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**Workshop II**

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Greetings

**Purpose:**
To welcome the participants back and to reestablish the group bond.

**Materials:**
Motto Poster
Guideline Poster

**Time:**
5 minutes

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**Health Educator:**
Hey Ladies! Welcome back to STARS! We are very happy that you came back for more fun and knowledge. Everyone should have put their name on the sign-in sheet. If you have not done so, please sign in during one of our breaks. Now, I know that it’s only been a week since we’ve last met, but I want to remind you of our group guidelines.

[HE displays Guidelines Poster]

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**Health Educator:**
We’re going to be talking all about sex and the consequences of not protecting yourself today. Therefore, we need to really try to be mindful of our guidelines to ensure everyone’s comfort in the group. To make sure that we’re in the correct mindset to unify as a group, let’s begin by standing and reciting our motto we learned last week.

[HE holds up Motto poster]

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**Health Educator:**
If any of you are anything like me, you forget names pretty easily. So, let’s do an activity to get us all reacquainted with each other.
HIV Name Game

Health Educator:
We are now passing out index cards among the group. Would you all please take a minute and go around the room and reintroduce yourself to three young ladies and write their names on your card? (Helpful hint, HE can also have the ladies find out each other’s favorite movie, favorite actor, musician, tv show, etc., while collecting names).

Health Educator:
Now, look down and read the names on your cards. We are going to stretch our imagination and pretend that we were at the same party this weekend and you slept with everyone on your card.

Health Educator:
Now, turn your cards over... Someone has an 'X' on the back of their card, I’d like that person to stand up (the health educator will always have the X on the card). Now, since ______ has an ‘X’ on her card we’re going to pretend that she has just been told she is HIV positive. How many of you have _________ name on your card? You’ve had sex with someone who is infected with HIV and you are now infected- so please stand up. Now, those of you still sitting down...look around the room and see if you have the names of anyone who is standing. You should have one of their names, so please stand up.

➤ Continue this until everyone is standing.

Purpose:
To introduce the discussion of risks factors for HIV and other STD's.

Materials:
- Pencils
- Index cards

Time:
10 minutes
**Health Educator:**

Now who has a ‘C’ on the back of their card? This means you used a condom correctly with ________ to protect yourself from getting an STD, so you can sit down. Choosing to use a condom correctly can protect you from HIV and other STDs.

**Health Educator:**

But… one of you has an ‘S’ on the back of their card. This means that you tried to use a condom, but it slipped off. So, you were infected after all.

Everyone look around. Notice that even though we started with only one person infected, quickly we all became infected. All of this happened without this person knowing she was infected. See, anyone can get HIV from having sex without a condom. Using a condom correctly each and every time you have sex helps to reduce your risk of getting HIV and other STDs.

For us this is just a game. We didn’t really have sex with each other, and we really didn’t become infected – but for many women this is not a game, it’s real life. It is important for us to take care of our bodies and value our bodies and protect ourselves against HIV.

Having HIV will change your life and your future forever. You can’t go back, but you can make the choice to be safe in your own life and move forward.
What are My Options?

**Purpose:**
To introduce different alternative options to having sex.

**Materials**
Flip chart paper
Amour Options

**Time**
15 min.

**Health Educator**
Remember when we talked about AMOUR and 5 different options we had for healthy sex? Does anyone remember those options we went over?

➢ **Allow participants time to answer**

Thank you! Now we are going to go over these 5 options for healthy sex in a little bit more detail using AMOUR which is:

- **A**=Abstinence
- **M**=Masturbation
- **O**=Oral Sex
- **U**=Uninfected Partner
- **R**=Regular use of condoms

We will also be using a goodie bag to help demonstrate these different sexual options. Our first option is abstinence. When you think of abstinence what do you think of?

➢ **Allow participants time to answer**

Abstinence is an option where you chose not to engage in any sexual intercourse. This option is the safest way to prevent STDs and HIV, because there is no exchange of body fluids or any risks of unintended pregnancy.
What Are My Options, Cont’d.

Health Educator:

Okay, now when you think about masturbation what do you think about?

*Give participants time to answer* (pleasing yourself or your partner, not exchanging bodily fluids, rubbing, touching, etc.) **Write responses on paper.**

Masturbation is also an option many people don’t like to admit to doing. Believe it or not, masturbation is whatever you make it! It can involve rubbing, stroking, or touching your partner, yourself, or both! It is a way to satisfy yourself or your partner without exchanging bodily fluids, and a way to find out what you really like!

Health Educator:

What about oral sex? What do you think about when you hear the term “oral sex?”

*Give participant time to answer* (blowjobs, going down, using your mouth, sucking, getting ate out). **Write responses on paper.**

Oral sex is another form of sex. This too is often taboo and not talked about, especially among the African American community. It involves using your mouth and tongue to please your partner or yourself. Some of these ways include licking, sucking, or kissing the vagina or penis. Oral sex is also a lower risk of transmitting the HIV virus because there is a low amount of exchanged bodily fluids.

What about having sex with a partner who has an STD? Does anyone want to have sex with someone they know has an STD?

- **Give participants time to answer**

  I hope not. And one way to avoid that is by having sex with an uninfected partner, and with regular use of condoms. That means using a condom each and every time you have sex. Another way of having an uninfected partner is to get tested for STDs and treated if you or your partner has an STD. If you or your partner don’t get treated you can give the STD to each other.
Why Choose Abstinence?

**Purpose:**
Introduce abstinence as a lifestyle, understanding the emotional and physical aspects of sex, and the risks involved including unintended pregnancy, HIV and other STDs. Secondary virginity is also introduced.

**Materials:**
Flip chart with abstinence responses

**Time:**
10 minutes

---

**Health Educator:**

- Go to abstinence answers from “What Are My Options?” activities.

We talked earlier about abstinence, and what we thought abstinence consisted of. Abstinence usually involves not engaging in sexual intercourse. Some people believe this also includes not participating in any other type of sexual activity as well such as oral or anal sex. Others may believe abstinence is not engaging in sexual intercourse, but participating in oral sex.

- Ask the following questions and give participants time to answer after each question.

Do you know anyone who has made a decision to be abstinent?

Do you think people can be abstinent and also be involved in a relationship?

---

**Health Educator**

Abstinence has also been referred to as Secondary Virginity as well. This is when a person has had sex, and decides they will not have sex again until the time is right for them, or even waiting until they are married.

Abstinence may not be the only choice available to you when it comes to making decisions about sex, but it is an option. It is also the only form of protection against HIV, STD’s and unplanned pregnancies.

We also know when we have sex with people there can be negative emotional and physical consequences. What are some of these negative consequences? (Allow participants time to respond, generate responses on flip chart).

What do you think some of the benefits being abstinent could be? (Allow participants time to respond, generate responses on flip chart).

Remember in choosing to be abstinence, you have to choose what is right for you, and explaining it to you partner. Abstinence is the best way to be free from unintended pregnancy, STDs and HIV!
Why Choose Masturbation?

**Health Educator:**
We just finished talking about abstinence as a safer sex option, and now we’re going to move on to some other options. But first I want you to listen to some of the lyrics to a song called “Oops” by an artist named Tweet.

➢ *Play the tape.*

Now what do you think this song is talking about?

➢ *Allow participants time to answer.*

This song is talking about masturbation. She is turned on and wants to please herself. Masturbation is often thought of as taboo, and makes some people uncomfortable, but it is a safer sex option to bringing pleasure.

➢ *Present the model vagina.*

**Health Educator:**
This is a model of a vagina. We are going to go over a few parts of the female genitalia. Now can anyone show me where they think the g-spot is?

➢ *Allow time for participants to volunteer. If no one volunteers, HE shows participants.*

➢ *Helpful hint: The health educator should be showing participants different parts of the vagina with the model, and different masturbation techniques.*

The g-spot is basically in the back of the pubic bone at the top of the cervix, and is a major point of arousal. The exact location varies in each female. The way this spot can be primarily reached is through a vibrator or dildo. *Show participants vibrator and dildo.*

➢ *Show participants how to insert the vibrator.*

Another way without a dildo or vibrator is using your fingers. Put them inside around 12 o’clock, and press and rotate them inside the vagina.

**Purpose:**
Introduce masturbation as a safer sex option, and present the anatomy of a female and different masturbation techniques.

**Materials:**
- Vagina model
- Dildo
- Handout 2-1: Benefits of Masturbation
- Handout 2-2: “Oops” Lyrics

**Time:**
25 minutes
Another source of stimulation on the vagina is the clitoris. **HE show the participants.**

The clitoris is basically under the hood of the vaginal skin, it looks like a little pea. **Show the participants where clitoris is.** It is actually the only human organ whose only function is sexual sensation.

There are ways to stimulate the clitoris. We will show you a few, but everyone is different to what they like. **Show participants clitoral stimulator then demonstrate each technique.**

One way is called “rolling”, where you can use your thumb and forefingers and roll the clitoris. Another way is just by rubbing the clitoris with your finger, or lightly tapping the clitoris. Even squeezing your thighs together and pressing them against your clitoris can be a source of stimulation. These are only some methods, everyone is different, don’t be afraid to explore!

Masturbation does not have to just be a solo act. Mutual masturbation is also a safe alternative to sex option. You and your partner can satisfy each other without exchanging any bodily fluids. You don’t have to worry about STDs, HIV, or pregnancy, just sexual pleasure. Handout: “Benefits of Masturbation” goes through a few more benefits of masturbation.

Now we are going to also show you some ways to stimulate a male partner through masturbation.

**Dildo model should now be out, and health educators ready to demonstrate male masturbation techniques.**

There are also different sources of pleasure on the male penis, besides the shaft of the penis. The testicles can be a source of pleasure, as well as the urethra opening.

A common way of masturbating a male, is by “fisting”, which is just taking a fist and stroking the penis. Other variations could be fist over fist, or maybe even using two fists if he has a larger penis. Fingers can also be used to stroke the shaft. There is also a method of masturbation that imitates having sex. This is by putting lots of lubricants on your hand, then squeezing and releasing the penis. Handout 2-1: gives you different techniques you can start off with, to see what works best for you and your partner.
Why Choose Masturbation, Cont’d.

Health Educator:

Remember exploration is key!
Bringing up masturbation to your partner can be difficult, and we also included a handout later for you about how to talk to your partner about masturbation.

Masturbation does not have to be taboo. It is a healthy way of sexual exploration and stimulation, and you don’t have to worry about any sexually transmitted diseases. It can also help you to find out what turns you and your partner on the most. **And the best thing is that you don’t even need to use a condom, so there’s no worry of STDs or HIV!!**
Benefits of Masturbation

- No exchange of bodily fluids-no worry of STD/HIV transmission
- Able to explore what type of sexual stimulation you/your partner likes best
- It’s inexpensive!! No equipment necessary
- It loosens the body physically
- You can do it anytime
- It can bring you and your partner closer
- You can control sexual stimulation
- It can help make sexual ejaculation more enjoyable

Female Masturbation Techniques

Clitoral Stimulation:
- **Rolling:** thumbs and forefingers on the clitoris, and roll it between fingers
- **Circular Rub:** 2 fingers and circular rub over the top of clitoris
- **Tapping:** Lightly tap finger on clitoris
- **Humping:** Moving genitals against something firm or hard
- **Squeezing:** Squeezing thighs together and pressing against the clitoris

G-Spot Play:
- **Rotating fingers:** finger pressure at 12 o’clock towards your belly
- **Dildo play:** inserting dildo inside
- **Good vibrations:** using a dildo to reach g-spot

Male Masturbation Techniques

- **Fisting:** Using fist and stroking the penis; stroking fist over fist; stroking with 2 fists
- **Finger Stroking:** Use fingers to stroke the shaft of the penis
- **Vaginal Sexual Stimulation:** lubricating hands, then squeezing and releasing penis
- **Mutual Masturbation:** These activities can be done on each other at the same time...
Tell you what I did last nite
I came home say around a quarter to three
Still so high hypnotized in a trance
From this body so buttery brown
And tantalizing you would of thought I needed help
From the feeling that I felt so shook I had to catch my breath

Oops there goes my shirt over my head, oh my
Oops there goes my skirt dropping to my feet, oh my
Oops some kind of touch caressing my face oh my
Oops I’m turning red who could this be?

I tried and I tried to a point but this thing was happening
Swallow my pride, let it ride and partied with this body
Felt just like mine, I got worried
I looked over to the left a reflection of myself
That’s why I couldn’t catch my breath

(chorus)
I looked over to the left (I was looking so good I couldn’t reject myself)
I looked over to the left (I was feeling so good I had to touch myself)
I looked over to the left (I was eyeing my thighs butter pecan pie)
I looked over to the left (coming out of my shirt then my skirt came down)

(chorus) 2xs
Purpose:
To refine our participants' knowledge of HIV/STD prevention.

Materials:
- Poster 6: OPRaH
- Handout 2-3: Do’s and Don’ts
- Handout 2-4: OPRaH
- Penis models
- Condoms
- Lubricants

Time:
20 minutes

Health Educator:

As we learned earlier in the first half of the workshop it is very important for us to use a condom correctly each and every time we have sex in order to reduce our risks of getting an STD.

One reason many women don’t use condoms is that they DO NOT KNOW HOW to put a condom on their partners.

I’m going to teach you the CORRECT steps for putting a condom on your partner. If you already know how, it can be review for you to make sure that you are doing it right. If you are not currently sexually active, this is still a good skill to know.

When using a condom there are some important facts that you must remember. We have listed the facts on Handout 2-3: Do’s and Don’ts of condom use. Let’s take a minute to go over what some of those facts are.

➢ Refer to Handout 2-3: Do’s and Don’ts. Introduce the group to condom use by talking about the Do’s and Don’ts of condoms.

➢ Helpful Hint: Refer to Health Educator Demonstration Sheet as you show the participants OPRaH.

Now that we know the Do’s and Don’ts let’s practice using a condom. While it’s important to remember these facts, it’s also important to know how to use a condom correctly so that you are protecting yourself from getting a STD or HIV. We’ve created a fun way to remember the steps of using a condom—it’s called OPRaH.
OPRaH Cont’d

Health Educator:

Turn to Handout 2-4: OPRaH in your journal.

OPRaH consists of 4 simple steps- Open, Pinch, Roll, and Hold!

O= Open package and remove rolled condom without twisting, biting, or using your fingernails. This could damage the condom or allow fluid to leak out.

P= Pinch the tip of the condom to squeeze the air out, leaving ¼ to ½ inch extra space at the top.

R= Roll condom down on penis as soon as the penis is hard, before you start to make love.

a = and after sex is over…

H= Hold the condom at the rim or base while your partner pulls out after ejaculation but before the penis goes soft. You could lose protection if the condom comes off inside you.

➢ Hand out the condoms and models. Allow participants a few moments to handle the condoms and get over the giggles. After they have settled down, demonstrate how to put the condom on the penis model using the OPRaH steps.

Health Educator:

Now that I’ve shown you how to put a condom on CORRECTLY I want each of you to practice. I’d like each of you to put a condom on your model. We are going to walk around the room and observe you and answer any of your questions.

To become really good at putting a condom on your partner it takes practice. And while you’re putting the condom on your partner go ahead and check for signs of an STD.
Health Educator Demonstration of OPRaH
(Have participants refer to Handout 2-3)

Dos:
Use a latex condom
Check the expiration date
Use a water-based lubricant like K-Y jelly or Aqua Lube
Use a condom every time you have sex
Keep condoms in a cool, dry place

Do Not…
DO NOT use lambskin or natural condoms
DO NOT open condom package with teeth or nails
Do NOT use condoms more than once
DO NOT keep your condoms in the glove compartment of a car or near heat
DO NOT use oils like lotion, Crisco, baby oil or Vaseline to lubricate your condom

PERFORM: Vaseline condom demonstration.
1. Blow up condom
2. Rub Vaseline on one spot for about 3 minutes.
3. When condom breaks repeat message:
   “No oil-based lubricants!”

(Have participants refer to Handout 2-4)

• Display the plastic penis model.
• Display and describe condom samples – lubricated, non-lubricated, with special reservoir tip, etc.
• Demonstrate the following – describing your actions as you demonstrate!
  1. Open the package carefully without twisting, biting, or using fingernails.
  2. Demonstrate unrolling the condom a little bit to be sure it’s rolling down the outside.
  3. Pinch the tip of the condom, leaving ¼-1/2 inch of space at the tip where the semen will go.
  4. While still pinching the tip, unroll the condom all the way down to the base of the penis model.
  5. Smooth out any air bubbles that may be trapped inside. Add lubricant (water-based) on the outside of the condom.

Quick Review: “Open, pinch, roll, and hold!” That’s simple enough, isn’t it?
Do’s & Don’ts of Condom Use

Do…

Use a latex condom

Check the expiration date

Use a water-based lubricant like K-Y jelly or Aqua Lube

Use a condom every time you have sex

Keep condoms in a cool, dry place

Do NOT…

DO NOT use lambskin or natural condoms

DO NOT open condom package with teeth or nails

DO NOT use a condom more then once

DO NOT keep your condoms in the glove compartment of a car or near heat

DO NOT use oils like lotion, Crisco, baby oil, or Vaseline to lubricate your condom
OPRaH

Four Simple Steps- Open, Pinch, Roll, and Hold!

**O** = *Open* package and remove rolled condom without twisting, biting, or using your fingernails. This could damage the condom and allow fluid to leak out.

**P** = *Pinch* the tip of the condom to squeeze the air out, leaving 1/4 to ½ inch extra space at the top.

**R** = *Roll* condom down on penis as soon as the penis is hard, before you start to make love.

**a** = *and* after sex is over...

**H** = *Hold* the condom at the rim or base while your partner pulls out after ejaculation but before the penis goes soft. You could lose protection if the condom comes off inside you.
Four Simple Steps: Open, Pinch, Roll, and Hold!

**O**= **Open** package and remove rolled condom without twisting, biting, or using your fingernails. This could damage the condom and allow fluid to leak out.

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**a**= **and** after sex is over...

**H**= **Hold** the condom at the rim or base while your partner pulls out after ejaculation but before the penis goes soft. You could lose protection if the condom comes off inside you.
Purpose:
Demonstrate to participants how to put on the female condom.

Materials:
- Female condom
- Vagina model
- Handout 2-5: The Female Condom

Time:
10 min.

Health Educator:
Now we want to show you how to put on a female condom. The female condom is called the Reality Condom. It also serves as another form of protection against HIV. It is made out of polyurethane material and is good for people who are allergic to latex. The female condom covers the lips of the vagina and can further protect against STDs and can also be put on up to 8 hours before sex. It is also looser than the male condom and may constrict the penis less. Also, the female has the control of putting the condom on instead of the male!

Here are the steps to putting on the female condom. You can follow along in handout 2-5.

➢ Health educator have model vagina and female condom out and demonstrate to participants:

{steps for the health educator to remember in demonstrating the condom}

(expiration date should always be checked first)

R— Remove condom from package, without twisting, biting or using your nails and unroll condom and its rings. The ring inside the condom is called the inner ring, and the ring connected to the opening of the condom is called the outer ring.

I— Insert the inner ring inside the vagina towards the cervix being careful of not twisting the condom and insert until the outer vaginal lips (labia) are completely covered. The ring will fall into place once it is correctly inserted.

N— Now after sex is over twist the outer ring and remove the condom by pulling it out, being careful not to spill contents.

G— Get something to wrap the condom in and throw it away.

HE: participants if they have any questions.
the female condom

4 steps.....

R- Remove condom from package, without twisting, biting or using your nails and unroll condom and its rings. The ring inside the condom is called the inner ring, and the ring connected to the opening of the condom is called the outer ring.

I- Insert the inner ring inside the vagina towards the cervix being careful of not twisting the condom and insert until the outer vaginal lips (labia) are completely covered. The ring will fall into place once it is correctly inserted.

N- Now after sex is over twist the outer ring and remove the condom by pulling it out, being careful not to spill contents.

G- Get something to wrap the condom in and throw it away.

Benefits to using the female condom!

- Female controls condom use
- Protects against HIV/AIDS and other STDs
- Polyurethane conducts heat and feels more natural
- Can be put in up to 8 hours before intercourse
- Fits loosely and is not tight or constricting
- Protects the vagina, cervix and outer lips
Doing it in the Dark

Health Educator:

Now that you’ve gotten the idea of how to correctly put a condom on, we are going to make it a little trickier.

We all know that when the time comes to practice your condom skills, you probably won’t be sitting in a room with a group of people practicing on models.

More than likely, it will be DARK and you won’t be in a position to see what you are doing. Therefore, you need to learn how to let your fingers do the walking and feel your way around to correctly use a condom.

I want you each to practice putting on a condom while you are blindfolded. It’s kind of like being in the dark.

Please pair off (in teams of 2) and take turns.

One person should blindfold the other and have the person with the blindfold on practice putting a condom on the model. The team member who is not blindfolded should coach the other woman and give her lots of feedback.

Remember to put the blindfold on before you even open the package.

When one team member is finished, switch places and let the other team member take a turn. Go ahead and start! We’ll walk around and see how you are doing.

Health Educator:

Doing it in the dark is not the only thing that can make correct condom use a little tricky. Drinking alcohol or using drugs can make it hard for you to practice safe sex as well.

When you are drunk or high you are likely to be irresponsible, indifferent, or careless. And you’re not able to make good decisions.

Purpose:
To recognize various conditions that may complicate effective condom utilization.

Materials:
- Blindfolds
- Condoms
- Penis Models

Time:
10 minutes
Word Of Mouth

**Purpose:**
To refine the participants' condom use skills while introducing a method of safe sexual intimacy.

**Materials:**
- Penis Models
- Condoms
  - Flavored
  - Non-lubricated
- Flavored Lubes
- Handout 2-6: O.R.A.L.
- Handout 2-7: How to Perform Safer Oral Sex
- Poster 7: O.R.A.L..

**Health Educator:**

It’s difficult to believe that in the new millennium the word is not out that oral sex is a fun and erotic alternative to sexual intercourse. Most of us have done it, yet we’re ashamed to admit it. I’m here to tell you ladies that there is absolutely nothing wrong with sparing your hips and using your lips.

There are many benefits to having oral sex, there is a lower STD risk, there are no worries about pregnancy, and you can still achieve sexual pleasure!

Turn to Handout 2-6: ORAL in your journal and let’s go over the four steps to have safe and enjoyable oral sex. We already learned about OPRaH now we’re going to get ORAL with it!

**O** = Open the package and remove the condom without twisting, biting, or using your fingernails. Pinch the tip of the condom by using your lips (instead of your fingers).

**R** = Roll condom on the tip of the penis with your lips. Continue rolling the condom down the shaft of the penis with your mouth and/or hands.

**A** = Action! You may choose to use your tongue and lick his penis vigorously or thrust up and down on the penis using your mouth.

**L** = Let your partner remove the condom from his penis while it is still erect (hard). If you desire to continue to have oral or vaginal sex, put a new condom on by following the steps of ORAL.

We are also going to show you how to make a dental dam.

- HE demonstrate how to make a dental dam

Now, let’s take a few minutes to practice getting ORAL with it! **HE: ask participants afterwards what they thought about ORAL (was it hard?) (did they like it?)**

Handout 2-7 also goes through the steps on how to perform safer oral sex.
O.R.A.L.

O = Open the package and remove the condom without twisting, biting, or using fingernails. Pinch the tip of the condom by using your lips (instead of your fingers).

R = Roll condom on the tip of the penis with your lips. Continue rolling the condom down the shaft of the penis with your mouth and/or hands.

A = Action! You may choose to use your tongue and lick his penis vigorously or thrust up and down on the penis using your mouth.

L = Let your partner remove the condom from his penis while it is still erect (hard). If you desire to continue to have oral or vaginal sex, put a new condom on by following the steps of ORAL.
O = Open the package and remove the condom without twisting, biting, or using fingernails. Pinch the tip of the condom by using your lips (instead of your fingers).

R = Roll condom on the tip of the penis with your lips. Continue rolling the condom down the shaft of the penis with your mouth and/or hands.

A = Action! You may choose to use your tongue and lick his penis vigorously or thrust up and down on the penis using your mouth.

L = Let your partner remove the condom from his penis while it is still erect (hard). If you desire to continue to have oral or vaginal sex, put a new condom on by following the steps of ORAL.
How to Perform Safer Oral Sex

To avoid risks during oral sex it is important to:

- Keep semen and vaginal fluids out of your mouth by using a condom or a dental dam
- Make sure that your mouth is healthy and that you don’t have bleeding gums, cuts, or mouth sores. The presence of blood will increase your risk of contracting an STD or HIV

**Oral Sex on a Woman**

In order to keep vaginal fluids out of your mouth:

- Purchase a dental dam
- Use a piece of plastic wrap (Saran Wrap) as a barrier between the mouth and the vagina, or
- Cut an unlubricated condom into a latex square

**Oral Sex on a Man**

In order to keep the cum out of your mouth:

- Use an unlubricated, non-spermicidal condom, or
- Use flavored condoms
What Turns You On?

**Purpose:**
Help participants establish what stimulates them sexually so they are able to set their personal boundaries as it relates to having or not having sex.

**Materials:**
- Handout 2-8: Personal Stimulation Thermometer

**Time:**
10 minutes

**Health Educator:**
In choosing any of the AMOUR options, it's important to think about the sexual situations you can find yourself in where you can get so turned on it might be hard to use any safe sexual options. Being turned on and tempted can make it harder to focus and participate in safe sexual practices. It’s important to know.

What are some things you think of that can turn a person on sexually?

- **Allow participants time to answer.**

Turn Handout 2-8: “What turns you on?”

- **Helpful hint:** Have a thermometer drawn on the flip chart and use it as an example of how you would rate things that turn you on before they do their own.

**Health Educator:**
On the thermometer are spaces where you can list what turns you on. It represents what turns you on from the least tempting to the most tempting. For example, for most tempting I might put *(health educator insert an example)* and for least tempting I might put *(health educator insert an example)*. I know what my boundaries are, and something that will turn me on to the point I want to have sex. Take some time to fill out your thermometer. We have examples just to get you going, write down what turns YOU on. Also here are some post-it notes for you to list these answers on and post them on the thermometer.

- **Give participants time to fill out.**

I am now going to read what we put on the post-it notes. Thank you for participating.

Do you think it will be harder to practice a safe sex option knowing that your partner will want to do the things that turn you on? What are some things you can do to make this easier?

- **Allow participants time to answer.**

If you are choosing an AMOUR option you can still do the things you listed that turn you on, just be clear to your partner about your sexual intentions in the relationship, and your boundaries. Be assertive in expressing what you want!
WHAT TURNS YOU ON????

HOT!

106

105

104

103

101

98.6

0

COLD!!

Back Massage

Suckin' on neck

Erotic Movie

Sensual Kissing

Body Reader
Health Educator:

In your journal on Handout 2-9, you will find a worksheet that looks similar to the one that you completed during the last workshop. This time we would like you to indicate your opinions on the AMOUR options based on the information that you have learned.

What did you rate high on control and high on enjoyment?

➢ Give participants an opportunity to answer.

What did you rate low on control and low on enjoyment?

➢ Give participants an opportunity to answer.

How many of you think you would:

❖ (A) abstain from sex?
❖ (M) masturbate your partner?
❖ (O) perform oral sex on your partner?
❖ (U) get your partner treated for a STD?
❖ (R) use condoms every time you have sex?

(Allow participants time to answer each question)

Have a good time with the options that you rate high on control and enjoyment and stay safe! And remember if one option doesn’t work use another! I also want to show you the rest of the items in our goodie bag!
## What Are My Options Revisited

### Would you consider:

<table>
<thead>
<tr>
<th>Option</th>
<th>No</th>
<th>Maybe</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstinence</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Masturbation</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Oral Sex</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Uninfected Partner</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Regular Use of Condoms</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

### Do you foresee _____ as a pleasurable activity?

| Abstinence              | 1  | 2     | 3   |
| Masturbation            | 1  | 2     | 3   |
| Oral Sex                | 1  | 2     | 3   |
| Uninfected Partner      | 1  | 2     | 3   |
| Regular Use of Condoms  | 1  | 2     | 3   |

### Do you consider _____ as a healthy sex option?

| Abstinence              | 1  | 2     | 3   |
| Masturbation            | 1  | 2     | 3   |
| Oral Sex                | 1  | 2     | 3   |
| Uninfected Partner      | 1  | 2     | 3   |
| Regular Use of Condoms  | 1  | 2     | 3   |

### How much control would you have over ____?

| Abstinence              | 1  | 2     | 3   |
| Masturbation            | 1  | 2     | 3   |
| Oral Sex                | 1  | 2     | 3   |
| Uninfected Partner      | 1  | 2     | 3   |
| Regular Use of Condoms  | 1  | 2     | 3   |
Summary

Health Educator:

I’d like to summarize what we have talked about so far.

We learned about AMOUR, which means love, and 5 options of having safe sex, and how this shows love for ourselves and our bodies. Engage in the option that you have the most control over! If you feel like you don’t have any control over asking your partner to use a condom or getting him tested for a STD, then use the masturbation or oral sex option! We can have more control over these activities because all we have to do is tell our partner to sit back and relax! Sometimes men just want to release tension, and how it is done is not always the issue. Please your partner, and be pleased, and don’t put yourself at risk for HIV.

Next, we are going to learn different ways to give respect as well as have our man show us respect, learn more effective ways of communicating, and role play ways to realistically reduce our risks of getting STDs.

Now we will have a short break.

We will start again promptly at ________.
3 Ways to Say It

**Purpose:**
To teach the participants how to distinguish between passive, aggressive and assertive communication styles.

**Materials:**
Handout 2-10: Passive
Handout 2-11: Aggressive
Handout 2-12: Assertive

**Time:**
10 minutes

**Health Educator:**
As we can see different things go on in relationships. Knowing how to communicate your boundaries to your partner and what you want in a relationship is important. This could include how far you want to go sexually, if you want to use condoms, or your expectations in a relationship. Communicating your needs and wants to a new partner can be even more difficult, and you need to be clear about what you want and how you say it, which is why we are about to go over communication.

- **Refer to Handouts 2-10, 2-11, and 2-12. Model each type of communication (passive, aggressive, and assertive) using the scenario MO’ HAIR BLUES. Remember to use the correct body lingo.**

**Health Educator:**

**MO’ HAIR BLUES Scenario**

You have finally decided to get your hair braided. Your girlfriend told you that her cousin does a really great job at braids. You go over to her house to get your hair done. After she braids your hair, you look in the mirror and the braids are lop-sided. You look “toe’ down!” The girl tells you that you owe her $150!! How do you respond?

**Health Educator:**

As we can see, there are different ways we can respond. We are now going to go over 3 ways of communicating. This is to also show you that there are different ways of communicating to your partner about your sexual desires. Even though we will go over 3, the last one is the one we really want you to “take home” with you.

- **After each enactment, spend a few minutes discussing the characteristic body lingo and language of each type- passive, aggressive, and assertive. Help participants see the difference in communicating assertively such as: “I” statements, not blaming or criticizing.**
PASSIVE

TOO LITTLE “ATTITUDE”

- Being unable to tell someone how you really feel about a situation, what you want, or what you need
- Going with the crowd when you are unsure of a situation
- Saying yes when you really want to say no
- Acting this way so that you will be liked, to be nice to someone, or to avoid hurting someone’s feelings

“Body Lingo” Characteristics

SPEECH: saying nothing at all, saying “um” a lot, skipping around the subject

VOICE: soft whining or whispering in tones as if afraid to speak up

EYES: not looking at the person, looking down or away

HANDS: shaking or constantly fidgeting

POSTURE: shoulders drooping, head down, unable to stand or sit without moving
AGGRESSIVE

TOO MUCH “ATTITUDE”

- Expressing yourself, standing up for yourself in a way that punishes, demands or threatens someone else
- Trying to get your way by putting someone else down
- Threatening or forcing a person to give you something
- Taking or getting what you want without considering the feelings and rights of the other person

“Body Lingo” Characteristics

SPEECH: cursing, name-calling, put downs, hostile remarks

VOICE: loud, tense, causing negative attention

EYES: cold, staring, angry, calculating, glaring

HANDS: pointing finger, waving fist, throwing hands up in a manner that dismisses that person (“talk to the hand syndrome”)

POSTURE: stiff, rigid, hands on hips, turning your back to/head away from someone while engaging in conversation
ASSERTIVE

THE RIGHT “ATTITUDE”

- Communicating your feelings and opinions in a direct and honest manner instead of hoping the other person will figure out what is on your mind

- Saying “NO” to things you don’t want or things that put you in a situation that threatens your well being

- Expressing yourself honestly while considering the needs and feelings of the other person without jeopardizing your own needs

- Not letting others use you and not using others

“Body Lingo” Characteristics

SPEECH: honest, direct words
VOICE: clear, firm, confident, loud enough to be heard, but not too loud
EYES: direct eye contact, but not glaring
HANDS: relaxed
POSTURE: head raised, shoulders back, standing/sitting upright, sure of yourself
Health Educator:

These are different ways of communicating, and we really want you to “take home” the assertive style of communication. Remember though, if your partner does not agree to your sexual wishes, you do not have to engage in the sexual act. Remember your boundaries, and what feels comfortable for you.
Health Educator
Now that we know the 5 options for practicing safe healthy sex, we are going to spend the rest of our time practicing how to communicate these options assertively to our sex partner also using 5 AMOUR communication options. Before we begin, can anyone describe the assertive style of communication?
(HE allow participants time to answer)

- Direct eye contact
- Using “I” statements
- Honest direct words
- Clear confident voice

Great, glad u remember the assertive style! Now we are going to role play these steps of communicating AMOUR options to our partner assertively. Turn to handout 2-13 to see if you can follow along.

Communicating Love Role play:
**Male:** I'm not really too sure about you bringing up stuff about using condoms. I don’t like the way condoms feel.
(female should be listening intently to her partner)

**Female:** I understand how you feel, but I really would like for us to protect ourselves, and I don’t want to get pregnant or get an STDs, and I think that using a condom can protect ourselves.
(pause and dramatically listen to your partner)

**Male:** I hear you, but dang condoms be ruining the mood and feelings.

**Female:** I know, and I know we haven’t used condoms in the past, but we can also make it fun, and I’d like to at least try using condoms so we can protect ourselves.

**Male:** Ok, maybe we can try it out.
Communicating Love Continued....

Health Educator
That was a role play of communicating AMOUR. The main thing we want you to remember is to Listen to your partner and also address your concerns! And also, there are 5 AMOUR options, if one doesn't work out you can use another! As we continue with the rest of the activities, we want you to remember this way of communication.

Are there any questions before we get you working on your communication of AMOUR?
**AMOUR COMMUNICATION**

**A** = Allow your partner to speak about his concerns. Just listen and don’t interrupt!

**M** = Make sure you validate your partner’s concerns. For example:
- I understand that you would like to...
- I realize that you want to...
- I appreciate the fact that you wish to...
- I think you need to... (this does not validate your partner’s concern)

**O** = OK PAUSE! (this allows your partner to realize you understand his concern)

**U** = Use I statements to assertively express your feelings and tell your partner what you want the both of you to do. For example:
- I know in the past we did ABC. Now I’d like to do XYZ, so we can both stay healthy...
- I’m concerned about getting pregnant I don’t want us to worry about that so let’s...
- I want to follow my doctors orders, the doctor said we should...

**R** = Remember to choose the best AMOUR option at that time for you and your partner
### Purpose
To get participants to practice using assertive communication with AMOUR options

### Materials
- 2 Excuses and comebacks matching sheets
- How 2 Talk Handouts:
  - Stand ground: 2-14
  - Masturbation: 2-15
  - Oral Sex: 2-16
  - Treatment: 2-17
  - Condom Comeback: 2-18

### Time
20 min.

---

**Health Educator**

We have went through these 5 options for safer sex and steps for communicating these options. Communicating these options to your partner could be difficult. We are going to use this time to practice communicating assertively with your partner about these options by playing a game called “excuses” and “comebacks.” For example if your partner says I don’t want to use a condom, they don’t feel good, what can you say? *(allow participants time to answer)*

We want to see how good you are with matching up excuses with comebacks. We have the 5 AMOUR options and different comebacks and excuses for each option. We want you to divide up into two groups and match the excuses with the comebacks. Let’s see who can come up with the matches first!

**HE: Show participants an example of the game**

---

**HE:** Thank you for your participation, you all did a great job! If you look at the handouts you’ll see that we have generated more excuses and comebacks for you to look at using that assertive style of communication!
### How to Firmly Talk Safer Sex with a Man Who Doesn’t Want to Hear It

<table>
<thead>
<tr>
<th>If your partner says:</th>
<th>You can say:</th>
</tr>
</thead>
<tbody>
<tr>
<td>“We been doing it in the raw for months, why do we have to change now?”</td>
<td>“Because I don’t want to have to worry about getting pregnant, getting a STD, or HIV. Either we use protection, or we just don’t have sex anymore.”</td>
</tr>
<tr>
<td>“You weren’t concerned about all of this stuff before”</td>
<td>“You right. I wasn’t concerned before because I did not understand the risks before, but now that I have received this information, I want to do things differently and safer. I would appreciate it if you would do things differently with me, but if not, then we just won’t have sex anymore.”</td>
</tr>
<tr>
<td>“I know I’m clean (disease free). I haven’t had sex with anyone other than you since we been together.”</td>
<td>“Thank you for your commitment to our relationship. As far as I know, I’m disease free too. But the best way for us to stay that way (disease-free) is to use protection or try a safer option. If you are not willing to do this, then we just won’t have sex.”</td>
</tr>
<tr>
<td>“No one has ever made me feel the way you do when I make love to you.”</td>
<td>“I enjoy our lovemaking just as much as you do. And it can still be just as enjoyable and safer by using/doing _____. But if you don’t agree, then we just won’t enjoy it together anymore.”</td>
</tr>
<tr>
<td>“As much as I do for you, you now want to change the rules.”</td>
<td>“I agree, you do a lot for me, but let’s not forget I do for you too. In a relationship you should do for one another because it’s in your heart to, not to make another person feel obligated to you. I am changing the rules for my protection and yours. Either you are willing to do this for me too, or we just won’t do it at all.”</td>
</tr>
<tr>
<td>“I have sexual needs. I like things the way the have been going. If you insist on changing things, then I will have to find someone else who can meet my needs.”</td>
<td>“You have made yourself very clear about what’s important to you. Apparently my need to do things safely is not one of them. Since we do not value the same things, then I agree that it would be best that we stop having sex and go our separate ways.”</td>
</tr>
<tr>
<td>“Girl you know I love you, but I ain’t with this new stuff.”</td>
<td>“I love you too, which is why I want us to do things differently and safer. You say you ‘ain’t with it’, but we haven’t even tried it yet. But I can’t make you do anything that you don’t want to. At the same time, I don’t want to do it the way we’ve been doing it, so then we just won’t do it at all.”</td>
</tr>
</tbody>
</table>
How to Bring Up Masturbation with a Man Who Doesn’t Want to Hear It

<table>
<thead>
<tr>
<th>Your Partner Says:</th>
<th>You Can Say:</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Why can’t we have sex?”</td>
<td>“I want to experiment and try something new, and find out different ways to turn you on.”</td>
</tr>
<tr>
<td>“If we not gonna have sex, we might as well just not do anything.”</td>
<td>“We don’t have to do anything, but you’ll be missing out on being turned on.”</td>
</tr>
<tr>
<td>“I never heard of Black people masturbating.”</td>
<td>“Masturbation is for everyone, in fact there’s a song by Missy and this artist named Tweet that talks about it.”</td>
</tr>
<tr>
<td>“You saying you don’t want to have sex with me anymore?”</td>
<td>“No, I’m just saying why not try something new, and see what turns us on, to make our sex life even better.”</td>
</tr>
<tr>
<td>“Why masturbate when you have the real thing right here?”</td>
<td>“I know I have the real thing, which is why I want to find out what REALLY turns you on.”</td>
</tr>
<tr>
<td>“If we masturbate, its gonna turn me on, and it will just be like you are teasing me.”</td>
<td>“Exactly, I’m going to turn you on so much that you will ejaculate and be satisfied.”</td>
</tr>
<tr>
<td>“I can satisfy you, we don’t need to masturbate.”</td>
<td>“You do satisfy me, and with masturbation we can learn how to satisfy each other even better.”</td>
</tr>
<tr>
<td>“Man only lesbians do that.”</td>
<td>“I didn’t know wanting to be pleased sexually had something to do with your sexual orientation.”</td>
</tr>
<tr>
<td>“Masturbation is only for people who can’t get any.”</td>
<td>“Actually I heard that masturbating can make your sex life better.”</td>
</tr>
<tr>
<td>“Masturbation isn’t going to satisfy me like having sex will.”</td>
<td>“How do you know if we don’t try? I can explore more of what you like better by masturbating than us having sex.”</td>
</tr>
</tbody>
</table>
### How to Talk Oral Sex with a Man that Doesn’t Want to Hear It

<table>
<thead>
<tr>
<th>Possible Excuses:</th>
<th>Possible Comebacks:</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Do you do this for every man you’re with?”</td>
<td>“No. What we have is special and I want to do special, sensual things with you.”</td>
</tr>
<tr>
<td>“My old girlfriends never offered to give head (oral sex), what kind of woman are you?”</td>
<td>“I’m the kind of woman that’s not afraid to please my man in the bedroom.”</td>
</tr>
<tr>
<td>“I don’t know where your mouth has been!”</td>
<td>“I’m clean of any diseases! But, I’m putting a condom on you to make sure we’re protected from any diseases.”</td>
</tr>
<tr>
<td>“How could you kiss the kids after that?”</td>
<td>“Have you ever heard of toothpaste and Listerine?”</td>
</tr>
<tr>
<td>“I want to really feel you lips and tongue. Can you hook me up without a condom?”</td>
<td>“There are ultra thin condoms that makes it feel like the real thing. Plus, I respect you and I want to protect us.”</td>
</tr>
<tr>
<td>“I’ve never been able to cum by just getting head.”</td>
<td>“You ain’t never got some from me and I got skills!”</td>
</tr>
<tr>
<td>“I cum too fast when I get head.”</td>
<td>“Wearing a condom will help make it take longer for you to cum.”</td>
</tr>
<tr>
<td>“True players never go down on a girl.”</td>
<td>“Almost all men go downtown for ladies, players too! Being a true player means you don’t tell everybody about it.”</td>
</tr>
<tr>
<td>“Cut-up condoms and real dental dams taste nasty as hell!”</td>
<td>“There are tasty flavored condoms and dental dams you can use. Flavored lubricants that are water-based can be used on condoms and dental dams too.”</td>
</tr>
<tr>
<td>“Pussy don’t smell good enough to eat.”</td>
<td>“We can take a shower together and we can wash each others’ body with good smelling gels and body wash.”</td>
</tr>
<tr>
<td>“You do me first, then I’ll do you!”</td>
<td>“How about we do 69 (oral sex at the same time) so that nobody has to wait!”</td>
</tr>
</tbody>
</table>
# How to Talk Testing & Treatment to Your Man

<table>
<thead>
<tr>
<th>He Says...</th>
<th>You Say....</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Why do I need to go to the clinic to get tested and possibly treated?”</td>
<td>“It’s important to take care of your body by getting regularly checked.”</td>
</tr>
<tr>
<td>“Have you been cheating on me already?”</td>
<td>“No baby, I care about you so much and you’re all the man that I need. That’s why I want to make sure you’re alright.”</td>
</tr>
<tr>
<td>“Are you trying to say that I gave you something?”</td>
<td>“No, not at all, but STDs can stay up in your body if they are not treated, and could still be there from a past relationship.”</td>
</tr>
<tr>
<td>“I already got my physical this year and everything was fine.”</td>
<td>“A physical doesn’t usually test for STD’s unless you tell them you have concerns. So, you still need to go get tested.”</td>
</tr>
<tr>
<td>“I don’t need to see a doctor. I would know if I had something!”</td>
<td>“You can’t tell that you have something from just how you feel and look. A lot of people don’t show any symptoms whatsoever.”</td>
</tr>
<tr>
<td>“We haven’t been together long enough to be getting diseases.”</td>
<td>“It only takes one time of having unprotected sex to potentially get something.”</td>
</tr>
<tr>
<td>“My insurance only covers one physical per year.”</td>
<td>“I know a place that you can go that you won’t have to even worry about paying for your care.”</td>
</tr>
<tr>
<td>“If I do have something, I’ll need to take medicines for weeks and I hate taking pills.”</td>
<td>“They have a lot of new medicines out there that take less than a week to finish. There are also pill crushers you can buy so that you don’t have to swallow whole pills. Also, a lot of medicines come in liquid too.”</td>
</tr>
</tbody>
</table>
## Possible Condom Comebacks

<table>
<thead>
<tr>
<th><strong>Possible Excuse</strong></th>
<th><strong>Possible Comeback</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>“They don’t feel like the real thing.”</td>
<td>“Condoms are very thin and can feel really natural, putting a drop of lubricant in the tip might even give more feeling.”</td>
</tr>
<tr>
<td>“Condoms are too small.”</td>
<td>“We can try different sizes. Let’s get the ones labeled ‘large’ or ‘maxx’.”</td>
</tr>
<tr>
<td>“They are expensive.”</td>
<td>“Let’s share the cost.”</td>
</tr>
<tr>
<td>“You’re on the pill, I don’t need a condom.”</td>
<td>“I’d like to use it anyway. We’ll both be protected from infections we may not realize we have.”</td>
</tr>
<tr>
<td>“I don’t have one with me.”</td>
<td>“Well, I do.”</td>
</tr>
<tr>
<td>“They taste bad.”</td>
<td>“Let’s try the flavored condoms—they have all kinds.”</td>
</tr>
<tr>
<td>“I’ll lose my hard-on by the time I stop and put it on.”</td>
<td>“Let me do it and you won’t.”</td>
</tr>
<tr>
<td>“I’m allergic to condoms.”</td>
<td>“There are other condoms that are not latex that are OK like polyurethane.”</td>
</tr>
<tr>
<td>“We’ve been together so long that we don’t have to use condoms.”</td>
<td>“It’s because I want us to be together even longer that I want to protect us.”</td>
</tr>
<tr>
<td>“I love you! I wouldn’t give you anything.”</td>
<td>“Not on purpose. But many people don’t know they’re infected. That’s why this is best for both of us right now.”</td>
</tr>
<tr>
<td>“If you loved me, you wouldn’t ask me to use a condom.”</td>
<td>“I do love you, that’s why I want to protect you.”</td>
</tr>
<tr>
<td>“No one else has ever asked me to use condoms.”</td>
<td>“I don’t like to be compared to your other girlfriends.”</td>
</tr>
<tr>
<td>“I hate using condoms.”</td>
<td>“I realize you don’t like to use condoms, but I know you care strongly about me and this is one way you can show it.”</td>
</tr>
<tr>
<td>“You carry a condom around with you? Are you a ho?”</td>
<td>“The doctor gave them to me and told me to use them.”</td>
</tr>
<tr>
<td>“I won’t have sex with you if you’re going to use a condom.”</td>
<td>“Well, you’re going to have to get it from someone else then.”</td>
</tr>
</tbody>
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TALK or WALK

Purpose:
To discuss some options for fixing or leaving an unhealthy relationship

Materials:
Handout 2-19: Early Warning Signs of Relationship Violence
Handout 2-20: What to Do! Checklist

Time:
25 minutes

Health Educator:
We have went over all the AMOUR options, and how to communicate these options with our partner. We also talked last week about healthy relationships, and how AMOUR is about healthy love and healthy relationship options.

As women, we have to decide what our standards and boundaries are in order to have and maintain healthy relationships. Sometimes we may even have to break up if the relationship ends up not being what we need or want. In this activity we are going to talk about some things you can do when a relationship becomes an abusive or violent situation and how you can protect yourself before, during, and after a breakup.

If you decide that your relationship is unhealthy, you can do something about it. In fact, you have already taken the first step by becoming aware of the unhealthy aspects of your relationship. We do understand that it can be very hard to leave a relationship, but your safety is important, and it is also very important to know that abusers DO NOT CHANGE without PROFESSIONAL HELP.
Health Educator:
How many of you had to break up with someone? (allow participants time to respond/raise their hand).
What are some ways or things you said when you broke up with that person? (allow participants time to respond).
There is no “one way” to break up with someone, and every situation is different, and can be difficult and hurtful. There are some suggestions that may make breaking up easier to go through.
Some “Dos” we suggest would be to be clear why you want to break up, and how your relationship would resume. Would you still see or call each other or still be friends?
Some of “Don’ts” we would suggest is don’t make threats or have sex one last time, follow him, try to give him a STD or spread false rumors to get revenge.
Try to be clear in what you want and how you two will or won’t interact after the breakup.

Health Educator
There is one more aspect of breaking up we wanted to talk to you about and that is relationship violence. Remember in ex-factor we talked about warning signs we could look for in relationships. What are some warning signs you can look out for with a male who is abusive? Allow participants time to answer and record answers.
Talk or Walk Cont....

Handout 2-19: Early Warning Signs of Relationship Violence also has some warning signs to look out for. Some of these are jealousy, controlling and possessive behavior, loosing his temper, blaming or mistreating you and saying you provoked him, getting angry when you are assertive, or blames women for all of his problems.

It is very important to look out for these warning signs, in order to protect yourself. Chances are if he is abusive in the relationship he could be abusive if you decide to break up with him. The desperate man who has been violent towards you could increase his violence during the breakup. Abusive people will not accept the end of the relationship and feel that they have nothing to loose if you are breaking up with them, and can lead them to act in desperate or dangerous ways.

Health Educator
Handout 2-20: What to do is a checklist of warning signs of lethality in a relationship. Lethality means the potential to kill, and the check list could help you decide if you are going into an explosive situation, breaking up with someone who has the potential to hurt, harm or kill you.

The checklist includes characteristics such (HE go over handout). Please look over the checklist in more detail and see if any may apply to you or even someone you know. If you check three or more please seek the help you need now! In your resource guide are numbers you can call in order to receive help. You are not alone!

STARS sisters, we want you to be safe, especially in learning new skills and using assertive communication to interact with your partner. Your safety and well-being is very important, and so is staying in healthy relationship, and recognizing when you may need to get out of one.
Early Warning Signs of Relationship Violence

Your Partner:

1. Is jealous and possessive towards you; won’t let you hang out or have friends; checks up on you and won’t accept breaking up.

2. Tries to control you by being very bossy; he gives orders or doesn’t take your opinions seriously.

3. Is scary. You worry about how he will react to things you say or do.

4. Is violent. Loses his temper quickly and brags about mistreating others.

5. Pressures you for sex; is forceful and scary before, during, and after sex; thinks of you as a sex object. Attempts to “guilt trip” you by saying, “If you really loved me you would....”

6. Gets too serious about relationships too fast.

7. Abuses drugs or alcohol and pressures you to take them.

8. Blames you when he mistreats you and says you provoked him, pressed his buttons, made him do it, or led him on.

9. Has a history of bad relationships and blames women for all the problems.

10. Your family and friends have warned you about him or told you that they are worried for your safety.

11. Gets angry when you are assertive about your wants and needs.
What to Do! Breaking up Danger!

If you check off three or more of these warning signs, talk to someone immediately! The Family Violence Center and/or the police are good places to start. You can also refer to the STARS Resource Guide you were given during the workshop sessions. Again, if you check three or more, please seek help now! Remember, men who are abusive DO NOT change without PROFESSIONAL HELP!

_____ OBSESSIVENESS: He is not only jealous, but “crazy jealous”. He accuses you of having sex with other people. He gives up a job or changes his schedule just so he can be with you.

_____ STALKING: He calls all the time, checks up on you, follows you or may have friends checking on your whereabouts.

_____ SUICIDAL: He says if you break up with him, he’ll kill himself. He may have already attempted suicide. He says things like, “Life isn’t worth living without you”.

_____ HOMICIDE THREATS: He has threatened to kill you. He may also say things like, “If I can’t have you, no one will”.

_____ SEXUAL VIOLENCE: He has gotten violent during sex or has directed violence toward sexual parts of your body.

_____ WEAPONS: He has weapons or knows where to get them. He has threatened you with weapons.

_____ ALCOHOL/DRUGS: He has a problem with these substances. He has claimed he isn’t responsible for/does not remember his actions while under the influence of alcohol or drugs.
Ask Sista Shanika

**Purpose:** To allow participants the opportunity to practice assertive communication skills.

**Materials:** Ask Sista Shanika letters

**Time:** 20 minutes

**Health Educator:**
There are two facts about most Black women. First of all, we've all had some drama trying to get our hair done right. Secondly, Black women always try to give advice to their girlfriends, good or bad. Let's focus our attention on giving good advice to our girls! Does everyone know who Dr. Ruth is? Right, the famous sexual advice woman! Well, we're going to give her newspaper/magazine advice column an ethnic twist.

Instead of asking Dr. Ruth for advice, our women will be Asking Sista Shanika. I have some letters from Black women that care about their sexual health. We will break into four groups, and I'll give each group a letter. In your groups, you should read the letters and practice acting them out in a role-play so you can present it to all of us. Your small group will read the letter out loud to everyone and then act out your solution to the dilemma. Make sure to role-play the AMOUR communication that we went through so we can give our ladies healthy AMOUR advice! Then after each role-play, we will all comment on your decisions and come up with additional possible solutions as a group. You have 5 minutes to get it together with your small groups.

**Health Educator:**
Thank you for all of your assertive advice and comments. I can see that all of you really know how to communicate in the right way! It's easy to come up with solutions to sexual and relationship crisis when you are with a group of women. It gets a little complicated when you're face-to-face with your man in the bedroom. You need to remember what your boundaries are and express yourself assertively in order to communicate your needs.
Dear Sista Shanika

Last weekend I went out with my girls to Vegas Nights. While we were there, I met this guy on the dance floor. We really vibed together physically, and ended up talking and dancing close all night long. He kept offering me one drink after another. I knew from the way he smiled at me and touched me that he was serious about me. He invited me to go someplace quieter to talk, and suddenly we were in the men’s restroom together. We were kissing and making out and he wanted to have sex but didn’t have any condoms, and hates to use them. I didn’t want to make him mad so I had sex with him anyways. He wants to hook up again and says he likes me because I like it raw, even though I told him I prefer condoms. I don’t want to have sex with him again without a condom, but I don’t know what to say! Help!

-Worried in Washington, DC
Dear Sista Shanika,

I live with my boyfriend and a few months ago he lost his job. He said he was going to look for another one but all he does is stay home everyday, hangs with his boys, and sometimes drinks and smokes. When I get home my apartment is often dirty, plus he asks me to cook too. I am paying rent and all of the bills by myself. I ask him when is he going to start looking, and his answer is always “soon.” I really value work, taking care of home, and someone who is doing something positive with their life. I think that he is cheating on me, without using any protection. He doesn’t like to use condoms when we have sex; he says it’s not the same feeling. I’m getting worried about getting an STD. When I bring up using a condom it always turns into an argument. He makes me so mad that I don’t want to have sex with him anymore. We’ve been together for a long time and I love him, but I don’t know what I should do anymore! Help!!

-Angry in Atlanta
Dear Sista Shanika,

I have been participating in a couple of workshops with the STARS group, and now I am ready to make some healthy changes in my sexual life. I want to continue having sex with my man, but only if we use protection, namely condoms. He has told me before that he doesn’t like the way condoms feel, and that they turn him off. Do you think that if I try introducing condoms through oral sex, by putting them on his penis with my mouth, that he will be more willing to try it?

-Trying To Make a Change in Tampa
Dear Sista Shanika,

My man and I have had a few pregnancy scares, and are trying to tone down our sex life. We've talked about exploring other ways to satisfy ourselves sexually without actually having intercourse. Since he refuses to use condoms at all, I brought up the idea of mutual masturbation, and he was skeptical, but willing to try it. I even masturbated in front of him so he could see what it was like, and it turned him on. Yet, when we get intimate, he keeps trying to have intercourse with me. I brought up masturbation again, and he said, “we’ll try it next time”, but we haven’t. I don’t want to jeopardize my relationship or my future, but I can’t deal with the anxiety of an unexpected pregnancy again.

-Sexless in Seattle
Dear Sister Shaníka,

My man and I have been together for a couple of years. We have a pretty good relationship and are open with each other. One day I went to the clinic to get checked out because I had a foul odor and uncomfortable itch from my vagina. They told me I had an STD. I don’t even know how I got a STD, because I haven’t been creepin’ and I don’t think my man has either. The nurse also told me my man could be infected if we had unprotected sex (which we had), but might not have any symptoms. She said we both need to be treated, or else we will both keep reinfecting each other with the same disease. She said it’s also easier to get other STDs including HIV. I don’t want my man to think I cheated on him, but I don’t want us to be reinfected. Help, what do I do?

-STD positive in San Francisco
What Have We Learned?

**Purpose:**
To go over briefly with the participants the things that we have learned in the workshops.

**Materials:**
- Handout 2-21: What We Have Learned

**Time:**
5 minutes

**Health Educator:**
Let’s review what we’ve learned. Turn to Handout 2-21 in your journal.

You have learned that:

- You can protect yourself, your life, and your future from STDs and HIV as well as unintended pregnancies by using a condom each and every time to reduce your risks.
- You learned that condoms reduce your risks for HIV and STDs.
- You have learned AMOUR 5-options for safe sex.
- You learned how to communicate assertively to your partner about what you want from your relationship.
- You recognized how valuable and precious you are.
- You are phenomenal despite past mistakes. You can always change and make healthier choices for your life.

Reducing Risks = Healthier Behaviors = Healthier Lifestyle
What Have We Learned?

We can **PROTECT** ourselves & our futures from:

- STDs
- HIV/AIDS
- Unplanned pregnancy

We can **DECIDE** to reduce our risk by:

- Using a condom each and every time we have sex

We learned 5 options for safe sex

- **A** = Abstinence
- **M** = Masturbation
- **O** = Oral Sex
- **U** = Uninfected partner
- **R** = Regular use of condoms

We can **ANTICIPATE** talking to our partners about our decision:

- Choose the right time
- Consider how he might react
- Plan and practice how we will respond

We can **COMMUNICATE** our decision in the right way:

- Speak assertively
- Show him you care about him and respect him
  - (Listen carefully and respond respectfully.)

You all are PHENOMENAL women who can take control of your lives and future.
All that Jazz

**Purpose:**
To recognize the contributions of African American women who have helped shape our past, present, and future in music.

**Materials:**
Mixed Jazz CD
CD player

**Time:**
10 minutes

**Health Educator:**

We as African American women are so unique and have a great deal to be proud of. Almost all women have the powerful opportunity to birth life! However in the world of music, it was the African American women that overcame many obstacles to give life to and enhance the art of Jazz.

How many of you ever listen to Jazz music?
[allow participants the opportunity to respond]

Who are some of the musicians you listen to?
[allow participants the opportunity to respond]

Jazz music has such a wonderful history in America and played a big role in shaping all of the genres of music we enjoy today.

How many of you enjoy listening to “Neo-Soul” or “New Soul” music?
[allow participants the opportunity to respond]

Who are some of the artist that “get” heavy rotation in your stereo?
[allow participants the opportunity to respond]

Jazz and New Soul music grew out of many different influences and music including; African polyrhythms, work and slave songs, the call and response black gospel church, the Caribbean rhythms, ragtime, minstrelsy, brass-band music, and especially the blues. A number of social circumstances also played an important role in forming that great music including; slavery, emancipation, Jim Crow, and the peculiar experience African Americans have had in this country of being unfree in a free land.
Health Educator:

Two of America’s favorite Jazz musicians are Billie Holiday and Sarah Vaughan. Likewise, we have fell in love with two extraordinary “New Soul” artists by the name of Erykah Badu and Jill Scott. Let’s take a few minutes to listen to these 4 women with powerful messages and voices. Pay attention to how The New Soul artists are similar to their Jazz ancestors.

[HE plays the mixed Jazz CD]

Health Educator:

The African American female musician today represents strength and resiliency. The strength was born out of knowledge and respect for the past. The resiliency is expressed by the fact that the music continues to experiment and improvise. Jazz music is living proof that African American women are truly phenomenal in all facets of life!
Taking Care of You

**Purpose:**
Emphasize the importance of taking care of your outside as well as your inside.

**Materials:**
- Handout : 2-149

**Time:**
10 minutes

**Health Educator:**

We want to end this workshop with something to help us feel good about ourselves. It is important to take care of your outside as well as your inside. There are many easy things you can do...things that make you happy, feel good, and that will give yourself time to relax and unwind. In turn, you are CELEBRATING YOU!!

Handout 2-19 has some ideas about how you can take care of yourself, and celebrate you! For example:

- A manicure or pedicure
- Reading
- Listening to music
- Taking hot bubble baths
- Inviting friends over and just chillin

We are giving you a goodie bag that has things in it that are only for you...simply celebrating you!

> **Health Educator: Pass out the goodies among the participants.**
Taking Care of You

There are many different easy things you can do
To keep you feeling good that will give yourself
Time to relax and unwind so you can continue
To Celebrate You!…

Give yourself a manicure or pedicure
Read a good book or magazine
Light a candle or some incense and just relax
Listen to some of your favorite music
Take a hot bubble bath
Have a good meal by candlelight
Rent some movies
Try a new hair style or slightly new look
Get some paper out and do something artistic
Take up sewing and make some money
Invite a good friend over and just chill
What Do You Think About…?

Purpose:
The Health Educator will distribute an evaluation of the session for the participant to fill out.

Materials:
- Evaluation Form: "What Do You Think About…?"

Time:
5 minutes

Health Educator:
At this time, we want to know what you think about today’s session. This is your chance to rate what we’ve done for the past five hours.

Tell us what you liked and what you didn’t like. Please be honest in your responses.

Do not put your name on the evaluation. Your comments are anonymous—we won’t know who said what.

On the evaluation is a list of statements about today’s activities. Please rate the statement by writing the number in the blank that best describes your opinion of what we’ve been doing. The scale is:

1 is poor
2 is fair
3 is good
4 is very good
5 is excellent

We are going to give you about 5 minutes to finish it.
EVALUATION

WHAT DO YOU THINK ABOUT…?

What do you think about today’s workshop? Use this scale from 1 to 5 to tell us what you think.


1. Overall, how much did you enjoy today’s workshop? 1 2 3 4 5
2. How well prepared were the STARS Health Educators? 1 2 3 4 5
3. How well were the activities/information presented? 1 2 3 4 5
4. How well did the activities encourage your participation? 1 2 3 4 5
5. How clearly were your questions answered? 1 2 3 4 5
6. How clear were the session handouts? 1 2 3 4 5
7. Was there enough time for discussions? 1 2 3 4 5

How would you rate each of these activities you did today?

8. HIV Name Game
   Game demonstrating how easily the virus can be spread 1 2 3 4 5

9. What Are My Options-Revisited
   Introduction to the AMOUR model 1 2 3 4 5

10. Masturbation
    Benefits of masturbation & several technique demonstrations 1 2 3 4 5

11. OPRaH
    Demonstration & discussion about correct condom use 1 2 3 4 5

12. Doing It in The Dark
    Demonstration of how to apply a condom in the dark 1 2 3 4 5

13. ORAL
    Demonstration of how to apply a condom orally 1 2 3 4 5

14. What Turns You On?
    Recognizing your “hot spots” 1 2 3 4 5

15. 3 Ways to Say It
    1 2 3 4 5

16. Communicating Love
    Role play communicating AMOUR options 1 2 3 4 5

17. Excuses and Comebacks
    Discussion with examples about handling a resistant partner 1 2 3 4 5

18. Ask Sista Shanika
    Role playing different communication styles and excuse comebacks 1 2 3 4 5

19. All That Jazz
    Ways African American women contributed through music 1 2 3 4 5
20. Was there anything about today’s workshop that you did not like?
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

19. What did you like the best?
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

20. Something new I learned was:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

21. Did you have to pay a babysitter to participate today?
    YES
    NO

22. Did you have to take the MARTA or any other form of paid transportation today?
    YES
    NO