

Consent and Safe Sex

Essential Questions:

Who are the intended audience(s) for these materials?

Why were these materials created? And who created them?

Which materials are educational? What roles do these educational resources play in relation to Consent and Safe Sex?

Which materials were created as part of social movement organizing? What roles do these materials play?

Secondary (and other Primary) Sources

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International Technical Guidance on Sexuality Education. (2009) UNESCO. <http://unesdoc.unesco.org/images/0018/001832/183281e.pdf>

HIV/AIDS in New York City. Wikipedia. https://en.wikipedia.org/wiki/HIV/AIDS_in_New_York_City

Suk Gerson, J. (2016). College students go to court over sexual assault. New Yorker. <http://www.newyorker.com/news/news-desk/colleges-go-to-court-over-sexual-assault>

Sexual Violence definitions. Center for Disease Control. <https://www.cdc.gov/violenceprevention/sexualviolence/definitions.html>

Sexual Health Education in Middle and High School. NYC Department of Education. http://schools.nyc.gov/NR/rdonlyres/E8BEF0FA-1165-47A3-852D-618E2E0744A4/0/WQRG_SexualHealthEducation.pdf

Books:

Nussbaum, M. C. (2000). Sex and social justice. Oxford University Press.

Smith, M.D. (2001). Sex without consent rape and sexual coercion in America. New York University Press.

Solinger, R. (2013). Reproductive politics: What everyone needs to know. Oxford University Press.

NYCDOE, Birth Control Information Project Petition (1971)

1971 petition to the New York City Department of Education requesting that NYC High Schools institute a Birth Control Information Project to educate students about contraception

Board of Education at their monthly general meeting in March, 1971
with a demand for permission to institute a Birth Control Informa-

with a demand for permission to institute a Birth Control Information Project in every New York City public High School.

A staggering, ever growing number of girls attending high schools here are pregnant today. Many, many high school age girls who are involved in sexual relationships are ignorant about contraception, and would not know how to get an abortion if they wanted one. In the past, school administrators required a student who became pregnant to leave school on "medical suspension" until her baby was born. Several years ago, when this could no longer be standard procedure because so many girls already couldn't come to school, the Board of Education organized special schools for their pregnant pupils. As the number of pupils eligible for such schools grew, they soon became monstrously overcrowded and proved inadequate, partly because of the difficult psychological and social problems to be found. Now, although they are still in existence, the lack of space in such schools and their extreme problems in functioning finally has forced the Board to allow pregnant girls to stay in school.

The vast majority of pregnancies of high school age girls, who are unmarried in nearly every case, are unwanted. Indeed, illegitimacy usually is a tragic circumstance for a mother, her child, and all others concerned.

Because we believe a woman definitely should have the right to choose whether or not to be in such a complicated situation, we feel more than justified in making our demand. We point to the high incidence of death and permanent injury resulting from self-attempted abortion as proof of the seriousness of this problem.

In each high school there should be several girls, trained members of the student body (who would not be chosen on the basis of their grade point average or other unfair criteria), who would do abortion counseling and refer girls to centers where they can get pregnancy tests or be provided with contraception. We do not want teachers to do this job because some girls might be embarrassed to speak to one of their teachers concerning such matters, while they would not hesitate to speak to one of their peers. Also we believe that certain teachers might assume punitive or moralistic attitudes.

We the undersigned, endorse the institution of a Birth Control information and Referral Project in all New York City high schools (public) as described above. We recognize the urgent need to inform H.S. men and women about Birth Control. We support the presentation of this demand by the High school Women's Coalition to the Board of Education at their monthly general meeting in March.

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1. **What responsibilities do NYC schools have in educating students about birth control and safe sex?**

2. **How might education initiatives surrounding safe sex and birth control in public schools have changed since 1971?**

Act Up Fcksmrtr

Flyer from the late 1980s with information about ACT UP, the New York City based HIV / AIDs education and advocacy group.

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ACT UP or the Aids Coalition to Unleash Power, is an international network of advocates, activists, health workers, lawyers, and educators that formed to address social, medical, legal responses to the AIDs pandemic. ACT UP was formed in 1987 at a Lesbian and Gay Community Services Center in New York City. While ACT Up is still an active advocacy group, the collective has evolved and numbers have dwindled since its inception in the 1980s. In many cities, organizations related to AIDS prevention and education have been formed including Housing Works and Health GAP, are outgrowths of ACT UP.

FCK SMRTR! FIGHT HARDER! FIGHT AIDS! ACT UP!

Among gay men & transgender women, transmission of HIV is **ACCELERATING**. Unless we **ACT UP**, more than half of young gay men & trans women will be HIV-positive before they are 50. We must take responsibility for our health! These are good tools to help you fuck smarter ...

Smarter Sex starts with testing. **Know your status**. Whether you're HIV+ or HIV-, **talk about it. Don't contribute to HIV stigma**. Your health & our health depend on it. Get tested for syphilis, chlamydia, & other Sexually Transmitted Infections (STIs). Find a location to get tested at hivtest.org.

If you're HIV+, **get medical care**. HIV treatment today is highly effective for most people with few side effects, but it is a commitment. HIV+ people today live healthy lives with normal lifespans. With treatment you can **maintain your health** & greatly lower the risk you'll transmit HIV to your partners.

Use quality condoms & lube. Used consistently, condoms (with water- or silicone-based lube) are highly effective against transmission of HIV & most STIs.

If you're HIV-, **know about Post-Exposure Prophylaxis (PEP)**. If you fucked without a condom or the condom broke, you can still prevent HIV infection with PEP if you act quickly—within 3 days of exposure, every hour counts. In NYC: call the **Men's Sexual Health Project**—at New York University—646.501.5200, or go to pepnow.org for more locations.

If you're HIV-, **consider Pre-Exposure Prophylaxis (PrEP)**. PrEP is a daily dose of HIV drugs that greatly reduces the risk of infection—especially when used with condoms—but only if taken as directed.

Know your risks. Jerking off with your partner poses no risk. Sucking dick has very low risk—so does fucking with a condom. Fucking without a condom is risky—highly risky if you're getting fucked. Having your partner pull out before he cums might reduce risk but won't eliminate it. If you're HIV+ & achieve an undetectable viral load, the longer you stay that way, the less infectious you are. **Knowing your partner's HIV status only reduces risk if you REALLY know it**—over 50% of young gay guys who are infected with HIV **DON'T KNOW IT**.

FCK SMRTR! FIGHT HARDER! FIGHT AIDS! ACT UP!

ACT UP
actupny.com

ACT UP meets every **Monday**, at 7 PM, at the **LGBT Community Center**, 208 West 13th Street, b/w 7th Avenue & Greenwich Avenue
COME & JOIN US

3. **What is HIV Stigma? How are sexually transmitted disease stigmas a barrier to treatment or community dialogue?**

4. **The language of this flyer is direct and provocative (some might even consider it offensive). What is the effect of this approach?**

Pamphlet, "Usted no esta solo"

Spanish language pamphlet with definitions and information about HIV and STI health services.

PROYECTO ENTRE NOSOTRAS Y NOSOTROS



CERTUS

Asociación Civil con trabajo en prevención de VIH/SIDA
Deán Funes 354 - Tel: 426-5015
e-mail: certus33@latinmail.com

ACODHO

Asociación Contra la Discriminación Homosexual
Acción por la Diversidad
Tel: 155-376657
e-mail: organizacionacodho@yahoo.com.ar

entidad que avala: PERSPECTIVA SOCIAL
Chaco 123 "2º G" - Tel: 4880552
e-mail: psocial@arnet.com.ar

NO SÓLO HAY QUE PREVENIR EL VIH/SIDA

¿qué sabemos de enfermedades de transmisión sexual?



TENGAMOS SIEMPRE A MANO ESTA INFORMACIÓN...

- Muchas de las Enfermedades de Transmisión Sexual no son conocidas, por lo que sus síntomas no pueden ser percibidos con facilidad.

- Las ETS pueden acarrear serias consecuencias si no son tratadas oportunamente.

- Pueden contraerse una y otra vez ya que no hay inmunidad contra ellas.

- Algunas de estas enfermedades producen lesiones en los genitales que actúan como puerta de entrada para el VIH, es decir, facilitan la infección.

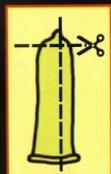
- Es muy importante que sepamos que NO ES NECESARIO que haya penetración para contraerlas. El sexo oral y la masturbación también implican un riesgo.

- Es necesario además, que utilicemos preservativos también para el sexo oral. Existen diferentes opciones, por ej.: preservativos sin lubricante, de variados sabores, etc. que podemos conseguir en kioscos y farmacias.

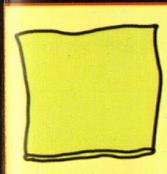
- Las Mujeres lesbianas y bisexuales también estamos expuestas a las ETS. Utilicemos guantes de látex para la penetración con las manos, y barreras de látex cuando tengamos sexo oral.



Como las campañas de prevención no incluyen generalmente el sexo entre mujeres, te acercamos información sobre cómo realizar una barrera de látex.



1. Cortá un preservativo como lo indica la figura.



2. Desplegalo hasta que quede como una lámina.



3. Colocalo en la vagina de tu compañera

ENFERMEDAD	CAUSA	SÍNTOMAS	COMPLICACIONES POSIBLES (si no se tratan)
Sífilis	bacteria	Se presenta en 3 etapas: ETAPA 1 - Aparece una pequeña úlcera de color rojo en los genitales, boca o ano. ETAPA 2 - (entre el primer y el sexto mes después de la relación sexual): Aparecen ganglios en ingles, axilas o cuello. Manchas en el pecho, espalda, brazos, manos y piernas. ETAPA 3 - Lesión en el sistema nervioso, óseo, cardiovascular y otros órganos.	Lesiones en el sistema circulatorio y en el sistema nervioso, que pueden ser mortales. En caso de embarazo, pueden producirse malformaciones y otros trastornos graves en el feto.
Gonorrea	bacteria	HOMBRES: Secreción viscosa y de pus por el pene. Molestias al orinar. MUJERES: Aumento del flujo vaginal. Molestias al orinar. En la mujer a veces no presenta síntomas.	HOMBRES: Aumenta el riesgo de artritis. Esterilidad. Prostatitis. MUJERES: Mayor riesgo de artritis. En caso de embarazo, el recién nacido puede presentar ceguera o neumonía.
Linfogranuloma	bacteria	Ganglios en región inguinal. Malestar general	Conjuntivitis.
Clamidia	bacteria	Ardor al orinar. Infecciones en la pelvis. Flujo vaginal.	Esterilidad.
Herpes genital	virus	Inflamación alrededor de los genitales y el ano con pequeñas ampollas y úlceras dolorosas. Molestias al orinar.	Riesgo de cáncer cervical. En caso de embarazo, aumenta el riesgo de aborto.
HPV (Virus del Papiloma Humano)	virus	Aparecen pequeñas verrugas indoloras en la vagina y en el cuello del útero, en el pene y en toda la zona genital. Los síntomas pueden aparecer y desaparecer.	Posible desarrollo de cáncer de cuello del útero, ano y pene.
Cándida	hongo	Picazón y ardor en los genitales y en el ano. Flujo vaginal.	Vulvovaginitis.
Tricomona	parásito	HOMBRES: Molestias en el pene y al orinar. Puede haber secreción. MUJERES: Secreción vaginal con mal olor. Picazón.	Infecciones urinarias Vulvovaginitis.
Hepatitis B *	virus	Inflamación del hígado. Orina de color oscuro. Piel de color amarillento. Fiebre y decaimiento general.	Mal funcionamiento del hígado. Puede derivar en cirrosis o cáncer. Puede ser mortal.
Hepatitis C	virus	Síntomas idénticos a la hepatitis B.	Idénticas a la Hepatitis B
Chancro Blando	bacteria	Úlceras en la zona genital	Lesiones graves en la zona genital.

* Podés vacunarte contra la Hepatitis B.

 Frente a cualquiera de estos síntomas, podés acudir a: 
Medicina Preventiva (Sta. Rosa 360 - Tel: 433-1524) • **Hospital Rawson** (Bajada Pucará 359 - Tel: 434-8756)

2013.012

5. Why is the message “you are not alone” important to convey to those who are HIV positive in the NYC latinx community?

6. How does the approach here differ from the Act Up Flyer? What does this suggest about the range of different people affected by the HIV crisis in the 1980s?

Safe Sex Pamphlet, 1971

Illustrated pamphlet from 1971 providing information about contraception.

7. This pamphlet heavily relies on images. Are images an effective method for communication about safe sex and contraception? Why / why not?

8. This resource offers “alternatives to abstinence.” Given that this pamphlet was published in 1971, how is this “alternative” approach subversive or culturally significant?

Learning Good Consent (DIY Pamphlet)

Hand-made zine with information about sexual consent including a list of 68 questions to spark conversations about consent, ethics, and sexual violence.

NO MEANS NO

"NOT NOW" MEANS NO
I HAVE A BOY/GYRLFRIEND MEANS NO
MAYBE LATER MEANS NO
NO THANKS MEANS NO
YOU'RE NOT MY TYPE MEANS NO
FUCK OFF MEANS NO
I'D RATHER BE ALONE RIGHT NOW MEANS NO
DON'T TOUCH ME MEANS NO
I REALLY LIKE YOU BUT... MEANS NO
LET'S JUST GO TO SLEEP MEANS NO
I'M NOT SURE MEANS NO
YOU'VE/I'VE BEEN DRINKING MEANS NO
SILENCE MEANS NO

DATE RAPE = NOT UNDERSTANDING NO



consent questions

from SUPACT

by Amber, Cindy + Able

...Not all of the questions have right or wrong answers. We put them together with the hopes that it would help people to think deeply, and to help open up conversations about consent. I know it's a long list, but please read and think honestly about these questions, one at a time.

1. How do you define consent?
2. Have you ever talked about consent with your partner(s) or friends?
3. Do you know people, or have you been with people who define consent differently than you do?
4. Have you ever been unsure about whether or not the person you were being sexual with wanted to be doing what you were doing? Did you talk about it? Did you ignore it in hopes that it would change? Did you continue what you were doing because it was pleasurable to you and you didn't want to deal with what the other person was experiencing? Did you continue because you felt it was your duty? How do you feel about the choice you made?
5. Do you think it is the other person's responsibility to say something if they aren't into what you are doing?
6. How might someone express that what is happening is not ok?
7. Do you look only for verbal signs or are there other signs?
8. Do you think it is possible to misinterpret silence for consent?
9. Have you ever asked someone what kinds of signs you should look for if they have a hard time verbalizing when something feels wrong?
10. Do you only ask about these kinds of things if you are in a serious relationship or do you feel able to talk in casual situations too?
11. Do you think talking ruins the mood?
12. Do you think consent can be erotic?
13. Do you think about people's abuse histories?
14. Do you check in as things progress or do you assume the original consent means everything is ok?
15. If you achieve consent once, do you assume it's always ok after that?
16. If someone consents to one thing, do you assume everything else is ok or do you ask before touching in different ways or taking things to more intense levels?
17. Are you resentful of people who need or want to talk about being abused? Why?
18. Are you usually attracted to people who fit the traditional standard of beauty as seen in the united states?
19. Do you pursue friendship with people because you want to be with them, and then give up on the friendship if that person isn't interested in you sexually?
20. Do you pursue someone sexually even after they have said they just want to be friends?
21. Do you assume that if someone is affectionate they are probably sexually interested in you?
22. Do you think about affection, sexuality and boundaries? Do you talk about these issues with people? If so, do you talk about them only when you want to be sexual with someone or do you talk about them because you think it is important and you genuinely want to know?
23. Are you clear about your own intentions?
24. Have you ever tried to talk someone into doing something they showed hesitancy about?
25. Do you think hesitancy is a form of flirting?
26. Are you aware that in some instances it is not?
27. Have you ever thought someone's actions were flirtatious when that wasn't actually the message they wanted to get across?
28. Do you think that if someone is promiscuous that makes it ok to objectify them, or talk about them in ways you normally wouldn't?
29. If someone is promiscuous, do you think it's less important to get consent?
30. Do you think that if someone dresses in a certain way it makes it ok to objectify them?
31. If someone dresses a certain way do you think it means they want your sexual attention or approval?
32. Do you understand that there are many other reasons, that have nothing to do with you, that a person might want to dress or act in a way that you might find sexy?

33. Are you attracted to people with a certain kind of gender presentation?
34. Have you ever objectified someone's gender presentation?
35. Do you assume that each person who fits a certain perceived gender presentation will interact with you in the same way?
36. Do you think sex is a game?
37. Do you ever try to get yourself into situations that give you an excuse for touching someone you think would say "no" if you asked? (i.e. dancing, getting really drunk around them, falling asleep next to them)
38. Do you make people feel "unfun" or "unliberated" if they don't want to try certain sexual things?
39. Do you think there are ways you act that might make someone feel that way even if it's not what you're trying to do?
40. Do you ever try and make bargains? (i.e. "if you let me _____ I'll do _____ for you")
41. Have you ever tried asking someone what they're feeling? If so, did you listen to them and respect them?
42. Have you used jealousy as a means of control?
43. Do you feel like being in a relationship with someone means that they have an obligation to have sex with you?
44. What if they want to abstain from sex for a week? a month? a year?
45. Do you whine or threaten if you're not having the amount of sex or the kind of sex that you want?
46. Do you think it's ok to initiate something sexual with someone who's sleeping?
47. What if the person is your partner?
48. Do you think it's important to talk with them about it when they're awake first?
49. Do you ever look at how you interact with people or how to treat people, positive or negative, and where that comes from/ where you learned it?
50. Do you behave differently when you've been drinking?
51. What are positive aspects of drinking for you? What are negative aspects?
52. Have you been sexual with people when you were drunk or when they were drunk? Have you ever felt uncomfortable or embarrassed about it the next day? Has the person you were with ever acted weird to you afterward?
53. Do you seek consent the same way when you are drunk as when you're sober?
54. Do you think it is important to talk the next day with the person you've been sexual with if there has been drinking involved? If not, is it because it's uncomfortable or because you think something might have happened that shouldn't have? Or is it because you think that's just the way things go?
55. Do you think people need to take things more lightly?
56. Do you think these questions are repressive and people who look critically at their sexual histories and their current behavior are uptight and should be more "liberated"?
57. Do you think liberation might be different for different people?
58. Do you find yourself repeating binary gender behaviors, even within queer relationships and friendships? How might you do this make others feel?
59. Do you view sexuality and gender presentation as part of a whole person, or do you consider those to be exclusively sexual aspects of people?
60. If someone is dressed in drag, do you take it as an invitation to make sexual comments?
61. Do you fetishize people because of their gender presentation?
62. Do you think only men abuse?
63. Do you think that in a relationship between people of the same gender, only the one who is more "manly" abuses?
64. How do you react if someone becomes uncomfortable with what you're doing, or if they don't want to do something? Do you get defensive? Do you feel guilty? Does the other person end up having to take care of you and reassure you? or are you able to step back and listen and hear them and support them and take responsibility for your actions?
65. Do you tell your side of the story and try and change the way they experienced the situation?
66. Do you do things to show your partner that you're listening and that you're interested in their ideas about consent or their ideas about what you did?
67. Do you ever talk about sex and consent when you're not in bed?
68. Have you ever raped or sexually abused or sexually manipulated someone? Are you able to think about your behavior? Have you made changes? What kinds of changes?

9. This pamphlet takes an explicitly DIY (do it yourself) approach to teaching people about sexual consent. How does a DIY project like this differ from political messaging about consent and top-down efforts to enforce consent through mandates like Title IX?

10. Do you think DIY advocacy or educational initiatives like this are effective at opening up conversations about consent?

Safe Sex Buttons

Buttons promoting safe sex with slogans “No Condoms? Get Out of My House” and “Just Wear it.”



11. How do wearable social movement ephemera like buttons function differently from print ephemera like pamphlets or photographs?

12. How do direct, clear messages like these challenge cultural conceptions of topics that are often treated as taboo?

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