compromise in line with what each of their boundaries and desires are before moving forward.

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**Problem:**

**Potential Solutions:**

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Kat is on the oral contraceptive pill so she doesn't think she and her partner need to use a condom to have sex.

Nav would like to use a condom to have sex but is afraid Kat will think it means he does not trust her or that he cannot be trusted.

Nav can tell Kat that wanting to wear a condom isn't about not trusting her. Either of them could have been exposed to an STBBI from previous partners and not know it because STBBIs are common and often asymptomatic. A condom will protect both of them. Nav can also suggest that both him and Kat get STBBI testing so that they know for sure whether or not they have an STBBI.

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Cal has herpes but doesn't currently have an outbreak so he says he doesn't need to use a condom.

Bria would still like him to use a condom but is afraid Cal will think she's judging him for having herpes.

It is possible that Cal doesn't think that his herpes is contagious when he doesn't have visible symptoms but he should ask Bria what she is comfortable with so that she can decide.

Bria can ask Cal to wear a condom and preface the conversation by saying that it isn't about judgment, she is worried about asymptomatic viral shedding that occurs even when there is no herpes outbreak. Asymptomatic viral shedding is one of the ways that herpes is transmitted.

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**Problem:**

Felix says there's no need to use a condom for anal sex since there's no risk of pregnancy.

Ashton still wants Felix to use a condom.

**Potential Solutions:**

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While pregnancy is one risk that comes with being sexually active, STBBIs are another. Condoms are very effective in reducing the risk of STBBI transmission during anal sex.

Ashton can give Felix this information and ask Felix to wear a condom. If Felix still doesn't want to wear one, he doesn't have Ashton's consent to proceed.

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## EDUCATOR RESOURCE—CONDOM NEGOTIATION

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### USING CONDOMS

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#### Positive Upsides

#### Negative Downsides

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They protect against STBBIs.

They feel/taste/smell bad.

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They protect against pregnancy.

They interrupt sexual activity to put one on.

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The security of being protected against STBBIs and pregnancy can be comforting and reassuring.

The feeling of being less close or intimate with your partner while wearing a condom.

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They do not need a prescription.

It is embarrassing to buy or pick up condoms.

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They are free at many clinics and community centres.

They are expensive at the grocery store.

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There are different options for condoms, including internal/external, polyurethane, latex, different sizes and different sensations.

Latex allergies are fairly common.

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They can be used with lube for extra pleasure.

Sex doesn't feel as good with a condom on.

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They provide the opportunity for more communication during sex.

Wearing a condom requires extra communication during sex.

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## **EDUCATOR RESOURCE—STBBI ROLE PLAY SCENARIOS**

### **Sexual Limit-Setting Role Play**

- A) Your partner wants to have sexual intercourse. You're not ready for sexual intercourse even though you have really enjoyed making-out. Maybe there are other things you can both do for pleasure—or maybe just take a rain check.
- B) You have been really enjoying making-out but you want to go further and have sexual intercourse.

### **Condom Role Play**

- A) You and B had agreed that you would always use condoms.
- B) You and A have been using condoms every time you have sex. Now that you're a couple, you figure it's alright to stop using them.

### **Chlamydia Role Play**

- A) You just found out you have chlamydia. You need to tell B.
- B) A tells you that they have been diagnosed with chlamydia. You say, "I knew I shouldn't have trusted you."

### **STBBI Testing Role Play**

- A) After your ex cheated, you got tested for chlamydia, gonorrhea, and HIV three months ago. Since then, you had sex just once with your ex without using a condom. You are looking forward to having sex with your new partner (B).
- B) You want to have sex with your new partner (A) but feel the need to discuss STBBI testing first.