SWAG: LESSONS IN SEXUAL WELLNESS AND GROWTH

GAY SEX 102: BUT WAIT, THERE'S MORE!

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This lesson is an opportunity for participants to think about the range of ways gay men can have sex and engage in it safely. Through a mix of discussion and self-reflection, participants will be able to consider how to engage in sex that is safe for them physically and emotionally.

KEYWORDS

Health/Sexual Health
HIV/AIDS
Safe Sex
Sexual Behavior
Sexual Negotiation

THEME

Sexual Health & HIV

FORMAT

Workshop

TIME

80 minutes

Interdisciplinary Sexuality Research Collaborative

PREPARATION

The facilitator(s) should use this section to prepare for the lesson.

WHY THIS LESSON IS IMPORTANT FOR BLACK MEN

The HIV epidemic continues to present real challenges to the Black community, particularly for Black gay and same-gender loving men. In using educational tools to address these concerns, public health professionals affirm that BGM are best benefitted by discussions that consider sexual health within the context of their whole lives, without pathologizing what they do or offering health promotion strategies that are ignorant to the realities of gay sexual needs. Ultimately, sex education lessons that are fun, sex positive, and focused on more comprehensive aspects of sexual behavior may do well to reinforce HIV risk reduction more particularly.

GOAL

Participants will increase their capacity to think critically about the basic physical aspects of sex, including complex emotional aspects. Participants will also gain a greater awareness of both sexual risk and "safer sex" as a modern concept.

OBJECTIVES

By the end of this lesson, participants will be able to:

- Define PrEP, PEP, ART, and TasP.
- Identify at least two strategies for reducing STI risk while still engaging in pleasurable sex.

TIME

STEP 1	Introductions and Opening Activity	15 min.
STEPS 2–7	Having Healthy and Fun Sex	35 min.
STEPS 8–13	HIV: Knowing Myths, Knowing Risks	15 min.
STEPS 14–17	Closing Activity	15 min.

KEY TERMS

Material boundaries: Boundaries that relate to the giving and taking of items (e.g., money, car, clothes, books, food, toiletries).

ART (antiretroviral therapy): A medication for the treatment of HIV that is highly effective at preventing the further growth of the virus when taken daily.

HIV (human immunodeficiency virus): A virus acquired through contact with bodily fluids (blood, semen, pre-seminal fluid, rectal fluids, vaginal fluids, and breast milk) that can lead to the eventual failure of the immune system.

Kegel exercise: The repetitive act of tightening and releasing the pelvic muscles (either in the vagina or the anal sphincter) in order to maintain pelvic floor strength.

PEP (post-exposure prophylaxis): A 28-day regimen of medication that someone take can after being exposed to HIV as a means of preventing infection.

PrEP (pre-exposure prophylaxis): A medication that, when taken daily, can prevent the transmission of HIV, even if someone is exposed to the virus.

Sexual consent: The act of actively agreeing to engage in sexual behaviors. Consent can be withdrawn at any time during sexual activity.

STI (sexually transmitted infections): Any infection that spreads through sexual contact. STIs may have no symptoms at all or lead to uncomfortable or harmful effects, including inflammation, irritation, or discharge.

TasP (treatment as prevention): A strategy for reducing the risk of HIV transmission by ensuring that HIV-positive individuals have undetectable viral loads.

Transgender: A person whose sense of their own gender does not correspond to the sex they were assigned at birth.

Undetectable viral load: The situation wherein an individual living with HIV has so few copies of the virus present in the blood that modern monitoring tests are unable to detect them. This person is still HIV-positive, but is highly unlikely to transmit HIV to a partner.

REQUIRED BACKGROUND KNOWLEDGE FOR EDUCATORS

This lesson can be led by any individual with at least a high school education. Definitions of key terms which are not likely to be general knowledge are included, in order to support the educator. Further, potential responses to questions and prompts are provided in-text in order to support the educator.

SPECIAL CONSIDERATIONS

While this lesson can be led by any individual, the ideal facilitator will be someone who is either a gay, queer or same-gender-loving male, and/or has a strong standing rapport with group participants.

FACILITATION PREP

The facilitator(s) should complete the following tasks before the lesson starts:

- ☐ If space allows, arrange participant seating in a circle or semi-circle. Avoid having any participant sit with their back to another participant.
- ☐ As participants enter the space, ask them to fill out and put on a name tag. Encourage them to include their pronouns (e.g., she/he/they, etc.) on the name tag as well.
- ☐ Prior to the session, prepare two sheets of flip chart paper with each of the following questions noted at the top:
  - **What is Emotionally Safe Sex?**
  - **What is Physically Safe Sex?**

  Keep each sheet hidden until the appropriate time for their use during the session.
- ☐ Adhere any community agreements and/or group norms to a sheet on the wall in a prominent, easy-to-see location of the room.
- ☐ Prepare a list of referral services offered by your agency or locally and have copies ready to distribute to participants at the end of the session.

MATERIALS

The facilitator(s) should have the following materials for the lesson:

- ☐ Markers
- ☐ Flip chart paper with adhesive or tape
- ☐ Post-it Notes

HANDOUTS

Each participant should be provided with the following printed materials:

- ☐ H1, "About HIV: Myth or Fact?"
- ☐ H2, "HIV Risk Thermometer"
- ☐ H3, "STI Info Chart"
- ☐ H4, "Strategies for Reducing Risk"
- ☐ End-of-Session Evaluation

PROCEDURE

The facilitator(s) should follow the steps in this section to facilitate the session, and use the margin for notes and prompts.

Introductions and Opening Activity

STEP 1

Welcome participants to your session and conduct brief introductions (name, pronouns) with the group as needed. Review all established group agreements and reaffirm consent from the group. If group agreements have not been completed, please create them at this time *(use the Community Agreements lesson, if necessary)*. Emphasize the necessity of respecting diverse viewpoints and the range of experiences in the room, given the potential sensitivity of discussing sexual behavior so directly.

Having Healthy and Fun Sex

STEP 2

Divide the group into two halves. *(If you used the casting exercise in the last activity, you can instruct groups to remain in their casting groups.)* Inform participants that they will now be engaging in a debate about the following statement:

- "When Black men practice safe sex together, it makes it even more hot and fun."

STEP 3

Explain to the larger group that one group will be responsible for creating supporting arguments ***for*** the statement, while the other will come up with arguments ***against*** the statement. Instruct each group to develop at least three solid arguments in their groups favor. Select which group will create the "For" argument, and while will be "Against". Give each group three minutes to create their arguments.

STEP 4

After three minutes, reconvene the larger group, and then instruct each small group to share their respective arguments. After each group is shared, proceed through the following Discussion Questions:

1. "Which arguments do you believe were the strongest, and why?"
2. "How could a person's definition of "Safe Sex" affect their level of agreement with this statement?"

3. "Could a person's definition of "Safe Sex" affect the strength of a *for* or *against* argument? If so, how?" Solicit 2–3 examples.

STEP 5 Distribute 3–5 Post-it Notes to each participant, along with a writing utensil. Reveal the sheets of flip chart paper labeled **"What is Emotionally Safe Sex?"**, and **"What is Physically Safe Sex?"** *(See Facilitation Prep.)* Instruct participants to use each Post-it Note to write down one item that answers one of the questions (**encourage** them to complete at least three answers for each). After five minutes of writing, **instruct** participants come and place their Post-it Notes under their respective question sheet.

STEP 6 Thank the group for sharing their thoughts, and then **explain** to them that you will now read off a series of statements that represent either emotional or physical safe sex. Read each statement included in **Facilitator Resource A, "Emotional and Physical Safe Sex Standards."** As you read, **instruct** participants to guess the list to which each statement belongs. As each correct answer is discovered, **tape** the statement to its respective flip chart sheet.

STEP 7 After all statements have been read aloud and placed, **read** the final full list of statements aloud to the group. Explain that this is not a definitive list of items representing emotional and physical safe sex, but that it could be used to help individuals determine the safe sex standards they want to practice in their own lives. Encourage participants to record the answers for further reflection after the session. *(If you have space, post the sheet near a section of the wall by the door leading outside so that it can be seen as participants leave the session.)*

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HIV: Knowing Myths, Knowing Risks

STEP 8 Explain to participants that they will now consider what safe sex looks like when thinking about HIV and AIDS. Explain to participants that HIV is one of the most poorly understood STIs, primarily because of the amount of stigma attached to it.

STEP 9

Distribute Handout H1, "About HIV: Myth or Fact?" Give participants five minutes to complete the sheet, and then review the correct answers aloud as a group (Use Facilitator Resource B, "Answer Key for Handout H1" for answers.) Invite participants to share any insights or surprises they gained from the activity before moving on.

STEP 10

Distribute Handout H2, "HIV Risk Thermometer." Read each risk level and corresponding activities aloud, pausing between levels to solicit any questions participants may have about the activities noted. Ensure that participants understand each activity and why it falls at that particular risk level before proceeding.

STEP 11

Explain to participants that they will now review a few different scenarios, and determine where along the HIV Risk Thermometer the individuals in them fall. Divide the group into four small groups, and then give each group one of the scenarios from Facilitator Resource C, "HIV Risk Scenarios."

Give each group five minutes to review the scenario and discuss the accompanying questions.

STEP 12

Reconvene the large group, and then invite each smaller group to share discussion points from their smaller conversations, reading each scenario aloud to the larger group so that everyone can follow along. Solicit any additional questions participants may have about the thermometer based on the discussion, and then move on.

STEP 13

Conclude the activity by asking participants to reflect silently on their own likes and dislikes, and to determine where their behavior might fall on the risk thermometer. Without sharing with the group, encourage participants to locate themselves and then think about specific ways they can move toward less risk while making sure sex is still hot and fun.

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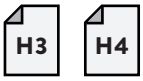
Closing Activity

STEP 14 Ask participants if they have any outstanding questions about the lesson. Respond to these as necessary.

STEP 15 Distribute a copy of the End-of-Session Evaluation to each participant. Allow participants 5–7 minutes to complete the evaluation, and collect them as they are completed. After five minutes, invite any participants who have not completed the evaluation to do so after the next activity.

STEP 16



Distribute Handout H3, "STI Info Chart," and Handout H4, "Strategies for Reducing Risk." Explain to participants that thes can be used to think about one's own STI and HIV risk; encourage people to spend some time after the session looking through them.

Solicit any immediate questions as necessary and, if you are able, offer yourself as available should people develop any new questions after the session. Emphasize that each individual should determine which methods of risk reduction work best for them, taking into account the costs and benefits of each.

STEP 17 Close by asking each participant to name one thing that surprised them today and one thing they will continue to think about after they leave. Once everyone has shared, thank all participants for participating, and then adjourn the session.

FACILITATOR RESOURCE A

EMOTIONAL AND PHYSICAL SAFE SEX STANDARDS

Directions: See **STEP 6**. Cut out the statements along the dotted lines.

Recognizing when you are being treated poorly by a partner due to an unchecked bias (e.g., race, gender expression, HIV status, skin color, language, intellectual level).

Knowing your STI status and being mindful about whatever choices you take to maintain it (e.g., using PrEP or PEP, practicing TasP)

Checking in with a partner while sex is going on to make sure they are okay and still consenting to whatever is going on.

Engaging in activities like Kegel exercises to maintain sphincter strength.

Being able to notice and respond when consent is or is not being respected.

Doing regular self-checks to examine and heal one's own unchecked biases and/or psychological triggers.

Consistently using water or silicone-based lubricants when engaging in anal sex.

Avoiding lotions and warming lubricants for activities that may irritate the anal cavity.

Being transparent with your intentions and avoiding deception (e.g., cheating on a partner, saying 'I love you' when you don't mean it) for sexual access.

FACILITATOR RESOURCE B

ANSWER KEY FOR HANDOUT H1, "ABOUT HIV: MYTH OR FACT?"

Directions: See **STEP 9** .

MYTH / FACT?	STATEMENT
Myth Fact	1. Kissing someone who may be HIV-positive is a relatively safe activity. *Answer: HIV cannot be spread through saliva. Transmission through kissing is very rare and requires both partners to have open sores or bleeding in their mouths. Out of millions of documented cases of HIV, only a handful of been attributed to kissing.*
Myth Fact	2. Getting a negative result on an HIV test does not mean you are definitively HIV negative. *Answer: There is a window period (usually 1 month) after you may have been exposed to HIV, but before a test can detect it. That is why it is important to get tested routinely (every 3–6 months).*
Myth Fact	3. A person infected with HIV will not always show immediate symptoms. *Answer: Symptoms do not always emerge right away and do so at different rates for different people. Testing is the only way to know for sure whether you are infected.*
Myth Fact	4. You cannot tell someone is HIV-positive just by looking at them. *Answer: People who are HIV-positive often show no symptoms, so there is no way to tell. It is best to communicate with your partners about HIV and to consistently use preventative methods such as condoms or PrEP.*
Myth Fact	5. You can have sex with someone who is HIV negative and have a low transmission risk. *Answer: People who are HIV-positive often show no symptoms, so there is no way to tell. It is best to communicate with your partners about HIV and to consistently use preventative methods such as condoms or PrEP.*
Myth Fact	6. Anyone can get HIV, regardless of relationship status between partners. *Answer: Research suggests that most HIV transmission happens in the context of main partnerships or relationships. It's important to take HIV prevention seriously regardless of your relationship status.*

FACILITATOR RESOURCE C

HIV RISK SCENARIOS

Scenario 1: David

David is a 35-year-old Black man who identifies as bisexual. About 4 months ago, David broke up with a long-time monogamous partner of three years and is enjoying his new single life now. Most weekends he goes out to bars or parties and frequently sleeps with more than one person every weekend. David will wear a condom if a partner asks him to, but he strongly prefers raw sex with men and women because he got used to that kind of sex with his last partner. He doesn't usually talk to new partners about their statuses before having sex with them because he finds those conversations awkward and unsexy. David gets tested for STIs and HIV at his local clinic about twice per year.

Discussion questions:

1. What "risk zone" would you say David is in right now?

2. Who is being impacted in this situation?

3. What can he do to move more toward the Low Risk or No Risk zones while still making sure his sex is hot and pleasurable?

FACILITATOR RESOURCE C

HIV RISK SCENARIOS

Scenario 2: Brandon

Brandon is a 23-year-old Black man who identifies as heterosexual. Brandon has an on-and-off-again girlfriend who he started dating when they were 16. Brandon and his girlfriend do not use condoms and she is the only woman Brandon has had sex with. During the periods when Brandon and his girlfriend have been broken up, Brandon has had raw oral and anal sex with a male friend from high school who identifies as gay. Brandon's girlfriend knows that he is bisexual, though he has not told her about the friend because she doesn't believe that bisexuality is a real thing and has already told him that deep down she believes he is "just gay", and hasn't accepted it yet. Brandon has never been tested for STIs or HIV; he also doesn't know if his girlfriend has slept with anyone else while they were broken up, or if his friend has any other partners.

Discussion questions:

1. What "risk zone" would you say Brandon is in right now?

2. What circumstances are protecting Brandon, and what circumstances are putting him at risk?

3. Who is being impacted in this situation?

FACILITATOR RESOURCE C

HIV RISK SCENARIOS

Scenario 3: Miguel

Miguel is a 43-year-old Black gay man who has been married to another man for five years. Miguel and his husband sometimes have sex with other men and will occasionally attend sex parties together. Miguel and his husband always use condoms, and get tested after every new partner. They also have made a firm commitment to not have sex with other people outside of their experiences together.

Discussion questions:

1. What "risk zone" would you say Miguel is in right now?

2. What behaviors are Miguel engaging in that are minimizing his risk for HIV and other STIs?

3. How might a change in Miguel's circumstances impact his ability to stay in his current zone?

FACILITATOR RESOURCE C

HIV RISK SCENARIOS

Scenario 4: Russell

Russell is a 17-year-old Black male who recently topped another man for the first time. Russell had experienced mutual masturbation with men before this. Russell and his partner used condoms for anal sex, but not oral sex. Russell is interested in hanging out with this man again and having more of these experiences. Russell knows that STIs and HIV exist, but he doesn't have much information about risk reduction, protection, and safety. Russell really enjoyed having sex with another man but he is not sure what he's looking for in his sexual relationships with men. Russell has a lot of social support and friends who are accepting of diverse sexual experiences and orientations.

Discussion Questions:

1. What "risk zone" would you say Russell is in right now?

2. What are some short- and long-term steps you would recommend to Russell as he begins exploring sex with men?

3. What situations might arise that would impact Russell's ability to stay in his current zone?

HANDOUT

ABOUT HIV: MYTH OR FACT?

Directions:
Read each statement below, and then circle the apppropriate answer according to whether you believe it is a myth or a fact.

MYTH / FACT?	STATEMENT
Myth Fact	1. Kissing someone who may be HIV-positive is a relatively safe activity.
Myth Fact	2. Getting a negative result on an HIV test does not mean you are definitively HIV negative.
Myth Fact	3. A person infected with HIV will not always show immediate symptoms.
Myth Fact	4. You cannot tell someone is HIV-positive just by looking at them.
Myth Fact	5. You can have sex with someone who is HIV negative and have a low transmission risk.
Myth Fact	6. Anyone can get HIV, regardless of relationship status between partners.

H2

HANDOUT

HIV RISK THERMOMETER

RISK ZONE	ACTIVITY
HIGH RISK	• Raw (condomless) anal sex with multiple strangers at a sex party • Raw anal sex with one stranger met at a club • Raw anal sex with a non-monogamous partner
MODERATE RISK	• Raw anal sex with a long-term monogamous partner • Raw anal sex with an HIV+ partner with undetectable viral load • Raw anal sex with a partner of unknown status, while taking PrEP
LOW RISK	• Anal sex with a partner, using condoms • Anal sex with a partner while taking PrEP and using condoms • Oral sex
NO RISK	• Abstinence • Cuddling • Mutual masturbation

HANDOUT

STI INFO CHART

STI	SYMPTOMS	TRANSMISSION	TESTING
HIV	**Within first 2 weeks:** headache; fatigue; fever; muscle aches **Asymptomatic stage:** no symptoms **Symptomatic stage:** weakened immune system	Condomless vaginal or anal sex; contact with infected vaginal fluid, semen, blood, or breast milk	Rapid testing by saliva or finger prick; blood screening
Herpes	Small, fluid-filled blisters; itching/ tingling sensations in the genital or anal area; pain during urination; flu-like symptoms; swollen glands; fever	condomless vaginal, anal, or oral sex; contact with infected skin (even when a condom is used)	Clinical examination; blood testing
Chlamydia	Pain when urinating; abnormal discharge from the penis or anus	condomless vaginal, anal, or oral sex	Lab analysis of urine, throat swab, and/or anal swab
Gonorrhea	Burning and pain while urinating; rectal pain; increased urinary frequency; discharge from the penis or anus (white, green, or yellow in color); red or swollen urethra; swollen or tender testicles; sore throat	condomless vaginal, anal, or oral sex	Lab analysis of urine, throat swab, and/or anal swab
Syphilis	**Stage 1:** skin lesion at infection site; swollen lymph nodes **Stage 2:** rash on palms and soles of feet; patchy hair loss **Stage 3:** tumor-like balls on the skin, bone, or liver; infection of the nervous system	Condomless vaginal or anal sex; contact with infected skin (even when a condom is used)	Blood screening

HANDOUT

STRATEGIES FOR REDUCING RISK

Condoms and Other Barrier Methods

A latex or polyurethane condom creates a barrier so no bodily fluids are exchanged between the penis and vagina or rectum.

What about oral sex? Many people think oral sex involving the anus or genitals is a lower risk activity, but it still has the potential for STI transmission. A flavored condom or dental dam can reduce the risk of transmission during oral sex:

- Flavored condoms are put over the penis and can make oral sex fun and delicious. Flavored condoms should not be used for vaginal or anal sex because they can cause irritation.
- Dental Dams are placed over the vagina or anus in order to be a barrier for bodily fluids and transmission of skin-to-skin infections.

PrEP (Pre-Exposure Prophylaxis)

A daily pill that can help prevent HIV infection for those at high risk. **When taken every single day** PrEP can reduce the risk of HIV infection by up to **92%**.

How does it work? PrEP works to keep the HIV virus from establishing a permanent infection in a person's body, even if they are exposed to the virus via sex or injection drug use.

How do I get it? See your health care provider to receive PrEP and return for follow-ups every three months to continue to receive PrEP and get tested for HIV and other STIs.

PEP (Post-Exposure Prophylaxis)

A method of reducing a permanent HIV infection after someone has been exposed to the virus.

How does it work? Taken for one month, PEP works by attempting to prevent the implantation of HIV in the person's immune cells to stop any replication of HIV. **PEP is not designed for general HIV prevention.** It is geared toward healthcare workers exposed to HIV due to an accident in the workplace.

Testing and Treatment

How can I make regular testing affordable for me? Many full-time jobs provide health insurance, which often covers regular HIV and STI testing.

Need free or low-cost testing options?
gettested.cdc.gov

What can regular testing do for you? Testing allows you to know your status and communicate with your partners about options for preventing transmission within the relationship. **If you do test positive for HIV or an STI**, it means you can begin treatment.

What can treatment do for you?

- **Treatment is loving.** Engagement in treatment can help you avoid transmitting HIV or STIs to your partners and keeps our community healthy.
- **Treatment reduces your risk** of contracting HIV or another STI.
- **Treatment sustains life and health.** Individuals with an undetectable viral load do not transmit HIV to their partners. So, if an HIV-positive person is taking their antiretroviral medication as prescribed, they may be able to reduce their chance of transmitting the virus to almost zero.